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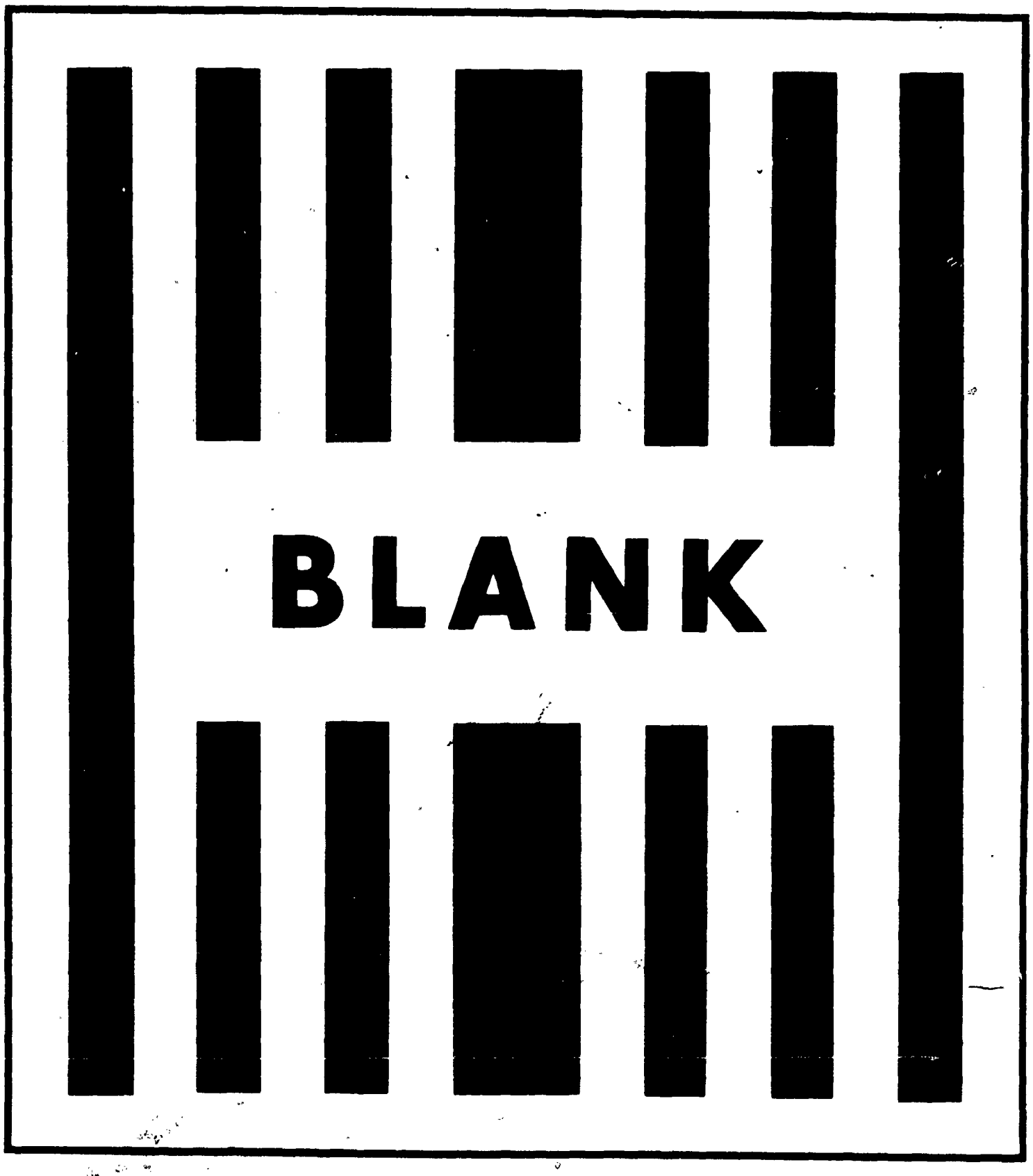
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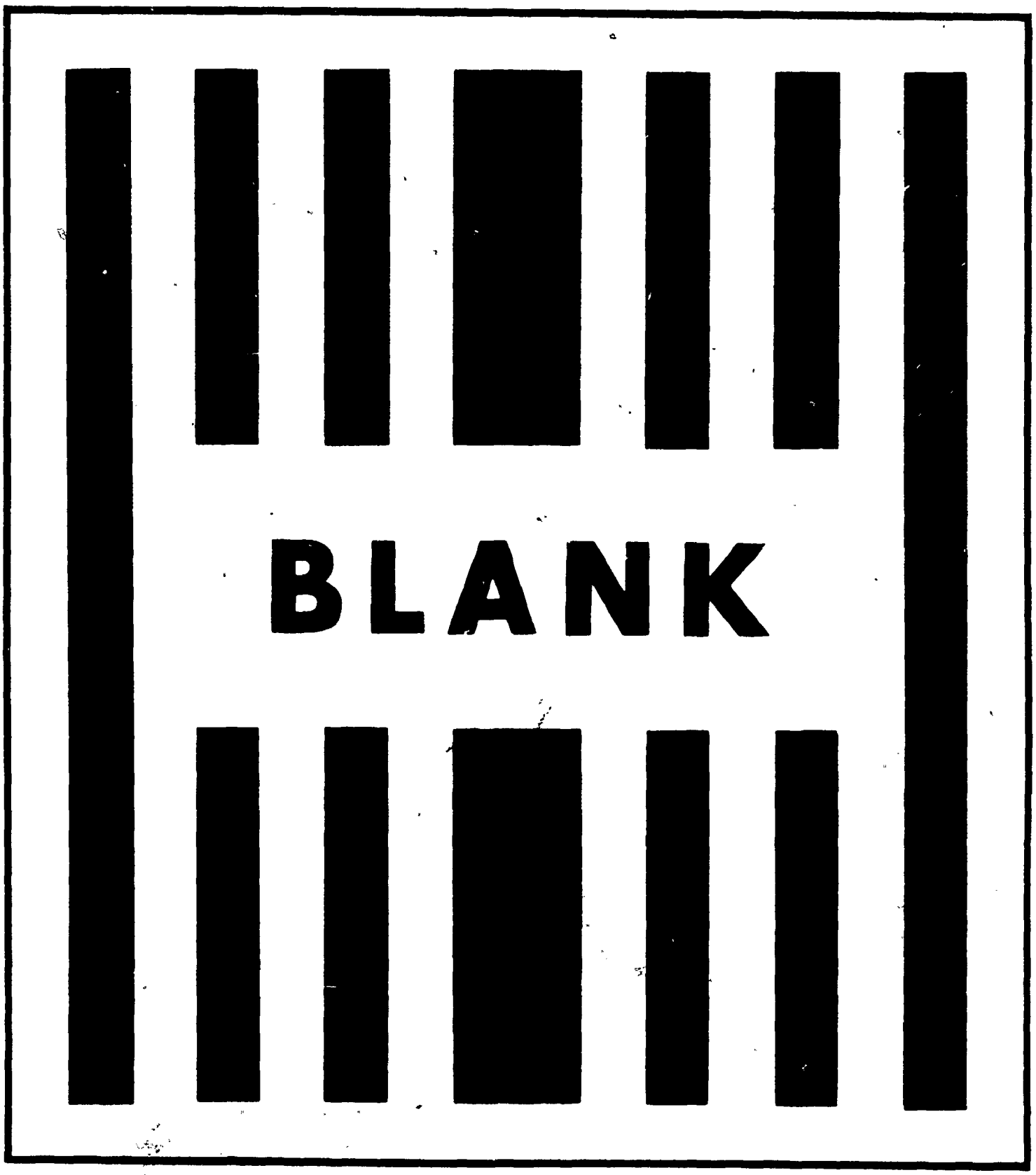
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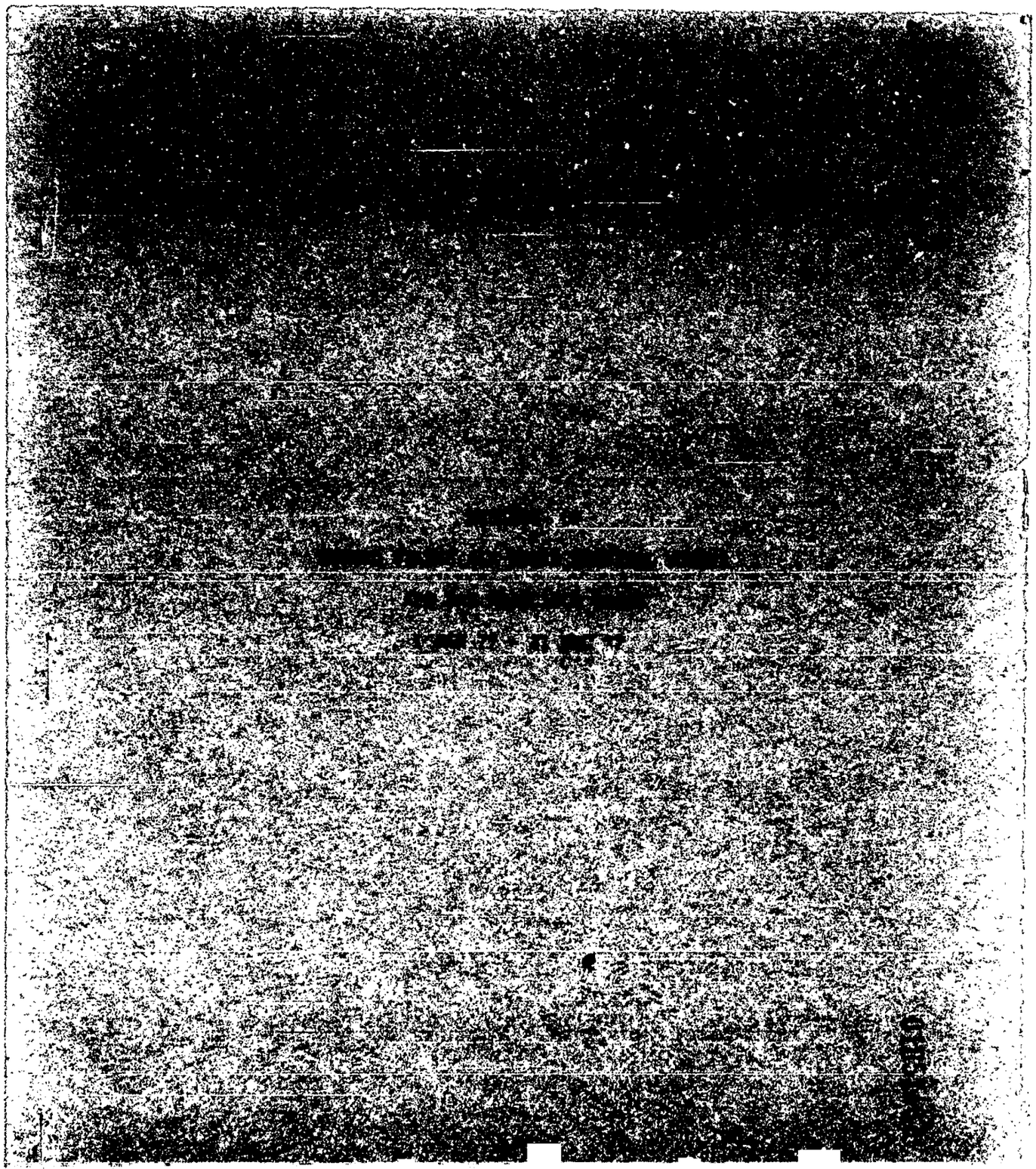

HISTORY OF

UNITED STATES AIR FORCE HOSPITAL YOKOTA

APO SAN FRANCISCO 96328

1 JAN 77 - 31 DEC 77

COMPILED BY:

ALFRED I. STRENTZSCH
LtCol, USAF, MSC
Hospital Administrator

APPROVED BY:

CLARENCE K. WHITESIDE
Colonel, USAF, MC
Commander

FORWARD

This history is prepared in a much different format than has been prepared in the past. Essentially, a chronological sequence of events through the year has been used as the basic methodology vis-a-vis the past method of indicating major functional sections of the hospital and letting them write their individual histories. Past histories have been filled with statistics which in our view are somewhat unimportant except to the statistician. Our method replaces this with more narrative data and attempts to use less statistical data. After the chronological listing of events, a narrative summary of our major programs, problems, and achievements are listed. It is hoped that this format is easier to read.

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INTRODUCTION

The USAF Hospital is a small base hospital located at Yokota Air Base which is on the northwest edge of the Metropolitan Tokyo Japan area. The USAF Hospital Yokota is a part of the 475th Air Base Wing which is commanded by Colonel Sharman R. Stevenson. The 475th Air Base Wing is a part of Headquarters, Fifth Air Force, which is commanded by Lt General George G. Loving, and the headquarters is also located at Yokota Air Base. Fifth Air Force is an intermediate command of the Pacific Air Forces, located at Hickam Air Force Base Hawaii. The current commander of PACAF is Lt General James A. Hill. Headquarters Fifth Air Force does not have a Command Surgeon as part of their normal staff and for our staff support we rely on the PACAF Surgeon's Office which is located at Hickam Air Force Base, and the Command Surgeon is Colonel James F. Culver.

Yokota Air Base and the 475th Air Base Wing are mainly support elements, and with the exception of one MAC unit, the 345th Tactical Airlift Squadron, there are no operational aircraft missions with the exception of three support helicopters and two T39's. Yokota has a large terminal complex in which most of the passengers arriving and departing bases in the Northern Pacific arrive and depart. It is also a very large cargo handling facility and many MAC aircraft, C5's and C141's can always be seen on the runways at Yokota Air Base.

Although the USAF Hospital Yokota is small, we are adequately staffed with the majority of the specialties available with the exception of Otolaryngology. Additionally, we are very well staffed and have the majority of the dental specialties also to support our population. The average population is between approximately 11,000 and 12,000 people. Included in the population served are members of the three services, DoD civilian employees, and their dependents. Included in the DoD civilian employees are teachers assigned to Yokota Air Base, and other DoD civilian employees with various agencies in the Tokyo area including the American Embassy. Our Dental Clinic provides dependent support for DoD employees assigned to the U. S. Naval Regional Medical Center, Yokosuka.

Overall, as of 31 Dec 77, we had a total of 418 authorized positions of which 408 personnel were assigned. The 408 personnel included 95 officers, 210 enlisted and 103 civilian employees. The civilians included eight US employees and 95 Japanese National employees. The hospital's operating budget is approximately $2,800,000 which includes civilian salaries and benefits but does not include military salaries and benefits. Including military salaries, the overall budget is approximately $7,300,000. Our staff of officers includes 21 physicians, 22 dentists, 2 veterinarians, 38 nurses, 7 members of the Biomedical Science Corps and five members of the Medical Service Corps.

MAIN CHRONOLOGY OF EVENTS

10 Jan 77	Visit by four members of General Accounting Office
30 Jan - 1 Feb 77	Provided medical support for visit of Vice President Mondale
5 - 9 Feb 77	Visits by Chief of USAF Nurse Corps and USAF Dental Corps
21 Mar 77	Renovated Dental Clinic, Bldg 732, opened
26 Mar - 19 Apr 77	655TAC Hospital deployment to Suwon, Korea - Operation Team Spirit
1 Apr 77	Outpatient rate for DoD civilian employees raised from $1.00 to $20.00
16 - 20 May 77	Inspection by USAF Medical Inspection Team, Norton AFB, CA
1 Jul 77	Hospital reduced from 100 bed category to 45 bed category.
21 Jul 77	Renovated Barracks 627 completed and personnel moved from Tachikawa
15 Aug 77	Urology Service established
26 Aug 77	Renovated Barracks 625 completed and personnel moved from Tachikawa
15 Sep 77	Colonel Ferdinand Barnum, Hospital Commander, departs. Relieved temporarily by LtCol Bernard Berger
18 - 24 Sep 77	655TAC Hospital training exercise at Kwang Ju, Korea
27 - 29 Sep 77	USAF Hospital hosts Regional Registrars' Conference

30 Sep 77	Tachikawa Air Base officially turned over to the Japanese Government
6 Oct 77	Colonel Clarence K. Whiteside, USAF, MC arrives and assumes command of USAF Hospital Yokota
6 - 8 Oct 77	USAF Hospital Yokota hosts Tri-Service Dental Conference
31 Dec 77	First Medical Service Wing deactivated. 655TAC Hospital transferred to USAF Hospital Yokota for command and control.

JANUARY 1977

January was a very quiet month at the Yokota Hospital. On the 10th of January, the hospital was visited by a team of four representatives from the General Accounting Office, Washington, D. C. The stated purpose of their audit was Familiarization with the DoD Medical Activities in Japan. We provided them with a hospital briefing and a tour of all our hospital buildings and facilities. The team also visited the US Naval Regional Medical Center located at Yokosuka and other DoD medical activities in Korea. During their stay here at Yokota, they also talked informally with Maj General Lynn, Chief of Staff, U.S. Forces Japan.

January was also a very productive month in the receipt of equipment. Our new Intensive Care Unit/Cardiac Care Unit monitoring equipment was received and installed on the second floor of our new building. Additionally, the hospital laboratory capability was improved with their receipt of the new ABA 100 Autoanalyzer which increased their chemistry capability considerably. The X-ray department received their new 600MA X-ray apparatus, however, it was not installed during the month of January and was installed later in the year.

On the 24th of January, LtCol Mary Boyd, our Chief Nurse, and three other nurses on our staff, began attendance at the PACAF Chief Nurses Workshop held at Clark Air Base, Philippine Islands. During the workshop, Yokota personnel presented a program on primary care nursing.

Toward the end of the month, on 30 Jan 77, our hospital was honored by having the privilege of providing the backup medical support for Vice President Mondale's visit to the Tokyo area. During Vice President Mondale's stay, we had an ambulance in place, complete with a physician, nurse and medical technician, continually available to the Vice President's party.

FEBRUARY 1977

During the period 5 - 9 February 1977, we were honored to host Brig General Garrecht, Chief of the Air Force Nurse Corps and Brig General Thompson, Chief of the Air Force Dental Corps. During their visit to Yokota we provided them with briefings and tours of our facility and gave them an opportunity to meet with the various members of our staff. The nurses provided a luncheon for General Garrecht, and the hospital hosted a party for both General Garrecht and General Thompson. The party was attended by the majority of our hospital staff and also by the Wing Commander, Colonel Stevenson and the Vice Wing Commander, Colonel Abell.

During the period 14 - 18 February 1977, the 655TAC Hospital had a training exercise at Tachikawa Air Base. On 17 February, 42 Japanese officers (physicians) attending a course in disaster medicine at the Japanese Ground Self Defense Forces Medical School, visited the Tactical Hospital encampment. The group was headed by Maj General Kiyoshi Niiya, who is the Deputy Commander of the Medical School.

During February, various functional areas of our hospital were very busy. During Children's Dental Health Week in February, our Dental Service was very active in providing promotional material to the schools and to the base and setting up various displays throughout the base. Additionally, during the month of February, our Registrar's Office, and in particular, our Registrar, Capt Thomas White, started a Patient Advocacy Program. This program was advertised in our local base newspaper, the Fuji Flyer, and we put up prominent posters throughout the hospital advertising Capt White as our Patient Advocate. Throughout the year of 1977, the Patient Advocate Program eventually turned out to be a very worthwhile public relations venture and we received a lot of feedback regarding our service through the Patient Advocacy Program.

On 11 February 1977, LtCol Boyd was invited to present a topic at the Black History Month program at the U. S. Naval Regional Medical Center, Yokosuka, Japan.

MARCH 1977

The month of March had several items of historical importance to the USAF Hospital Yokota.

On the 10th of March, our Central Dental Clinic located in Building 732 on the main industrial side of the base was completed. On the 21st of March, the first patients were treated in this facility. The intervening time was required to move and set up the offices to enable the Dental Service to accommodate patients. The new clinic encompasses 16 dental operating rooms. Unfortunately, quite a bit of the equipment is old and will be replaced within the next couple of years. Overall, however, the refurbished building is very nice and is very convenient for the military population of our base.

Another item of historical interest is that during the period 26 March through 16 April, 21 personnel belonging to the 655TAC Hospital deployed to Suwon, Korea. They were part of the large operation named Team Spirit. This is a joint services exercise conducted to test the combat capability of our forces in Korea.

Our in-house continuing medical education program received a very substantial boost on 17 Mar 77. On that date three local continuing medical education programs were approved for Category I credit by the Air Force Military Personnel Center/SGE. The Adolescent Medicine and Emergency Medicine courses were approved for 20 hours each and consultant topics were approved for 42 hours of Category I AMA credit. The latter program which provided Continuing Education to remote bases (Misawa, Osan, Kunsan) through the Military Regional Consultant Program was highly praised by AFMPC and PACAF as no other medical center had been known to use this approach in providing continuing medical education to outlying hospitals. The local programs enable physicians and other health professionals to acquire a portion of required CME hours without having to return to the United States.

As in most months, we had our share of visitors to our hospital. On 9 Mar 77, a group of physical therapists, occupational therapists, and physicians from the Musashi Murayama Hospital

in Tokyo toured the hospital and received briefings of our facility. On 23 March 1977, fourteen students from Zama High School at nearby Camp Zama visited our hospital as part of their Career Awareness Day.

APRIL 1977

April was a very sad month for our hospital in many ways. Unfortunately, the month started on a bad note as we were forced to implement DoD Guildance and Instruction to raise the outpatient rate for DoD civilian employees from $1.00 per visit to $20.00 per visit. Prior to the increase, of course, we did provide adequate coverage in the local news media to advertise that the change in rate was forthcoming; however, we still hated to see the actual implementation. As it turned out, the prior advertisement did minimize the complaints regarding it. We had worked very closely with the Civilian Personnel Office and the major DoD employee groups to provide as much guidance as we could on the rate change.

On Easter Sunday, 10 April 1977, a tragic occurrence happened in our hospital, which to our knowledge was the first time at Yokota Air Base. A patient on the fourth floor of our hospital committed suicide by jumping out of a fourth floor window and landing on the roof of our clinic building two stories below. The patient suffered multiple internal and external injuries, and after heroic surgery, which required about ten hours, and over 25 pints of blood, the patient did die. This had a very depressing effect on our staff, and the incident left quite an impression on all the hospital employees. Although we were immediately besieged with questions, inquiries, investigations, etc., we did not succumb to the demands that we put bars on the windows and take drastic security precautions for the mental health ward. It remains an open and very well run mental health unit. We did work with the Civil Engineer to devise improved security measures such as alarms, observation mirrors, etc.

The continuing emphasis on alcohol abuse in the military was emphasized by the presence of Dr. Vernon Johnson, head of the Johnson Institute in Minneapolis. Dr. Johnson talked with members of our staff during his visit to Yokota. While here he also talked with the Social Action staff and with the various commanders on the base. During our Professional Staff Meeting he presented a seminar on the Johnson Institute methodology regarding alcohol abuse and rehabilitation.

On the 24th of April our hospital discovered some of the faults of our nice new facility. At approximately 1500 in the afternoon, the rain that had accumulated on the roof of our clinic building did not drain properly and consequently, leaks started to appear in the Pediatric Clinic. At that time, approximately three inches of water accumulated in clinics which had to be drained out and the area cleaned. Later on, at approximately 2300 in the evening, the Hospital Administrator, LtCol Strentzsch, the Plant Manager, TSgt Franks, and other personnel were called out as the Medical Equipment Repair Center and the Hospital Administrative sections were being flooded with water. The Civil Engineer was called and it was discovered that there had been breaks in the coils of the air handling units. During these occasions approximately 30 - 50 hospital personnel arrived and assisted in draining the facility and cleaning it up.

MAY 1977

The month of May was a very happy month for our hospital, particularly after the disastrous April. The major event was an outstanding inspection report that we received from the Norton IG Team. The visit was conducted between the 16th and 20th of May 1977, and the team members encompassed the recognized experts in all our fields from the USAF Medical inspection division of the USAF IG office, commonly known as the Norton IG Team. After a very comprehensive and thorough inspection, our hospital was given a very, very fine rating and only five write-ups. Obviously, everyone was very pleased with the conduct and the excellent report rendered.

May was also a very good month and three of our personnel were rewarded with decorations for service prior to their arrival at Yokota. MSgt Richard Allen, one of our cardio-pulmonary technicians, received the Meritorious Service Medal for his outstanding service to the Cardio Pulmonary Clinic while he was assigned to the USAF Regional Medical Center at Eglin Air Force Base, Florida. LtCol Mary Boyd, our Chief Nurse, received the First Oak Leaf Cluster to the Air Force Commandation Medal for her meritorious service while assigned as the Assistant Chief Nurse at the USAF Hospital, Clark Air Force Base, Philippine Islands. Also, Captain Samuel Draisen, our hospital Pharmacist, received the Air Force Commendation Medal for meritorious service for his work while he was assigned to the pharmacy at the Wilford Hall Medical Center, Lackland Air Force Base, Texas.

JUNE 1977

June was a very quiet month for us as it normally is at overseas bases. This is the first of the summer months, and the normal rotation of personnel begins to occur at this time. Although not too many leave during the month of June, many are preparing to leave and have many things to accomplish prior to their departure. As a result very little of historical significance took place.

We did have our normal group of visitors through the hospital. Early in the month, LtCol Mary Boyd escorted Mrs. Henion who is the wife of the Commanding General of the US Army in Japan through our hospital. The Commanding General of the US Army Forces in Japan have always fought to retain the helicopter service which provides a very vital link between our hospital and the U.S. Naval Regional Medical Center at Yokosuka. As a result, we were very pleased that Mrs. Henion did drop by for a visit.

On 7 Jun 77, LtCol Strentzsch escorted a group of administrators from the Hakujyuji Hospital in Tokyo through our hospital and provided a briefing to the administrators.

On 15 Jun 77, Col Robert Smith, who is the Commander of the First Medical Service Wing and thus the overall commander of the 655 Tactical Hospital, visited our hospital and discussed TAC Hospital activities with LtCol Vernon Wagner, Commander of the 655 TAC Hospital. Col Smith, in addition to being the Commander of the First Medical Service Wing was also Commander of the USAF Hospital Clark Air Base, Philippine Islands.

JULY 1977

On 1 July 1977, the USAF Hospital Yokota was reduced from a 100 bed hospital to a 45 bed hospital. This was not an unexpected occurrence as our patient load had been quite low for several years, probably since the ending of the Viet Nam war. Although the designation was changed, very little was actually changed other than the fact that our reporting systems now reflect a 45 bed capability vis-a-vis a 100 bed capability and as a result our occupancy percentages are higher and we can probably expect some changes in our staff percentages.

As in June, July was a very heavy rotation month with many people leaving and new arrivals coming at all times. One of the most welcome new arrivals was Dr. Keith Miyamoto as with his arrival we established a new service, the Urology Service. Fortunately we had corresponded previously with Dr. Miyamoto prior to his arrival and we had the majority of his equipment available thus he was able to begin his practice immediately. Dr. Miyamoto was very satisfied with our prior planning in getting him established in the Yokota Hospital where Urology Service had not been provided for several years.

Several very distinguished visitors visited the hospital during this month. On 8 Jul 77, Lt General Hill, PACAF Commander, visited Yokota Air Base and was accompanied by Col Culver. General Hill did not get an opportunity to visit the hospital; however, we did have discussions with Colonel Culver and he attended our staff meeting while he was here.

On 8 Jul 77, Lt General Loving, the Commander of Fifth Air Force and U.S. Forces Japan, visited our hospital.

On 20 Jul 77, Mrs. Mansfield, the wife of Ambassador Mansfield (U.S. Ambassador to Japan), toured the hospital.

July was also a month of historical significance regarding our facilities. The equipment belonging to the 655th TAC Hospital which had been previously stored in Building 916, was relocated on 18 July, and stored in our Medical Supply Warehouse, Building 4145. Bldg 916 was returned to the base for their use.

Also the rehabilitation/renovation of one of our medical barracks, Building 627, was completed during July. During the last two weeks of July, personnel to be relocated into Building 627 were required to make the move from their temporary location at Tachikawa Air Base. This required a considerable amount of work and planning and cooperation with the local base authorities.

AUGUST 1977

August was also a very quiet month at Yokota as the count down for the closure of Tachikawa Air Base continued and was on its final stages.

On 15 August 1977, Dr. Mitamoto officially opened the Urology Service; thereby, adding a needed medical service to our hospital.

Another item of note for both Yokota Air Base and the USAF Hospital Yokota involved the movement of functions and personnel from Tachikawa to Yokota. Our other medical barracks, Building 625, was completed on the 26th of August and the personnel started to make the move at that time and completed it early in September. At this point, all our enlisted personnel were now located on Yokota Air Base. In addition, Building 413, a newly constructed BOQ, was opened and most of the single hospital officer personnel who were still at Tachikawa were moved into the new BOQ building. After so many years of medical activity at Tachikawa Air Base, there were still many people who had a fleeting hope that somehow the closure would be postponed or that some other disposition of the base would be made.

SEPTEMBER 1977

September was a month of historical significance in many ways. Tachikawa was officially closed and turned over to the Japanese at the end of September. Since all of our medical facilities had been relocated to Yokota, very few of our personnel even attended the closing ceremony.

On 15 Sep 77, our commander for several years, Colonel Ferdinand Barnum, departed for his retirement in the United States. Prior to his departure, Col Barnum received the Legion of Merit which was presented by Col Stevenson at a farewell luncheon for Col and Mrs. Barnum. There were several other social ceremonies for Col Barnum's departure including a very nice hospital party in which Col Barnum was honored with many accolades and he received many presents which he will probably treasure for ever. The Japanese employees, in particular, were very respectful of Col Barnum and they made various presentations and speeches lauding his efforts and his support of the Japanese employees.

During the period 18 - 24 Sep 77, the 655TAC Hospital deployed for a training exercise to Kwang Ju, Korea. This exercise again demonstrated their capability to perform in an isolated environment.

During the month, several distinguished visitors visited our hospital. Dr. Frank Seixas, Medical Director, National Council on Alcoholism, conducted various seminars on alcoholism to our medical staff and also to the various base agencies. Dr. Seixas was well received. Additionally, Colonel Ray Cowe, who is the Surgeon General's Consultant in Pathology, visited our hospital. His basic purpose was to review our workload in Histopathology. After his visit, it was decided to retain a Histopathology function at the USAF Hospital Yokota.

During the month, the Hospital Squadron was very active in many areas and several new developments began to occur at this point. Many of our new people had been here long enough and were starting to make a contribution and changes were beginning to be noticed. One improvement occurrred when a very well

developed squadron recognition program came into effect. In this program, Capt Knight, the Squadron Commander, working with Capt Seyfang, our Dietician, revived the enthusiasm of the program, and the Junior Officer of the Quarter, the NCO of the Quarter and the Airman of the Quarter, were recognized and were displayed prominently on the bulletin boards in the hospital. In addition, each was given a steak dinner and recognition during the month in the Hospital Dining Hall.

On 7 Sep 77, LtCol Boyd gave a presentation to the Yokota Communities Nurses' Club on "Continuing Education in Nursing Requirements for Military and Civilian Nurses."

Our Squadron athletes also became prominent during September. Our squadron's football team began the month by winning second in the pre-season football tournament. Additionally, the Yokota Hospital was very prominent in the PACAF Tennis Tournament held at Kadena Air Base, Japan. Dr. (LtCol) Hoche won first place in the Senior's Division, Dr. (Maj) Turner, won second place in the Open Division, and one of our nurses, Lt Blan participated in the tournament but did not bringhome a trophy.

The Medical Materiel Section, in conjunction with the Nursing Service, including the Central Supply, and the wards, began to implement the Central Processing and Distribution System. The full implementation occurred throughout the months of September and October. Essentially the system included a linen exchange, a cart system, plus supply carts for the OB/GYN Ward and the Medical/Surgical Ward.

Late in September, the Acting Hospital Commander, LtCol Berger, along with the Administrator, LtCol Strentzsch, and Capt Thomas White, the Registrar, visited Kitasato Hospital. Kitasato Hospital is an 827-bed University Hospital, and we send a lot of our supplemental care patients to them. They are a very good hospital and we get very good support from them. We use them for super-specialties that we don't have such as Neurosurgery, Neonatology, etc. Dr. Berger, our Dermatologist and Dr. Ross Kendall, our Pediatrician attend conferences and clinics at Kitasato several times per month, and any exchange of information is beneficial both to our patients and to the staff at Kitasato.

During the period 27 - 29 Sep 77, our Registrar's Office hosted the Regional Registrar's Conference. This conference was presented by a staff of three from the Surgeon General's Office in Washington, Capt Warren Murrell, Jr., CMSgt Arthur Schmidt, and Ms Mary Josita Reding, a GS-13. Capt White and the registrar staff did a very fine job in preparing for the conference. In addition to registrar personnel in the various facilities in the Northern Pacific, it was also attended by Nursing Service and Administrative personnel from the Yokota hospital.

On 30 Sep 77, the end of an era arrived and Tachikawa Air Base was officially returned to the Japanese Government.

OCTOBER 1977

On 6 Oct 77, our new Hospital Commander, Colonel Clarence K. Whiteside, arrived after a three year tour of duty with the Norton IG Team. Prior to this arrival here he visited PACAF Headquarters for discussions with the PACAF Surgeon Staff. Also shortly after his arrival, on the 16th of October, he attended the Director of Base Medical Services Conference along with LtCol Wagner, 655TAC Hospital Commander, at John Hay Air Base in the Philippines.

October was a very busy month for us as we hosted a large dental conference and several visitors presented topics in our hospital. During the period 6 - 8 Oct 77, our Dental Service hosted the Tri-Service Dental Conference. The project officer for the program was Major Giles, and he did an excellent job. The program was attended by over 120 military and Japanese National dentists, and many of them remarked that it was one of the finer dental conferences that they had ever attended. Several dentists of international reputation were present at the conference.

On 3 Oct 77, a team of three from the Ninth Aeromedical Evacuation Squadron headed by Capt Meiselman, provided briefings to our staff on the Ninth Aeromedical Evacuation System. Their briefings were well received by our people and very beneficial to us.

During the month, we were also visited by Capt Witte, who is the Chief of Dental Services at the U.S. Naval Regional Medical Center, Yokosuka, plus a party of six. Their main purpose was to review our new hospital in preparation for the construction of a new Naval Hospital at Yokosuka. Included in the group from Yokosuka was Lt Farnham, their Medical Construction Liaison Officer who will be with them the entire period of the hospital planning and construction at Yokosuka.

The new NCOIC of our Veterinary Service, MSgt Shiotsugo, received the Meritorious Service Medal for his meritorious service at his previous assignment, the USAF Clinic Brooks, Brooks Air Force Base, Texas.

NOVEMBER 1977

November was a very quiet month for the hospital. We did have several distinguished visitors during the month. Admiral Shepherd, the Commander of the Defense Personnel Support Center (DPSC), Philadelphia, Pennsylvania, visited our medical supply activity and discussed supply support and the problem areas that we have with DPSC. In addition, during the month, Mrs. Mannix, who is the President of the VFW Women's Auxillary for the United States, visited the base and was very interested in our hospital. She spent an entire afternoon touring the hospital with her husband and several other VFW representatives. LtCols Strentzsch and Boyd escorted Mrs. Mannix on her tour.

In addition, the Commander and Executive Officer of the U.S. Naval Regional Medical Center, Yokosuka, Capt Johnson and LCDR Thomas respectively, visited our hospital for the first time.

The 22nd Air Force (MAC) Command Veterinarian, LtCol Temple, visited our Veterinary Office.

Our Patient Advocacy Program had been getting good visibility for quite some time, and as a result, our Patient Advocate, Capt Tom White, received the Quarterly Human Relations Award for his efforts as the Patient Advocate. This was the first time that any of the present staff can remember the hospital representative receiving the base awarded Human Relations Award.

On 5 Nov 77, Col Whiteside, Col Loper, Dental Surgeon, LtCol Boyd, Chief Nurse and LtCol Strentzsch, Hospital Administrator, were invited and attended open house at the Japanese Air Self Defense Forces Aeromedical Laboratory. The laboratory is very similar to the research facilities that we have at Brooks Aerospace Medicine, Brooks Air Force Base, Texas. While there, we met with Lt General Saito, the Commander of the Laboratory and a former Surgeon General of the Japanese Air Self Defense Forces.

During November, a consumer survey was initiated at the direction of HQ PACAF. A random sample of personnel attending the Dental Clinic, Outpatient Clinics and inpatients on the wards were given questionnaires to fill out. During the first two months of the survey, 95% of the responses indicated the Dental Service was Excellent or Very Good; 85% of the questionnaires returned indicated that the Inpatient Service was also Excellent or Very Good; and 75% of the responses indicated that Outpatient Service was Excellent or Very Good. This was about what we would have expected.

DECEMBER 1977

Activities during December were very quiet, and the pace slowed considerably both for the base and the hospital. A very active 40-Proof Program, which was a Fifth Air Force initiated program to advertise the effects of alcohol on driving, was very prominent in our publicity campaigns to our people. Although it is impossible to measure success, we do feel that our record in the past two years, in which we have not had any incidents involving alcohol, do point out the benefit of the 40-Proof educational program.

The only other item of historical significance was that on the 31st of December, the First Medical Service Wing was dissolved and the 655 Tactical Hospital came under the USAF Hospital Yokota for command and control. LtCol Wagner still retains command of the hospital; however, his chain of reporting is now through the USAF Hospital Yokota Commander.

NARRATIVE SUMMARY

The following is an attempt to summarize some of our goals problems, accomplishments and essentially to highlight items which to a reader may be of some historical interest or significance.

1. Plant and Facilities.

a. The USAF Hospital Yokota Plant and Facilities consist of four buildings, three of which are relatively new and very good and one of which is very old. The main hospital complex, Building 4408, was built in two stages. The clinic portion which contains all the outpatient and ancillary support facilities was built first and opened early in 1975. The main hospital structure consisting of four floors was then added to the clinic to comprise one building, and the main hospital complex was completed in March 1976 and dedicated in May of 1976. The clinic portion of the building contains all the outpatient services and facilities including the Emergency Room. All of the facilities are being utilized with the exception of an area which was originally designed for use by an Otolaryngologist; however, this area has been partially converted and is being used as a Dermatology Clinic. Otherwise, in all other respects, the clinic is being used in essentially the manner that it was designed for use. The main hospital complex consists of a second floor which contains a multi-service ward unit and the surgical suites, the third floor which is the obstetrical-gynecological units, newborn nursery plus the labor and delivery facilities. The fourth floor consists of a small mental health ward plus a 29-bed medical surgical unit which is not being occupied or used. During the current time, the First floor of the building that was built as a hospital is mainly an administrative area and medical equipment repair center plus central sterile supply and dining facilities.

b. The second structure that is very new is the Medical Supply Warehouse, Building 4145. We have been informed by almost everyone that has seen the facility that it is the nicest Medical Materiel Warehouse in the United States Air Force. There is plenty of office space and the warehouse facilities are

very adequate to handle the operating supplies and the various WRM supplies required for our facility. In addition, even the office and warehouse are air conditioned and it has the latest security control mechanisms that are on the market. It is truly a very fine facility.

c. Building 732 is currently occupied by the Central Dental Clinic and is an older structure; however, it was renovated as part of the Kanto Plains Consolidation Project. It was reaccomplished for use and again occupied by our Dental Service on the 21st of March 1977.

d. The only old building that we have is a 150 bed Aeromedical Staging Flight which is not being used at the current time, but is being kept as a WRM asset. The only activity that we have in that building at the current time is our Environmental Health Service.

Although we realize we are blessed with these very fine facilities, the new facilities do have their problems. The surgical and obstetrical floors have never passed a conductivity test, and as a result will eventually have to be resurfaced with conductive flooring that is adequate. In addition, there are problems in the air handling system and essentially a negative pressure system exists in the hospital and air is pulled into the hospital instead of being pushed out as would be customary and required in a hospital setting. Additionally, the air handling system has never been balanced, and as a result, during the winter we have places which are excessively hot or not hot enough, and also in the summer with the air conditioning system, we have the same problems with certain areas becoming too cool and other areas can't be cool enough. In spite of this, we are working with the Civil Engineers and over a period of time, we hope to correct many of the problems with the physical plant.

2. Equipment and Materiel.

Although most of our plant facilities are new, unfortunately, the majority of the equipment brought into our new hospital was relocated from the old Tachikawa hospital which had been in existence for over 20 years. However, during the past two years, a very diligent upgrade in our equipment area has taken place. Over the past year, over $1,000,000 in investment equipment has been

procured, including a new 600MA X-ray apparatus, an Ultrasound Diagnostic Unit for our Radiology Department, a new Autoanalyzer for our Laboratory plus many other items of equipment. There is still a considerable amount of equipment that is due in including quite a bit of modern dental equipment which will replace units which are aged between fifteen and twenty years.

In the supply area, our medical materiel section has been very diligent and has made efforts to pull old and dated items out of the hospital and either excess or dispose of them to the Redistribution and Marketing system. During the calendar year of 1977, over $150,000 of excess supplies were moved out of the hospital medical supply account.

3. Medical and Dental Services

Overall, we are blessed with a very competent staff in both physicians and dental officers. Our patient population is serviced by almost all of the medical and dental specialties with the exception of Otolaryngology. We have to rely on ENT support by helicoptering our patients to the U.S. Naval Regional Medical Center at Yokosuka where they do have an ENT specialist available. In addition to having our physicians and dentists available, they are also accessible to almost all areas. Appointments can be made and patients can be seen within one or two days. The only areas where a small waiting time does develop is in the Internal Medicine area where we only have one physician and in OB/GYN where there is quite a demand for the services of our staff. The staff itself, in most instances, works very well together and we have a very interesting mixture of personalities and people. In our group, as in most Air Force Medical Facilities, we are acquiring quite a few physicians who have been in private practice for a considerable period of time and we have also acquired several physicians who are not American-born. Overall, many of the problems that we have heard exist at other medical facilities with some of these types of physicians, have not occurred here at Yokota, and we feel very fortunate. Almost all of our physicians and dentists are well accepted by the patient population and the vast majority of comments that we get through various mechanisms such as the Commander's Hotline, and our patient-reaction questionnaires, etc., indicate that personnel are satisfied with our service. In

to servicing our own hospital, our consultants provide service to other medical facilities in Japan and Korea, namely, Misawa, Japan, and Osan and Kunsan, Korea. Our medical staff has good working relationships with other hospitals in this area such as the U. S. Naval Regional Medical Center at Yokosuka and also the Japanese Kitasato Hospital which is close by here. Our supplemental care patients normally go to a Japanese hospital where care such as Neurology, Neurosurgery, Neonatology, etc., which we do not have, or which is not easily accessible to us, is obtained from the Japanese hospital. We have found the quality of service very good, although there is at times a communication barrier.

4. Veterinary Service.

Our Veterinary Service is also exceptionally fine, and we have authorization for two veterinarians and during the entire calendar year of 1977, two vets were assigned to us. The vets are also blessed with a very well qualified staff. Their normal workload in doing food inspections and inspection of the food service facilities are done in an outstanding fashion and we enjoy excellent rapport with the various facilities on base. The Japanese government designated our Veterinary Service as a Quarantine Area, and consequently, pets arriving in Japan belonging to American service personnel, can be quarantined in the Veterinary Clinic. In addition to the required duties, they also have a very outstanding small animal clinic and they provide excellent service to the patient population. This is one of the few hospitals where a vet is on call, however, one is always on call.

5. Nursing Services

The Nursing Service, under the leadership of LtCol Mary Boyd, attempted several innovative methodologies in our hospital during 1977. First they implemented the Primary Nursing Care concept, the concept basically being to return the nurse to bedside nursing. Secondly, a modified problem-oriented charting system was implemented, and has been tried with varying degrees of success. Additionally, the continuing nursing education program was really improved during the past year, and they did establish an in-house Emergency Medical Technician program to upgrade medical technicians to EMT

status. Finally, an improved utilization review concept was made a part of the Medical Records Committee and Nursing Service assists in the utilization reviews of hospital use.

6. Tri-Service Cooperation.

In Fiscal Year 1977, a very active Tri-Service concept continued in effect. Quarterly meetings were held at the U.S. Naval Regional Medical Center, Yokosuka, and representatives from the Army, Navy, and Air Force Medical facilities in the Tokyo area discussed and resolved various problems. In addition, on one occasion, representatives from Iwakuni and Misawa were also invited to attend the meetings. The basic problem areas encountered in the Tri-Service concept generally involve the aeromedical evacuation system and the use of the various specialties by the different services. Generally, a cooperative attitude is present among all the services. Between Yokosuka and Yokota, the Army helicopter service is exceptional and well received by all our patients. The only problem is that approximately 100 days per year it cannot fly because of the weather conditions in this area. On those days, patients must travel by bus or train which often requires a three to four hour trip, and it is at these times that we usually receive our complaints about the aeromedical evacuation system. Additionally, we have been very cooperative and Yokosuka has been very cooperative with us, in providing manning assistance. We assist and support each other, and we have a very good working relationship with all the facilities in this area.

7. Awareness Campaigns

During calendar year 1977, we used several methods to improve our public relations with the patient population. The Patient Advocacy Program was discussed in detail in previous chapters. In addition, we have used the local news media to advertise the services available. We also attend the Wing Staff Meetings and provide good feedback to the Wing Commander for his Hotline program. In general, most of the Hotline inputs are compliments to our hospital and that has assisted us in our morale greatly.

8. Manning Assistance.

During calendar year 1977, the USAF Hospital Yokota received very good support from HQ PACAF in the various

medical facilities in providing manning assistance to us. This was required because in many of our areas we are only one or two people deep, consequently, when an individual goes on leave or TDY, coverage must be obtained. As a result we have received support from various areas including the USAF Hospital at Misawa, the U.S. Naval Regional Medical Facility at Yokosuka and also from the Naval Hospital in Okinawa, and we have also received support from the USAF Hospital at Clark. We have also been the providers of personnel to various other facilities when requested. Several of our personnel in administration, laboratory, environmental health services, have done 179-day TDY trips to Enewetok Atoll as part of the Enewetok Cleanup Campaign. In addition, we have provided medical and nursing support to the Misawa Hospital and to the Hospital at Osan, Korea.

9. Disaster Programs.

The hospital has participated in numerous base conducted exercises and in addition, we have devised our own exercise scenarios for internal training. The base programs have mainly revolved around major aircraft exercise scenarious; however, they did have one very lengthy earthquake exercise as part of their Management Effectiveness Inspection. Our program is designed so that there is a training session every month which is provided to the enlisted personnel at their Commander's Call, and the Officer's receive specialized disaster training sessions prior to the Wing Commander's Call, which is the last Friday of every month. In addition to the scheduled exercises, we also have the recalls, etc., that are normal aspects of any disaster training program.

10. Base Support Programs

a. Alcohol Awareness. Our Mental Health section has worked very closely with Social Actions, the Wing Commander, and the various unit commanders to establish an alcohol awareness program. The Alcohol Rehabilitation Center for this area is located at Clark Air Base, PI, and patients identified through the various mechanisms as requiring help are brought to our Mental Health Clinic where they receive their initial support in therapy before being sent to Clark Air Base in the Philippines. During calendar year 1977, the alcohol rehabilitation program received great emphasis from the Chief of

Staff on down to the various commanders. At the current time the majority of the patients that are hospitalized on our Mental Health Ward are part of the alcohol program.

b. Child Advocacy. The base has a very effective Child Advocacy Program and Committee. It is chaired by the Director of Base Medical Services, and the various support agencies are members of the committee. During calendar year 1977, the committee was very successful in identifying and assisting in the treatment of child abuse cases.

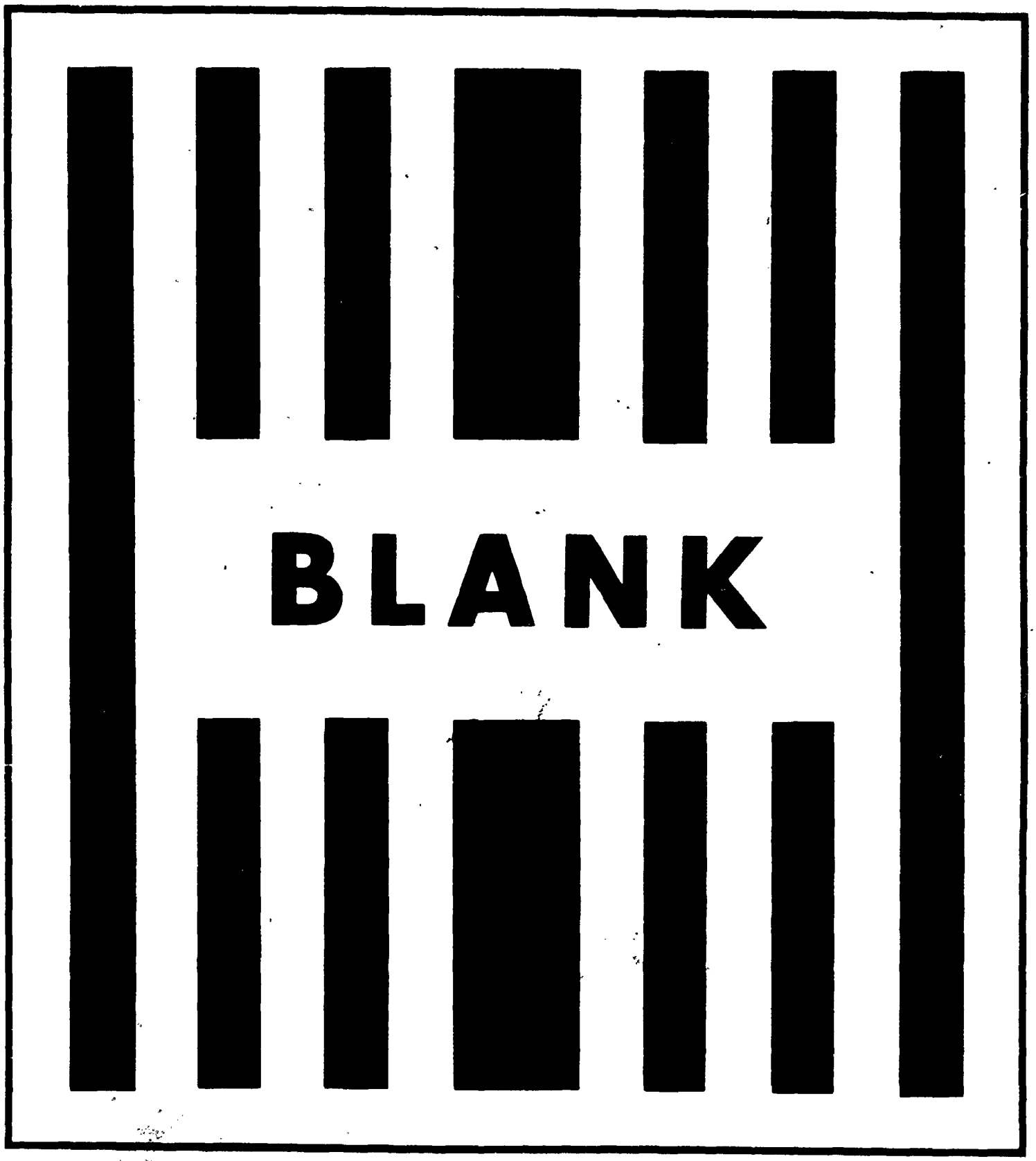
c. Energy Conservation. A very aggressive energy conservation program was carried on by the Wing Commander at Yokota Air Base. The Utilities Management Working Group is chaired by the Vice Wing Commander, and the Hospital Administrator is a member of the committee. Our hospital program has been one of the best on base, and we have been complimented by the civil engineering utilities management officer. We have eliminated as many lights as we can possibly eliminate and conducted various internal educational programs to try to cut down on the use of utilities as much as possible, without compromising patient care.

11. Problems and Concerns.

There are several problems at the Yokota Hospital; however, there are probably fewer problems than would be encountered at other facilities due to the nature of our new facilities and the fine staff that we do have. One of our concerns is the costs that are always associated with our facility. In Japan the cost of labor is very high, and consequently as a result of the Japanese National employee work force, our labor costs are higher than would be experienced at other overseas facilities such as of the Philippines where the labor force is much cheaper. Additionally, our costs are high basically because we do have the majority of the specialties, and the workload to support these specialties is not there. As a result of the fact there there are very few retired personnel in the area and the fact that it is almost impossible to find other sources of medical care, consequently the Air Force has staffed us very well, although our cost-per-visit and the inpatient day costs generally fall very high when compared with other facilities. A second concern, at the end of 1977, is the manpower price out of medical facilities which is currently being held in abeyance at headquarter's level. We have observed the preliminary price-outs

based on the new standards, and our hospital would be greatly affected and would lose a substantial number of people. As a result, we feel the quality of care would be diminished through the loss of so many people if it ever does occur.

This concludes the history of the USAF Hospital Yokota for calendar year 1977. We consider it a very fine year, and we look forward to the future with anticipation and good expectations.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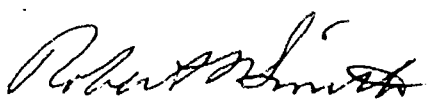
HISTORY OF THE FIRST MEDICAL SERVICE WING

1 JANUARY - 31 DECEMBER 1977



ROBERT R. SMITH, COLONEL, USAF, MC
COMMANDER

PACIFIC AIR FORCES, UNITED STATES AIR FORCE

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I. INTRODUCTION

The First Medical Service Wing (1 MSEW) is a specialized Air Force Controlled (AFCON) unit assigned to and under the operational control of Headquarters Pacific Air Forces (HQ PACAF). The Wing provides disease surveillance and environmental health services which are beyond the capability of base medical service units. The headquarters also maintains administrative and operational control over three assigned tactical hospitals. Each of these Air Transportable Hospitals (ATHs) is trained, organized, and equipped to furnish diagnostic support, treatment, military public health, and flight medicine services under field or combat conditions for one or more combat tactical units. The Commander, 1 MSEW, also functions in an advisory capacity to the Commander, Thirteenth Air Force (13 AF).

The Wing staff includes the Headquarters element of five officers, five enlisted, and two civilians. The Environmental Health Services includes three officers, three enlisted, and two civilians. Entomology Services comprises two officers, one enlisted, and one civilian. Disease surveillance and ATH management are vested in Tactical Medicine Services. Each tactical hospital is authorized six officers and 37 enlisted; all authorized positions are staffed by personnel assigned directly to the tactical unit or attached from the host hospital.

The combination of physicians, entomologists, and bioenvironmental engineers provides the Wing with a unique capability. Some diseases infecting people in Asian countries are uncommon in the United States but may be communicable to Americans serving in the PACAF area of responsibility. The presence of the Medical Service disciplines provides for surveillance of these diseases and consultation concerning their prevention, diagnosis, treatment, and control.

HQ PACAF Special Order GA-61, 12 December 1977, inactivated the 1 MSEW effective 31 December 1977. Administrative and operational control of the tactical hospitals was transferred to their respective host medical facility. The 6201 Epidemiological Flight was activated and assigned to the USAF Hospital Clark effective 31 December 1977. This unit assumed all of the surveillance and consultation services which had been assigned to the 1 MSEW.

II. DISEASE SURVEILLANCE

Beta Lactamase Producing Neisseria Gonorrhea. Surveillance programs continued at all PACAF bases. Control and abatement efforts were active and generally effective. Staff assistance visits were performed to PACAF bases and Andersen AFB, Guam.

Viral Hepatitis. Viral hepatitis morbidity, especially in Korea, presented a continuing problem.

III. ENTOMOLOGY SERVICES

Mission. The mission elements for Entomology Services are to provide reference, consultation, and training services in military entomology to all Air Force installations in the PACAF area of responsibility; maintain surveillance of disease vectors and vector-borne diseases in the PACAF area; monitor base environments for factors which could lead to increases in vector populations or vector-borne disease incidence; review base programs for retrograde cargo inspection and control; and conduct technical investigations in medical entomology concurrent with medical support requirements of the command.

Professional Activities. Entomology Services organization comprised the professional staff, NCOIC, and the Vector Taxonomy Section. Manning authorizations were one 04 and one 03 Medical Entomologist, one E6 Environmental Health Technician, and one PG-14 Vector Taxonomist. The Vector Taxonomy Section was formally designated a 1 MSEW Operating Location (OL) in Manila on 12 May 1977 with an effective date of 3 July 1974. All Entomology Services positions were filled throughout the report period.

No formal reports or incidence data of arthropod associated diseases occurring in active duty personnel or their dependents assigned within the PACAF area of responsibility, or on Guam, were brought to the attention of Entomology Services during the period of report. However, this office was notified locally regarding two cases of confirmed malaria infection during the same month in two dependent wives residing on Clark AB. Neither woman had been out of country up to 60 days prior to onset of her symptoms, nor had either been in outlying areas within the Philippine Islands. Species of mosquitoes belonging to the genus *Anopheles* and capable of vectoring malaria have been recovered on Clark AB, and it was assumed that the infections had been incurred on Clark AB. The lack of insect-borne disease outbreaks in the command precluded epidemiological studies, but a response capability and support equipment for field operations were always available. Vector/pest surveillance was maintained on all bases, and this activity was monitored by the entomologists through the base inputs to the Vector Taxonomy Section.

Reference Laboratory Service. The Vector Taxonomy Section was fully operational and provided outstanding service. The civilian (PG-14) taxonomist identified both immature and adult mosquitoes submitted by Environmental Health Services and Civil

Engineering Entomology personnel from all PACAF bases and from Andersen AFB, Guam. The Section identified 23,305 adult and 1,519 larval mosquitoes during the report period. Air Force bases in Hawaii, Guam, the Philippines, Taiwan, Okinawa, Japan, and Korea contributed to this total. An additional 597 adults and 80 larvae were identified for a special mosquito survey initiated at John Hay AB, Philippines. Another 4,079 adult mosquitoes were identified in support of a mosquito trapping study conducted in a Negrito Village adjacent to Clark AB, Philippines. A comprehensive compilation of all of the routine base surveillance mosquito identifications made by this Wing during calendar year 1977 will be published as a 6201 Epidemiological Flight Technical Report in 1978. The Taxonomy Section continued to pin and label selected mosquito specimens. Some of these were sent to the US National Museum, Smithsonian Institution, Washington, DC; the majority were used to expand the reference collection within the 1 MSEW for the geographical areas in the PACAF area of responsibility.

Consultation Service. The medical entomologists provided on-site assistance at nine PACAF installations and at Andersen AFB (SAC) on Guam. Visit objectives were to evaluate the base entomological environments and capabilities for pest/vector control; review the Military Quarantine Inspection (MQI) procedures; and assist in delineating or solving problems associated with the base pest surveillance and control programs. Formal reports documenting the findings and recommendations for the consultative visits were published in the Wing report series (1 MSEW-ENT-77-001 through 014).

The medical entomologists also provided a broad consultative service by telephone and correspondence. This service included all command levels and all facilities, and provided technical information to both Medical Service and Civil Engineering staff sections. Mosquito surveillance techniques, aspects of pest control, retrograde cargo control and inspection, and disposition of outdated, unauthorized, or otherwise unusable pesticides were the prevalent problem subjects.

Education and Training Services. The entomologists presented two papers on PACAF entomology activities at the 1977 DOD Triservice Triennial Conference of Military Entomologists which convened at Fort Sam Houston, San Antonio, Texas; a lecture, "Medical Entomology and the BEE," during the 6th Annual PACAF Bioenvironmental Engineering Workshop; and at the invitation of the Continuing Education Committee of Luzon, gave two lectures, "Reptiles and Mammals of Medical Importance," and "Arthropods of Medical Importance," during the Continuing Education for Nurses sessions held at Clark AB on 17 February, 22 June, and 24 June. A review of Wing entomological activities in the PACAF area of

responsibility was presented during the 1977 PACAF Director of Base Medical Services Conference at John Hay Air Base, Philippines. An informal discussion on entomology as a scientific discipline was presented during Career Day at Wagner High School, Clark AB.

Biological Investigations. General field or laboratory studies regarding insect populations of medical importance were initiated. A total of four technical papers prepared by Entomology Services personnel and pertaining to mosquitoes or mosquito-borne diseases within the PACAF area were published in journals during the report period. An additional manuscript was submitted for publication in a technical journal. A survey of the mosquitoes occurring at John Hay AB, Philippines, was initiated in January. Several collecting methods were used to make the collection as complete and representative as possible of the species in the Baguio-John Hay AB area. The collections were conducted during January-March (dry season) and August-September (rainy season) to provide specimens from the two most active mosquito breeding periods in that area. A special study to determine the operational efficiencies of baited and unbaited adult mosquito traps was conducted in a Negrito Village adjacent to Clark AB, Philippines. The object of the study was to determine which trap or combination of traps would sample most effectively, in terms of range of species and relative numbers of each species, the mosquito populations in a given area on this tropical island.

IV. ENVIRONMENTAL HEALTH SERVICES

Consultation Service. At the request of the US Embassy during the month of August, Environmental Health personnel assisted in performing an investigation of a suspected typhoid fever outbreak among students and staff of the International School in Manila. Numerous physical defects in the installed water distribution system were noted.

A check valve in a heating unit's piping system failed and allowed an unknown amount of antifreeze (ethylene glycol) to enter the drinking water at Kunsan AB, Korea. Base heating systems were being winterized for the cold weather season. The contributing factor was identified and the system was redesigned. Captain Kenneth E. Hundley was sent TDY to Kunsan AB for a follow-up evaluation of this problem.

Annual environmental health staff assistance visits were made to Yokota, Osan, Kunsan, Ching Chuan Kang (CCK), Tainan, and John Hay Air Bases, Wallace Air Station, and Camp O'Donnell.

Environmental Surveys. X-ray protection surveys were

performed at USAF Hospital Clark, Subic Bay, Cubi Point, San Miguel, Diego Garcia, Kadena, Yokota, Osan, Kunsan, Taipei, Tainan, CCK, Hickam, Andersen, Wheeler, Wake Island, Enewetak and Johnston Atolls, and aboard the USS Proteus.

During May, we provided support to Clark AB personnel in the control of two fuel spills. Both occurred off-base when the pipeline from Subic Bay was ruptured by civilian construction equipment. Jet fuel in excess of 50,000 gallons flowed into nearby streams is one of the incidents. Samples were collected at the time the spills occurred and followed up; some were analyzed in our laboratory; others were sent stateside.

A noise survey of Japan's Route 16 which bisects Yokota AB was completed in May. The survey was requested by HQ US Forces, Japan, to local civil engineering officials who contacted us for a survey of the traffic noise. The study was done in an effort to predict the impact of noise resulting from widening the highway. A report was written and subsequently used by Japanese Government personnel in the design of acoustical highway barriers to be constructed.

The second of a two-part study of the Clark AB oxidation ponds was completed during one week in August. A similar study was done the previous year in December. The two-part study, representing dry and wet season periods, was done to determine pond treatment efficiency and effluent emission characteristics. Excessive coliform organisms and suspended solids were noted; extended lagooning and/or effluent chlorination were recommended.

Education and Training Services. Colonel Frank C. Buchwald presented a talk on 1 MSEW support of base environmental health programs at the PACAF Director of Base Medical Services Conference in November.

Bimonthly environmental protection lectures were given to Wagner Middle School science classes.

Assistance in mutual fields of endeavor was discussed with the US Army Environmental Health Engineering Agency at Sagami, Japan, and US Navy Preventive Medicine Unit (PMU) No. 6 Detachment at Camp Kuwae, Okinawa, Japan.

The Annual PACAF Bio-Environmental Engineering (BEE) Workshop was hosted by the 1 MSEW at Clark AB in February. The Chief of the Biomedical Sciences Corps; Commander, USAF Occupational and Environmental Health Laboratory; and all PACAF area BEEs attended. The workshop was a resounding success.

Equipment and Supplies. A revised letter listing equipment

available for loan and loan procedures was distributed to all PACAF bases. Much unreparable/unserviceable equipment was turned in; more durable, high humidity, and extreme temperature resistant items were ordered.

In August, a 1/2 gallon glass container of 90 percent Nitric Acid mysteriously exploded in our wastewater laboratory. Exact cause could not be determined but action was taken to prevent recurrence.

Wastewater Laboratory:

a. Wastewater Monitoring Samples:

Number of samples for the PACAF-wide base wastewater sampling program (analyzed for COD, Suspended Solids, Alkalinity, Chlorides, and Phosphates)	479
Samples analyzed for oil and greases (submitted by Misawa AB and Andersen AFB)	51
Samples for chloride analysis (submitted by Wallace AS)	6

b. Field Samples:

Samples for oil and greases (submitted by USAF Hospital Clark)	32
Samples for lagoon survey at Clark AB (analyzed for COD, BOD, Suspended Solids)	21
Samples for bacteria analysis for total and fecal coliform test from US Embassy, Manila	80
Samples for bacteria analysis for total coliform test (submitted by Angeles City Sanitation Department)	120

Note: We supply pesticide jars to every base. Samples were collected every quarter of the year and sent to USAF OEHL for analysis.

Technical Reports Published:

1 MSEW-BEE-77-270	A Preliminary Evaluation of the Primary Sewage Ponds, Clark AB, Philippines	Jan 77

1 MSEW-BEE-77-271	Medical X-ray Protection Survey, 657 Tactical Hospital, Clark AB, Philippines	Jan 77
1 MSEW-BEE-77-272	Medical and Dental X-ray Protection Survey, US Naval Communication Station, Diego Garcia, British Indian Ocean Territory	Feb 77
1 MSEW-BEE-77-273	Dental X-ray Protection Survey, USAF Clinic Kadena, Kadena AB, Japan	Mar 77
1 MSEW-BEE-77-274	Medical and Dental X-ray Protection Survey, USS Oklahoma City (CG-5)	Mar 77
1 MSEW-BEE-77-275	Industrial X-ray Protection Survey, NDI Laboratory, Yokota AB, Japan	Mar 77
1 MSEW-BEE-77-276	Medical and Dental X-ray Protection Survey, USAF Hospital Yokota, Yokota AB, Japan	Apr 77
1 MSEW-BEE-77-277	Industrial X-ray Protection Survey, NDI Laboratory, Kunsan AB, Republic of Korea	Jun 77
1 MSEW-BEE-77-278	Medical and Dental X-ray Protection Survey, USAF Hospital Kunsan, Kunsan AB, Republic of Korea	Jun 77
1 MSEW-BEE-77-279	Medical and Dental X-ray Protection Survey, US Naval Hospital Taipei, Taipei, Taiwan	Jun 77
1 MSEW-BEE-77-280	Route 16, Traffic Noise Survey, Yokota AB, Japan	Aug 77
1 MSEW-BEE-77-281	Postal Fluoroscopic X-ray Protection Survey, OL3G, Det 3, 6005 Air Postal Sq, Taipei, Taiwan	Jun 77
1 MSEW-BEE-77-282	Medical X-ray Protection Survey, USAF Hospital Osan, Osan AB, Republic of Korea	Sep 77
1 MSEW-BEE-77-283	Industrial X-ray Protection Survey, NDI Laboratory, Osan AB, Republic of Korea	Sep 77

1 MSEW-BEE-77-284	An Evaluation of the Primary Sewage Ponds, Clark AB, Philippines	Oct 77
1 MSEW-BEE-77-285	Medical, Dental, and Veterinary X-ray Protection Survey, USAF Hospital Clark, Clark AB, Philippines	Nov 77
1 MSEW-BEE-77-286	Industrial X-ray Protection Survey, 15 FMS/LGMFM (NDI Laboratory), Hickam AFB, Hawaii	Oct 77
1 MSEW-BEE-77-287	Medical and Dental X-ray Protection Survey, USAF Clinic, Wheeler AFB, Hawaii	Oct 77
1 MSEW-BEE-77-288	Operations Plan, Sanitary Engineering Evaluation of Wastewater Treatment Plants, Yokota AB, Japan	Nov 77
1 MSEW-BEE-77-289	Medical and Dental X-ray Protection Survey, USAF Clinic Hickam, 154 USAF Clinic (ANG), Hickam AFB, Hawaii	Oct 77
1 MSEW-BEE-77-290	Medical and Dental X-ray Protection Survey, Wake Island, Johnston Atoll, and Enewetak Atoll	Oct 77
1 MSEW-BEE-77-291	Medical and Dental X-ray Protection Survey, US Naval Facilities, Guam	Nov 77
1 MSEW-BEE-77-292	Medical and Dental X-ray Protection Survey, Tainan AB, Taiwan	Dec 77
1 MSEW-BEE-77-293	Medical and Dental X-ray Protection Survey, Ching Chuan Kang AB, Taiwan	Dec 77

V. TACTICAL HOSPITALS

This was the "Year of Readiness" and the three ATHs assigned to the Wing supported two major operational exercises: "Team Spirit" and "Ulchi Focus Lens." They also had training deployments. The integration of our medical units with line tactical units provided valuable training opportunities. Units were deployed as follows:

Unit	Destination/Purpose	Dates
656 Tac Hosp	Clark AB, RP/PACAF/SG Staff Assistance Visit	10-12 Jan 77

657 Tac Hosp	Clark AB, RP/PACAF/SG Staff Assistance Visit	12-14 Jan 77
655 Tac Hosp	Tachikawa AB, Japan/Training	14-18 Feb 77
656 Tac Hosp	"Beverly Bearcat"/PACAF/SG Limited Operational Readiness Inspection (LORI)	22-24 Feb 77
656 Tac Hosp	Taegu AB, Korea/Medical Support for "Team Spirit 77"	25 Mar thru 10 Apr 77
655 Tac Hosp	Suwon AB, Korea/Medical Support for "Team Spirit 77"	27 Mar thru 15 Apr 77
657 Tac Hosp	Taegu AB, Korea/Medical Support for "Focus Lens 77"	6-16 Jul 77
655 Tac Hosp	Kwang-Ju, Korea/Training	18-24 Sep 77
656 Tac Hosp	Wallace AS, RP/Training	3-7 Oct 77
657 Tac Hosp	Wallace AS, RP/Training	6-11 Nov 77

Staff assistance/inspection visits for the PACAF Air Transportable Hospitals were conducted as follows:

Unit	Visitors/Inspectors	Dates
656 Tac Hosp	PACAF/SG Staff Assistance Visit	10-12 Jan 77
657 Tac Hosp	PACAF/SG Staff Assistance Visit	12-14 Jan 77
656 Tac Hosp	PACAF/IG Limited Operational Readiness Inspection	22-24 Feb 77
655 Tac Hosp	1 MSEW/SGT Staff Assistance Visit	11-12 May 77
656 Tac Hosp	1 MSEW/SGT Staff Assistance Visit	4-6 Oct 77
657 Tac Hosp	1 MSEW/SGT Staff Assistance Visit	7-9 Nov 77

A new training program was implemented entailing one day deployment of individual sections of the tactical hospitals along with specifically assigned team members. A continual rotational

schedule was followed. Through this program, full concentration of the unit's management could be directed towards analyzing deficiencies of the section and thereby improving its operational capability.

During the training deployment of the 655 Tactical Hospital to Tachikawa AB, Japan, 14-18 February 1977, approximately 47 members of the Japanese Ground Self-Defense Force (JGSDF) Medical School including Lt General Ichiro Saito, Chief, Tachikawa Aeromedical Laboratory, and Major General Kiyoshi Niiya, Deputy Commandant, reviewed the unit's operation.

The Annual Joint Tactical Hospital Planning Conference was conducted from 28 February through 2 March 1977 at Clark AB to discuss and propose solutions to mutual problems as well as to exchange information gleaned from past experiences. This meeting proved to be very educational for all participants.

Certification of hazardous cargo for deployment by air presented a problem throughout the first half of the year. Traffic Management Office personnel were required to certify our cargo since our unit materiel personnel were not able to receive required training. Training conducted by Field Training Detachment at Yokota AB, 27 June through 10 July 1977, and at Clark AB, 1-12 August 1977, alleviated this problem.

In May 1977 manning authorizations for PACAF Air Transportable Hospitals were changed to come more in line with Unit Type Code.

Efforts to acquire additional warehouse space for the 656 and 657 Tactical Hospitals continued throughout the year. The report of the USAF Audit Agency completed 30 June added needed impetus for broad base support in meeting their warehouse space requirements but the problem persists. The 655 Tactical Hospital relocated their assets to the USAF Hospital Yokota medical supply warehouse. Their new facility was considered a vast improvement over their former storage area.

Key personnel from the 655 Tactical Hospital visited the Tactical Hospitals at Clark AB during the last part of July to seek standardization of activities.

The Tactical Hospital Warehouse at Clark AB sustained minimal damage as a result of Typhoon Kim on 14 November. High winds and heavy rains caused general flooding of the facility, but physical damage was averted through routine typhoon protection actions.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS PACIFIC AIR FORCES
HICKAM AIR FORCE BASE HI 96853

SPECIAL ORDER
GA-61

12 December 1977

1. 1st Medical Services Wing located at Clark Air Base, Philippines, is inactivated effective 31 December 1977, and the unit designation reverts to the control of the Department of the Air Force. Personnel will be reassigned in accordance with special instructions furnished by HQ PACAF/DP/SG. Supplies and equipment will be returned to supply channels in accordance with current directives. Organization records will be disposed of in accordance with AFM 12-50. Funds will be disposed of and final reports will be submitted in accordance with current directives. Authority: HQ USAF/DAF/PRM 125q letter, 5 December 1977, Subject: Organization Actions Affecting Certain Pacific Air Force Units.

2. 6201 Epidemiological Flight is activated at Clark Air Base, Philippines, effective 31 December 1977, and assigned to USAF Hospital, Clark. Philippines. Authority: AFM 26-2.

3. Operating Location AA, 1st Medical Services Wing located at Manila City, Philippines, is disestablished effective 31 December 1977. Authority: AFM 26-2.

4. The following units are reassigned from the 1st Medical Services Wing to the fixed medical treatment facilities indicated below, effective 31 December 1977. Authority: HQ USAF/DAF/PRM 125q letter, 5 December 1977, Subject: Organization Actions Affecting Certain Pacific Air Forces Units.

Unit	Location	Assignment
655 Tactical Hospital	Yokota AB, Japan	USAF Hospital, Yokota
656 Tactical Hospital	Clark AB, Philippines	USAF Hospital, Clark
657 Tactical Hospital	Clark AB, Philippines	USAF Hospital, Clark



T. D. CAMERON, Colonel, USAF
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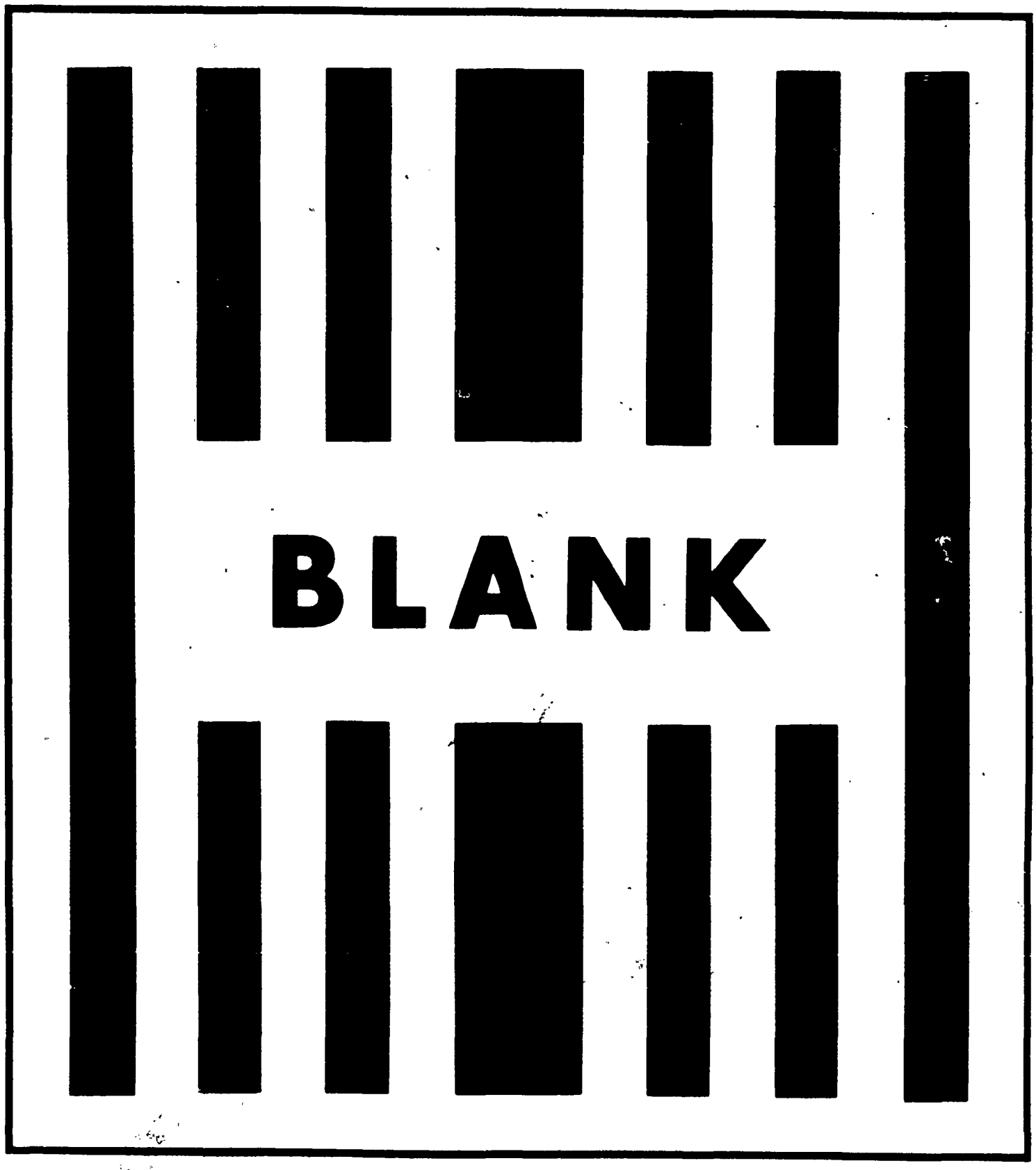
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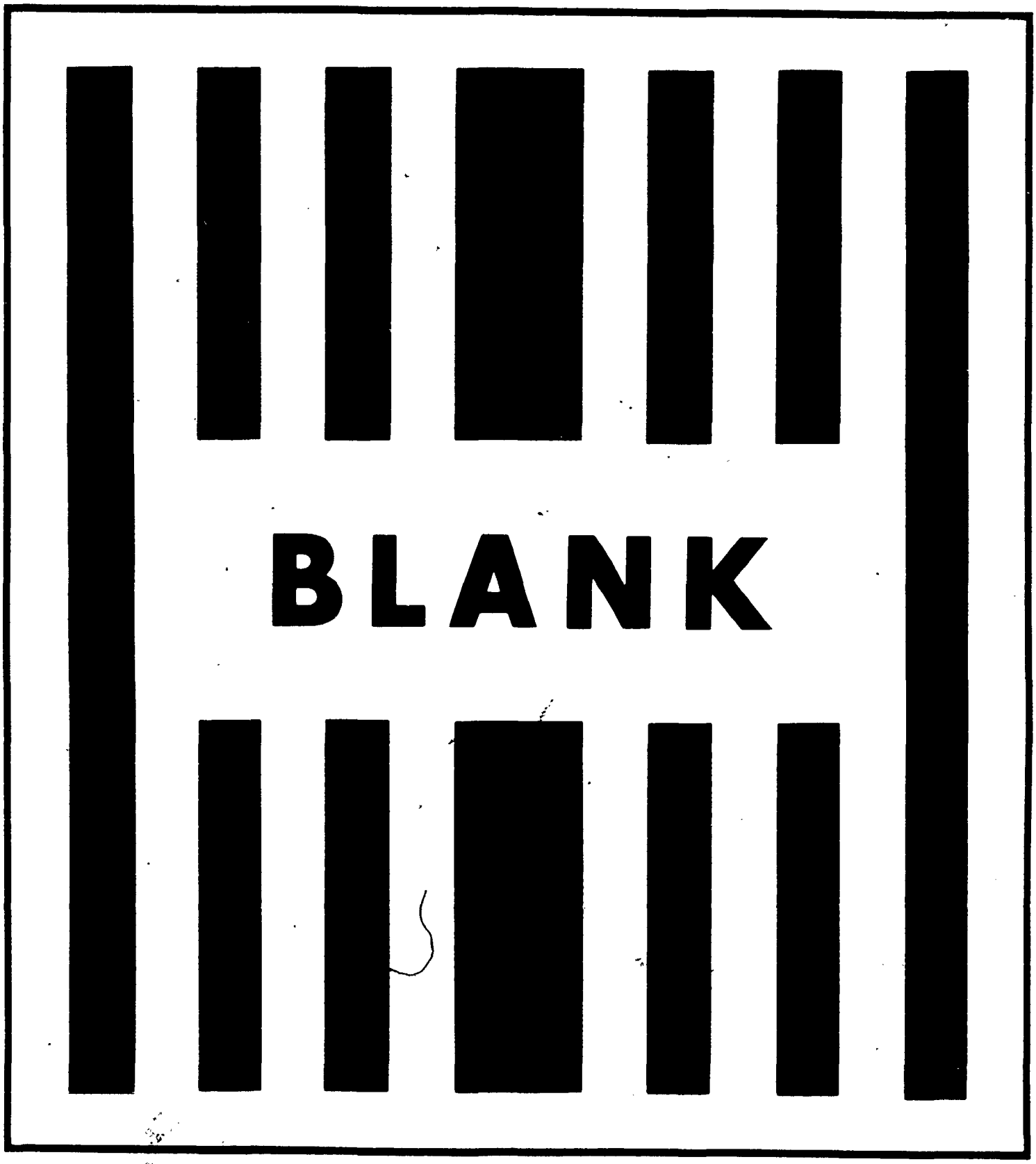
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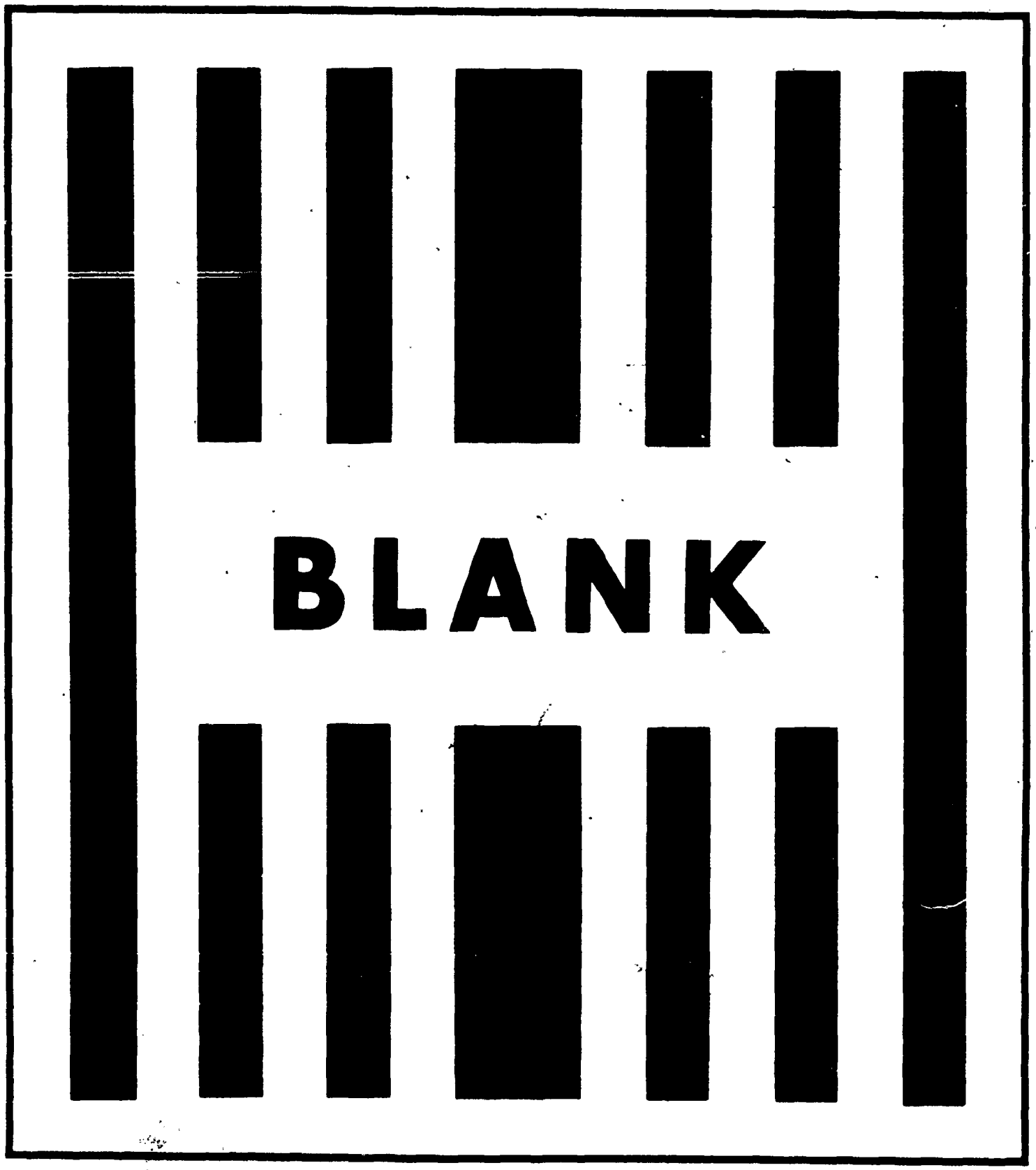
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HISTORY OF THE FIRST MEDICAL SERVICE WING

1 JULY - 31 DECEMBER 1976

ROBERT R. SMITH, COLONEL, USAF, MC
COMMANDER

PACIFIC AIR FORCES, UNITED STATES AIR FORCE

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I. INTRODUCTION

The First Medical Service Wing (1 MSEW) is a specialized Air Force Controlled (AFCON) unit assigned to and under the operational control of Headquarters Pacific Air Forces (HQ PACAF). The Wing provides disease surveillance and environmental health services which are beyond the capability of base medical service units. The headquarters also maintains administrative and operational control over three assigned tactical hospitals. Each of these three units is trained, organized, and equipped to furnish diagnostic support, treatment, military public health, and flight medicine services under field or combat conditions for one or more combat tactical units. Certain key personnel assigned to the 1 MSEW also function in an advisory capacity to the Commander, Thirteenth Air Force (13 AF).

The Wing staff includes the Headquarters element of 5 officers, 5 enlisted persons, and 2 civilians, and the Environmental Health Services Group of 5 officers, 4 enlisted persons, and 3 civilians. Each tactical hospital is authorized 6 officers and 37 enlisted persons; all authorized positions are staffed by personnel assigned directly to the tactical unit or attached from the host hospital.

The combination of a staff veterinarian, a medical officer, entomologists, and bioenvironmental engineers provides the Wing with a unique capability. Diseases infecting people and animals in Asian countries are uncommon in the United States but communicable to Americans serving in these countries. The

presence of these disciplines provides for surveillance of these diseases and consultation concerning their prevention, diagnosis, treatment, and control.

II. DISEASE SURVEILLANCE

BETA LACTAMASE PRODUCING NEISSERIA GONORRHEA. By direction of HQ PACAF/SG, a venereal disease control and abatement program was organized in October 1976. The primary goal of the control and abatement program was to reduce the total case number of venereal diseases. The program emphasized strong education, control, laboratory, and "people" programs. A surveillance network was established to monitor the case numbers of the new genetic strain of gonorrhea.

VIRAL HEPATITIS. Viral Hepatitis continued to be common disease in the Pacific area. Korea had an abnormal increase in infectious cases the past six months of 1976. Osan had a total of eleven cases in a 34-day period, 1 November - 4 December 1976. An epidemiological team investigated this increase and found strong evidence which pointed to one local off-base establishment. Preventive and educational measures were instituted and the case numbers, at the close of 1976, dropped to the usual monthly incidence.

III. ENTOMOLOGY SERVICES

MISSION. The mission of Entomology Services, HQ 1st Medical Service Wing, is to provide reference, consultation, and training services in military entomology to all Air Force installations

in the PACAF area of responsibility; maintain surveillance over disease vectors and vector-borne diseases in the PACAF area; monitor base environments for factors which could lead to increases in vector populations or vector-borne disease incidence; and conduct investigations in medical entomology concurrent with requirements of the command.

PROFESSIONAL ACTIVITIES. Entomology Services organization comprised the professional staff, NCOIC, and the Vector Taxonomy Section. Manning authorization was one 04 and one 03 Medical Entomologist, one E6 Environmental Health Technician, and one PG-14 Vector Taxonomist. All positions were filled.

There were no official reports of arthropod-associated diseases occurring in Air Force personnel or their dependents assigned within the PACAF area of responsibility during the report period. The lack of insect-borne disease outbreaks in the command precluded epidemiological studies, but the Entomology Services was placed on alert during July for the recovery phase of Typhoon Therese on the Island of Guam. All personnel and equipment were prepared for deployment, but no further action was requested.

REFERENCE LABORATORY SERVICE. The Vector Taxonomy Section was fully operational and provided exceptional service. The taxonomist identified both immature and adult mosquitoes submitted by Environmental Health Services and Civil Engineering Entomology personnel from all PACAF bases. The Section identified 12,450 adult and 1,400 larval mosquitoes during the report period. Air

Force bases on Oahu, Guam, Taiwan, Okinawa and Luzon, and in Japan and Korea contributed to this total. An additional 11,000 adults were identified for the special mosquito survey conducted on Clark AB during August-November. A comprehensive compilation of all mosquito identifications made by this Wing during calendar year 1976 will be published as a 1 MSEW Technical Report in 1977. The Section continued to pin and label selected mosquito specimens. Some of these were sent to the US National Museum, Smithsonian Institution, Washington, D.C. The majority were used to expand the reference collection within the 1 MSEW for the geographical areas in the PACAF area of responsibility.

CONSULTATION SERVICE. The medical entomologists provided on-site assistance at five PACAF installations and at Andersen AFB (SAC). Visit objectives were to evaluate the base entomological environments and capabilities for pest/vector control; review the Military Quarantine Inspection (MQI) procedures; and assist in delineating or solving problems associated with the base pest control programs. Formal reports documenting the findings and recommendations for the consultative visits were published in the Wing report series (1 MSEW-ENT-76-002 through 007). A special report described findings in the mosquito survey on the Island of Rota (Mariana Islands) during May.

The medical entomologists also provided a broad consultative service by telephone or by correspondence. This service included all command levels and all facilities, and provided technical information to both Medical Service and Civil Engineering staff

sections. Mosquito surveillance techniques, aspects of pest control, retrograde cargo control and inspection, and disposition of outdated or otherwise unusable pesticides were the prevalent problem subjects.

EDUCATION AND TRAINING SERVICE. Entomology personnel gave an informal briefing on the ecology, bionomics and socioeconomic aspects of Rota Island, Pacific Trust Territory, to the senior staff, 657th Tactical Hospital, Clark AB, in preparation for deployment of the hospital to Rota Island during September. A summary on Wing entomological activities was presented at the 1976 PACAF Directors of Base Medical Services Conference at John Hay AB, RP, during December. An informal discussion on arthropods of medical importance, insect-borne diseases, and personal protective measures while camping in the Philippines, was presented to an assembly of Philippine District Leaders of the Girl Scouts of America.

BIOLOGICAL INVESTIGATIONS. Formal studies of biological factors within the command area of responsibility and conducted in accordance with AFR 169-6, Clinical Investigation, are not applicable to the 1 MSEW mission as described in PACAFR 23-8, 1st Medical Service Wing. General field investigations regarding animal populations of medical importance were initiated.

Three technical papers prepared by Entomology Services personnel and pertaining to mosquitoes or mosquito-borne diseases within the PACAF area were published during the report period. Two other manuscripts were submitted for publication in technical

journals. A special survey to evaluate the comparative collection efficiencies of mosquito attractants was accomplished on Clark AB from August through November. Mosquito collections were made four nights per week utilizing CDC miniature light traps. Carbon dioxide and incandescent light were used on alternate nights as the attractants. The study was completed and the data will be offered for publication. The literature survey was continued on mosquito records for Guam, Rota, Saipan, and Tinian islands in the Mariana chain. This comparative study will list all of the mosquito species known to occur on each of these southern Mariana Islands, and include the initial dates of recovery and collection points for both larval and adult forms.

IV. BIOENVIRONMENTAL HEALTH SERVICES

A bioenvironmental engineer and environmental health technician were members of a team sent TDY to Osan AB, Korea, to investigate probable cause of an infectious hepatitis problem. A report was written by the team chief with recommendations to prevent similar outbreaks.

Captain Richard Collins attended a special course at the USAF Radiological Health Laboratory, Wright-Patterson AFB, OH, entitled "Radio-Frequency Radiation Hazards." While at the laboratory, he reviewed procedures for conducting Medical/Dental X-Ray surveys and for accomplishing repair and calibration of Victoreen radiation survey equipment. The laboratory will not be able to provide repair and calibration service after March 1977; therefore,

alternate sources are being investigated.

The wastewater treatment facility at Osan AB, Republic of Korea, was evaluated. Various standard wastewater examination tests were performed in order to determine unit and overall treatment (removal) efficiencies. These values were compared to published removal efficiencies of similar treatment plants. The survey period characteristics at five locations indicated that the facility was not operating properly. A technical report was written listing many recommendations to improve treatment.

An environmental survey team was dispatched to Ching Chuan Kang (CCK) AB, Taiwan, 30 July 1976, in response to a JP-4 fuel spill. An estimated 30,000 to 50,000 gallons of JP-4 was lost when a valve in a fuel pit interchange (located in an off-base agricultural area) was hit. A preliminary environmental investigation revealed that one field was seriously damaged from the spill; areas downstream were probably saved from severe damage by a heavy rain which helped to dilute and carry the contaminant to the ocean. Environmental samples were collected and sent to the USAF Environmental Health Laboratory, McClellan AFB, CA.

a. Analytical results from the JP-4 fuel spill were received. Four areas were found to be contaminated. Two of these areas were resampled in order to determine the degradation or dilution of JP-4 with time. TSgt Peace at the CCK Medical Aid Station collected and submitted samples. This office received the results and contacted CCK military authorities.

b. A report with a reprint on "Jet Fuel Soil Toxicity" was received from the USAF Environmental Health Laboratory, Kelly AFB, TX, and was forwarded to the investigating officer and the assigned legal officer handling the case. A visit to discuss the fuel spill was made by two of our engineers while performing bioenvironmental consultation in Taiwan during the period 2-6 November 1976. All legal damage claims have been settled with civilian landowners being reimbursed for the projected value of a 2-year harvest. Crops are now growing throughout the spill area.

c. Results of follow-up samples received 15 November 1976 showed JP-4 concentrations slightly over the detectable range. We feel that no further follow-up is required.

We have established liaison with the Environmental Health Service at Subic Bay. They recently had an Industrial Hygienist assigned and he has volunteered to provide limited assistance in certain areas.

Colonel Buchwald went to Kadena AB, Japan, 24-27 July 1976. Purpose of the visit was to review air and water pollution survey requirements and to discuss 1 MSEW environmental health support to base programs.

A letter listing 1 MSEW equipment available and loan procedures was published and distributed to all PACAF bases. We will update the letter periodically as we add to or delete equipment from our inventory.

Approval was obtained for the Annual PACAF Bioenvironmental Engineering Workshop. It was held at Clark AB during 8-10 February

1977. A very good response was received from bioenvironmental engineers and other environmental health personnel to attend and participate in the workshop. Colonel Cocheres, Chief of the BSC Corps, and Colonel Bell, Commander, OEHL, attended.

Bioenvironmental engineering staff assistance visits were performed at CCK AB and Shu Lin Kou AS, Taiwan. No outstanding problems were noted.

X-Ray protection surveys were performed at Osan, Kunsan, and Yokota Air Bases. While in Japan a visit was made to the US Army Pacific Environmental Health Engineering Agency at Camp Zama to coordinate and establish better liaison for jointly solving environmental problems and utilization of each unit's services.

We have been requested to prepare a briefing on support of environmental protection programs in Japan to be presented to the Commander of US Forces in Japan.

A survey of the Clark AB oxidation ponds was started 5 December 1976. An interim report was prepared and distributed.

REPORTS. The following reports were published and distributed:

1 MSEW-BEE-76-258	Wastewater Treatment Plant Evaluation, Osan Air Base, Republic of Korea	Jul 76
1 MSEW-BEE-76-259	Dental X-Ray Protection Survey, USAF Clinic Andersen, Andersen AFB, Guam	Aug 76

1 MSEW-BEE-76-260	Industrial X-Ray Protection Survey, 43 FMS/NDI, Andersen AFB, Guam	Aug 76
1 MSEW-BEE-76-261	Industrial X-Ray Protection Survey, 154 FIG, NDI Lab, Hawaii Air National Guard, Hickam AFB, Hawaii	Aug 76
1 MSEW-BEE-76-262	Medical and Dental Protection Survey, Clark Air Base, Philippines	Aug 76
1 MSEW-BEE-76-263	Medical and Dental X-Ray Protection Surveys, USAF Clinic Hickam, Wheeler Medical Facility, Hawaii	Aug 76
1 MSEW-BEE-76-264	Veterinary X-Ray Protection Survey, Clark Air Base, Philippines	Sep 76
1 MSEW-BEE-76-265	Medical and Dental X-Ray Protection Survey, USAF Hosp Misawa, Misawa AB, Japan	Sep 76
1 MSEW-BEE-76-266	Medical and Dental X-Ray Protection Survey, USAF Clinic Kadena, Kadena AB, Japan	Sep 76

1 MSEW-BEE-76-267	Medical X-Ray Protection Survey, USAF Hosp Kunsan, Kunsan AB, South Korea	Nov 76
1 MSEW-BEE-76-268	Dental X-Ray Protection Survey, USAF Hosp Kunsan, Kunsan AB, South Korea	Nov 76
1 MSEW-BEE-76-269	Medical and Dental X-Ray Protection Survey, USAF Hosp Osan, Osan AB, South Korea	Nov 76

V. VETERINARY SERVICES

Manning of Veterinary Services consisted of one Lt Col, AFSC 9916. This office served as an extension of the office of the PACAF Command Veterinarian for military veterinary activities in the Western Pacific. Augmentation to the PACAF Medical Staff Assistance Team was provided as directed by HQ PACAF/SG. A study was initiated to determine the effects on the health of PACAF military working dogs, especially with respect to canine ehrlichiosis, of the withdrawal of American military forces from Thailand..

VI. TACTICAL HOSPITALS

The three Air Transportable Hospitals (ATH) assigned to the 1st Medical Service Wing clearly demonstrated their versatility in response to a variety of training missions, operational support, and alert situations.

The 656th Tactical Hospital deployed to Taegu AB, Korea from 7-18 July 1976 in support of exercise "Focus Lens." This was the first deployment since reconfiguration of supplies and equipment under the new Table of Allowance (TA) 896.

The 657th Tactical Hospital took advantage of additional warehouse space available during the deployment of the 656th Tactical Hospital to Taegu to begin their reconfiguration to the new TA. Their reconfiguration was completed on 25 July 1976. Reconfiguration of the 655th Tactical Hospital was completed during the period 2-19 August 1976.

All three Air Transportable Hospitals were placed on alert immediately following "Typhoon Therese," which struck Guam in mid-July 1976 and the earthquake involving the southern Philippines in mid-August. The Air Transportable Hospitals were not ultimately required for recovery actions. They were taken off alert without deployment to either of these sites.

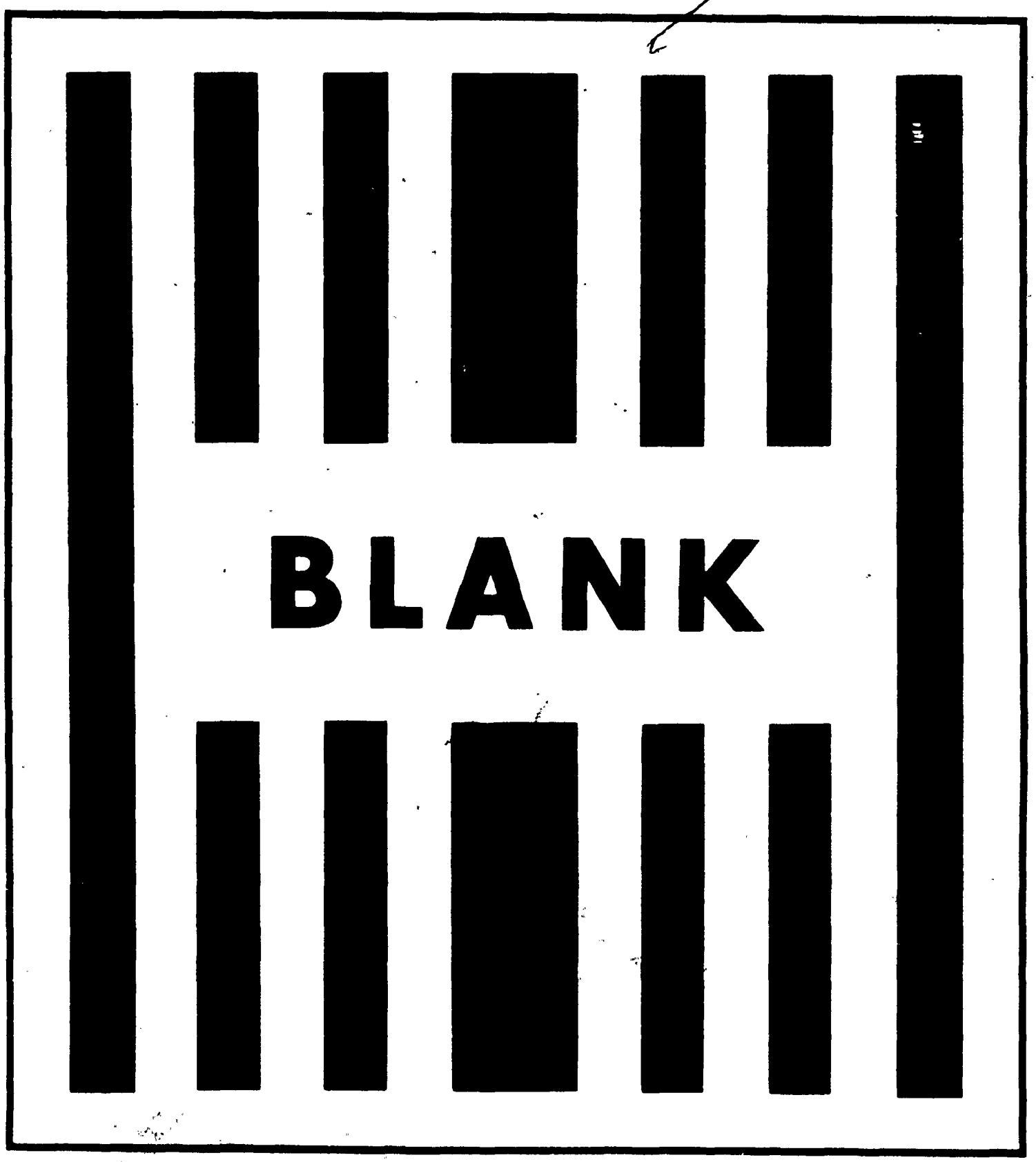
The three PACAF Tactical Hospitals were placed in a state of increased readiness on 20 August 1976 in response to "Operation Paul Bunyan." Elements of the 657th Tactical Hospital were deployed to Taegu. The 655th and 656th Tactical Hospitals were not returned until 18 October 1976. Ability to respond with and altered deployment package was clearly demonstrated during this exercise.

A new PACAF Regulation 168-2, Management of Tactical Medical Units, was published on 30 August 1976. This publication provided changes in deployment options by tactical hospitals. New unit

mobility plans were required to incorporate changes provided by this regulation and the new TA 896.

Deployments were conducted by the PACAF Tactical Hospitals to meet training and inspector requirements as follows:

Unit	Destinations/Purpose	Dates
655th Tac Hosp	Iwo Jima/Training	8-14 Sep 76
656th Tac Hosp	Local/Training-Inventory	4-8 Oct 76
655th Tac Hosp	Tachikawa AB/PACAF SAV	5-8 Oct 76
657th Tac Hosp	Local/Joint ORE with 374th TAW and 3d TFW	28-30 Oct 76
657th Tac Hosp	Local/Training-Inventory	1-12 Nov 76
656th Tac Hosp	Wallace AS/Training	5-10 Dec 76
657th Tac Hosp	Wallace AS/Training	10-15 Dec 76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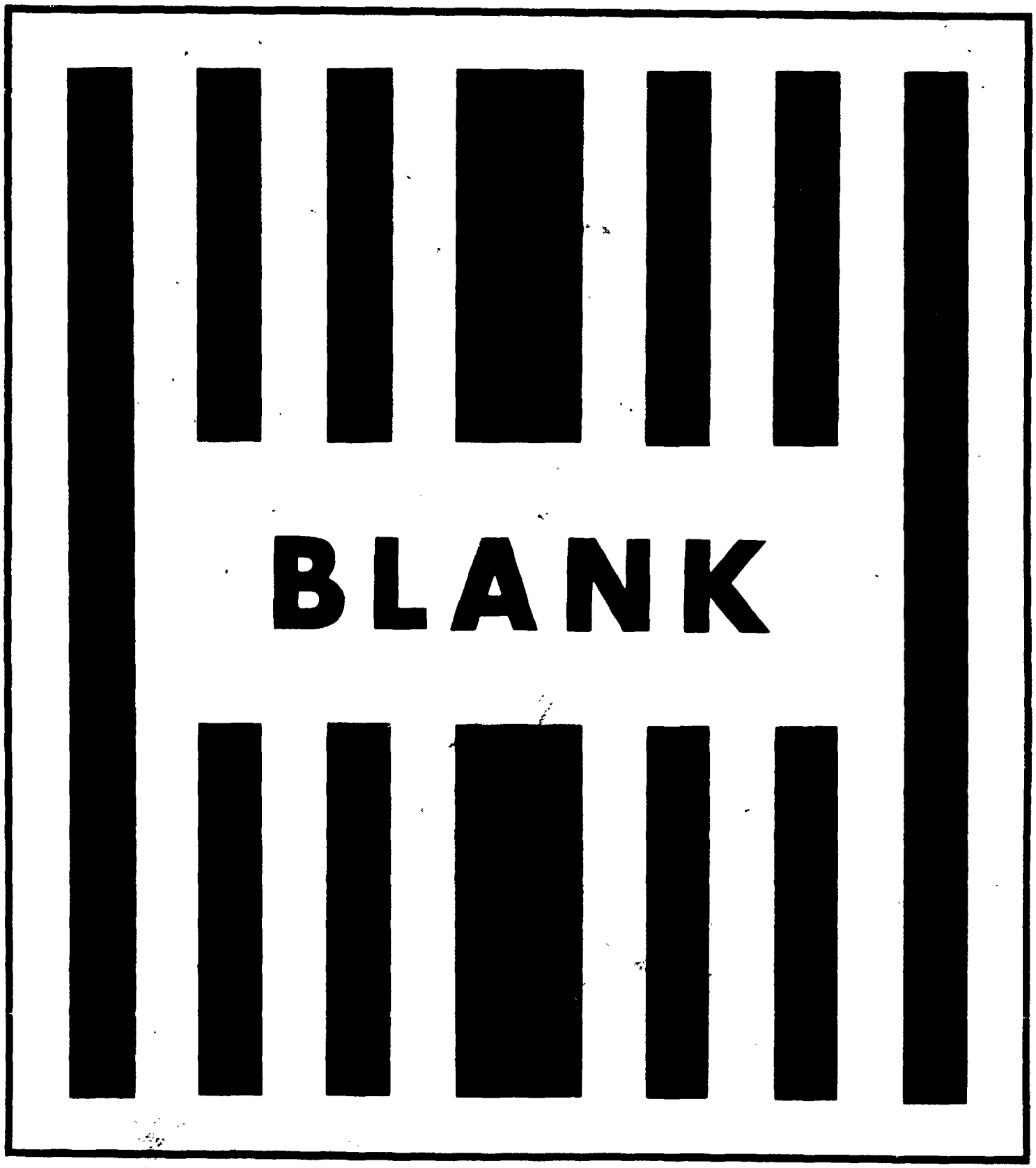
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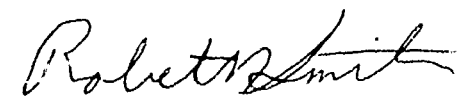

ROBERT R. SMITH, COLONEL, USAF, MC
COMMANDER

PACIFIC AIR FORCES, UNITED STATES AIR FORCE

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I. INTRODUCTION

The First Medical Service Wing (1 MSEW) is a specialized Air Force Controlled (AFCON) unit assigned to and under the operational control of Headquarters Pacific Air Forces (HQ PACAF). The Wing provides disease surveillance and environmental health services which are beyond the capability of base medical service units. The headquarters also maintains administrative and operational control over three assigned tactical hospitals. Each of these three units is trained, organized, and equipped to furnish diagnostic support, treatment, military public health, and flight medicine services under field or combat conditions for one or more combat tactical units. Certain key personnel assigned to the 1 MSEW also function in an advisory capacity to the Commander, Thirteenth Air Force (13 AF).

The Wing staff includes the Headquarters element of 5 officers, 5 enlisted persons, and 2 civilians, and the Environmental Health Services Group of 5 officers, 4 enlisted persons, and 3 civilians. Each tactical hospital is authorized 6 officers and 37 enlisted persons; all authorized positions are staffed by personnel assigned directly to the tactical unit or attached from the host hospital.

The combination of a staff veterinarian, a medical officer, entomologists, and bioenvironmental engineers provides the Wing with a unique capability. Diseases infecting people and animals in Asian countries are uncommon in the United States but communicable to Americans serving in these countries. The

presence of these disciplines provides for surveillance of these diseases and consultation concerning their prevention, diagnosis, treatment, and control.

The 1st Medical Service Wing was the proud recipient of the Air Force Outstanding Unit Award presented by General L.L. Wilson, Commander, HQ Pacific Air Forces. The award was presented for Wing activity during the period 21 September 1973 to 30 June 1975.

II. DISEASE SURVEILLANCE

VIRAL HEPATITIS. Viral Hepatitis morbidity, especially in Korea, presented a continuing problem to Air Force personnel. One hundred and twenty-two cases were reported.

STREPTOCOCCAL DISEASE. A significant outbreak of streptococcal disease was reported at Andersen AFB, Guam. The outbreak started earlier than usual and ran four times the number of cases in previous outbreaks. The epidemic began with symptomatic/ asymptomatic children of Air Force personnel. Medical personnel handled the epidemic by electing to prophylactically treat all aircrews with IM penicillin. A study of specimens by the Epidemiology Division at Brooks AFB, Texas, did not support the contention that the outbreak was of streptococcal etiology. In their opinion there was a strong possibility that the outbreak had been inadvertently laboratory induced. They had little doubt that misleading information had originated in the clinic laboratory as a result of its use of incorrect identification and differentiation techniques for betahemolytic streptococci.

RABIES. Rabies was endemic in Western Pacific (WESTPAC) with the exception of Japan. Cases occurring in Korea were limited to specific areas.

III. ENTOMOLOGY SERVICES

MISSION. The mission of Entomology Services, HQ 1st Medical Service Wing, is to provide reference, consultation, and training services in military entomology to all Air Force installations in the PACAF area of responsibility; maintain surveillance over disease vectors and vector-borne diseases in the PACAF area; monitor base environments for factors which could lead to increases in vector populations or vector-borne disease incidence; and conduct investigations in medical entomology concurrent with requirements of the command.

PROFESSIONAL ACTIVITIES. Entomology Services organization comprised the professional staff, NCOIC, and the Vector Taxonomy Section. Manning authorizations were one 04 and one 03 Medical Entomologist, one E6 Environmental Health Technician, and one PG-14 Vector Taxonomist. All positions were filled.

Only one report of arthropod-associated disease occurring in Air Force personnel or their dependents assigned within the PACAF area of responsibility during the report period was brought to the attention of the Wing. A single case of vivax malaria was diagnosed and subsequently confirmed at the USAF Hospital Clark in a security policeman working dog handler assigned to Clark AB. The infection occurred in the Clark AB area. The lack of

documented insect-borne disease outbreaks in the command precluded epidemiological studies, but consultation assistance was provided to both HQ 13th Air Force staff agencies at Clark AB and the in-country facilities that supported the retrograde cargo inspection activities throughout the 1976 base drawdowns in Thailand.

REFERENCE LABORATORY SERVICE. The Vector Taxonomy Section was fully operational and provided exceptional service. The taxonomist identified both immature and adult mosquitoes submitted by Environmental Health Services and Civil Engineering Entomology personnel from all PACAF bases. The section identified nearly 30,000 adult and 700 larval mosquitoes during the report period. Air Force bases on Oahu, Guam, Taiwan, Okinawa and Luzon, and in Japan, Korea, and Thailand contributed to this total. An additional 1,367 adults and 180 immatures were identified for the special mosquito survey conducted on Rota Island, Pacific Trust Territory, during May. A comprehensive compilation of all mosquito identifications made by this Wing during calendar year 1975 was published as a 1 MSEW Technical Report. A comprehensive guide to vector surveillance in the PACAF area was developed as part of the report. It included sections on the interpretation of light trap data, alternative mosquito survey methods for mosquito species, and packing and shipping instructions.

The Vector Taxonomy Section continued to pin and label selected mosquito specimens. Some of these were sent to the US National Museum, Smithsonian Institution, Washington, D.C. The majority was used to expand the reference collection within the 1 MSEW for the

geographical areas in the PACAF area of responsibility.

CONSULTATION SERVICE. The medical entomologists provided on-site assistance at eleven PACAF installations and at Andersen AFB (SAC). Visit objectives were to evaluate the base entomological environments and capabilities for pest/vector control; review the Military Quarantine Inspection (MQI) procedures; and assist in delineating or solving problems associated with the base pest control programs. Formal reports documenting the findings and recommendations for the visits were published in the Wing consultation report series. In addition to the 1975 PACAF Mosquito Identification Summary, the following titles were published as Wing Technical Reports: Insect Packing and Shipping Protocols; Medically Important and Poisonous Snakes in the Pacific and Far East; and Military Quarantine Inspection Assistance in Thailand.

The medical entomologists also provided a broad consultative service by telephone or by correspondence. This service included all command levels and all facilities, and provided technical information to both Medical Service and Civil Engineering staff sections. Mosquito surveillance techniques, aspects of pest control, retrograde cargo control and inspection, and disposition of outdated or otherwise unusable pesticides were the prevalent problem subjects.

EDUCATION AND TRAINING SERVICE. At the request of HQ PACAF/SG, the Entomology Services presented training programs at Korat, Udorn, and U-Tapao Air Bases in Thailand during October-November

to review Military Quarantine Inspection requirements and discuss procedures during the programmed base drawdown periods. Base representatives from CE, LG, SG, Customs, the MMS, and the Aerial Port participated in each of the sessions. A paper "Medical Entomology Within PACAF," was presented at the 1975 Annual PACAF Directors of Base Medical Services Conference at John Hay AB, RP during December. An entomologist gave an informal briefing on "Bioenvironmental Engineering and Medical Entomology," and participated in a panel discussion on problems encountered with military quarantine inspection in Thailand during the 5th Annual PACAF Bioenvironmental Engineering Workshop held at Clark AB in January.

BIOLOGICAL INVESTIGATIONS. Formal studies of biological factors within the command area of responsibility and conducted in accordance with AFR 169-6, Clinical Investigation, are not applicable to the 1 MSEW mission as described in PACAFR 23-8, 1st Medical Service Wing. General field investigations regarding animal populations of medical importance were initiated.

At the request of HQ PACAF/SGP (Ltr, Poisonous Reptiles, 5 May 1976), extensive data concerning species distribution records for poisonous land and sea snakes occurring throughout the Western Pacific, Southeast Asia, and Far East were compiled. These data were combined with information pertaining to snake bite treatment and published as a Wing Technical Report.

At the request of the Resident Commissioner, Ruta, Northern Marianas District, Trust Territory of the Pacific Islands, a

comprehensive survey and taxonomic study was made of the mosquito population on Rota Island during May. The study was successful and the definitive report of the evaluation including recommendations for mosquito control on the island was published as a Wing Consultant Report.

The entomologists initiated four technical manuscripts. One was based on mosquito collections made by Entomology Services personnel on the Island of Tinian, Mariana Islands, for Air Force project "Crested Isle" during December 1974. A second described mosquito collections accomplished between October 1968 and October 1970 as part of a USAF sponsored mosquito surveillance project in Dumaguete, RP. This project was developed in response to a threatened chikungunya fever outbreak in that area. Compilation was begun on a comprehensive bibliography of the mosquitoes and mosquito-transmitted diseases on the Island of Guam, and it is anticipated that it will become the basic reference to these insects on Guam. A literature survey was started on the mosquito data for Guam, Rota, Saipan, and Tinian in the Mariana chain. This comparative study will list all of the mosquito species known to occur on each of these Southern Mariana Islands, and include the initial dates of recovery and collection points for both larval and adult forms.

IV. BIOENVIRONMENTAL HEALTH SERVICES

The Bioenvironmental Health Services continued to be active. We received a request from the Civil Engineer at Ching Chuan Kang

(CCK) AB, Taiwan requesting bioenvironmental engineering assistance during the cleaning of two JP-4 fuel storage tanks. Because of the phasedown in base operations, no environmental health assistance was available from the base. HQ 1 MSEW sent a bioenvironmental engineer TDY to CCK during cleaning of one of the tanks. The second tank was cleaned the following week with a 90750 NCO from Shu Lin Kou AS observing.

We had several calls from Kadena AB, Japan. One concerned a question about what levels of cadmium and chromium would be detrimental to the Japanese secondary sewage system. After an extensive literature search and discussions with Environmental Health Laboratory (EHL), McClellan, we determined that levels of 0.1 mg/ℓ of cadmium and 0.5 mg/ℓ of chromium could be considered limits. We suggested Kadena sample the Aerospace Ground Equipment (AGE) washrack to determine actual levels of these two chemicals. We later learned that the Japanese Water Pollution Laws list the same limits for cadmium and chromium as suggested by 1 MSEW.

Osan AB, Korea was given instructions as to disposal procedures for spent color photographic waste. The waste can be slowly mixed in with domestic waste going into the base sewage treatment facility.

Wastewater treatment plant surveys were conducted at Yokota AB, Japan. A third plant was not surveyed because it was scheduled to be closed soon. Two separate reports were written.

The Osan wastewater treatment plant survey was to have been conducted after the Yokota survey so as to minimize the damage to

our equipment by lessening handling in shipment and to conserve travel funds. However, we learned on the last day of the Yokota survey that Osan had experienced failure of most of their sewage lift pumps and that the plant was being bypassed. This necessitated postponing the survey until the pumps are repaired and the plant again reaches steady state operation.

The 36 acre sewage lagoon system at Clark was put in operation during this period. HQ 1 MSEW is monitoring the influent and effluent weekly to determine when a steady state operation is achieved. An evaluation of the lagoon system performance will be conducted at a later date. At the present time, the system is achieving a 57% Biochemical Oxygen Demand (BOD) reduction, a 35% Chemical Oxygen Demand (COD) reduction and suspensed solid increase of 15%. The increase in suspended solids is due to the presence of algae in the effluent. Increased emphasis has been initiated on sampling the new Clark AB lagoons because of fewer samples for analysis due to these base closures.

Members of the Medical Inspection Directorate, Air Force IG, conducted a Functional Management Inspection of Environmental Health activities of the 1 MSEW from 2-4 September 1975. The purpose of this inspection was to determine cost effectiveness and the need for environmental health services at this unit. Results of the inspection showed that there was a need for environmental health support and that the limited laboratory services did not duplicate other available resources.

In September 1975, word was received through Civil

Engineering that HQ USAF PREV had approved the Air Installation Compatible Utilization Zone (AICUZ) approach for noise studies at Yokota, Misawa, and Kadena. However, one of the recommendations by HQ USAF was that Weighted Equivalent Continuous Perceived Noise Level (WECPNL) contours not be developed using the field measurement method as described by the Japanese Environmental Quality Standards for Aircraft Noise.

Environmental Health personnel were TDY to the Thailand bases during the period. The purpose of the TDY was to review environmental health support to movements of hazardous materials in the retrograde cargo program. The movement of those materials out of the country was found to be progressing satisfactorily. It was noted, however, that there was no stated official policy on disposal of toxic materials such as excess pesticides, solvents, and other toxic materials. HQ PACAF/SG was informed.

On-site assistance to personnel at Johnston Island regarding collection, preservation and shipment of samples for "Project Orange" was provided.

The veriprint operation at Korat AB, Thailand, was evaluated. The operation was suspended briefly due to overexposure to the aerosol used. The operation was resumed after modification of the process by placing the canister in an enclosure and placing ventilating fans in the local area.

Environmental Health personnel visited the Environmental Health Section and Quality Control Laboratory at Subic Bay Naval Station. The purpose of the visit was to become acquainted with environmental

health personnel at Subic and to advice them of services available at 1 MSEW. The quality control laboratory personnel indicated they have a capability to support our efforts when it might not be feasible to request analysis from CONUS for special studies. Subic environmental health personnel were invited to visit 1 MSEW.

The 5th Annual Bioenvironmental Engineering Workshop was held at Clark AB from 14-16 January 1976. All PACAF BEEs attended except the engineers from Hickam and Udorn. All personnel concerned with the workshop felt that the program was comprehensive and worthwhile and should continue to be held annually. In view of the summer turnover of personnel, it was felt that the January thru March period was the best time to hold these meetings.

The BEE at Yokota requested and was given advice on proper methods for disposal of transformer oils containing polychlorinated biphenyls (PCB). The method of choice is incineration. The BEE was told that a minimum of 2000°F with a dwell time of two seconds was required to prevent a release of significant amounts of PCB into the atmosphere. Since the PCB has a definite environmental impact, it was recommended that consideration be given to contracting for disposal. The USAFEHL, McClellan concurred with the latter recommendation.

At the request of HQ PACAF/DEV the background environmental study conducted at Tinian Island, April 1974, was reviewed and updated. Several proposed changes to the study were recommended.

As the result of a PACAF IG inspection at Tainan AB, Taiwan, a team was dispatched to conduct a noise survey. The purpose of

the survey was to determine if personnel living in barracks and aircrew quarters were being exposed to hazardous noise.

On 29 March 1976, permission to discontinue the PACAF Wastewater program was granted for U-Tapao AB, Thailand. The last shipment was received from Thailand (U-Tapao AB), 24 February 1976.

Excess industrial hygiene equipment was picked up from Thailand and USAFEHL, McClellan, which should enable this unit to provide a better loan service. At the suggestion of USAFEHL, McClellan, this unit accepted the responsibility as a monitor of their loan equipment while in PACAF. All bases have been advised of the new system which should increase equipment utilization and reduce turnaround time.

The wastewater study at John Hay AB, RP was completed and a technical report was prepared. There was considerable pollution in on-base drainage ditches and all effluents exiting John Hay boundaries. This pollution was from raw and inadequately treated domestic sewage. There was a concern for a potential threat to the potable water supply from John Hay domestic and industrial wastes that could enter Spring #2.

During this period, air pollution source sampling was performed at two bases in Japan. Both surveys were requested from the Base Environmental Coordinator (DEV), Base Civil Engineer, through Base Environmental Health Services. A survey was performed at Yokota AB in April, and at Misawa AB, Japan in May. Presurveys of both installations were made in November 1975.

a. Yokota. Four boiler plant stacks at Tachikawa AB were

originally scheduled to be tested for compliance with Japan emission standards. In February 1976, we received word that most of Tachikawa would be turned over to the Government of Japan (GOJ) within the year. This changed our plans for the study. It was decided that we should sample Heating Plant "H" at Yokota AB. With that survey all of Yokota's major heating plants have been surveyed for compliance with Japan's stringent emission standards. A total of five plants have now been surveyed. Emissions data collected for particulates, sulfur oxides, and nitrogen oxides showed that these plants are currently in compliance with GOJ and local government emission standards. They would also be in compliance with US Federal emission standards.

b. Misawa. Two of three primary use boilers were surveyed for compliance with the GOJ emission standards (no local standards). Seven smaller boilers were used at the plant for backup purposes. It was mutually agreed that since these smaller units were used so infrequently no survey need to be performed. Emissions from the two boilers met all US Federal and Japanese emissions criteria.

The United States Air Force Security Service (USAFSS) area on Misawa contains a separate heating plant. It was decided that BCE/DEV would present an estimate of the emissions from this plant to the GOJ instead of actual on-site testing. The Environmental Coordinator will keep us informed on this matter. No request for a survey was anticipated.

Reports were written and distributed on the results of the air

pollution studies. During both periods of testing, Japanese officials from the national and local governments came to witness our work. They were briefed on procedures and any suggestions they had were incorporated into the testing procedures.

Environmental Health Services was very active in x-radiation studies and consultations throughout the Pacific area during this period. A total of 48 dental, medical, and veterinary x-ray machines were surveyed. In addition to these five Non-Destructive Inspection (NDI), six postal, and two Explosive Ordnance Disposal (EOD), x-radiation emittors were surveyed.

A letter was sent to the USAF Radiological Health Laboratory (USAFRHL) requesting guidance on the performing of surveys of NDI, EOD, OSI, postal, and airline baggage x-ray units. There was little to no guidance on survey procedures for these units and the necessity for performing a formal survey was questioned. Our letter was answered; we were satisfied, and a subsequent PACAF supplement to the manual addressing radiation protection surveys (AFM 161-38) included the recommendations from the RHL. The following summarizes these procedures:

a. OSI and EOD units do not require a formal survey by 1 MSEW. However, the local base Environmental Health Services must perform a safety survey annually. Film badges are required by all users.

b. Postal and airline baggage functions are to be surveyed by 1 MSEW at initial installation, when units are moved, and when damaged. Thereafter, EHS will survey as for OSI and EOD units. Film badges are to be worn by all operators.

c. NDI units will be surveyed at the time medical and dental

surveys are performed, i.e., every two or three years. Film badges and pocket dosimeters are required.

Approximately one-half of our radiation survey equipment was shipped to the RHL for calibration in July 1975. From there, it was shipped to Dover and on 5 September 1975, it was shipped back to us. It never arrived. All parties, including Clark's Transportation Management Office (TMO) have tried to locate this shipment. It has not been found. Replacements have been ordered. In the interim we are without a backup capability and have had to borrow some items from RHL.

In February, we surveyed the medical and dental x-ray machines and facilities in the Subic Bay Naval complex (4 clinics at 3 bases). The Commanding Officer, US Naval Hospital, Subic Bay, with the concurrence of the Department of the Navy, Bureau of Medicine and Surgery, requested the survey. Since then we have received several other requests from Pacific Naval activities.

The Dental Surgeon, Yokota AB, through EHS, requested information on the placement of and shielding required for Endodontic and Panorex x-ray units. Recommendations were forwarded. The units and shielding were examined during a stop-over at Yokota several months later.

We surveyed all Air Force medical, dental, and NDI x-ray units in Hawaii. An Army health physicist had previously surveyed these two years ago. We expect to resurvey these units in 1978. The BEE at Hickam AFB will survey the one medical and one dental unit at Wake Island. He will borrow some instruments and receive

instructions from us. This island is very difficult to program for a survey because of infrequent flights there.

1 MSEW-BEE-75-205	Medical and Dental X-Ray Protection Survey, USAF Clinic Andersen, Andersen AFB, Guam
1 MSEW-BEE-75-206	Medical X-Ray Protection Survey, USAF Hospital Clark, Clark AB, RP
1 MSEW-BEE-75-207	Postal Fluoroscopic X-Ray Protection Survey, Kimpo Airport, Seoul, Korea
1 MSEW-BEE-75-208	Medical and Dental X-Ray Protection Survey, Kunsan AB, Korea
1 MSEW-BEE-75-209	Medical and Dental X-Ray Protection Survey, Kwang Ju AB, Korea
1 MSEW-BEE-75-210	Medical and Dental X-Ray Protection Survey, Osan AB, Korea
1 MSEW-BEE-75-211	Industrial X-Ray Protection Survey NDI Lab, Yokota AB, Japan
1 MSEW-BEE-75-212	Industrial X-Ray Protection Survey 8 FMS/NDI, Kunsan AB, Seoul, Korea
1 MSEW-BEE-75-214	Air Pollution Source Survey, Clark AB, RP

1 MSEW-BEE-75-219	Medical and Dental X-Ray Protection Survey, USAF Hospital Clark, Clark AB, RP
1 MSEW-BEE-75-222	Operation Plan - Sanitary Engineering Evaluation of Wastewater Treatment Plants, Yokota AB, Japan
1 MSEW-BEE-75-225	Medical and Dental X-Ray Protection Survey, Dispensary, Johnston Island
1 MSEW-BEE-75-226	Industrial X-Ray Protection Survey, 15 FMS/LGMFM (NDI Lab)
1 MSEW-BEE-75-227	Operation Plan - Sanitary Engineering Evaluation of Wastewater Treatment Plant, Osan AB, Korea
1 MSEW-BEE-75-230	Dental and Medical X-Ray Protection Survey, USAF Hospital Misawa, Misawa AB, Japan
1 MSEW-BEE-75-231	Dental X-Ray Protection Survey, USAF Clinic Yokota, Yokota AB, Japan
1 MSEW-BEE-75-232	Operation Plan - Emission Testing of Control Heating Plant, Misawa AB, Japan
1 MSEW-BEE-75-233	Industrial X-Ray Protection Survey, 3 TFW/374 TAW NDI Lab

1 MSEW-BEE-75-235	EOD X-Ray Protection Survey, 8 MME/WAWE, Kunsan AB, Seoul, Korea
1 MSEW-BEE-75-236	Medical X-Ray Protection Survey, Yokota AB, Japan
1 MSEW-BEE-75-237	Mobile Diagnostic X-Ray Protection Survey, Kunsan AB, Seoul, Korea
1 MSEW-BEE-75-238	Medical X-Ray Protection Survey, Kunsan AB, Seoul, Korea
1 MSEW-BEE-75-239	Operation Plan - Emission Testing of Heating Plants, Tachikawa AB, Japan
1 MSEW-BEE-75-241	Dental X-Ray Protection Survey, Medical Aid Station, 848 AC&WS, Wallace AS, RP
1 MSEW-BEE-75-242	Wastewater Treatment Plant Evaluation Yokota AB, Japan
1 MSEW-BEE-75-243	Postal Fluoroscopic X-Ray Protection Survey, Naha AB, Okinawa
1 MSEW-BEE-75-244	Medical, Dental, and Veterinary X-Ray Protection Survey, Kadena AB, Okinawa
1 MSEW-BEE-75-245	Industrial X-Ray Protection Survey, 18 FMS/NDI, Kadena AB, Okinawa,

1 MSEW-BEE-75-246	Medical and Dental X-Ray Protection Survey, Subic Bay Naval Complex
1 MSEW-BEE-75-249	Air Pollution Source Survey, Yokota AB, Japan
1 MSEW-BEE-75-251	Wastewater Treatment Plant Evaluation, Activated Sludge Plant, Yokota AB, Japan
1 MSEW-BEE-75-252	Noise Survey, Tainan AB, Taiwan
1 MSEW-BEE-75-253	Air Pollution Source Survey, Misawa AB, Japan
1 MSEW-BEE-75-254	Water Pollution Evaluation, John Hay AB, RP
1 MSEW-BEE-75-255	Medical and Dental X-Ray Protection Survey, USAF Hospital Yokota, Yokota AB, Japan
1 MSEW-BEE-75-256	Postal Fluoroscopic X-Ray Protection Survey, Yokota AB and Tachikawa AB, Japan
1 MSEW-BEE-75-257	Postal X-Ray Protection Survey, Aerial Mail Terminal, Yokota AB, Japan

V. VETERINARY SERVICES

Manning of Veterinary Services consisted of one Lt Colonel, AFSC 9911. Professional activities were centered mainly in requirements resulting from the withdrawal of American military forces from Thailand. Augmentation to the PACAF Medical Staff Assistance Team was provided at PACAF bases throughout WESTPAC as directed by HQ PACAF/SG. This office served as an extension of the office of the PACAF Command Veterinarian for military activities in WESTPAC.

VI. TACTICAL HOSPITALS

The three Air Transportable Hospitals (ATH) assigned to the 1st Medical Service Wing were used in a variety of training missions, operational support roles, and alert situations during this period.

The 655th and 657th Tactical Hospitals continued to provide support for "Operation New Life" through August 1975. They were deployed to Guam and Wake Island respectively.

Deployments were conducted by the PACAF assigned Tactical Hospitals to meet training and inspection requirements as follows:

Unit	Destination/Purpose	Dates
655th ATH	Kwang Ju/Training	20-27 Sep 1975
657th ATH	Wallace AS/Training	17-21 Nov 1975
657th ATH	Local/IG Inspection	26-29 Mar 1976

The 655th Tactical Hospital was used in support of exercise "Focus Lens." The deployment was extended from 2-16 November 1975.

All three Air Transportable Hospitals were placed on alert for possible deployment to Guam in support of recovery actions as a result of "Typhoon Pamela." Units were on alert from 22-24 May 1976, but were not actually required for deployment.

The 656th Tactical Hospital was the first PACAF Tactical Hospital to reconfigure to the new Table of Allowance (TA) 896. Their reconfiguration was accomplished during the period 1-30 June 1976.

The 655th Tactical Hospital deployed to Osan AB in support of exercise "Team Spirit 76." They were deployed from 11-25 June 1976.

A joint meeting of all assigned tactical hospitals was conducted on 6-7 January 1976. The purpose of this meeting was to coordinate future plans, review, and make recommendations on the draft PACAF Regulation 168-2, and also make recommendations for changes in the UDL/UTC.

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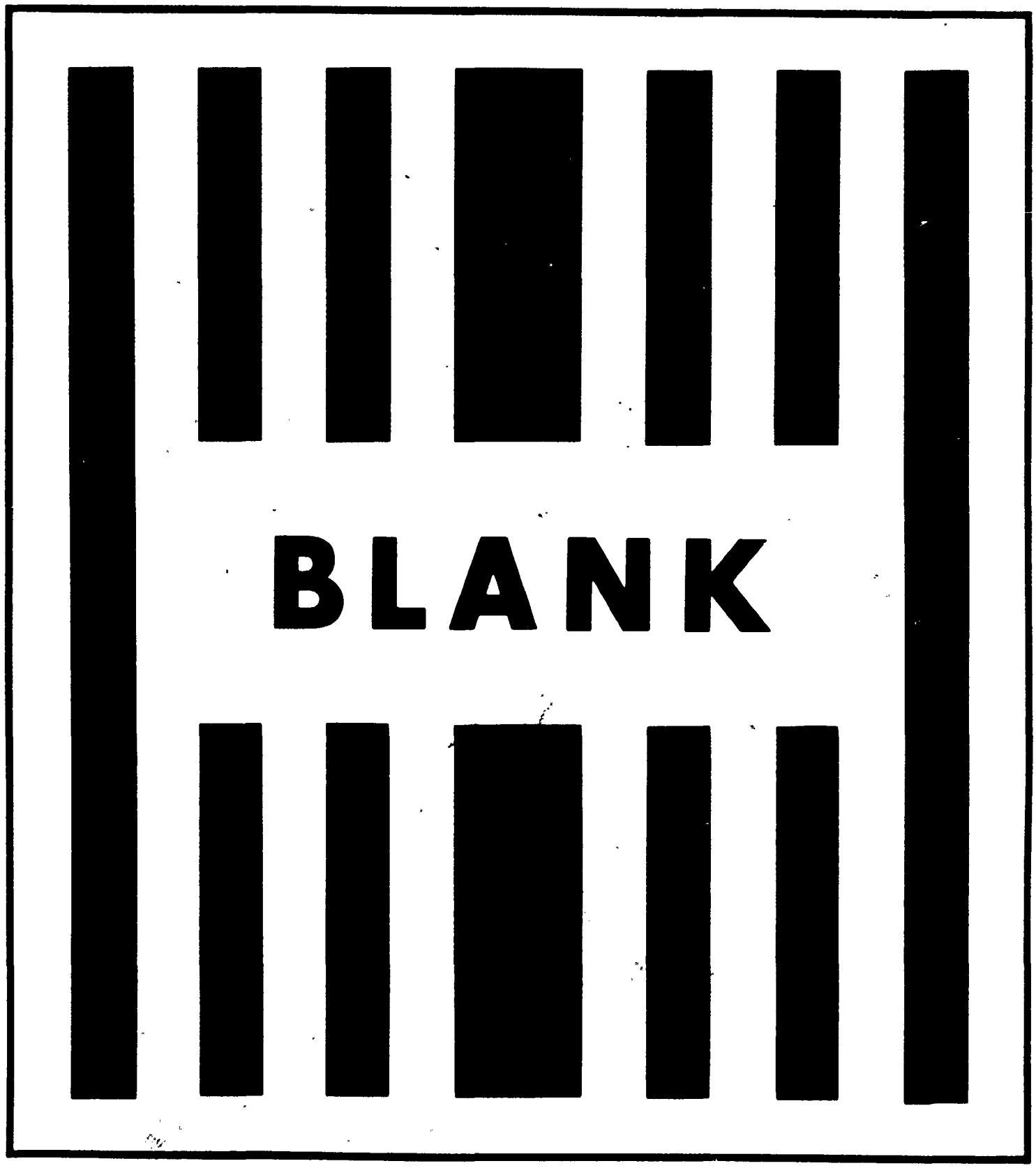
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HISTORY OF THE FIRST MEDICAL SERVICE WING

1 JULY 1974 - 30 JUNE 1975



ROBERT R. SMITH, COLONEL, USAF, MC
COMMANDER

PACIFIC AIR FORCES, UNITED STATES AIR FORCE

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I. INTRODUCTION:

The First Medical Service Wing (1 MSEW) is a specialized Air Force Controlled (AFCON) unit assigned to and under the operational control of Headquarters, Pacific Air Forces (HQ PACAF). The Wing provides disease surveillance and environmental health services which are beyond the capability of base medical service units. The headquarters also maintains administrative and operational control over three assigned tactical hospitals. Each of these three units is trained, organized and equipped to furnish diagnostic support, treatment, military public health and flight medicine services under field or combat conditions for one or more combat tactical units. Certain key personnel assigned to the 1 MSEW also function in an advisory capacity to the Commander, Thirteenth Air Force (13 AF).

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The combination of a staff veterinarian, a medical officer, an entomologist, and bioenvironmental engineers provides the Wing with a unique capability. Diseases infecting people and animals in Asian countries are uncommon in the United States but communicable to Americans serving in these countries. The presence of these four disciplines provides for surveillance of these diseases and consultation concerning their prevention, diagnosis, treatment, and control.

II. VETERINARY SERVICE:

The manning of the Veterinary Services consisted of one Lt Col, AFSC 9916, Staff Veterinary Officer. The incumbent served additional duties as Unit Information Officer and as Staff Technical Advisor-Veterinary to the Staff Surgeon, 13 AF. Veterinary staff assistance was provided 13 AF bases as requested by HQ 13 AF/SG and PACAF bases in WESTPAC as directed by CINCPACAF/SG. Bilingual training aids were developed and published as 13 AFP 163-1, "Bilingual Tagalog - English Food Service Sanitation Information" and 13 AFP 163-2, "Bilingual Thai - English Food Service Sanitation Information." A pamphlet, "Health Protection for On-The-Economy

Living," was written to provide basic health and welfare information for USAF personnel who live off-base in countries of WESTPAC. The pamphlet was forwarded to CINCPACAF/SG with the recommendation that it be published and distributed to PACAF bases in WESTPAC. A recommendation for outstanding unit award for the 1 MSEW was prepared by the Staff Veterinary Officer for submission to CINCPACAF.

III. BIOENVIRONMENTAL HEALTH:

The workload for Bioenvironmental Engineering continued to increase. Several major projects were accomplished.

The second phase of the Yokota stack sampling project was completed in March. The first phase was accomplished in 1974. The heating plant stack serving the new high-rise housing area was emission tested. This plant met the US Federal and Japanese standards. The third phase of this project is scheduled for early 1976 when a second heating plant will be completed.

Emission testing was completed on the film destruction incinerator at the Clark Photo Lab. The survey also served as a training exercise for 1 MSEW personnel and as an equipment check.

1 MSEW and 656 Tactical Hospital were deployed

to Wake Island in support of the Vietnam refugee program. 1 MSEW set up the environmental health program and the food service sanitation program. No major problems were encountered. It was interesting to note the small size of this all-Air Force project as compared with other operations. Over 8000 refugees were cared for on Wake Island by only 200 contractor employees and approximately 250 Air Force personnel.

We completed a survey of all sites and bases served by PACAF medical units concerning potable water supplies. We requested and received information about water sources (well, surface, bottled, etc.) and percent usage of each one. This data was gathered in preparation for a study to determine the requirements for submitting water samples to McClellan for drinking water analysis.

During this period, we performed several X-ray protection surveys throughout PACAF. The reports on these surveys and project reports printed in this period are listed at the end of this report.

A resurvey of the Clark Air Base (AB) Wastewater Treatment Plant was conducted in July and August. The objectives of the study were to:

a. Document the flow rates during a rainy season.

b. Evaluate the treatment provided by two Imhoff tanks.

c. Estimate the loading and ultimate effluent characteristics which can be expected from the new oxidation ponds.

d. Document the water quality of the Bamban River (the receiving watercourse) as it enters and exits Clark Air Base.

The study showed that the sewage plant was grossly overloaded. Treatment performance was unsatisfactory. Numerous design and operational failures contribute to the poor performance.

Wastewater surveys were conducted at both Ching Chuan Kang Air Base (CCK AB) and Shu Lin Kou Air Station (SLK AS), Taiwan. Both wastewater plants are well operated; the effluents meet applicable standards.

With assistance from Clark Hospital, a beach pollution problem was evaluated at U-Tapao Royal Thai Air Force Base (RTAFB). The findings were such that there were no medical objections to opening the beach to swimming. Chlorination of the sewage plant effluent and the initiation of a monitoring program were recommended to insure that the beach would remain bacterially safe for swimming. The beach study was published and distributed.

Wastewater Treatment Plant Survey was conducted at U-Tapao RTAFB. No major problems were uncovered. A recommendation for chlorination of the sewage effluent was based on the beach survey, and not on any effluent standard.

A survey of the CCK water treatment plant was started, but not completed. Due to heavy rains, the water intake was inaccessible for sampling; consequently, a uniform sampling program from river to tap could not be completed before the 1 MSEW survey team left Taiwan. The CCK water plant has problems with water quality and quantity. Water quality problems may be due to pulp mill wastes in the river. This problem is most acute in the dry season when dilution water in the river is at a minimum. The water quantity problem stems from an inability to find the ultimate destination of about 1.4 million gallons daily (MGD). The USAF portion of the base uses approximately .3 MGD out of a daily production of a 1.7 MGD. Water consumption by the Chinese Air Force side of the base cannot account for 1.4 MGD.

X-ray shielding surveys were conducted at the USAF Hospital Clark, for installation of a new 1000 milliampere (MA) radiographic-fluoroscopic unit, and for a new endodontic dental unit.

We received a letter from the Pacific Region, USAF Postal and Courier Service, listing the location of 16 postal fluorographic units in the western Pacific region, and requesting surveys. We had current surveys on file for six of these units; the remaining machines will be surveyed during scheduled trips.

A study was conducted on a MAC C-141, to determine if build up and subsequent resuspension of the pesticides DDT and Carbaryl results from repeated sprayings with micronized dust. The test aircraft was selected after a one-year Kadena program of documenting aircraft sprayings was reviewed. This particular aircraft had a minimum of 11 sprayings since its last run. The laboratory analysis of all samples reported the pesticides as less than the detection limit. Given a large sample size (more than 200 liters) we determined that the DDT level was no greater than 0.1 percent of the applicable Threshold Limit Value (TLV) and that the Carbaryl level was no greater than two percent of the applicable TLV. We concluded that, for this aircraft, pesticide concentrations were not a significant human hazard. Extrapolating to the entire C-141 fleet, we concluded that it is unlikely that spraying of DDT-Carbaryl dust results in a significant build up of pesticide

that could be resuspended to produce hazardous airborne concentrations.

We processed 510 water samples in support of Project Wastewater. These 510 samples involved over 2480 procedures. Our capability was enhanced when we received our Dohrmann Total Organic Carbon (TOC) Analyzer and the Miran IR instrument for oil and grease analysis.

Instrumentations were sent to all bases concerning supplemental analysis by the McClellan Environmental Health Laboratory. Based upon a detailed industrial pollutant inventory at each base sampling site, we suggested specific analytical guidelines for samples submitted to McClellan. This procedure will aid each base in evaluating its wastewater in light of specific industrial contaminants. In addition, this will eliminate the costly practice of requesting "complete analysis."

The Fourth PACAF Bioenvironmental Engineering (BEE) Workshop was conducted 21-23 January. With the exception of Capt Nitsch (Kadena), who had to cancel because of illness in the family, all PACAF BEEs participated in this meeting.

Extensive discussions were held with 5 AF personnel at Yokota and Kadena Air Bases concerning the

Japanese program to monitor aircraft noise in conjunction with their Repletion Program. The purpose of the Repletion Program is for relocating and/or compensating individuals who live in high noise level areas. A detailed memo on discussions was prepared and sent to all interested parties. The end result of the meetings was that 5 AF/DO was Office of Prime Responsibility (OPR) for any future action taken and that 1 MSEW will act as technical consultant as requirements and our capabilities allow.

In anticipation of increasing requests for 1 MSEW assistance in noise problems, we have begun a program of increasing our proficiency with our existing noise measuring equipment. This equipment now includes a tape recorder, one-third octave band analyzer, drive gear unit and graphic level recorder. We also have a General Radio 1933 Sound Analyzer on order from the FY 73 Investment Program and have budgeted for a monitoring sound level meter in the FY 76 equipment budget.

The BEE Division participated in preparation of a 1 MSEW response to HQ USAF/PREV comments on the Crested Isle Candidate Environmental Impact Statement. We offered our final comments on the draft Environmental Impact Statement for Crested Isle. Our major

concern was for a proposal to build a secondary treatment facility to serve the military portion of the island and to provide none to the civilian portion. In light of the vulnerability of the fresh water lens to contamination, ignoring the civilian community's waste disposal problem may come back to haunt the military on Tinian.

Kadena requested assistance in evaluating the health hazards associated with grinding false teeth at the Kadena Dental Laboratory which serves all of PACAF. Since the drill and teeth are both handheld, we recommended a gooseneck local exhaust system.

Samples continue to arrive on a regular basis. A new sampling schedule was sent to all participating units. Only Yokota and U-Tapao continue to experience shipping problems. Yokota's problem concerns funding of shipments; U-Tapao's problem is frequent delays in shipment. Local Environmental Health personnel continue to attempt solution of these difficulties.

During this period we reported that Kadena had discovered a new type of X-ray unit being used on a test basis by the local Munitions Maintenance Squadron. Further inquiries revealed the following:

a. The unit is designated Mark 30, Mod 0; its operation and maintenance is covered by Air Force

Technical Order (TO) 60A-2-2-3.

b. The unit is intended for Explosive Ordinance Detail (EOD) field use, to inspect suspected bombs or packages.

c. The unit is built by Field Emission Corp. It is a pulsed X-ray machine, operating at either 100 or 150 kilovolt peak (KVp). It is capable of up to 99 pulses of about 60 microsecond duration. It is essentially identical to units formerly used by Office of Special Investigations (OSI) detachments prior to acquisition of the Mini X-ray.

d. The TO specifies reasonable radiation protection measures, to include use of both film badges and IM-9 dosimeters. Since the IM-9 has been unavailable for distribution for 21 months, we inquired as to its present status. The USAF Radiological Health Laboratory reported that field testing by nondestructive inspection (NDI) personnel had been satisfactorily completed, and that production and distribution of the improved IM-9 is imminent.

e. The TO does not address the question of training and qualifications for the operators. Command guidance on this problem will be required before the units are deployed.

Andersen AFB was officially invited (via SAC/SGPE)

to participate in our wastewater program. In anticipation of a favorable reply, we sent Andersen the required shipping container, cube containers, etc., and on 28 February we received the first samples.

1 MSEW coordination was obtained on plans to modify the lagoons now under construction at Clark. The changes involve simplifying overflow weirs, enlarging berm width and providing an alternate drainage plan. All changes must be accomplished within the existing fund limit.

1 MSEW has been monitoring the chloride level in the Wallace AB drinking water supply. Water is obtained from one shallow and one deep well on Poro Point. Salt water intrusion usually occurs as the dry season progresses. Our analysis shows a steady increase in chloride in both wells with the shallow well having the greatest increase. Analysis on 28 March showed chloride levels at 32 milligram per liter (mg/l) for the deep well and 80 mg/l for the shallow well as opposed to 3 mg/l and 4 mg/l respectively in October. 1 MSEW will continue to monitor for chloride especially as the chloride levels approach the 250 mg/l suggested United States Public Health Service (USPHS) limit.

We assisted Misawa AB, Japan, on procedures to

investigate a fish kill. The fish kill occurred in the large lake adjacent to the base. This very well could represent an entirely natural phenomenon. Details of the fish kill are not available at this time.

There have been further discussions with 5 AF/DOOS at Yokota concerning the Air Installation Compatible Use Zone (AICUZ) program. Over the past 11 months, there has been a great deal of talk but very little action on evaluating the noise problems. HQ USAF/PREV has directed that AICUZ be implemented for the Japan bases.

A visit to Andersen AFB, Guam, was made to review their project wastewater, conduct X-ray protection surveys, review their National Pollutant Discharge Elimination System (NPDES) permit requirements, and to review the events which lead up to the aerial spray application on Guam. In addition, the visits to the refugee camps were conducted so as to compare the environmental health operations on Guam with those established by 1 MSEW for the Wake Island operation. One or two projects for 1 MSEW may be forthcoming from the Guam visit. Andersen has tentatively requested a beach pollution survey. This will be similar to the one done at U-Tapao (see 1 MSEW report

BEE-74-185) but Andersen should not experience the pollution levels noted at U-Tapao. The second project would involve the impact of zoning the aquifer beneath Andersen as "Class A Drinking Water" Air Force Operations. Presently, only domestic sewage and the vehicle washrack wastes are collected and disposed of via ocean outfalls. All storm drainage is directed to over 50 dry wells which recharges the water table. The water quality of this storm water is of concern to the base and to the Guam Environmental Protection Agency (EPA).

An effort was made to piece together the events which led to the aerial spray application on Guam. We obtained a copy of the Draft Environmental Impact Assessment and a report by Dr. Robert L. Haddock, Chairman of the Guam Health Task Force. From these documents and others, the following facts emerge:

a. Guam had an ongoing program to eliminate the breeding grounds for the mosquito Aedes albo-pictus. This mosquito breeds in old tires, cans, bottles, etc., in the immediate vicinity of people. The program was a long-term one and not capable of being brought quickly to a conclusion.

b. The Governor of Guam asked CINCPAC to dispatch the C-123 aerial spray planes on Guam "just

in case." All Army, Navy, and Air Force medical authorities stressed that there was no indication that aerial spray was needed.

c. A team from the Epidemiology Laboratory (Epi Lab) at Brooks was sent to Guam by HQ USAF when it became clear that Guam was to receive many refugees. The Epi Lab is tasked (AFR 161-12) with providing support to the PACAF area including Guam when 1 MSEW cannot provide this support. This team also recommended against aerial spray. However, their early departure from Guam prevented their recommendations from being forcefully represented on Guam when the aerial spray issue came to a head.

d. Guam had the mosquito but had not had an outbreak of dengue since the mid 1940s.

e. Dengue was confirmed in refugees arriving from Vietnam.

f. It was believed that an epidemic of dengue was occurring in Saigon when the refugees were evacuated. This was one of the keys to forcing aerial spray and this "fact" was not confirmed nor its validity challenged.

g. Guam Public Health officials and military medical personnel formed the Guam Task Force to cope with the dengue threat. It was decided that a "go"

for aerial spray would only be issued if a single case of dengue was found in the local Guam population.

h. Communicable Disease Control (CDC) officials and the Spray Flight Entomologist were successful in dropping the single case criteria for aerial spray. They recommended immediate spray operation. Two missions were authorized by HQ USAF but four were flown.

i. Andersen AFB officials refused to allow aerial spray over the base.

j. After the spraying was initiated, five cases of "confirmed" dengue were found in the local population. This was used as postjustification for the two flights and as justification for two more. After the aerial spray flight returned to CONUS and the dust settled, all five "confirmed" cases of dengue were unconfirmed.

k. Fish kills, bee kills and high loss rate among imported wasp predators prompted Guam EPA to call for a halt in aerial spray operations. The Guam EPA demanded a full investigation of the spray operations.

We have received information from various sources concerning the explosion hazard associated with laboratory use of various metal azides. We intend to pursue the matter in the near future starting with

the Clark Hospital.

Clark's 36-acre sewage lagoon project is nearing completion. 1 MSEW will evaluate the lagoons as they begin to reach steady state operation. This project should take about six to nine months.

The following technical reports were published and distributed:

1 MSW-BEE-74-138 - Medical and Dental X-Ray Protection Survey, John Hay AB, Philippines

1 MSW-BEE-74-139 - Dental X-Ray Shielding Evaluation Clark AB, Philippines

1 MSW-BEE-74-142 - Medical and Dental X-Ray Protection Survey, USAF Clinic, Hickam AFB, Hawaii

1 MSW-BEE-74-143 - Medical and Dental X-Ray Protection Survey, Hawaii ANG, Hickam AFB, Hawaii

1 MSW-BEE-74-144 - Industrial X-Ray Protection Survey Hawaii ANG, Hickam AFB, Hawaii

1 MSW-BEE-74-145 - Industrial X-Ray Protection Survey 15 FMS/LGMPM (NDI Lab) Hickam AFB, Hawaii

1 MSW-BEE-74-146 -- X-Ray Protection Survey AF OSI District Office 44 Hickam AFB, Hawaii

1 MSW-BEE-74-147 - An Engineering Evaluation of Air Curtains at Doorways for the Exclusion of Insects from Food Service Facilities

1 MSW-BEE-74-148 - Veterinary X-Ray Protection Survey, Clark AB, Philippines

1 MSW-BEE-74-149 - Medical X-Ray Protection Survey, 655 Tactical Hospital, Clark AB, Philippines

1 MSW-BEE-74-150 - Medical X-Ray Protection Survey, 657 Tactical Hospital, Clark AB, Philippines

1 MSW-BEE-74-154 - Medical and Dental X-Ray Protection Survey, USAF Hospital Misawa, Misawa AB, Japan

1 MSW-BEE-74-155 - Operations Plan, DDT-Carbaryl Sampling on MAC C-141

1 MSW-BEE-74-156 - Wastewater Treatment Plant Evaluation, CCK AB, Taiwan

1 MSW-BEE-74-158 - Wastewater Treatment Plant Evaluation, Shu Lin Kou AS, Taiwan

1 MSW-BEE-74-162 - Wastewater Treatment Plant Survey, Clark AB, Philippines

1 MSW-BEE-74-163 - X-Ray Protection Survey, AFOSI District 46, Yokota ABm Japan

1 MSW-BEE-74-164 - Postal Fluoroscopic X-Ray Protection Survey, Yokota AB, Japan

1 MSW-BEE-74-165 - Industrial X-Ray Protection Survey, Yokota AB, Japan

1 MSW-BEE-74-169 - Medical X-Ray Protection Survey, 655 Tactical Hospital, Yokota AB, Japan

1 MSW-BEE-74-170 - Medical and Dental X-Ray Protection Survey, USAF Hospital, Tachikawa, Japan

1 MSW-BEE-74-171 - Medical and Dental X-Ray Protection Survey, Korat RTAFB, Thailand

1 MSW-BEE-74-172 - Postal Fluoroscopic X-Ray Protection Survey, Korat RTAFB, Thailand

1 MSW-BEE-74-173 - Industrial X-Ray Protection Survey, Korat RTAFB, Thailand

1 MSW-BEE-74-174 - X-Ray Protection Survey, AFOSI Distric Office 42, Clark AB, Philippines

1 MSW-BEE-74-175 - Medical X-Ray Protection Survey, USAF Hospital Clark, Clark AB, Philippines

1 MSW-BEE-74-177 - Operations Plan, Emission Testing of Heating Plants, Yokota AB, Japan

1 MSW-BEE-74-179 - Airborne Sampling for DDT-Carbaryl on a MAC C-141

1 MSW-BEE-74-180 - Postal Fluoroscopic X-Ray Protection Survey, CCK AB, Taiwan

1 MSW-BEE-74-181 - Industrial X-Ray Protection Survey, 6217 FMB, Nondestructive Inspection Laboratory, CCK AB, Taiwan

1 MSW-BEE-74-182 - Medical and Dental X-Ray Protection Survey, 6214 ABS/Medical Aid Station, Tainan, Taiwan

1 MSW-BEE-74-183 - Medical and Dental X-Ray Protection Survey, CCK AB, Taiwan

1 MSW-BEE-74-185 - Beach Pollution Study U-Tapao RTNB, Thailand

1 MSW-BEE-74-186 - Water Treatment Facility Evaluation, Shu Lin Kou AS, Taiwan

1 MSEW-BEE-75-188 - Medical and Dental X-Ray Protection Survey, USAF Hospital Tachikawa, Japan

1 MSEW-BEE-75-189 - EOD X-Ray Protection Survey, Yokota AB, Japan

1 MSEW-BEE-75-190 - EOD X-Ray Protection Survey, Yokota AB, Japan

1 MSEW-BEE-75-191 - Dental X-Ray Protection Survey, Kadena AB, Japan

1 MSEW-BEE-75-192 - Industrial X-Ray Protection Survey, 18 FMS, Kadena AB, Japan

1 MSEW-BEE-75-193 - Wastewater Treatment Plant Evaluation, U-Tapao RTNB, Thailand

1 MSEW-BEE-75-196 - Air Pollution Source Survey, Yokota AB, Japan

1 MSEW-BEE-75-197 - Medical and Dental X-Ray Protection Survey, USAF Hospital Clark, Clark AB, Philippines

1 MSEW-BEE-75-198 - Postal Fluoroscopic X-Ray Protection Survey, U-Tapao RTNB, Thailand

1 MSEW-BEE-75-199 - Postal Fluoroscopic X-Ray Protection Survey, Bangkok, Thailand

1 MSEW-BEE-75-200 - Industrial X-Ray Protection Survey, U-Tapao RTNB, Thailand

1 MSEW-BEE-75-201 - Industrial X-Ray Protection Survey, Korat RTAFB, Thailand

1 MSEW-BEE-75-202 - Medical and Dental X-Ray Protection Survey, U-Tapao RTNB, Thailand

1 MSEW-BEE-75-204 - Medical and Dental X-Ray Protection Survey, Ching Chuan Kang AB, Taiwan

IV. ENTOMOLOGY SERVICE:

The mission of the Entomology Division, HQ 1st Medical Service Wing, is to provide reference, consultation, and continuing education in all aspects of military entomology to PACAF medical service personnel; maintain surveillance over disease vectors and vector-borne disease in the PACAF area; and monitor PACAF base environments for factors which could lead to increases in vector populations or in vector-borne disease incidence.

Fiscal year 1975 was particularly successful in terms of increased capability to serve the field. The vector taxonomy capability, lost in 1973, was regained in July 1974 with the hiring of an exceptionally capable mosquito taxonomist. The incumbent identifies both immature and adult mosquitoes submitted by Environmental Health Services or Civil Engineering Entomology personnel from all PACAF countries, and prepares bionomic sketches and data compilations on area disease vector and pest mosquitoes. An 0-4 Medical Entomologist (AFSC 9136) space was established due to recognition of the desperate need for expanded PACAF entomological services; an 0-5 was selected to fill this space. Entomology manning authorization is one 0-4 and one 0-3 Medical

Entomologist, one E-7 Environmental Health Technician, and one LG-14 Vector Taxonomist.

Travel was an integral part of the entomology program. Entomology personnel provided on-site professional assistance in insect and rodent surveillance and control programs on six bases in Thailand, four in Korea, two in Japan, two in Taiwan, and one in Hawaii. Several trips were made to the Manila vicinity to confer with and support the vector taxonomist, to visit government agencies, universities and museums, and to use area scientific libraries.

Entomology personnel gave a presentation on Military Entomology to the annual PACAF Director of Base Medical Services conference, and one on Military Quarantine Inspection (MQI) to the annual WESTPAC Bioenvironmental Engineer conference. Due to the general lack of MQI training and experience within the command, a detailed manual on the methods of initiation and operation of an MQI program was developed by the staff entomologist and distributed to the field. This manual is currently the best guide available to the administration of MQI programs in the Pacific area, and was uniformly well received by base personnel. The publication of the manual was followed by aggressive entomology attempts to upgrade the quality of

base MQI programs. Military Quarantine Inspection programs were evaluated and on-site assistance was rendered to four bases in Thailand and one in Taiwan. Telephone and message traffic and correspondence pertaining to MQI has been continuous.

A comprehensive guide to efficient vector surveillance in the PACAF area was developed as part of the end-of-year mosquito surveillance report, to upgrade the state of training of Environmental Health Services personnel. This manual included sections on the interpretation of light trap data, alternative mosquito survey methods for mosquito disease vectors in PACAF, biological data for selected mosquito species, and packing and shipping instructions, With the receipt of this guide by the bases, the quality of mosquito surveillance in PACAF was notably upgraded.

An average of one request per week for assistance in matters pertinent to military entomology was received from field organizations. The requested assistance was normally provided through correspondence or telephonically, and dealt primarily with aspects of insect and rodent surveillance and control, equipment items, or pesticide safety.

V. TACTICAL HOSPITALS:

The three tactical hospitals assigned to the First Medical Service Wing were utilized to support operation plans during the period.

The 657 Tactical Hospital was used in support of Operation Eagle Pull. From 21 March through 7 April, the unit was on a six-hour alert status. The actual deployment was from 8-13 April 1975. The ability to respond and to alter the deployment package was clearly demonstrated.

The 655 Tactical Hospital deployed to support Operation New Life from 26 April through 30 June 1975. The 655 Tactical Hospital provided the initial medical and routine outpatient care for approximately 7000 refugees at Asan Point, Guam.

The 656 and 657 Tactical Hospitals jointly shared the Operation New Life mission at Wake Island. The 656 Tactical Hospital deployed to Wake Island on 26 April and returned 10 June 1975. The 657 Tactical Hospital replaced the 656 Tactical Hospital and returned 2 August 1975. These units provided the entire primary medical care and aeromedical staging for a refugee population which exceeded 8000.

The tactical Hospitals under the First Medical Service Wing were thoroughly tested by the requirement

to maintain long alerts followed by deployments to unprepared sites. Although the units were trained to treat military personnel in a combat environment they were able to support the refugee population which included many women and children, both young and aged.

The 655 Tactical Hospital conducted a test of a new training program which could serve as a model for the other hospitals. The program consisted of a quarterly deployment of an expanded Advanced Echelon (ADVON) unit. The expanded ADVON unit consists of clinic, laboratory, pharmacy, and X-ray units manned by 16 to 18 personnel. Personnel who did not deploy remained for training with the host medical facility. During the report period all assigned personnel deployed with the expanded ADVON.

The tactical hospitals of the First Medical Service Wing were nominated for the Armed Forces Expeditionary Medal for their activities during Operation New Life.

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Bien Hoa
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HISTORY OF THE 3RD USAF DISPENSARY
1 July 1969 to 30 June 1970

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Prepared By:

HARRY MACCONNELL
Major, USAF, MSC

Approved By:

RONALD E. RUDD
Major, USAF, MC
Commander

01052412

HISTORY OF THE 3RD USAF DISPENSARY

1 July 1969 to 30 June 1970

I. Introduction: The physical and mental health of personnel assigned to Bien Hoa Air Base, Republic of Vietnam, remained at a high level during the period under report. The capabilities of the 3rd USAF Dispensary to meet requirements of the medical mission remained very adequate.

II. Narrative:

A. Mission: The primary mission of the 3rd USAF Dispensary is to provide medical care for both inpatients and outpatients for all military units assigned to Bien Hoa Air Base; provide an effective aeromedical program for all flying units; furnish Dental Service for all assigned personnel; operate an effective Preventive Medicine and Veterinary Service Program.

B. Background Information: A six bed "Class A" dispensary was established at Bien Hoa on 1 October 1965 and was known as the 3rd Tactical Dispensary. In 1968 when the present modular structure was completed, the dispensary was redesignated the 3rd USAF Dispensary and the bed capacity raised to 25 beds. On 1 December 1969 the bed capacity was lowered to 10 active beds and 15 inactive beds.

C. Personnel: The original authorization for the dispensary was nine (9) officers and forty-five (45) airmen. The current authorization is seventeen (17) officers and fifty-nine (59) airmen. The officers consist of:

1 - Commander - Flight Surgeon

5 - Physicians - Flight Surgeons

1 - Physician - General Medical Officer

5 - Dentists

2 - Nurses

1 - Veterinarian

1 - Bio-Environmental Engineer

1 - Medical Administrative Officer

17 Total officers

At the present time we have fifteen officers assigned. The dispensary is short one (1) dentist and one (1) Bio-Environmental Engineer. During the reporting period the usual temporary shortages in certain airmen career fields were adequately covered by adjustments in duty hours and shifts. In addition, we were able to maintain operational capability by utilizing the talents of our airmen in related career fields. For example, when the X-ray department manning was temporarily lost, a laboratory technician who had previously worked in X-ray took over. When the pharmacy was depleted of personnel, the First Sergeant took over the pharmacy.

D. Key Personnel: The present Commander, Major Ronald E. Rudd assumed command on 18 July 1970. His predecessor was LtColonel Martinez (1969); prior to this it was Major James Stinbiser (1968)

Director of Dental Services: In July 1967, Major Cecil R. Brown was Director of Dental Services at Bien Hoa. Major Brown was followed by Major Robert S. Garner who remained in that position until October 1968.

Relieving him in December of that year was Major Jerome Scheel, who was succeeded by Lt Colonel Charles Wellner. Col Wellner remained at this post until he rotated back to CONUS in November 1969. After acting as Director of Dental Services for only two months, Dr. Wellner's replacement, Lt Colonel Max W. Hayden, departed in January 1970. His replacement is our current Director of Dental Services, Lt Colonel Carl N. Fillinger, DC.

Chief of Aerospace Medicine: The position of Chief of Aerospace Medicine was an additional duty during the tenures of Majors R.R. Conley and D. Vause. However, in August 1968, Dr. Jerry W. Greene relinquished this role to Major Carl M. Clark. Dr. Clark remains in that position at the time of this report.

Dispensary Administrator: The last report of this nature was prepared by Patrick C. Harrington, Capt, USAF, MSC, whose tenure lasted until he was replaced by Captain Bert L. Vignes. Captain Vignes was relieved by Medical Service Corps Major Harry MacConnell, who, as an extra duty, has the title of Commander, Medical Squadron Section and is our present Administrator.

III. Facilities: The 3rd USAF Dispensary is a 25 bed modular structure, completed in 1968, which has proven itself capable of flexibly meeting the fluctuant patient care requirements placed upon it. All medical services on Bien Hoa AB became centralized when the new Dispensary opened. It was no longer necessary for a person to travel from one side of the base to the other to obtain various medical treatments. By having the Dental Clinic as an integral part of the main dispensary, unnecessary

travel across the widely separated sections of the base was obviated.

The new modular unit had the normally expected initial problems. Any new building must be adapted to the needs of it's occupants. With the "bugs" ironed out, the 3rd USAF Dispensary began performing in the manner for which it was designed, that being, optimum medical service for the members of the Armed Forces assigned to Bien Hoa Air Base.

A. Pharmacy: The pharmacy rates the distinction of being the section with the highest number of procedures accomplished. During the reporting period, a total of 58,622 prescriptions were filled and dispensed, for an average of 4,885 per month, or, slightly more than one preseciption per patient seen by the Outpatient Clinic. Costs averaged $.66 for each prescription dispensed. The single month high was recorded in December 1969, when 5,583 prescriptions passed through the dispensary's "drug store".

B. X-Ray: Utilizing the one machine available, a total of 11,764 diagnostic radiographs were accomplished. Frequently there were shortages of qualified personnel to man the department. For example, the technician who was assigned at the beginning of this year had a DEROS of January 1970. There was no replacements forecasted until early April, so he volunteered to extend for two months until some help could be obtained. The April replacement arrived in late March, with an additional NCO scheduled to arrive in June. X-ray is now staffed to authorization. The x-ray procedures averaged 980 per month. The number has been steadily increasing since July 1967, when 489 tests were made, until March 1970 when the high of 1202 radiographs were accomplished. The average cost per procedure has been $1.44.

C. Laboratory: The two assigned technicians have accomplished approximately 1353 tests per month. Their busiest period was in November 1969 when they completed 2189 requests. The cost per procedure remained fairly stable at $.77.

The significant increase in diagnostic tests, both clinical laboratory and radiographic, coincided with the institution of routine admission orders for inpatients in August 1969. This decision was based on the fact that altered environmental conditions and ubiquity of insidious illnesses in this area demands the use of screening procedures on a periodic basis and, certainly, on individuals whose physiological processes have been sufficiently altered as to require hospitalization. These routine orders include urinalysis, complete blood count, serological test for lues and chest radiographs.

d. Immunizations: Our Immunization Clinic continues to be one of the most populated, if not the most popular, areas of the 3rd USAF Dispensary. During the average SEA tour, a member of the Armed Forces will visit this department many times. Each month CBPO publishes a machine roster of all personnel assigned who need immunizations. A visit is paid every time one's name appears on the list. In addition all shot records are checked on personnel rotating back to CONUS and those going to R&R sites. In Fiscal year 1970, over 122,500 procedures were accomplished in this department. A 902X0 and a Vietnamese nurse, Miss Trinh Thi Hong Sa, manage this important component of our Preventive Medicine Section.

E. Transportation: We experienced the usual harrassing problems with our vehicles during the reporting period. It seemed that there

was always one or two in the shop for repairs and unavailable to us when we thought we needed them the most. However, we managed to perform our duties with those on hand.

Presently we have our full authorization of vehicles. There are five Field Ambulances, three pick-up trucks and one jeep. The five ambulances perform an average of 45 emergency calls (excluding crash calls) per month and approximately 36 patient transfers. The NCOIC of transportation has scheduled twice-daily shuttle runs to Long Binh taking patients to and from consultations with the Army physicians at the 93rd Evacuation Hospital.

F. Medical Supply: The Medical Supply warehouse of the 3rd USAF Dispensary has the distinction of being the newest building in our little "family". Prior to July 1969, the Medical Supply section was in a small portion at the West end of the 3rd USAF Dispensary. To say that the space was inadequate would be an understatement. Then in July 1969, the long-promised supply warehouse was completed. The move to the new structure was accomplished with minimum interruption of the supply function. We soon found many ways to use the 4,000 sq feet offered by the structure. The previously crowded veterinary office was moved to an air conditioned section of the new building, thus enabling the establishment of an animal surgical suite. A self help project accounted for the tiling of floors, painting and resulting in a truly attractive building.

Shortly after the move was completed, the building received extensive exterior damage when a 122mm Communist rocket impacted within 50 yards of the new structure, spraying it with shrapnel. Once again, the supply

function remained at the normal level while repairs were completed.

Medical Supply must support the Auxiliary dispensary in the 823 CE Squadron (RED HORSE) area, various squadrons on base which need medical supplies, and it's parent unit, the 3rd USAF Dispensary.

g. Administrative Activities of the Medical Squadron: Of the many activities in the Medical Squadron, we wish to mention those which we consider to be most noteworthy.

1. An R&R folder has been established for the use of all 3rd USAF Dispensary personnel. This folder contains the observations, comments, and suggestions of dispensary personnel returning from the various R&R sites. Returning personnel are questioned about places of interest, and their recommendations regarding places to dine and shop. We've found that this simple orientation file was resulting in more complete and economical enjoyment of the vacation by our personnel.

2. A board of officers and NCO's is convened every quarter to select an Outstanding NCO and Airman from the dispensary. The winners of this, "THE BEST AMONG THE BEST", are awarded a three day in-country trip, a small monetary reward, publicity in the base newspaper, and an Air Force Form 175, Hometown News Release. In addition, the outstanding NCO and Airman have their pictures displayed in the dispensary lobby for the entire quarter of their selection.

3. In the latter part of 1969 a proposed emblem for the 3rd USAF Dispensary was selected and submitted to the appropriate agency. We received official approval in January 1970. Copies have

been reproduced and permanently displayed within the dispensary and on the base. This has served as one more morale booster.

4. A program has been initiated by which a letter is mailed to the relatives in CONUS of all newly arrived personnel. These have established an open channel of communications between the Commander and relatives, in addition to allaying fears and apprehensions in their families. Although the letters follow a format, each one is individually written. A letter of appreciation is also written at the end of the individual's tour.

H. Dental Service: Until September 1968, the Dental Clinic was located in a building separate from the dispensary, on the West side of the base. In September it was relocated in the newly constructed dispensary, on the East side of the base. On December 3, 1968, the dental van was permanently attached to the new clinic by the Civil Engineers. The attachment was accomplished by constructing an enclosed hallway between the clinic and the van. This modification increased the capability of the Dental Service by 50%, and has resulted in significantly increased services rendered to our patients.

Since October of 1968, the Dental Clinic has been authorized five (5) Dental Officers, eight (8) 981XO Dental Technicians, one (1) Preventive Dentistry Technician. This manning authorization is adequate to handle the dental needs of a base of this size. We now have a total of six (6) dental operating rooms at our disposal, two (2) of which are located in the van.

During the reporting period, the dental service has accomplished 42,868 procedures. Recipients of these treatments include Air Force Active duty, Army active duty, Retired Military, Civilian workers, and Vietnamese Nationals. The average per month is slightly more than 3,752 procedures.

In November 1969, gas and air lines were installed in the Dental Laboratory. This enabled the laboratory to fabricate gold crowns and fixed partial dentures. Prior to completion of this project, our prosthodontic service was very limited. At the present, however, we are capable of rendering complete treatment in any of the dental specialties.

The Dental Service has been an active participant in the Medical Civic Action Program (MEDCAP) since its inception. Both officers and enlisted personnel freely volunteer their service. During the Fiscal year 1970, 2,974 Vietnamese were treated and over 6,500 procedures accomplished. Much progress has been made on instructing the patients proper dental hygiene and tooth care.

I. Veterinary Service: The Veterinary Service of the 3rd USAF Dispensary was able to shift into "high gear" when we received authorization for a Veterinary Officer in 1967. Since the arrival of our resident Veterinarian, we have completed many worthwhile projects.

During February 1970, we became quite concerned about the number of dogs on Bien Hoa Air Base. Through the coordinated efforts of the 3rd Security Police Squadron and the Veterinarian, the number of stray dogs were decreased to an acceptable level.

Since April 1968, the Veterinary Service has been assigned the responsibility of inspecting all civilian contract aircraft arriving and

departing the 8th Aerial Port, this is to guarantee that the sanitary conditions under which food is served meets the high standards of the Air Force.

Surveys were conducted during August 1969 to determine how effectively the dishwashers on Bien Hoa AB were functioning. Results revealed that most dishwashers were not achieving proper temperatures to sanitize dishes and silverware. Surveys were conducted which confirmed our suspicion that food handlers were not using proper hand washing techniques. This problem was approached through closer supervision and continued employee education in proper hygienic practices.

Training lectures are given to the Sentry Dog handlers periodically on the care and emergency first-aid to be given to USAF Sentry Dogs.

In September 1969, 29 individuals were exposed to a rabid dog. All received prophylactic treatment. Sixty-one animals were destroyed to reduce the number of strays on base. A total of 51 dogs were vaccinated or boostered for rabies.

The Veterinary Service is a regular contributor to the Medical Civic Action Program (MEDCAP). Local Nationals raising swine and chickens are advised regarding their care, and the animals are given routine vaccination.

Food handlers training courses are offered on a quarterly schedule to all food handlers employed on Bien Hoa AB. Food handlers are required to attend at least one course per year.

J. Military Public Health: From 1967 until January 1970 we were authorized a Bio-Environmental Engineer. Then, a realignment of the BEE's in Southeast Asia resulted in the loss of the assigned BEE at

this base. The BEE position was reauthorized in March 1970 but the vacancy has not been filled.

One of the big problems faced by MPH involves the availability of water in the West cantonment area. A dual water system exists which requires close inspection. One system is potable and serves Dining Hall #1 from an elevated storage bladder. Water is hauled from this bladder to other bladders on base to provide potable water for various other base activities.

The other system is non-potable which exists to provide water for all the latrines in the cantonment area. Bacteriological examination reveals that this water is contaminated.

A contract was negotiated with the city of Bien Hoa to provide 125,000 gallons per day. The contract was completed in January 1970, but was short lived. By 25 March 1970, Bien Hoa authorities decided they could no longer provide the amount of water specified, and on 1 April 1970 the amount furnished was cut to 19,000 gallons per day. This drastic reduction in water supply resulted in the West side being placed on a water ration. The east side of the base has a potable system that is completely adequate to meet the requirements. Bacteriological analysis has consistently shown the East side's system to be negative for coliform organisms.

Entomological activities of the Base Civil Engineer and the 12th SOS Aerial Spray, in conjuction with the Military Public Health Office, continues to be effective against the mosquito pest, but there has been a large increase in the fly population.

Constant sanitary surveys show that the barracks, barber shops, swimming pool, and the steam bath to be in an excellent state of cleanliness.

Occupational health examinations continue to be accomplished on personnel working in potentially hazardous areas. A total of 495 Occupational Medicine Surveys were taken during this report period. Presently we have 7 persons on the film badge program. To date, there have been no overexposures.

Military Public Health is also responsible for all pre-employment and periodic physical examinations performed on Vietnamese Nationals employed on base. An average of 231 of these are done each month.

In January 1970, the program for monitoring retro-grade cargo was initiated. This posed an additional burden on personnel assigned to Military Public Health and the Occupational Medicine Section. Each aircraft monitored requires two to four hours to complete. From 17 January 1970 to 30 June 1970, 146 aircraft were inspected. Augmentees from other sections underwent the course for Military Quarantine Inspectors and have helped in the accomplishment of these important duties.

4. Flight Medicine Service: Statistics of activities involving flying personnel revealed that 2,587 rated personnel were treated at sick call, and another 394 had flying physical examinations performed during the period.

The figures regarding non-flying people are equally impressive, for during the time involved in this report, 46,990 personnel were treated on sick call and 1,012 physical examinations were accomplished. Even more non-flying physical examinations would have been performed if it were

not for the establishment of a nonflying physical examination center in August 1969.

The orientation of the Aeromedical Services has been on education, as a fundament to the maintenance and welfare of assigned new members. This endeavor is in accordance with the latest trends in Preventive Medicine and Public Health. It is our belief that healthy motivation in mature individuals is only genuinely attained through educational change in behavioral patterns. Results thus obtained are more lasting than those resulting from compulsion or direction.

Flight Medicine is also responsible to provide visitations for the Forward Operating Locations of the 19th TASS and the 22nd TASS. These visits are performed on a quarterly basis. Some of the locations visited are Tan An, Duc Hoa, Lam Son, Ham Tan, Lai Khe, Song Be City, and Tay Ninh East (22nd TASS); also Dian, Long Thanh North, Xuan Loc, Cu Chi, Phuoc Vinh, Tay Ninh West, and Quon Loi (19th TASS). This program has yielded valuable results both in the improvement of the physical environment and in the psychological enhancement of the crew members. The flyers have openly stated the presence of the visiting Flight Surgeons, even during the brief sojourn, indicates that "people really care about us". Detailed reports are prepared at the end of the visits and reviewed by the Flight Surgeon prior to their next trip as background information.

Manning has been adequate. The Flight Medicine Service is authorized five (5) FS/FMO's and five (5) 901X0 Flight Medicine Technicians. There is an additional allocation for one (1) 906X0, Medical Administrative Specialist.

IV. Patient Care:

A. Inpatient Care: Our inpatient population has remained fairly stable during the reporting period. The overall average of inpatients was 45 per month, during this period, 612 persons were admitted, so that during the last quarter of 1970, the average increased to 51 per month. The largest number of people hospitalized in one month was 71, those being in October 1969.

The ward patients were provided an added convenience when a dining area was constructed for them by personnel assigned to the 3rd USAF Dispensary. Patients are not required to leave the building for meals because of this self-help project. Food is brought to the ward by the technician in insulated containers to insure the palatability of each serving. A television set and a small library add to the home environment provided our inpatients.

The space became available for this when the operating bed authorization was reduced from twenty-five (25) to ten (10) in December 1969. The beds were removed from the selected area, and refrigerators and milk dispensers were obtained and installed. Enough tables and chairs were brought in to seat twelve (12) persons at one time. The room was "dressed up" by acquiring colorful table cloths and made even more enjoyable with the addition of cheerful paintings.

B. Outpatient Care: The Outpatient Clinic continued to be the leading source of services rendered. These services ran the entire spectrum of medical procedures, with the exception of major surgery.

Patients are seen by the physicians on the basis of appointment system.

Walk-in patients are interviewed to determine whether his case is a bona fide emergency or something that could wait until an appointment can be made that same day. Usually the appointments are made within the same hour after the initial complaint is reported.

The determination of the patients condition is made by the team in the Screening Room. This team consists of a member of the USAF Nursing Corps and a Medical Service Technician, (902X0) under the direct supervision of the MOD. The screening procedure is remarkably simple. The patient presents his problem, which is recorded in his medical records by the nurse or medical technician, who then performs any procedures necessary to give the physician a complete picture of the individual when he is seen, i.e., temperature taken, and recorded, blood pressure taken and recorded, laboratory and initial x-rays obtained as necessary.

Along with serving the patients by expediting their visit to the physician, the Screening Room also serves the purpose of training medical personnel who have not attained the Medical Service Technician skill level. Under careful and strict supervision, these people are taught the proper methods of determining the nature of the patients' illness. We have found this training to be invaluable when they become eligible for up-grading to the "7" level.

It may be obvious by now that this innovation, the Screening Room, has completely eliminated the traditional Military Sick Call by providing, in essence, a twenty-four hour period which the patient can be rapidly treated at any time, for any complaint. Commanders of base units have commented favorably on this system. They like the fact that one of their

people can be seen with a minimum of delay and can be returned to the job with fears about their health assuaged, thereby being able to concentrate on the duties at hand in their shop or section.

Emergencies are directly sent to the Treatment/Emergency Room. They are met by a Medical Service Technician who immediately assesses their condition and informs the Medical Officer of the Day (MOD), who is available twenty-four hours a day for cases such as this.

There were a total of 46,990 outpatient visits, for an average of slightly more than 3,915 per month. September was the busiest, a total of 5,389 people were seen.

V. MEDCAP: The Medical Civic Action Program is an integral and important part of the lives of the personnel of the 3rd United States Air Force Dispensary. The assigned physicians, dentists, nurses, and the veterinarian contribute their time and knowledge to this worthy endeavor. Over 90% of the assigned personnel have volunteered their assistance. One of the main problems encountered on MEDCAP days is telling a willing volunteer that the voluntary duty roster is complete for that day.

Since the last report, we were required to suspend our civic action operations only once. That was during the massive Tet Offensive waged by the enemy in January and February 1968. MEDCAP was resumed in March 1968 and has been a continuous program of this unit.

Over the last two and one-half years, we have learned much about the operations and administration of projects of this nature. Some of the lessons are worth relating.

The Viet Cong continually badger the villagers into believing that Americans are not to be trusted. This propaganda, along with the traditional ways of the populace lead us to experien some resistance to our efforts. However, through kindness, medical aid, courtesy, respect for their culture, a lot of hard work, and a thorough educational approach, we won over most of the patients on our regular stops. Now when we disembark from the chopper or dismount from the truck, we are met with smiles, waves, and little children chanting, "O.K.".

MEDCAP activities have been approached in a different manner lately: "The enlightened concept". Instead of being merely palliative, we have stressed to institute a program of education for the local health workers in order to increase their capability. This program was launched in September 1969 by a circulated letter, to the members of the dispensary, recruiting their assistance. On 8 November 1969, the health workers of the Tan Uyen district, accompanied by the District Chief, Colonel Phu visited our dispensary, where after a tour of our facilities, a series of professional presentations was conducted. Handouts in Vietnamese were distributed. The second phase of this effort was subsequently initiated on the spot training of the local health workers during our frequent visits to the villages. They have been encouraged to gradually become the first line during our visits. The resulting increased capability of the Vietnamese health workers is expected to provide a nucleus with lasting effects for future expansion and immediate results in the enhanced health care of the villagers.

Although is is sometimes difficult, and at other times impossible to obtain, we still prefer air transportation to and from the MEDCAP site. This mode of travel has proven without doubt to be the most feasible for our operation and reduces the time the medics have to be away from their

routine duties. We wish to thank the 234th Armed Helicopter Company, United States Army for their efforts in providing transportation.

For some time, the Ben San Leprosarium has been provided treatments on a weekly basis. Many of the patients there suffer from Tuberculosis and other medical entities along with Hansen's Disease. Periodically, necessary therapeutic drugs are given to the institution by this unit. Clothing from private individuals in the United States have been distributed, and supplies of tape and bandages were also provided.

Along with the Ben San Leprosarium, the Tan Mai and Ke Sat orphanages are visited on a weekly basis. Medical therapy, preventive medicine measures and bio-environmental surveillance is accomplished during these visits, in addition to health education of the local health workers. To illustrate a typical month of MEDCAP, let us examine one month, March 1970. Sixteen MEDCAP missions were accomplished. Along with the three institutions listed above which were visited weekly, the following villages were serviced: My Auoi (107 treatments), Buu Long (201 treatments), Binh Chanh (109 treatments), Kanh Uanh (117 treatments), Tan Ba (204 treatments), Tan Uyen (164 treatments), Phouc Thanh (175 treatments), and Tan Hoi (85 treatments). Along with 98 treatments at our "regular" weekly stops, a total of 1260 treatments were accomplished. This was a typical month in our MEDCAP Program, with one exception which we feel may be a result of our continued efforts. That exception was in the number of patients seen and treatments given. We usually see over 1200 patients per month and perform nearly 1600 treatments. Hopefully, our efforts are beginning to reap rewards and the local nationals are in a better state of health.

In this reporting period, a total of 14,407 Vietnamese were seen and treated, for an average of 1200 per month. The exact number of treatments given are not given in older reports, but it has averaged about 2 or 3 treatments accomplished for every patient examined. The cost of MEDCAP is minimal, which further justifies it's existence, for in all the treatments given in calendar years 1969 and 19 , the cost was $.21 per patient.

Since the time of the last report, there have been approximately 2,058 manhours expended on Civic Action. Computed on a 10 hour day, this figure reduces to an expenditure of a total of 206 mandays.

VI. Major Goals:

A. Primary: Provide only the best services in professional care for assigned personnel. The Director, Base Medical Services will strive to provide an environment conducive to superior patient care, optimal management of personnel and supplies, and professional satisfaction and advancement for the members of the organization.

B. Secondary: Actively participate in Vietnamese American activities through:

(1) Professional care of Vietnamese personnel referred by the 23rd VNAF Dispensary, Consultation and advise on flying personnel.

(2) Improvement and modernization of the VNAF Medical Service internal operation.

C. Professional Stimulation Program: To promote professional invigoration through preventing the "SEA situational intellectual stagnation", through case presentations, literature reviews, inter-

disciplinary training sessions, CPC (Clinical-pathological conference) discussions.

D. Management tools: Productivity Charts and Graphs have been prepared and are kept current to provide visual rapid reference of productivity, expressed as work units and cost per unit.

E. Professional Investigative Efforts: Effectiveness of different therapeutic management for gonococcal urethritis was investigated. The treatment of gonococcal urethritis in the male is clearly delineated in A P 160-1-12. Feeling among local physicians were that failures with this prescribed regimen were too high to justify its use. Toward accomplishing a more effective treatment, a locally conducted analysis of the effectiveness of different therapeutic schedules has been conducted. The results of this investigation has been forwarded to higher headquarters.

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HISTORY
OF
THE
SEVENTH AIR FORCE
MEDICAL SERVICE

1 JULY 1970 to 30 JUNE 1971

01052413

I. INTRODUCTION.

The Seventh Air Force Medical Service continued to provide high quality medical care, aerospace medicine service, and casualty staging for aeromedical evacuation during the period of this report. The general declining trend in outpatient visits, inpatients, and patients in aeromedical evacuation staging facilities experienced in the previous period continued during this period. The impact on the Seventh Air Force Medical Service of the continuous U.S. Military Forces withdrawal during this period was mild. One USAF dispensary was deactivated and the authorized beds at Cam Ranh Bay were reduced. The transfer of USAF medical facilities to the VNAF has not progressed at the rate desired. This has been due to the language and training difficulties encountered in qualifying sufficient numbers of Vietnamese, and their hesitance to begin independent operation. We shall continue our vigorous efforts to Vietnamize all designated Seventh Air Force medical facilities as soon as feasible. Continued emphasis was made in the areas of food service sanitation, Military Quarantine Inspections and the drug abuse problem.

II. PERSONNEL.

Brigadier General Hamilton B. Webb, USAF, MC, was the incumbent Seventh Air Force Surgeon at the beginning of this report period. In July 1970 he departed for his new assignment as TAC Surgeon. He was replaced by Colonel Jack M. Gilliland, USAF, MC, who came here from the National War College. He served as Seventh Air Force Surgeon through the end of the report period. Action was taken by Colonel Gilliland to reduce the number and level of the Seventh Air Force Surgeon's Staff. The Director of Professional Services position was reduced in grade from Colonel to Lt Colonel. The Chief of Plans, Programs and Staffing Branch position, authorized a Lt Colonel, was eliminated and its functions incorporated into the Director of Medical Administrative Services. The Director, Medical Administrative Services position was reduced in grade from Colonel to Lt Colonel. The Bioenvironmental Engineer position was deleted and moved to the 377 USAF Dispensary, as was the Director of Dental Services, which was an authorized grade of Colonel. Finally, one medical administrative specialist and one aeromedical technician position were eliminated. These reductions were effected to match staffing with workload. A continuing staffing review was in process at the end of the period.

III. UNITS AND FACILITIES.

At the beginning of the report period, Seventh Air Force had one hospital, six dispensaries, three medical aid stations and three aeromedical staging flights throughout Vietnam. The 483 USAF Hospital at Cam Ranh Bay, authorized 400 operating beds at the beginning of the fiscal year, was reduced to 200 operating beds on 30 June 1971. The 26 Aeromedical Staging Flight at Cam Ranh Bay had its authorized beds reduced from 100 to 35 beds. Scheduled C-141 aeromedical evacuations into Cam Ranh Bay were deleted on

1 June 1971. These changes reflect the decreasing presence of U.S. Military Forces in Vietnam. The 31 USAF Dispensary at Tuy Hoa was deactivated during the second quarter when the base units returned to the CONUS.

The Seventh Air Force Medical Aid Stations' airmen continuously engaged in training the Vietnamese Air Force medical airmen in their various specialties throughout this period, to assist the VNAF in upgrading their medical service. The ultimate end of the training is to so improve and modernize the VNAF medical service to a level of competency that they can assume the entire operation.

The Seventh Air Force Surgeon recognized an increasing drug abuse situation among U.S. Military Forces in Vietnam and directed USAF medical organizations to take intensified actions to identify the abusers and the magnitude of the problem. The Seventh Air Force medical units drug counter-offensive became a priority effort on 1 June 1971 to match the increasing number of abusers and overdose fatalities.

Increased emphasis was made to insure a high degree of sanitary food preparation throughout Seventh Air Force units. Frequent inspections were made and sanitation standards were vigorously applied to all food serving facilities to reverse a rapidly deteriorating trend. This effort was effective, but a continuing emphasis is necessary to safeguard the health of the command.

All the Seventh Air Force medical facilities of the modular design had the slant roof modification completed during this period. This modification obviated the design deficiency of a flat roof in a rainy, tropical climate. However, the building deterioration due to termite infestation, wood rot and moisture damage continues unabated. A shortage of serviceable vehicles resulting from a lack of good vehicle maintenance has been a chronic problem.

IV. HOSTILE ACTIONS.

Every Seventh Air Force base with a medical facility, except Tan Son Nhut, received Communist ordnance during the fiscal year. A significant amount of casualties were incurred from a rocket attack at Bien Hoa AB. Most other enemy attacks on our bases resulted in minor casualties. In each instance the USAF medical facilities effectively responded to the situation by employing their disaster teams, triaging casualties, and again using the Army "Dust-Off" helicopters, PACAF and MAC aeromedical evacuation resources, for the rapid delivery of patients requiring definitive care beyond the bases' medical unit capabilities.

V. NEW MISSIONS.

There was a significant increase in the workload of the Military Public Health sections of Seventh Air Force medical facilities as a result of the Military Quarantine Inspection Program. This program was initiated to prevent the exportation of insect vectors and rodent resevoirs of disease and agricultural pests from Vietnam. Consequently, an increase of 907X0 Preventive Medicine personnel in Vietnam became necessary to support this seven days a week, 24 hour a day operation.

The initiation of the national drug abuse program, requiring the urinalysis identification of all U.S. military abusers returning from Vietnam and their detoxification and medical evacuation to the CONUS, began in the last weeks of this period. The full impact of the program on Seventh Air Force medical facilities has yet to be determined.

VI. CIVIC ACTIONS.

Medical personnel of the Seventh Air Force continued their Civic Action Program, and Improvement and Modernization Program efforts. The Seventh Air Force medical service facilities and the MEDCAP teams engaged in direct care and treatment of Vietnamese Nationals, giving outpatient treatments; mass immunizations; tooth extractions; hygiene instructions; and medical facility construction, equipping and management advice. However, the philosophy of their operation shifted from purely humanitarian direct care to Vietnamese self-help medical care, by their training of Vietnamese civilian and military personnel, or apt villagers. It is believed that this approach will have a more lasting effect, especially as our military forces depart.

VII. SUMMARY.

The major events occurring in the Seventh Air Force Medical Service during Fiscal Year 1971 were the continued reduction in forces and scope of facilities; intensified enforcement of food service sanitation standards; counter-offensive drug abuse efforts; and a shift in emphasis to training Vietnamese in medical self-help rather than direct USAF medical care.

Our bases still received attacks by Communist forces during this period. Seventh Air Force Medical Service personnel rapidly responded with effective medical treatment and also delivered patients to the medical facilities that had the best capabilities to give the definitive care required.

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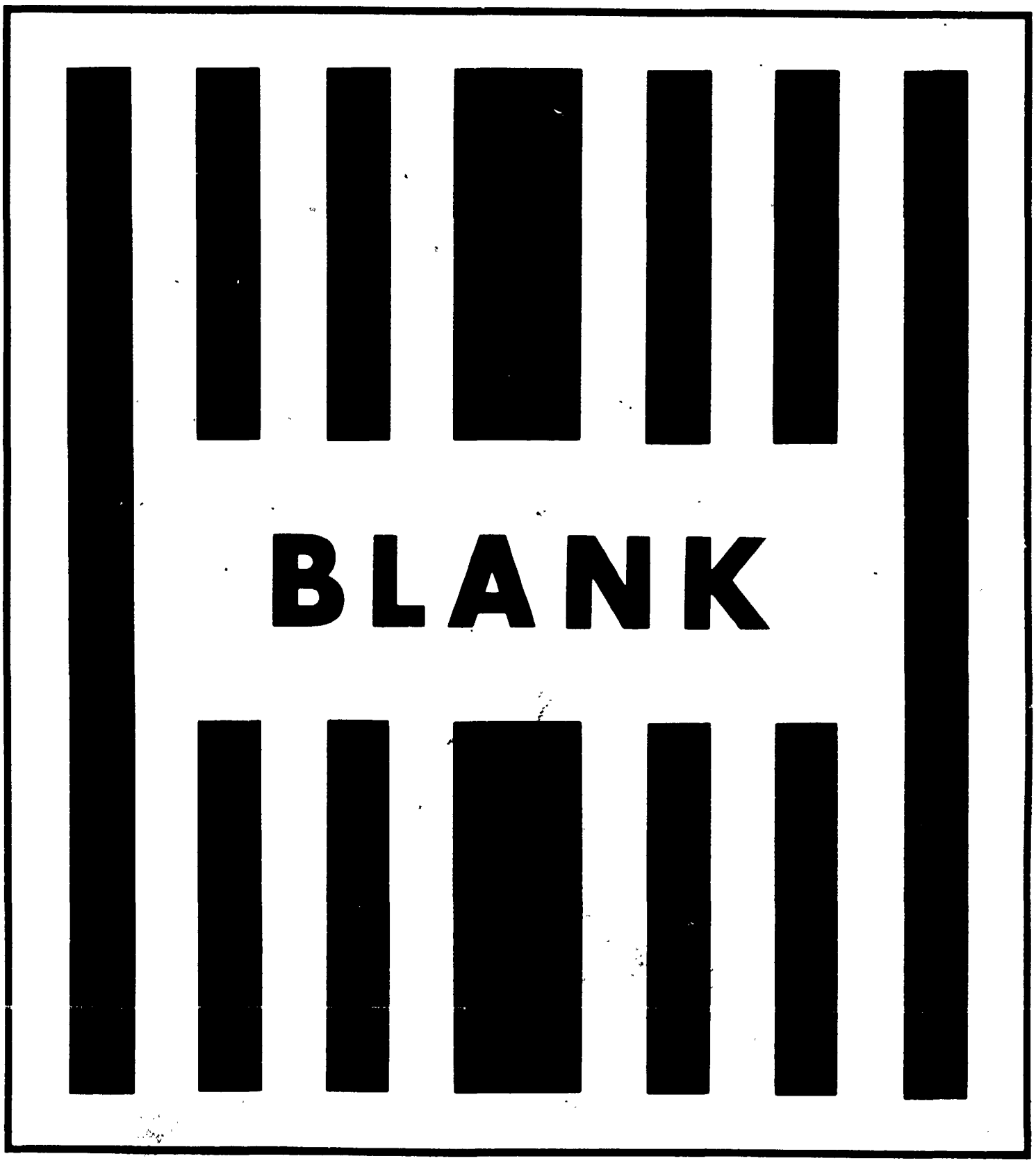
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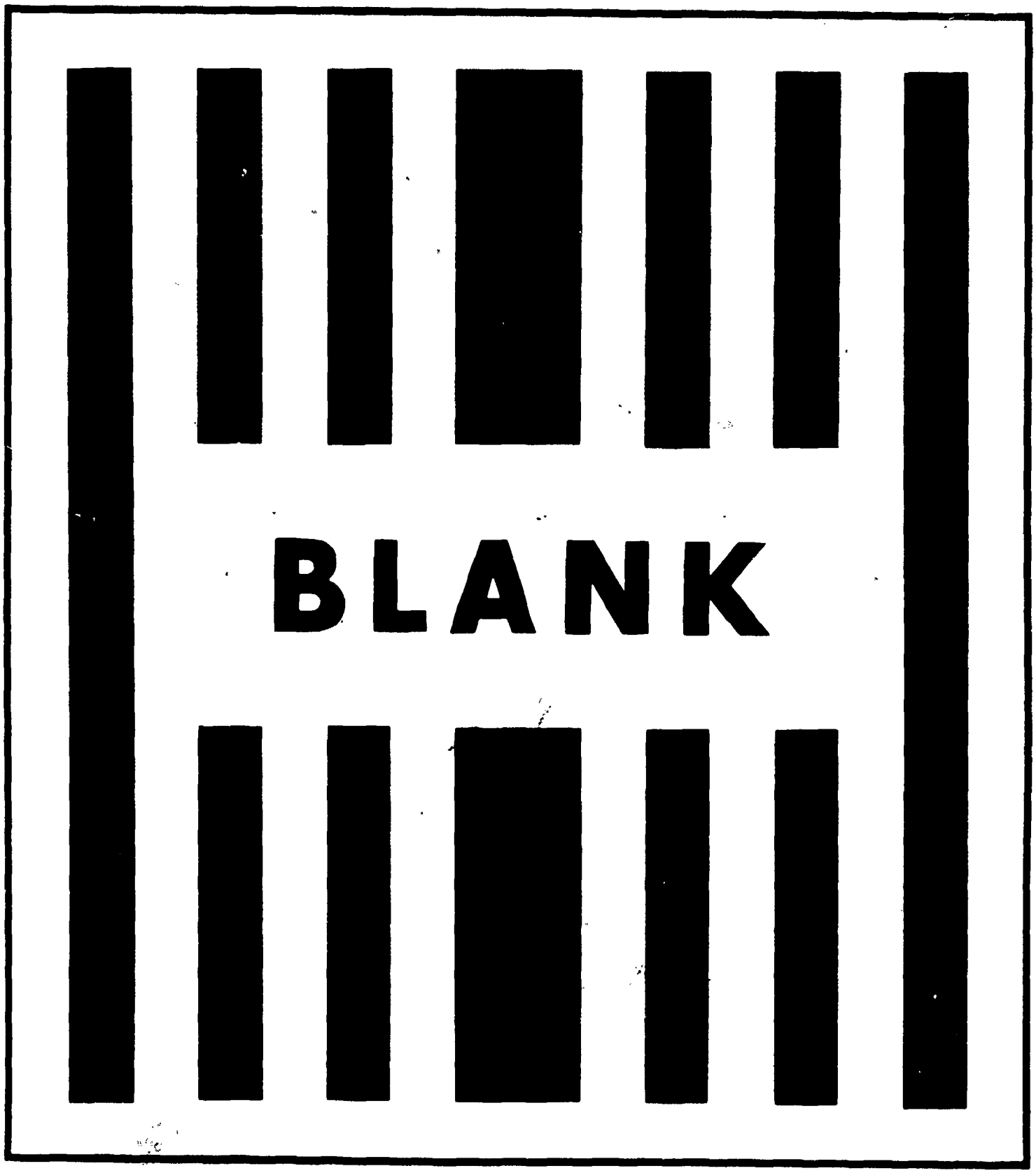
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HISTORY

OF

THE

SEVENTH AIR FORCE

MEDICAL SERVICE

1 JULY 1969 TO 1 JULY 1970

01052414

I. INTRODUCTION

The Seventh Air Force Medical Service continued to provide high quality medical care, aerospace medicine service, and casualty staging for aeromedical evacuation during the period of this report. There was a general lessening of activity during the period as evidenced by a decline in outpatient visits, inpatients, and patients in aeromedical evacuation staging facilities. This period saw the US government take positive action to withdraw from Southeast Asia when the Administration ordered the evacuation of large numbers of military from Vietnam by 15 October 1970. This withdrawal of US military has had a mild impact on the Seventh Air Force Medical Service, but is anticipated to allow a significant reduction of medical personnel in the near future. Some progress was made in the plan to eventually turn over present USAF bases to the Vietnamese for complete operation. The transfer of medical facilities to the Vietnamese Air Force (VNAF) has not progressed as rapidly as we would desire because of the difficulty in training enough Vietnamese to an acceptable level of competence so that they can operate on their own. We will continue a vigorous pursuit of our goal to Vietnamize all designated base medical services as rapidly as possible.

II. PERSONNEL

Colonel George E. Schafer, USAF, MC, was the incumbent Seventh Air Force Surgeon at the beginning of this report period. In January 1970 he departed for his new assignment as Deputy Surgeon of Military Airlift Command. He was replaced by Colonel Hamilton B. Webb, USAF, MC, who came here from his previous position with the office of the Assistant Secretary of Defense, Health and Medical. Colonel Webb assumed the rank of Brigadier General about the first of February 1970. He served as Seventh Air Force Surgeon through the end of the report period. The Seventh Air Force Surgeon's Office was more than adequately staffed during the entire period. In fact, it appeared from the amount of work being produced that there were too many people and too much rank at the end of the period. Some action to reduce the staffing was contemplated as the period closed.

III. UNITS AND FACILITIES

At the beginning of the report period, Seventh Air Force had one hospital, nine dispensaries, and three aeromedical staging facilities throughout Vietnam. The one hospital was the 12th USAF Hospital, authorized 475 operating beds and located at Cam Ranh Bay. Later in the fiscal year this hospital was redesignated the 483rd USAF Hospital and authorized beds were dropped to 400. The dispensaries ranging from no beds to twenty-five beds were located

at Da Nang, Phu Cat, Pleiku, Tuy Hoa, Nha Trang, Phan Rang, Bien Hoa, Tan Son Nhut, and Binh Thuy. As part of the Vietnamization program, several bases began phasing down as VNAF took over a part of the base functions preparatory to assumption of the entire base operation. Nha Trang was such a base and as part of the program the dispensary was deactivated on 15 October 1969 and replaced by an aid station. Similarly, the dispensary at Pleiku was deactivated and replaced with an aid station effective 15 March 1970. The dispensary at Binh Thuy was inactivated very shortly thereafter on 31 March 1970 and it too was replaced with an aid station. All three of these downgraded medical facilities actively engaged in training Vietnamese Air Force medical airmen in the various medical specialties in an effort to improve and modernize their medical service and to hasten the day when the entire operation could be turned over to the VNAF. Training continued at the end of this report period.

The 21st, 22nd, and 26th Casualty Staging Facilities, each authorized 100 beds, were properly manned and functioned more than adequately during the fiscal year. On 1 January 1970, all Casualty Staging Facilities (CSF's) were redesignated Aeromedical Staging Facilities (ASF's).

Facilities housing Seventh Air Force medical units were mostly the modular buildings with flat roofs and so constructed that various sized facilities were possible by using the various components of the modular design. These structures were generally most satisfactory from a functional point of view. The installed medical equipment, plumbing, electrical, and air conditioning equipment were satisfactory. One common fault with all modulars was the inability to prevent roof leaks which played havoc with interiors. The only acceptable solution proved to be construction of an overroof, or one inappropriately referred to as a "hip" roof. At this writing several of the bases with modular medical facilities were still attempting to gain enough priority on the base projects list to get their new roof. Where the "hip" roof has been installed, the leak problem no longer exists. One other problem of major importance which plagues all medical facilities is the lack of good vehicle maintenance. A chronic shortage of functioning vehicles results and no solution has been discovered.

IV. HOSTILE ACTIONS

Every Seventh Air Force base with a medical facility was the recipient of enemy ordnance at some time during the fiscal year. Generally only one or two rounds impacted during an incident, but on several occasions hostile action created a significant number of casualties and tested the medical facilities' capability to handle mass casualties. In every instance the Seventh

Air Force medical facility did cope with the casualties, thus proving their readiness. Triage was employed and in every case proved its effectiveness. The Army "Dust-off" helicopters combined with PACAF and MAC aeromedical evacuation provided exceptionally rapid delivery of patients to initial care and subsequently to the most appropriate definitive care.

V. NEW MISSIONS

The possible introduction of insects and rodents into the CONUS via cargo being returned to the US is an ever present problem. To combat this possibility a program of inspecting the so called "retrograde cargo" was instituted at the point of origin. The US Department of Agriculture provided experts to the military service to assist in establishing the inspection program. It became the responsibility of our Bioenvironmental Engineers to establish an inspection capability at each base where retrograde cargo loads originated. With the assistance of the USDA representatives, inspection standards were established and training programs were prepared. All Seventh Air Force Preventive Medicine technicians were instructed in the quarantine inspection procedures and those who qualified were designated Military Quarantine Inspectors (MQI's). At the end of the report period the program was so well established that the need for further assistance from the US Department of Agriculture was obviated. Training continues as new technicians enter the country and the experienced ones depart. Thus there is always a pool of experienced inspectors and the program will be perpetuated as long as there is a need.

VI. CIVIC ACTIONS

Air Force medical personnel continue to make significant contributions to the Civic Action program. In fact, personnel of the Phu Cat dispensary almost overdo the free medical care to Vietnamese in their eagerness to contribute their share. At the beginning of the period eight Military Public Health Assistance Program (MILPHAP) teams, staffed with USAF medical personnel, were active in helping to teach the Vietnamese the way to better health. Although these teams were making the largest contribution to the overall Civic Actions program, members of Seventh Air Force medical facilities were busily engaged in such actions as care and treatment of leprosy patients, mass immunizations, advice and assistance with construction and equipping of medical facilities, tooth extractions, outpatient treatments, and in selected cases surgery and definitive care for conditions beyond the capability of local Vietnamese medical facilities. It's impossible to measure the amount of good accomplished in medical civic actions; however, the expressions of gratitude from beneficiaries indicate that these contributions will do more to endear the Americans than any other single contribution, including dollars.

VII. SUMMARY

The most significant occurrence during Fiscal Year 1970 in the Seventh Air Force Medical Service was the initial reduction in medical facility staffing at three bases. Hopefully, these reductions signal the beginning of our complete withdrawal from Southeast Asia.

Despite the marked advances made in reducing the enemy threat to our bases in Vietnam all bases were subjected to some hostile action during the report period. Medical personnel always arose to the needs and provided quality emergency care whenever and wherever it was required.

A general decline in activity coupled with a substantial withdrawal of US military has effected the workload of much of our medical service. This is particularly true of the Seventh Air Force Surgeon's Office. As the report period ended, thought was being given to a close survey of all medical activities with the objective of cancelling some incoming personnel and perhaps curtailing others for early return to CONUS. We hope our optimism is well founded and that indeed a healthy reduction is indicated.

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HISTORY OF THE 12TH/6259TH USAF DISPENSARY

1 July 1971 - 28 December 1971
(RCS: HAF-D49)

Assigned To:

12TH TACTICAL FIGHTER WING

SEVENTH AIR FORCE

PACIFIC AIR FORCE

UNITED STATES AIR FORCE

Stationed At:

PHU CAT AIR BASE, REPUBLIC OF VIETNAM

FINAL REPORT

EARL J. FLAUGHER, Major, USAF, MSC
Dispensary Administrator

DANIEL K. WESTMORELAND, Capt, USAF, MC
Director Base Medical Services

AD 0524.16

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C H A P T E R I

General

1. Mission: The 12th USAF Dispensary, Phu Cat Air Base was responsible for providing a fixed medical facility capable of providing limited, definitive medical support to the 12th Tactical Fighter Wing, composed of the 389th Tactical Fighter Squadron and the 480th Tactical Fighter Squadron; Det 2, 14 Aerial Port Squadron; Det 13, 3rd Aerospace Rescue and Recovery Squadron; 6114 Tactical Electronics Warfare Squadron; 537th Tactical Airlift Squadron; and other military organizations entitled medical support. The 12th Tactical Fighter Wing and all suborinate units were deactivated on 17 Nov 71. The 6259th Air Base Squadron was activated on that date. The 12th USAF Dispensary was redesignated as the 6259th Dispensary.

(2) Provide medical care and treatment for all military and civilian personnel who are entitled to medical support in accordance with current directives.

(3) Provide a basic means of training medical personnel of the 12th USAF Dispensary to effecively accomplish the support mission requirements.

Health of the Command: The health of the Command was considered excellent during this reporting period. Morale remained at a high level.

3. Relationship with Command and Staff: The contact and relationship with the local command and staff and higher headquarters continued to be on excellent terms.

C H A P T E R II

ADMINISTRATION

1. Organization: Lt Colonel Townsend was reassigned to Mc Guire AFB, NJ on 25 August 1971. Major William M. Dyer Jr, was assigned as Director of Base Medical Services on 25 August 1971. Major Dyer was reassigned to 432 USAF Hospital Udorn AFB, Thailand on 7 December 1971. Capt Daniel K. Westmoreland was assigned as Director of Base Medical Services on 7 December 1971. Major Earl W. Flaugher was reassigned to Cam Ranh Bay AFB, Vietnam on 20 December 1971. Physician staffing has been adequate and no problems were incountered during phase-down.

2. Facilities: The modular unit has proven to be very functional with few minor exceptions. The one major problem area has been the leaky roof. Due to base phase-down no repairs were accomplished by Base Civil Engineers. The facility was completely turned over to VNAF on 13 December 1971.

3. Medical Materiel: Medical and dental support have been adequate to complete the mission. Medical materiel continued to furnish support to the 12th USAF Dispensary and MEDCAP Program until phase-down. SSgt Anthony Samida, 91550, was reassigned in October 1971. SSgt Harry Hommel, 19550, was reassigned in December 1971. TSgt Paul R Mang, NCOIC Medical Materiel was reassigned in December 1971. The bulk storage area and loose issue area were completely rewarehoused and excess shelving dismantled for phase-down. In November stock record cards were reviewed and adjustments made to bring them to current levels for a period of 45 days stock on hand to carry thru phase-down. Excess supplies valued at $5,850 was issued to the AFAT to support the members of AFAT. Medical equipment not being transferred and signed for by VNAF under their authorization

or TA was sent to Cam Ranh Bay, Da Nang and Remarketing and Distribution. All Air Force and medical equipment was turned over to VNAF on 601B's with the signature of VNAF Officer and an AFAT medical representive. The linen control function was transferred from Medical Materiel to the VNAF and a complete inventory was accomplished and signed for by AFAT medical representative. Excellent working relations were established with Air Freight, Base Supply and Packing & Crating personnel to complete our phase-down mission. Due to the closing of the Aerial Port at Qui Nhon, Medical Supply became a holding and re-packing center for whole blood. Excellent working relations were established with Air Freight and DUST OFF personnel to transport the blood to the 67th Evac Hospital at Qui Nhon.

4. Registrar: Organization and Personnel - The staffing in the Registrar's Office for the past 6 months has been comprised of two 90650, SSGT's and one [illegible]. One of these individuals has taken care of the outpatient records while the other has accomplished the remainder of the Registrar duties. The average number of beds occupied for the 6 months was 4.6 patients. The NCOIC of the Registrar Office also functioned as Campus advisor for the organization.

5. Disaster Planning: The disaster plan placed all medical personnel as mission essential personnel insuring sufficient staff be available for immediate receival and care of large amount of patients following an attack to this base. The secondary recall system (Alert Recall Roster insured quick recall of all medical personnel other then by Giant Voice.) The system allowed for quick recall by phone and/or runner. As phase-down progressed the capability for handling large amounts of patient was limited.

5. Vehicle Fleet: The 12th USAF Dispensary is authorized 4 ambulances, 3 pick ups, 1 step-van and 1 jeep. One ambulance was assigned to the Flight Surgeon's Office and was the primary crash ambulance. The other two ambulances were assigned to the Emergency Room. On and off base ambulance service was provided by the Emergency Room until 7 Dec 71. During the period 1 Jul 71 to 7 Dec 71 there were approximately 1000 emergency ambulance responses, during this period. In preperation of phase-down operations, vehicle requirements were validated and reported to the transportation squadron at a meeting on 28 Sep 71 and all vehicles were justified before the vehicle utilization board. Vehicles were released as they became excess or as directed by higher headquarters. As directed by 7 AF one ambulance was turned in on 8 Nov 71 for shipment to another base. The Military Public Health vehicle was salvaged on 16 Nov 71. The veterinarian vehicle was turned in on 26 Nov 71 for shipment to another base and the Flight Surgeon's (FSOC) vehicle turned over to the [illegible]. This vehicle was a code "A" vehicle slated for salvage. The remaining two ambulances, medical supply step-van and Commanders "Bronco" were turned in for shipment on 6 Dec 71 and replaced with two code "A" vehicles one pick up and one step van. When the Dispensary converted to a Medical Aid Station on 15 Dec 71 the two pick up trucks were turned in for salvage. The step-van was retained until 28 Dec 71 at which time it was turned in for salvage. During this phase-down period there never was a shortage of vehicles and all mission essential functions were accomplished.

C H A P T E R III

Dispensary Services

1. Air Force Clinic: The Air Force Clinic was staffed by one General Medical Officer, 9326, and one Administrative Specialist, 90650. The General Medical Officer received assistance from the Flight Surgeon's Office. All patients who presented themselves requesting to be seen by a physician, were seen on an appointment basis or by the emergency room personnel and the Officer of the Day. Those patients not acutely ill were given appointments for that morning with necessary vital signs and historys being recorded. Those patients who were acutely ill were seen in the emergency room immediately. From 0730 to 0950 hours and from 1300 to 1400 hours military personnel were seen by appointments. After 1400 hours, Vietnamese employed on Phu Cat AB were seen. The emergency room personnel performed those medical treatments required and assisted the physicians when needed. The Administrative Specialist handled all outpatient records and performed related administrative functions.

2. Immunization Clinic: Operating hours of this clinic was from 0730 to 1700 hours. This clinic was staffed by one Medical Service Specialist, 90250. During the first part of December this clinic was incorporated into the emergency room of this facility due to the phase-down of the base.

3. Nursing Service: The nursing service of this medical facility was authorized one nurse, 9755, and twenty one medical technicians. 1stLt Kremsreiter departed this facility during the month of November. Med Techs were utilized within the MEDCAP, Buddy Care Classes and review of medical records for security clearances. This was done in addition to normal duties of these personnel. This being a combat zone an inservice meeting was held once each month to broaden the medical techs knowledge in medical treatments, laboratory, radiologic and therapeutic techniques.

4. Emergency Room: The emergency room provided immediate care on an twenty-four hour bases for US Military Personnel, personnel of allied countries, and [illegible]lians employed by this base. The helipad greatly enhanced the effectiveness of medical care provided by insuring quick efficient evacuation of referral patients to larger medical facilities.

5. Medical Surgical Ward: The dispensary offered through the Medical/Surgical Ward, hospitalization to those needing 24 hour attention. This service was discontinued during the first part of December due to the phase-down operation of this base. Patients who had acute surgical needs and/or specialized, were transferred to either 67th Evac Hospital Qui Nhon or 483rd USAF Hospital, Cam Ranh Bay.

6. Radiology Services: Organization and manning - TSgt Fay was reassigned in November 1971. SSgt Knutson was reassigned in December 1971. Workload - A total of film exposed and examinations for the period July - December 1971.

	Film Exposed	Examinations
July	874	874
August	908	658
September	755	609
October	779	613
November	377	286
December	99	75
TOTAL	3792	3115

The workload consisted of support to all military, civilian and Vietnamese Nationals in this area. Emergency patients are X-rayed on a 24 hour basis. X-ray film were retired in accordance with AFM 12-50. All Vietnamese film were retired to the Reclamation Center. No problems were encountered during phase-down.

7. Pharmacy Services: TSgt London was reassigned in October 1971. TSgt Counterman was reassigned in November 1971. During the last six months pharmacy filled a total of 12, 372 prescriptions, 127 of which were inpatient The average monthly prescription total was 2,062. All prescription records were retired in accordance with AFM 12-50. No problems were experienced during phase-down.

8. Laboratory Services: SSgt Kaib was reassigned in November 1971. TSgt [illegible] was reassigned in December 1971. Workload -

Inpatient	967
Outpatient	9573

C H A P T E R I V

Aeromedical Services

1. Organization and Personnel: Captain Joseph W. Griffin Jr., Chief of Aeromedical Services, was reassigned in December 1971. Captain Alan E. Tasoff was assigned as Chief of Aeromedical Services until his reassignment on 15 December 1971. With the reassignment of Dr. Tasoff, the position was discontinued at this station. SSgt Andrews, NCOIC, Flight Medicine, was reassigned in August 1971. [illegible] Matthews was assigned as NCOIC until he was reassigned in October 1971. [illegible]ay was assigned as NCOIC until his reassignment in November 1971. S[illegible] Campbe[illegible] was assigned as NCOIC until reassignment 21 November 1971. Sgt Sim[illegible] assigned as NCOIC until his reassignment and the office was [illegible] December 1971. The main function of this service was implementation [illegible]edical Program at this installation. It supported, on the average of, [illegible] personnel until Wing and base phase-down and eventual closure.

2. Physical Standards:

The Flight Medical Services routinely performed physical examinations [illegible] flying personnel. These physicals covered Initial Flying Class I, II, [illegible], annual flying II and III, Air Traffic Control and FAA certificates and [illegible]ion and retirement physicals. In late October the Flight Medical Service [illegible]ssumed responsibility for all non-flying physicals. During this time [illegible]ng activities were curtailed and no real additional work load was experienced.

(b) The leading cause for non-effectiveness for flying personnel was upper respiratory infections. The second cause was injuries caused by other than battle, with ear infections being the third. Sickcall was held daily for all flying personnel and in December for all personnel on base.

3. Physical and Mental Health of Flying Personnel: Morale remained excellent during this reporting period. The Flight Surgeons maintained an excellent rapport with all flying personnel as well as support personnel until the termination of [illegible] and the stand-down of the Wing, leading to the eventual base closure and [illegible]r to the Viet [illegible] The Flight Surgeons continually showed their [illegible]cest while assisting flying and non-flying personnel with the task of phase-[illegible] base turnover. It is mainly due to their efforts that the moral of [illegible] maintained its usual excellence during this trying period. All Flight Surgeons and Aeromedical Technicians were on flying status at this station. All personnel [illegible]ed their minimum time requirements in an effort to detect, understand and evaluate any problems incurred by flying personnel.

4. Flying [illegible] and Equipment:

(a) Flight Surgeons continued attending briefings and presenting lectures at various meetings in support of flying safety. Lectures varied from items of medical interest to general items of flying safety. A total of 118 such lectures and/or briefings have been presented and/or attended by the staff of the office. There were also some 150 flight line visits made in the interest of flying and [illegible] safety. Wing life support meeting were attended regularly as were visits to individual personnel equipment sections.

(b) Personnel from Aeromedical Services were on call 24 hours a day for [illegible] aircraft emergencies. There was one Aeromedical Technician on alert at the Air Rescue Det to serve as crewmember on the HH-43B/F aircraft 24 hours a day. There were around [illegible] the flight line made by the office with 26 medical evacuations to other hospital. These resulted in the saving of 16 lives.

(c) There were 4 aircraft accidents during this period. There were no major injuries incurred by Air Force personnel as a result of these accidents.

C H A P T E R V

Military Public Health

1. Organization and Personnel: During this period, one individual was reassigned to Tan Son Nhut AB, and another to Cam Ranh Bay. One was given a compassionate reassignment to CONUS. The NCOIC was assigned duty with AFAT after base closure.

2. Health Education: A health education program continued to be presented to incoming personnel during the newcomers briefings. These briefings were conducted every Friday and mandatory attendance was required of all incoming personnel. These newcomers briefings served as an excellent means of keeping personnel aware of the potential health hazards and the various diseases which are endemic in this area. Health education literature such as "Doctor's Notebook", "Newcomers Briefing", which cover such areas as drug abuse, personal hygiene, heat stress, etc., was provided each individual.

3. Bioenvironmental Engineering Surveys:

(a) A heat stress survey was conducted in Dining Hall #1, during September 1971. The survey revealed that the effective temperature of this facility ranged from 82°F to 87°F effective temperature. Since an effective temperature of 86°F is considered the limit for efficiency a light sedentary activities and 80°F effective temperature for heavy work, it was recommended that personnel not work longer than two hours without a break period. Additional pedestal type fans were positioned to provide greater air movement in the kitchen.

(b) A heat stress survey was conducted in the Medical Supply Warehouse during July 1971. The survey revealed that the effective temperature in this storage area averaged 85.2°F. It was recommended that frequent break periods be taken and exhaust fans be installed on each side of the building.

(c) Phu Cat operated on a dual water supply system. Treated water from th Can Dai River supplemented by eight wells on base provided the water for consumption on this base. The quantity of water was considered sufficient to [illegible] consumption demands of the base population. Potable water was provided to [illegible] areas of the base. The only non-potable sources of water at Phu Cat were the aircraft wash rack, motor pool wash rack and faucets located in the [illegible]. All outlets of non-potable water were clearly marked in English and Vietnamese. Bacteriologically and chemically [illegible] water met the criteria established by the USPHS.

[illegible]. Insect and Rodent Control:

(a) Mosquito samples continued to be collected and submitted to the Biological Taxonomic Unit, 1st Medical Service Wing for identification. The [illegible] common species of mosquitoes on Phu Cat AB, RVN for this period [illegible]:

1. [illegible] vishnorhynchus
2. [illegible] subpictus
3. [illegible] sinensis
4. [illegible] quinquefasciatus
5. [illegible]
6. Culex pseudovishnui
7. Culex Annulus
8. Anopheles vagus
9. Culex bitaeniorhynchus
10. Mansonia uniformis

(b) The base CE Entomology Section continued to maintain excellent insect and rodent control measures on this base. Mosquito control was accomplished on a routine basis with fogging the area twice a week. In addition, aerial spraying was conducted on a weekly basis. Rodent control measures used by the Entomology [illegible] were effective throughout this period.

(c) The retrograde cargo inspection program continued throughout this period. A total of one hundred sixty six (166) aircraft and twenty two (22) sea land vans were inspected. The total amount of cargo inspected by MQI was 4,600,000 pounds. No discrepancies of significant importance were reported.

5. Occupational Medicine: Personnel on this installation were covered under the occupational medicine program. There were no outstanding remarks worthy of mention in this report.

C H A P T E R VI

Dental Service

1. Organization and Personnel: Lt Col Robert S. Watt, Base Dental Surgeon, was air evacuated to Wilford Hall USAF Medical Center in July. Capt Stephen D. Stanley was acting Base Dental Surgeon until September 1971. Lt Col Roger O. Stern was assigned as Dental Surgeon in September 1971. The Dental Service authorization remained fixed at four officers and seven enlisted personnel until the phase-down. All three dental officers were reassigned in November 1971. Lt Col Stern, Base Dental Surgeon, was reassigned in December 1971. The Base Dental Service was terminated at this time. The Dental Service was then turned over to the VNAF in December.

2. Workload: The average monthly military strength served during this period decreased rapidly during November and December. A total of 18,174 operative, surgical and prosthetic procedures were accomplished for military personnel at this base in the overall support of the mission of this base. A total of 2,979 laboratory procedures were accomplished by the dental laboratory in the fabrication and repair of dental appliances for personnel assigned to this base. During the period of this report 5,697 patients were treated in the dental clinic.

3. Dental MEDCAP: This clinic's participation in the Medical Civic Actions Program amounted to the treatment of 788 patients. A total of 1,168 dental procedures were accomplished for these individuals, mostly involving surgical treatments. Dental treatment was also provided for ARVN personnel and their families at the nearby ARVN training camps located near Phu Cat Air Base.

C H A P T E R VII

Veterinary Services

1. **Mission**: The Veterinary Service is responsible to the Director of Base Medical Services for providing a complete veterinary food inspection service for Phu Cat AB, Republic of Vietnam; to provide a veterinary public health service and assist specifically in that portion of the Aeromedical Service which deals with food service sanitation, nutrition, and environmental health; to provide a veterinary medical service pertaining to animal diseases that may affect man; to conduct base control program for zoonotic diseases among animals owned by military personnel; responsible for the health and welfare of the USAF Scout and Sentry dogs which are vital to the security of this base; and to provide onsultant service in veterinary medicine to other Air Force installation in Vietnam as directed by the 7th Air Force Surgeon.

2. Organization and Personnel: Captain William T. Moore, Chief of Veterinary Services was reassigned in September 1971. Capt Jerry W. Diemer was assigned as Chief of Veterinary Services in September 1971. SSgt Luther W. Peyton NCOIC of Veterinary Services was reassigned in December 1971. SSgt Charles Evans was reassigned in December 1971. Due to the phase-down of Phu Cat AB, RVN no enlisted were assigned.

3. Facility, Equipment, and Supplies: At the close of this reporting period Veterinary Services were occupying building 900, a permanent structure which is adequate for the operation of this service. Supplies and equipment were available up until the last two weeks of phase-down. It was then necessary

to coordinate with the dispensary for necessary supplies and equipment. Forms and publications were in good supply during this period.

4. Veterinary Animal Service: During this period, total and complete medical and surgical care has been provided to the 12th Security Police Squadron. A canine epidemic orginated in the intervening period between assigned Veterinarians. Much credit must be given to the Veterinary Tech's assigned as they recognized the existing problem and sought aid from the Chief of Veterinary Services, Tar Son Nhut AB, RVN. The problem has been sucessfully treated and all animals are preforming normal sentry dog duties at this time. The ever existing tick problem is being controlled by close coordination of the service with the Canine Section, 12th Security Police. All animals are dipped in a 0.5% malithione solution bi-weekly and the kennels and surrounding area is sprayed monthly.

5. Workload Data. Due to phase-down and resultant retirement of records figures were not available to complete this section.

C H A P T E R VIII

Medical Civic Action Program (MEDCAP)

1. Medical Civic Action Program (MEDCAP): The Medical Civic Action Program consisted of a fixed building located just outside the main gate of Phu Cat AB, RVN. This was the only fixed building used for this purpose in country. This building was constructed by a self-help project during 1967 by medical personnel assigned the 12th USAF Dispensary. This clinic was open four days a week with operating hours from 0830 to 1200 hours on Monday, Tuesday, Thursday, and Saturday. This facility was discontinued during the month of November due to lack of medical personnel and phase-down operation of this base. During the period from 1967 to 1971, some 250,000 local Vietnamese Nationals were rendered medical treatments. The 12 USAF Dispensary gave back up support to this facility through laboratory, X-ray, and hospitalization on a space available bases. During the preceeding years, MEDCAP had its own operating funds but during 1971 these funds were discontinued. The operation was still continued through no funds were available. Medical supplies were given to this facility by the 12th USAF Dispensary for operation. Eighteen hours after operations in this facility were discontinued, the local Vietnamese people razed the building completely each taking what ever they could for themselves.

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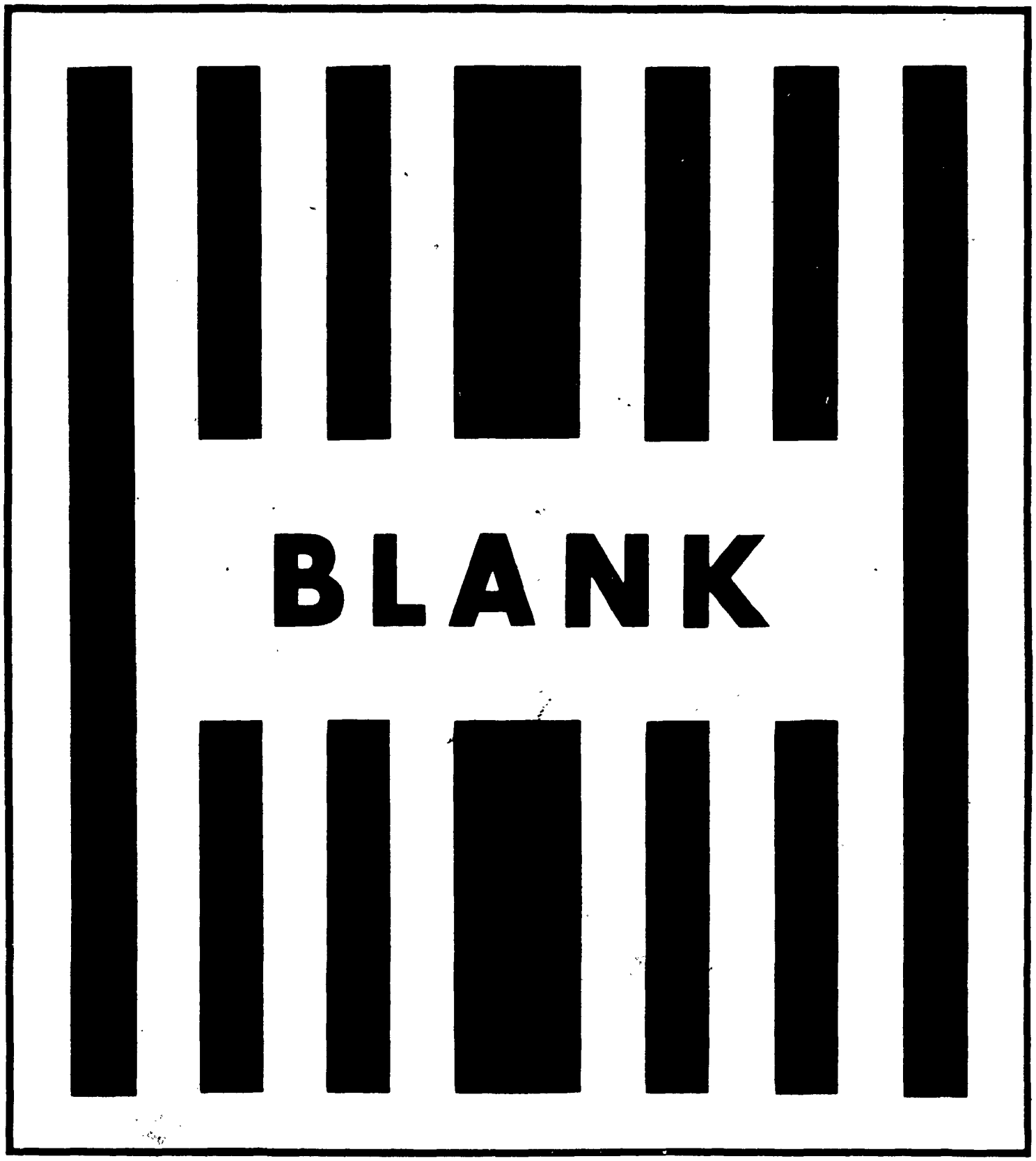
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Phu Cat
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AFSHRC
MAXWELL AFB AL 36112

HISTORY OF THE 12TH USAF DISPENSARY
1 July 1969 - 30 June 1970
(RCS: HAF-D49)

Assigned To:

12TH TACTICAL FIGHTER WING

SEVENTH AIR FORCE

PACIFIC AIR FORCE

UNITED STATES AIR FORCE

Stationed At:

PHU CAT AIR BASE, REPUBLIC OF VIETNAM

VAL J. BATEMAN, Captain, USAF, MSC
Dispensary Administrator

AMOS R. TOWNSEND, Lt Col, USAF, MC
Commander

01052417

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C H A P T E R I

GENERAL

1. Mission: The 12th USAF Dispensary, Phu Cat Air Base, was responsible for providing a fixed medical facility capable of providing limited, definitive medical support to the 12th Tactical Fighter Wing, composed of two F-4 Squadrons; one squadron of C-7A (Caribou) aircraft of the 537 Troop Carrier Squadron; 17th Special Operations Squadron (C-119); 21 TASS/TUM-FACS; 38th Aerospace Rescue and Recovery Squadron; Det 13; 361st Tactical Electronic Warfare Squadron (EC-47's); and such other military organizations entitled medical support.

(a) Provide medical care and treatment for all military and civilian personnel who are entitled to medical support in accordance with current directives.

(b) Provide a basic means of training medical personnel of the 12th USAF Dispensary to efficiently accomplish the support mission requirements.

2. Health of the Command: In general, the health of assigned personnel was excellent.

(a) There were nine cases of malaria treated at the 12th USAF Dispensary during this reporting period. Three of the nine cases were Air Force personnel with the remaining six cases being Army personnel. Interviews of these patients showed that personnel missed taking their prophylactic medication thru oversight or because of being on R&R at the time when they were due their medication.

Considering that malaria is very prevalent in this geographical area and the number of personnel in the area, it is felt that incidence of malaria is not too high.

(b) There were nine cases of infectious hepatitis diagnosed among Air Force personnel at Phu Cat Air Base. Seven of these cases occurred during the last six months of 1969. From Jan - June 1970, two cases of hepatitis occurred. Effective 1 March 1970, the policy of routinely administering gamma globulin to all personnel every five months was discontinued. This was brought about by the gradual decline in the incidence of hepatitis among USAF personnel. It is believed that personnel being restricted to the base and the lack of opportunity to eat or drink in the local economy has helped in the decline of the incidence rate.

(c) The incidence rate of venereal disease peaked at .56 cases/1000/day during July, 1969. The average rate per 1000 per week was .24. Contact interviewing used as a means of breaking the chain of infection was considered ineffective due primarily to the patient being unable to provide sufficient information with which to conduct an adequate investigation. With minor exceptions, once an individual has experienced an episode of venereal disease, he becomes more apprehensive regarding these diseases and takes better steps to avoid contacting them. It was also found that generally contact originated from leave or R&R sites.

(d) Over a 4-day period from 25-28 June, 1970, 37 patients reported to the 12th USAF Dispensary with complaints of severe abdominal cramping, diarrhea, nausea, etc

In 19 of these patients, symptoms were considered severe enough to warrant admission. Stool cultures were obtained from 13 of 19 on admission; and of these, 7 grew out shigella species Gp. A-D. After the first positive culture was reported, subsequent admissions were started on Tetracycline and all showed rapid improvement with cessation of diarrhea within 24-28 hours. Repeat cultures of the stools of negative individuals was not fruitful because of the antibiotic therapy. Diet histories were obtained on all 37 patients for the three-day period prior to onset of symptoms. 36 of 37 had eaten at the passenger terminal snack bar. The items consumed at the snack bar were varied with 19 having eaten tuna fish salad sandwiches. Four of those with positive stools had eaten an egg salad sandwich and the other two had eaten "hoagies". Samples of the mayonnaise, tuna fish, and other foodstuffs were obtained and cultured, but all results were negative. Stool cultures on the employees were likewise negative. These were repeated in an attempt to identify a carrier, but with no success. Investigation of the snack bar showed improper methods of sandwich preparation and inadequate chilling of foods. While no particular food item was incriminated, it was believed that this outbreak of bacillary dysentery had its origin at that snack bar. It was postulated that the shigella was introduced into the tuna salad and a culture was maintained until the preparation procedures were changed. Spread of this organism into other sandwiches by the use of the same knife was also postulated.

(e) On the afternoon of the 31st of December 1969, a call was received from the Army bakery at Phu Tai informing us that the bread in batch 9363 was possibly contaminated with DDT. Further investigation revealed that this bread was baked on 29 December and distributed on 30 December 1969. It was consumed in dining halls served by this bakery at the evening meal on the 30th and first meals on the 31st on the evening of the 30 December. Army personnel from a unit stationed near the bakery returned with bread that smelled strongly of DDT in oil. Further investigation revealed that an Army baker had mistakenly used a can of DDT in oil for a can of non-toxic mineral to fill a hopper that lubricated the bread making machines. Nearly all of the bread from this batch that was received at Phu Cat had already been consumed. The remainder was destroyed. None of the bread at this base had any unusual odor, nor had personnel noted any unusual taste. There was no evidence of toxic reaction in any personnel who had eaten this bread. It is possible that the bread received at this station was baked prior to the contamination. Although this incident primarily involved, and was investigated by the US Army personnel, it was reported here as an illustration of possession and mishandling of potentially lethal materials by individuals unaware of the dangers involved and also to illustrate the prolonged period of time that elapsed between the identification of the possible hazard and notification of all parties concerned. This episode prompted another review of storage and handling procedures by USAF personnel at this base. The bakery is now inspected by USAF personnel in addition to the routine inspection conducted by Army inspectors.

The medical and dental service staffs performed in a most satisfactory manner and consistently demonstrated excellent interest in patient welfare. The professional services were very ably supported by the ancillary services.

3. Relationship with Command and Staff: The contact and relationship with the local command and staff and higher headquarters continued to be on excellent terms. The DBMS attended the weekly Wing Staff meetings and subsequently met with the hospital staff. Using standards of JCHA and AFM 168-4, various operating committees were established within the Dispensary to provide better management and self-evaluation. An average of two monthly staff visits to this medical unit by teams from higher echelons provided the necessary contact and coordination to insure a close working relationship and a understanding of current policies and procedures.

C H A P T E R II

ADMINISTRATION

1. Organization: The 12th USAF Dispensary was so designated on 1 April 1970, when the 37th TFW was returned to the United States. This unit was formerly known as the 37th USAF Dispensary and as such was awarded the Presidential Unit Citation by Special Order GB-819 on 19 November 1969. For the period of 1 July 1969 to 18 December 1969. The Commander in July was Lt Col James D. Pappin. In December, 1969, Lt Col Pappin returned to CONUS, and Major William F. Belk was transferred from Nha Trang AB, RVN and assumed command. He remained in that position to the end of this period. Personnel staffing has been adequate for mission accomplishment. The replacement rotation program fell behind two months for the Base Veterinarian, and one month for the Dispensary Administrator. Physician staffing has suffered when new personnel have arrived from two to four weeks after their predecessors had departed. To solve this problem and to cover one cancellation, two physicians were PCS from Phan Rang late in the year. A Professional Consultants Program was also instituted whereby Specialists from Cam Ranh Bay visited the Dispensary for further education of the Dispensary Staff.

2. Facilities: The modular unit has proven to be very functional with few minor exceptions. The one major problem area has been the leaky roof. Tar Sealants were applied early in the year. Plastic cement was applied in April and June, all of which have failed to stop the leaks. It is felt by the Administrator that the only solution will be to build a new sloped roof. As of the end of this report period,

the BCE still has not accepted this solution due to the time required to build the new roof. With the rainy season approaching, something must be done to prevent further damage to both the modular unit and the equipment contained within. In December, a new building was given to the Dispensary for use as the Veterinary Clinic. Further information on this is contained in the Veterinary portion of this history. In addition to landscaping and general facility improvements, a Helipad was added to the Dispensary complex. With the new Helipad, 5 to 15 minutes have been saved in transit time for seriously ill or injured patients who require emergency dust-off. There was an average of 20 dust-off's monthly during this period.

3. Resource Management: Budget figures for FY 70 were as follows. This was considerally less than the previous year, but proved to be adequate for this unit.

Budget Expenses - FY 70

Civilian personnel	$10,035
TDY	5,800
Mis Contract Svcs	250
Medical Transfers	291
Medical Supplies	78,410 *
Non-Med Supplies	6,645
Medical Equipment	2,759
Non-Med Equipment	1,442
TOTAL	$105,632

*Issues to using activities was $99,362. Difference was in credits for returned merchandise.

4. Medical Materiel: Medical supplies and equipment have been adequate to accomplish the mission. Medical Materiel continued to furnish medical supplies and equipment to the 12th USAF Dispensary, the 903rd AES, and the Red Horse Dispensary. The Red Horse Dispensary and the 903rd AES were deactivated in November 1969. In November, TSgt

Melvin O'Bannon, 91570, NCOIC of Medical Materiel, left PCS for CONUS. During November, after coordination with the Base Equipment Management Office, Medical Supply started issuing and controlling field gear for the personnel of the 12th USAF Dispensary. TSgt Frank A. Cates, 91570, arrived at the 12th USAF Dispensary on 1 December 1969. In Dec '69, Medical Materiel was inspected by 7th Air Force, part of the IG Team and was given a rating of marginal. In December, an inventory was taken and an informal stock status was made with the results showing a dollar value for expendable medical supplies on hand at $61,747, for an average of 8.5 months stock on hand. In January, TSgt Cates was appointed as Medical Supply Officer. In February, SSgt Gene A. May, 91570, went PCS to CONUS, and Sgt George M. Spencer, 91550, arrived at the 12th USAF Dispensary. Expendable medical supplies were declared excess and over $19,000 was shipped back. As of 30 June 1970, another informal stock status was made, and the results were $39,905 dollar value on medical supplies on hand, for a 3.2 month stock on hand, based on the current monthly sales. From 1 June '69 to 30 June '70, total monthly sales to the Dispensary were $50,592, for an average of $8,432 monthly sales. From 1 Jan '70 to 30 June '70, total sales were $47,504, for an average monthly sale of $7,917. Medical Supply received good supply support from the Medical Supply Center, with an average pipeline time of three (3) weeks. The 12th USAF Dispensary has seven (7) line items of Medical Equipment due-in on the FY 71 buy list for a total of $2,229. Since December '69, Medical Supply has completely re-ware-

housed and turned-over the spare parts for the modular building (Dispensary) to the Base Civil Engineer, as directed by 7th AF. Medical Supply is now in excellent condition.

5. Registrars Organization and Personnel - The staffing in the Registrar's Office for the past year has been comprised of one MSgt, 90670, who was replaced by a TSgt, 90670 in February '70, one SSgt 90670, and one Sgt 90650. One of these individuals has taken care of the outpatient records while the other two have accomplished the remainder of the Registrar duties. The average patient beds occupied for the year was 7.3 patients. From 1 July 1969 to February 1970, the NCOIC of the Registrar Office also functioned as First Sergeant for the Medical Squadron.

6. Disaster Planning: Through actual disaster situations and exercises, the necessity for every member of the Dispensary Staff to be fully-trained as qualified medics, and have a complete knowledge of the responsibilities of the Dispensary and its personnel during an emergency, was fully realized. Using the lessons learned and formal classes, each staff member has been fully-trained and brought up-to-date on disaster field medicine and the treatment of wounds. During this period, the disaster plan was revised two times to keep current with the changing environment. First Aid courses were also given to key personnel from the various organizations on base for the buddy care program. This training has proven very effective. The use of sand-fill bunkers was also discontinued during this period. The two primary reasons for discontinuing the use of these bunkers were: (1) The bunkers were near collapse thereby endangering personnel safety, and (2) It was felt that during an actual

attack, personnel would more likely be injured while seeking the shelter of a bunker, than if they remained where they were. There were four disaster exercises and six attacks during this report period.

7. Vehicle Fleet: The vehicle fleet of the Dispensary at the end of the report period was as follows:

4 ea 4x4 ambulances
3 ea pick-up (1-4-wheel drive)
1 ea step-van
1 ea jeep

9 vehicles - TOTAL

With the exception of three 1969 low ratio ambulances and the Commander's jeep, the vehicles were in a state of chronic disrepair frequently in the shop. The poor condition of the vehicles is primarily due to their age and the difficulty in maintaining them in Vietnam. The number of vehicles has proven to be adequate if they could be in use 100% of the time. Each time one goes into the shop for repairs, some faze of the mission suffers.

C H A P T E R III

DISPENSARY SERVICES

1. Air Force Clinics: The Air Force Clinics are staffed by one General Medical Officer, with assistance from the Flight Surgeon's Office. The Clinic offers general emergency care, outpatient physician visits, medical treatments, immediate dust-off capabilities, referral system, minor surgery clinics, immunization clinic, physical examination requirements, and first-aid-Buddy Care classes. In the case of clinics, each section is handled by a medical technician staff with the supervision of the General Medical Officer. The Sick Call situation is being handled by usir an appointment system. The injured or diseased are first screened by the medical technician assigned to the reception desk. Here he is evaluated to insure that acute conditions are immediately seen in the Emergency Room. Other patients are given appointments for that morning and the necessary vital signs and history recorded by the technician. Appointment hours are from 0730 to 0950 hours, and from 1300 to 1400 hours, for military. From 1400 hours on, Vietnamese Nationals working on base are seen. The Appointment Sick Call System has provided complete and efficient care for the military and Vietnamese living and working on Phu Cat Air Base. It was established in February, 1970.

2. Immunizations: The Immunization Clinic is outside the modular dispensary in a wooden structure. Routine immunizations are offered from 0900 thru 1700 hours daily, Monday thru Saturday. All flying personnel unable to use the facility during these hours are handled in the Emergency Room. In February '70, nursing personnel in a self-

help program improved the facility with the addition of curtains, pictures, and painting. The immunization program, for the most part, has been confined to the military in Binh Dinh Province, and the Vietnamese Nationals employed on base. In Feb, '70, a team of five medical technicians and two physicians inoculated 450 villagers of Phu Gia, RVN, as a MEDCAP visit. The immunization program hopes to be expanded with the improved security of the area.

3. Physical Examinations: Physicals examinations on non-flying personnel are given on an appointment basis. Part one, History and Laboratory Requirements, are begun at 0730 hours. Part two, Physician Examination, is begun at 1500 hours. the Physical Exam Section is currently manned by a medical technician, who is also responsible for the Dispensary Immunization Program.

4. Nursing Service: The 12th USAF Dispensary, until May '70 was authorized two nurses, 9755, one NCOIC of General Therapy Clinics, and twenty medical technicians. During the time period of July '69 thru Jan '70, the nurses assigned to the Dispensary were Captain Carol Kazlauskas, and 1st Lt Charlene Ellison. The NCOIC during this time was TSgt Pascal G. Brannum. Among the enlisted ranks, the number assigned flucuated from twenty-four through the Jan '70 level of thirty-two. Due to the large numbers assigned and the absences of hostile enemy fire, time and manpower were available for the increase in both facility and services, offered by the MEDCAP facility. With January '70 rotations, 1st Lt Nancy A. Elliott arrived to provide the nursing requirements with both Captain Kazlauskas's and 1st Lt Ellison's leaving. TSgt Seymour R. Williams temporarily assumed the position of

NCOIC of the General Therapy Clinics until the arrival of MSgt Henry D. Wix in February, 1970. Also arriving in February, Captain Susan R. Struck assumed the position of Chief, Nursing Services. As directed by 7th Air Force, the UMD was changed as of 1 May 1970, removing one nurse position. Captain Struck departed to join the staff of the 483 USAF Hospital. During this time, a decline occurred among the medical technicians, with a decrease in actual numbers and replacement of highly skilled technicians, with technicians newly arrived from school. To meet the needs of the Dispensary, to best utilize the inexperienced airmen, nursing service began an intensive teaching program. Incorporated in the program was organized rotation thru Dispensary facilities, MEDCAP training, and physicians' on-the-spot instructions. Nursing Service has continued to provide service to disabled military, base employees, and Vietnamese Nationals. The coverage included is from the initial meeting (reporting to the Reception Desk) through the possible immediate dust-off medical evacuation to outpatient needs.

5. Emergency Rooms: The Emergency Room continues to operate on a 24-hour basis daily. It provides immediate care to the injured and diseased throughout Binh Dinh Province, allied personnel, and Vietnamese alike. In recent months, an increased interest has been shown with the expansion of equipment and care offered. With the addition of the helipad just next to the Dispensary, quick response to the needed is insured. To properly utilize the helipad, the medical technician received added instruction on the modes of loading

and marshalling the helicopter. American and Vietnamese are evacuated to the 67th Evacuation Hospital in Qui Nhon for treatment. Vietnamese with domestic injuries are dusted-off to the Provincial Hospital in Qui Nhon. The increased capabilities of the Dispensary with respects to quick evacuation to larger medical facilities has inhanced the medical care offered by the Dispensary to the military and Vietnamese serviced in the area. Current manning is six medical technicians.

6. Medical Surgical Ward: The Dispensary offers through the Medical/Surgical Ward, hospitalization to those needing 24-hour attention and minor post-operative care. The Ward has a 25-bed capacity, demonstrated by the June hospitalization of 25 irpatients diagnosed with Gastroenteritis. The Ward has also been the key in the inpatient evacuation of patients to 483 USAF Hospital, Cam Ranh Bay, RVN. Beginning in March '70, inpatients needing continued inpatient care at Cam Ranh Bay, were directed and evacuated from Phu Cat by use of the 903 AES to Cam Ranh Bay. This method is a change from the past incidents of the Ward having to dust-off the patient to Qui Nhon for Aero-evac pickup. The Ward is able to offer complete and total observation of the base personnel until the Aerovac Nurse assumes the responsibility. Increased attention has been paid to the morale and activities of the inpatient with the addition of a Dispensary nightly movie, and approval of a patio for patient use near the Ward area. Current manning is now five medical technicians.

7. Radiology Services: (a) Organization and Manning - Manning requirements were adequate. Authorizations for a 90370 and a 90350 were filled at the end of the period. A Program for training one Vietnamese technician was initiated in September 1969. Full attention was given to

this requirement and it was satisfactorily met. This individual can do all administrative tasks, as well as process and complete all radiological examinations.

(1) This X-Ray department is equipped with a 100 MA Westinghouse X-Ray unit, which is more than satisfactory to produce diagnostic film for treatment and medical evaluation of patients. Equipment pertaining to Fluoroscopy has been removed to prevent further wear and tear of the fluoro tube, and carriage. These items are kept in reserve as spare parts. Radiation protection standards for patients and technician as described in AFM 161-4 meet all requirements.

(2) A 2-compartment, 60-gallon developing tank is used for processing film. Installed to this unit is a Bar Ray cooling unit, with a 60-gallon per hour circulating capacity insert. One field type portable drier and one standard General Electric Circle Air Flow type drier are utilized for drying of film. For viewing film, their exists two single paneled, four switch illuminators installed on a stationary desk mount.

(b) Workload: A total of all film exposed and examinations made for the period of 1 Jul 69 thru 30 June 70 is as follows:

1969	number of film exposed	number of exams
July	1011	776
Aug	883	717
Sept	977	791
Oct	929	807
Nov	635	562
Dec	876	717

1970 - (Next Page)

1970	number of film exposed	number of exams
Jan	668	521
Feb	778	674
Mar	975	790
Apr	724	596
May	722	632
Jun	685	645

(1) Our past and present workload includes assistance to all Army personnel stationed at Camp Fidel, MACV, and to all military personnel that require medical treatment. Other examinations include final type physicals, such as separation, retirement, initial flying, discharge, and applications for Academy, Air Force Army, and Navy. All military foodhandlers, as well as applicants for off-duty employment. Vietnamese that apply for pre-employment, annual, semi-annual, and pre-marital type physicals All patients that are admitted to the ward are x-rayed per request.

(2) This X-Ray department has a very close working relationship with the Medical Civic Action Program. All patients that require medical x-rays are treated, and those found with active Tuberculosis are closely followed-up by having annual and semi-annual chest x-rays. Vietnamese patients that are involved in accidents are examined and x-rayed on an emergency basis by the on-call technician any hour of the day or night.

(c) Recommendations - Due to the high iron and mineral content of the local water, it would be highly recommended to establish a filtering system in the incoming water line. A silvery recovery unit be installed to reclaim any and all silver from the fix bath. This type of X-Ray department is well-suited to meet Air Force needs in Vietnam.

(d) Improvements - Darkroom: (1) Removed large dryer to exposure room to allow for more room to process film and for doctors to be able to read wet readings. (2) Installed 10-gal tanks for developer and fixer solutions. This enables technician to develop twice the number of film at one time. Saves time, solutions, and more rapid processing in an extreme emergency. Also allows for thorough processing. (3) Had cooling unit overhauled, pipes cleaned, and adjusted to be able to have lower temperature, and constant water flow at 68°F. (4) Installed copper tubing to hot water outlet. This provides a more rapid water flow which is needed for good circulation to clean and harden film. (5) Installed 5-gal tank containing photo flo solution which prevents water spots, streaking of film, and accounts for even drying of film. (6) Light-proofed darkroom with felt. (7) Installed an air conditioner.

Exposure Room: (1) Replaced carriage to 100 MA X-Ray machine. Aligned all cables, table, tube stand, railing, and balanced table. Took handle and gears apart, cleaned, and oiled to function in a smooth manner. (2) Installed large dryer from darkroom to exposure room to prevent dryer from rusting because exposure room is dry at all times. Also can use dryer for counter top to hold accessories to X-Ray unit. (3) Removed all film that was filed in exposure room to film library. Exposure Room was an awkward place to store film. Also, this enables more room for patients in any emergency. (4) Cleaned and re-painted wall cassette holder, alignment of center to table and X-Ray tube.

Office: (1) Overhauled filing of X-Rays to correspond to AFM 12-50. All patients are listed by DEROS. Film is retired to CONUS at termination of tour, on a monthly basis. (2) Painted all fixtures and

cabinets in office, including walls and floor. Eliminated unnecessary equipment as turn-in to supply. (3) Repaired view boxes, cleaned and replaced all bulbs for brighter performance. Film Library: (1) Rebuilt film library. (2) Retired all 1967 and 1968 film to Army Reclamation Center at Phu Mai, RVN. (3) Built shelves for film and all supplies.

8. Pharmacy Services: (a) Organization and Personnel: TSgt Thomas J. Houlihan, 90570, was NCOIC of Pharmacy during this Quarter. TSgt Houlihan was ably assisted by the Wing NCO-of the Quarter, SSgt Charles J. Williams, 90570, who had been the NCOIC prior to TSgt Houlihan's arrival in August 1969. In November '69, the Pharmacy gained TSgt Raiburn L. Zeigler, 90570, leaving it one TSgt over its authorized strength of one TSgt and one SSgt. In March, TSgt Zeigler was sent to Pleiku, RVN.

(b) Problem Areas - The major problem encountered during this time was the return of AF Form 579's issued to the 903rd Air Evacuation Squadron. The 903rd AES moved from Phu Cat during this period carrying our AF Form 579's with them. Policy was that each 903rd Squadron would be issued 579's from the base to which they were attached. Rotation of personnel, plus the relocation of the squadron made communication regarding this problem very difficult. This problem was solved with the help of the 7th Air Force IG, Captain Chapman. We requested his help in obtaining the outstanding forms and suggested these forms be issued from a central location in the future. With Captain Chapman's help, all the old forms have

been turned-in to the Pharmacy. The policy now is that all AF Form 579's issued to the 903rd AES will be issued from the Tan Son Nhut Pharmacy, where the 903rd AES is headquartered. This change in policy should eliminate this problem in the future.

(c) Areas of Improvement: An IG Inspection was conducted in November 1969 with the Pharmacy receiving an Outstanding rating on all areas inspected. A Pharmacy technician has been assigned the additional duty as Pharmacy consultant to the MEDCAP facility. In this capacity, he supervises the ordering of pharmacy supplies, dispenses medications, and acts as a cost monitor for pharmaceuticals. He has made numerous suggestions for the improved and more economical operation of this facility.

(d) Workload: The prescription totals by month for FY 70 were as follows:

July	1969	- 4234	Jan	1970	- 4003
Aug	"	- 2867	Feb	"	- 3260
Sept	"	- 3062	Mar	"	- 2979
Oct	"	- 3496	Apr	"	- 2760
Nov	"	- 3489	May	"	- 2683
Dec	"	- 3458	Jun	"	- 3189

9. Laboratory Services: (a) Staffing - With the start of the fiscal year, three technicians were assigned. A physician was assigned as Laboratory Officer. In December '69, one technician rotated back to CONUS on a rollback. In February '70, another technician was lost from the section, due to an emergency leave, leaving one military technician assigned. This man rotated in April, 70; and for a short period of time, the Laboratory was without the services of a Lab Technician. However, two technicians, one TSgt and one A1C arrived shortly thereafter. Mr. Nguyen Dong was hired as a Nurse's Aid (VGS-3) on 22 Jan, 1969. In keeping pace with the Vietnamization Program, Mr. Dong

was given the opportunity to train in the Laboratory, beginning in July, 1969. In November, '69, his job title was changed to that of a Medical Technician, with a promotion to VGS-5. The UMD authorization for the Laboratory was three (3) military technicians, but was reduced to two (2) military technicians.

(b) Workload: The total procedures in the Laboratory for FY 70 were as follows:

Inpatient	3317
Outpatient	14551
TOTAL	17868

During the month of June, a shigella dysentery outbreak occurred on the base, which affected the Laboratory workload greatly. However, the situation did not last long, and operations were soon back to normal.

(c) Equipment: The equipment is adequate except for the lack of a power supply for the spectrophotometer. At the present time, a trickle charger-battery system is used as a source of power. However, this is inadequate due to the non-functioning of the trickle charger. A Coleman power supply has been ordered through normal supply channels.

(d) Facilitic Changes: The Blood Bank refrigerator was moved from Central Supply into the Laboratory, where a closer inventory of the whole blood supply and expiration dates could be maintained.

C H A P T E R IV

AEROMEDICAL SERVICES

1. Organization and Personnel: Major David A. DiOrio was Chief of Aeromedical Services to February, when Captain Thomas W. Messervy took over in February, 1970. Captain Dennis E. Venzon was Chief of Flight Medicine until Captain McArthur O. Hill took over in May. Many personnel changes have taken place during this reporting period with the turnover of five Flight Surgeons and/or Flight Medical Officers. The NCOIC of Flight Medicine was TSgt Fred J. Sheppard, until his departure in September 1969. He was replaced by TSgt Robert J. Kyle on 3 October 1969. UDL changes have occurred occasionally, but for the most part, the Aeromedical Service has been adequately manned. There were both physician and technician shortages at times, but they were promptly filled with TDY personnel until permanent personnel could be assigned by higher headquarters. The main function of this service is implementation of the Aerospace Medicine Program at this installation. It supports on the average of 750 flying personnel, of which 427 are rated officers, and the remainder non-rated aircrew members. This program is carried out in accordance with existing directives to render medical support to all flying personnel in support of the 12th Tactical Fighter Wing's mission.

2. Physical Standards: (a) The Aeromedical Service routinely performs physical examinations for all flying personnel to include: flying training, periodic, separation, and retirements. Flight

physical examinations are waived in SEA, however, medical waiver cases and Air Traffic Control physicals are accomplished annually. There were a total of 524 examinations performed during this period with 461 of these being flight physicals and 63 non-flying physicals.

(b) The leading causes of non-effectiveness for flying personnel was 1. Upper Respiratory infections, 2. Injuries (non-battle), and 3. Ear problems. Sick Call is held daily for all flying and officer personnel. There were 4144 visits by flying personnel and 1130 visits by non-flying personnel, for a total of 5274.

3. Physical and Mental Health of Flying Personnel: Morale has remained from excellent to extremely high. The Flight Surgeon's maintain an excellent rapport with all rated flying personnel. They take an active part in their respective squadron's pilots' briefings and render support to their assigned flying units. Medical record screening projects have proved that no emotional or physical problems exist that would be of any significance to flying safety or morale. All Flight Surgeon and Flight Medical Officers along with most enlisted personnel in this office are on flying status, and they fly frequently with the flying unit to which they are assigned. Some flying time records this past year by aircraft type is as follows:

HH-43	379 hrs	O-2	35 hrs
C-7A	248 hrs	O-1	31 hrs
F-4D	108 hrs	C-130	27 hrs
EC-47	108 hrs	C-141	24 hrs
C-123	94 hrs	C-118	22 hrs
		AC-119	16 hrs

Totals for this period: 1092 hours

4. Flying Safety and Equipment: (a) Flight Surgeons and Flight

Medical Officers continue to attend briefings and present lectures at various meetings in support of flying safety. Lectures vary from items of medical interest to general areas of safety in flight. A total of 156 such lectures and/or briefings have been presented or attended by the staff of this office. There were also some 368 flight line visits made in the interest of flying and aircrew safety. Wing Life Support meetings are attended regularly as are visits to the individual personal equipment sections.

(b) Aeromedical personnel are on-call 24 hours daily for all aircraft emergencies. The Flight Surgeons maintain a 24-hour call roster while one Aeromedical Specialist is on alert at the helicopter rescue detachment, to serve as a crew member on the HH-43 aircraft. Emergency responses were as follows during this period: 569 in-flight emergencies, 50 medical evacuations by helicopter, utilizing the HH-43 helicopter, and 24 aircrew rescues.

(c) There were 12 aircraft accidents which resulted in 23 fatalities and 9 aircrew members injured, the majority of which were combat losses. Over half of the accidents investigated indicated that C-7A and EC-47 type aircraft accounted for more than half of the fatalities and injuries for all accidents.

5. Other Comments: Distinguished Flying Crosses were awarded to two Staff Sergeants of this section for participation in rescue operations while assigned as medical technicians with the base rescue detachment. Another act of heroism was carried out by a third Staff Sergeant of this section who went through a mine field to aid and recover a Security Policeman, who had stepped on a land mine. For this action, he was

awarded the Airmen's Medal. Numerous Air Medals were awarded to Flight Medicine personnel for missions flown in support of rescue operations and medical evacuations.

C H A P T E R V

MILITARY PUBLIC HEALTH SERVICE

1. Organization and Personnel: There was no change in the organizational structure of this section. Personnel shortage was experienced during the first part of 1970. Because of this shortage, a medical service specialist (90250) was utilized to augment MPH Personnel. By the end of June 1970, a complete turnover in personnel had occurred. The UMD was then increased by two additional spaces and all slots were filled at the end of the period. The UMD increase was necessary because of the Military Quarantine Inspection program which required surveillance 24 hours per day, seven days per week.

2. Health Education: A health education program continued to be presented to all incoming personnel during the newcomers briefings. These briefings were conducted every Friday and mandatory attendance was required of all incoming personnel. These Newcomers briefings served as an excellent means of keeping personnel aware of the potential health hazards and the various diseases which are endemic in this area. Health Education literature such as "Doctors' Notebook", "Newcomers Briefing", which cover such areas as, drug abuse, personal hygiene, heat stress, etc, was provided each individual.

3. Bioenvironmental Engineering Surveys:

(a) An industrial hygiene survey was conducted on the Base Fire Station extinguisher refilling facilities during this report period. There was no local exhaust ventilation booth available for use by personnel while recharging chlorobromomethane fire extinguishers. It

was recommended that until a ventilation booth was installed, the practice of refilling extinguishers be performed outside with the operator working upwind and wearing a suitable respirator.

(b) A lighting survey was conducted in buildings 234 and 235 on 17 December 1969. These buildings are Airmen's barracks which were originally designed to be open-bay. When the self-help program started, many of these were sectioned off to make individual rooms. Because of this situation, the existing hallways were virtually without lights. The average light intensity as measured by the Weston Footcandle Meter, was zero. Recommendation was made to have this discrepancy corrected by installing lights in the hallways of these buildings.

(c) A lighting survey was conducted in the tool issue center, building 550, on 22 November 1969. The results of this survey indicated that the lighting in this facility was inadequate and did not meet the criteria of AFM 88-15, or IES Light Standards. An uneven distribution of light was noted in the bin areas. Some of the readings obtained were from 25 to 30 footcandles, declining sharply to almost a negligible reading. Recommendations were submitted to have additional light fixtures installed.

(d) An industrial hygiene survey was conducted of all 12 FMS shops by members of the MPH Section. The nature of discrepancies found during these inspections ranged from minor discrepancies which could normally be corrected by shop personnel to discrepancies which required a submission of a work order to have them corrected.

(e) A heat stress survey was conducted of building 555, upper

storage supply warehouse area at the request of the Ground Safety Office and the 12th Supply Squadron. A Foxboro Temperature Humidity Recorder, Serial No. 1691596 was used to conduct this survey. The survey revealed that the effective temperature for this upper storage area varied from 80.2 to 91.8°F. Since an effective temperature of 86°F was considered the limit for efficiency at light sendentary activities and 80°F effective temperature for heavy work, it was recommended that: (1) personnel not work in this area for more than one hour at a time, (2) that a work order be submitted to have the present inoperative exhaust fans repaired, and (3) that roof ventilation of the gravity type be installed.

(f) The base sewage lagoons remained inoperative during this period. New motors were obtained for the lift pumps but as yet these pumps are not operational. Sewage effluent is discharged into an area outside the base, where it now forms an artificial pond. The main problem with discharging effluent outside the perimeter of the base, is that the Air Base is liable to claims by local residents of damage to crops, etc, from this sewage. One complaint was already made against the base. Investigation by the BEE, JAG, and CE did not find any visable evidence to support this complaint, however, the possibility of pollution still exists.

(g) Phu Cat operated on a dual water supply system. Treated water from the Can Dai River supplemented by eight wells on base provided the water for consumption by this base. The quantity of water was considered sufficient to meet the consumption demands of

the base population. Potable water was provided to all areas of the base. The only non-potable sources of water at Phu Cat were the aircraft wash rack and the motor pool wash rack. Bacteriologically and chemically the water met the criteria established by the USPHS.

(h) Housing Survey: During this period, a complete housing survey was conducted by Military Public Health Personnel. Facilities surveyed were:

Type Quarters	Number Surveyed
Airman & NCO Qtrs	65
Bachelor Off Qtrs	55
Security Pol Qtrs	54
Transient BOQ's	2
Transient BAQ's	2 (+ Bldg 208)

Base housing is supplied to approximately 5400 airmen, officers, and civilians. In most instances, each airman had a minimum of 70 square feet per man while every BOQ yielded a usable living space of at least 111 square feet per man.

(1) Airman and NCO Barracks: A large number of these quarters showed evidence of an active rodent population. Several barracks had no rodent bait boxes and those boxes that were found usually had no bait in them. Screen wire mesh was found to be either deteriorated, or full of holes in many barracks. Hallway lighting was virtually non-existent as was the lighting of the outside stairways. Very few trash cans were supplied with tight fitting lids, and therefore provided excellent harborage for rodents and mosquitoes. Very few of the barracks were outfitted with drinking fountains. In the latrine areas, several shower floors showed evidence of fungus

growth.

(2) BOQ's: The BOQ's were found to be in very good sanitary condition. No evidence of rodent infestation was found. However, it was recommended that four rodent bait boxes be placed around each building as a preventive measure since many of the older barracks on base have shown signs of rodents. No drinking fountains were found in any of the BOQ's.

(3) Security Police Quarters: Overall sanitary condition of these facilities was excellent. However, several wire screens were in need of repair and outside trash cans had no lids.

(4) Transient facilities: All four buildings showed signs of rodents. Transient Officers had at least the minimum of 70 square feet per man.

Inspection reports with recommended corrective actions of each facility were sent to the squadron commanders of the using organizations. A list of good barracks sanitation practices accompanied each report.

4. Insect and Rodent Control:

(a) Mosquito samples continued to be collected and submitted to the 5th Epidemiological Flight for identification. The 10 most common species of mosquitoes found on Phu Cat AB, RVN for this period were:

1. Anopheles Peditaeniatus
2. Anopheles Sinensis
3. Anopheles Vagus
4. Culex Gelidus
5. Anopheles Nigerrimus
6. Culex Bitaenorhynchus
7. Culex Pritaenorhynehse
8. Anopheles Subpictus
9. Culex Annulus
10. Culex Fucanus

Two of these species, Anopheles Pediaeniatus and Anopheles Subpictus are not disease vectors.

(b) The base CE Entomology Section continued to maintain excellent insect and rodent control measures on this base. Mosquitoes control was accomplished on a routine basis with fogging of the area, accomplished twice a week. In addition, aerial spraying was conducted twice a month. Rodent control measures used by the Entomology Section have proven effective and the rodent population has diminished.

(c) The retrograde cargo program was started on Phu Cat Air Base, RVN, on 22 December 1969. The purpose of this program was to prohibit the entry of insects and rodents from Vietnam into other countries and causing agricultural damage, or spread of disease. The program consisted on training 907X0 personnel to be Military Quarantine Inspectors whose primary function was to inspect all cargo leaving Vietnam and to spray all aircraft and cargo with micronized DDT dust. When the program started, Micronized DDT dust was not available and aerosol DDT bombs were used for spraying. Later, the Micronized DDT dust was obtained and a stock level supply was set up. To date, 241 aircraft have been sprayed and 4,080, 926 pounds of cargo have been inspected. The average time (manhours) per aircraft was 1 hour and 38 minutes. Minor problems were encountered during the initial stages of this program, however, they were resolved with the help of the 7th Air Force and other parties concerned.

5. Occupational Medicine:

(a) On 6 June 1970, an Air Force airman from the CE Sheet Metal Shop was admitted to the 12th USAF Dispensary with heli arc burns to both eyes. The burns were sustained at 1100 hours that day. Injured airman stated at the time of the interview, that he took this tank to 12th FMS welding shop to have the seams welded. He claimed that he did not observe the tank being tacked and that he wore the welding shield when the seams were being welded. Airman stated one of the lens on the shields must have been cracked. A check of the welding shields at 12 FMS Welding Shop did not reveal any shields with cracked filter lens. The smallest filter shade lens number on these shields was #10 which provided sufficient protection for the amount of amperes used during the welding of the tank (95 amps). It is believed that this airman inadvertently observed the welding process without using a face shield.

(b) There were no problems encountered with the film badge program. Badges were collected on a monthly basis and submitted to Wright Patterson AFB for analysis. There were no reported cases of over-exposure to X-ray radiation. Both X-Ray units were surveyed once during this report period by the BEE, from this Dispensary and both sections were complying with the provisions of applicable regulations.

(c) Physical Examinations of personnel under the occupational program were conducted when necessary. Routine physical on a 6-month basis was discontinued since this overloaded our laboratory

facilities. It was felt that closer surveillance of the shops would prevent over-exposure to toxic chemicals. Physicals will be accomplished on all personnel when the Chief of Military Public Health considers it necessary.

C H A P T E R VI

DENTAL SERVICE

1. Organization and Personnel: Major Donald E. Metzger assumed the position as Base Dental Surgeon from Major Claude P. Van Vooren, on 3 July 1969. The authorization of 4 dental officers remained the same with an average of 4 dental officers being present for duty. Enlisted personnel authorization was reduced from 8 to 7 airmen with the loss of one E-6, 98170 position.

2. Workload: The average monthly military strength served during the period of this report was 4735. A total of 60,401 operative, surgical, and prosthetic procedures were accomplished for military personnel at this base in the overall support of the mission of this base. A total of 12,754 laboratory procedures were accomplished by the dental laboratory in the fabrication and repair of dental appliances for personnel assigned to this base. During the period of this report 20,450 patients were treated in the dental clinic.

3. Equipment and Supplies: No problems were encountered for supplies required in the treatment of dental patients. No serious problems were encountered with available and authorized dental equipment in maintaining the daily treatment of patients.

4. Dental MEDCAP: This clinic's participation in the MEDCAP Civic Actions Program amounted to the treatment of 5796 patients. A total of 14,553 dental procedures were accomplished for these individuals mostly involving surgical treatments. There were also visits to the Kim Chau Orphanage in Qui Nhon once a month in order to provide treatment for children in that facility. Dental treatment was also provided for ARVN personnel and their families at the nearby ARVN training camp located near Phu Cat. Manhours volunteered for this program amounted to approximately 892 hours.

C H A P T E R VII

VETERINARY SERVICES

1. Mission: The Veterinary Service is responsible to the Director of Base Medical Services for providing a complete veterinary food inspection service for Phu Cat Air Base, Republic of Vietnam; to provide a veterinary public health service and assist specifically in that portion of the Aeromedical Service which deals with food service sanitation, nutrition, and environmental health; to provide a veterinary medical service pertaining to animal diseases that may affect man; to conduct base control program for zoonotic diseases among animals owned by military personnel; responsible for the health and welfare of the USAF Scout and Sentry dogs which are vital to the security of this base; and to provide consultant service in veterinary medicine to other Air Force installations in Vietnam as directed by the 7th Air Force Surgeon.

2. Organization and Personnel: Captain Hollis Cox was veterinary officer from July until August 1969. Captain Grant G. Knowlen, Veterinary Officer, AFSC 9925, was the Chief, Veterinary Services from September until the end of this period. SSgt William G. Brisbay, AFSC 90870 was the NCOIC, Veterinary Services until 4 December 1969. SSgt Harry T. Hensel, AFSC 90850 assumed that position on 5 December 1969. SSgt Francis A. Wojtusiak, AFSC 90850 arrived this station 10 December 1969 and became NCOIC in May 1970. The manning of this section was adequate during the entire period.

3. Facility, Equipment, and Supplies: At the close of this reporting period, the Veterinary Services were occupying Building 900, a permanent structure which is more than adequate for the operation of this service. Prior to 10 December 1969, the Veterinary Services were located in Bldg 390, which was very small, inadequate office. Only two desks were provided for four personnel, but it presented no significant problems that would affect the performance of our mission. Also, a small clinic located in the sentry dog kennel area was provided for Veterinary Medical care of Sentry Dogs, until 10 December 1969. The great distance between the two facilities was the greatest problem encountered. These problems were solved when the Base Commander provided the Veterinary Services with the new facility. Prior to 10 Dec 69, this facility was occupied by the 819th Red Horse Dispensary. Supplies and medical equipment are available at all times. Forms and publications were in good supply during this period.

4. Veterinary Animal Service: During this period, total and complete medical and surgical care has been provided to the sentry dogs assigned to the 12th Security Police Squadron. There has been one major problem that has plagued the dogs throughout this period. Ticks, which seem to be more severe during the rainy season have plagued us continually. Dusting and spraying programs are in effect at the present time to try and eliminate this problem.

5. Workload Data:

	Average Monthly Workload FY 70			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Pounds of food inspected (in millions of lbs)	3/4	3/4	3/4	3/4
Sanitary Inspec.	48	31	32	31
Govt-owned dogs cared for	62	60	61	61
Medical Treatments	117	81	108	99
Surgical "	0	3	5	4
Lab Procedures	181	98	141	17
Immunizations	28	19	12	12

C H A P T E R VIII

MEDICAL CIVIC ACTION PROGRAM (MEDCAP)

1. Facility: The MEDCAP program consists of fixed building located just outside the main gate of the base. It offers treatment for any Vietnamese Nationals. The clinic is open six days a week during the morning hours. Most all medical and minor surgical cases are taken care of at this facility. The advantages of having a fixed building are many. We have the ability to stock more adequate supplies and equipment for better care of patients. Transportation is not required for long distances to move supplies and equipment to the many outlying villages. No time is lost by medical personnel by going on long rides. The Dispensary is just a short drive when special tests and treatments are required. It permits humanitarian treatment of many Vietnamese people who have serious contagious diseases, without undue risk of exposure to the base population. Medical personnel are therefore not exposed to insecure territory.

2. Dental: The Dental Clinic provides a Dentist and one technician, four times a week for extraction of teeth. These people spend many long hours extracting teeth which often results in an almost miraculous improvement of the patients health.

3. Summary of Activities: In July 1969, the Phu Cat-Bien Dinh Dispensary was experiencing an increase in the number of Vietnamese patients seen every day, not only were patients being seen, but the building was being completed by the corpsman who were assigned. There were about 2,000 permanent records already on file on individuals that were treated at that facility. From July '69 to January '70, the average patient load went from 100 per day to 150 daily. This was due largely to the diagnostic procedures on Tuberculosis.

A separate room was set aside for the treatment of TB patients, and they were treated on a daily basis. There was also a room set aside for the addition of future X-Ray equipment. All TB patients were treated separately from the rest of the patients and facility. There were about 200 tuberculosis patients presently being treated at the MEDCAP Dispensary. Also through out the year, there was an increase in other areas of medical care. The Lab and X-Ray facilities at the Base Dispensary were opened to supplement the medical care at MEDCAP. Then, from Feb'70 to June, there was another increase of patients to the average of 250 patients per day. This was probably due to better and improved medical care and the accessibility of MEDCAP. The total expenditures per month averages $1,500.00. There is no expected increase in the cost.

Construction of the building in July 1969 was incomplete. The assigned corpsmen set out to complete the painting, tiling, and roofing of the facility. Often, there were little or no materials available. However, great improvements were accomplished. It took from July 1969 to March 1970 to complete or improve all areas. This was done by two men at an average of four hours a day, two or three days a week. In April 1970, the Civics Action Squadron added five sinks and a 25-ft. water tower. There is still no running water from the base. All water is trucked and pumped into the tower. At present, there are four local Vietnamese civilians being trained as Nurse's Aids at the MEDCAP facility, payed through Base Civics Action Office. They have been of great assistance to our medical personnel. These employees work daily, Monday through Saturday. In January '70, our Vietnamese Registered Nurse and three nurse aids started working at our MEDCAP Dispensary. In April'70, our Vietnamese Lab and X-Ray Technicians were assigned to our MEDCAP Dispensary. In June '70, a

Pharmacy Technician was assigned and dispenses all medicine with the aid of an interpreter. This allows more time for our technicians to examine patients, and enables us to keep better control of all medicines and supplies. We have one 90270 and one 90250 technician assigned to the MEDCAP Dispensary. Throughout the year, improvement and involvement of individual and medical facilities have been motivated toward more successful and knowledeable involvement of Vietnamese Nationals in health care fields. Attempting to better qualify the Nationals to utilize the facility and continue assisting fellow countrymen with United States Military Assistance, has seen the education of four Vietnamese women as nurse's aids, one male as a lab technician, and one male as an X-Ray Technician. The program has proved itself useful and an important lasting part of the Vietnamese medical health field.

4. Workload:

Average Monthly Workload, FY 70

MEDCAP Workload	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Outpatients	5756	3586	2927	3586
Immunizations	187	96	152	20
Dental Patients	480	314	1216	1671
Cost of Supplies and Material	$1690.00	$1151.00	$1507.00	$1796.00

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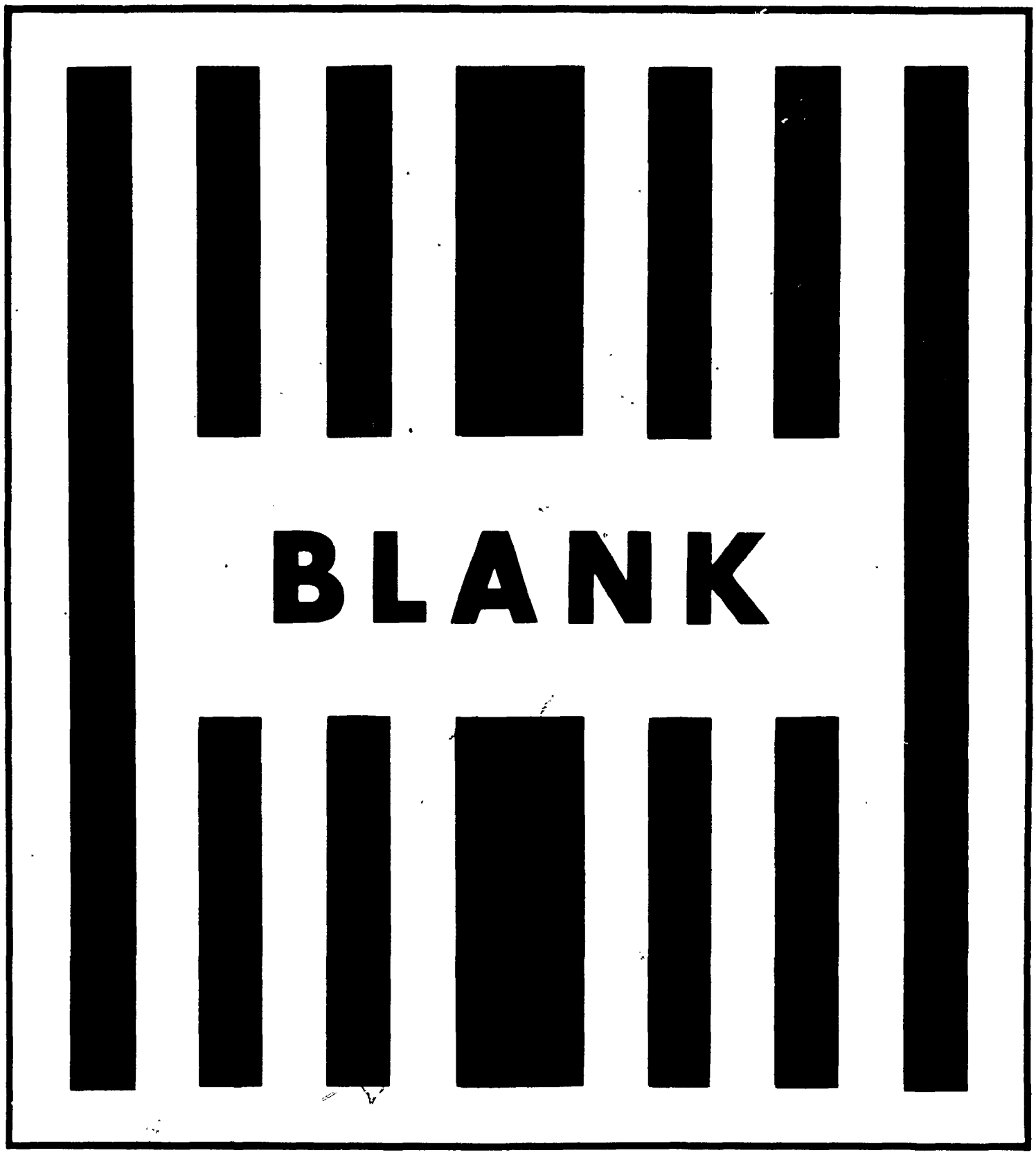
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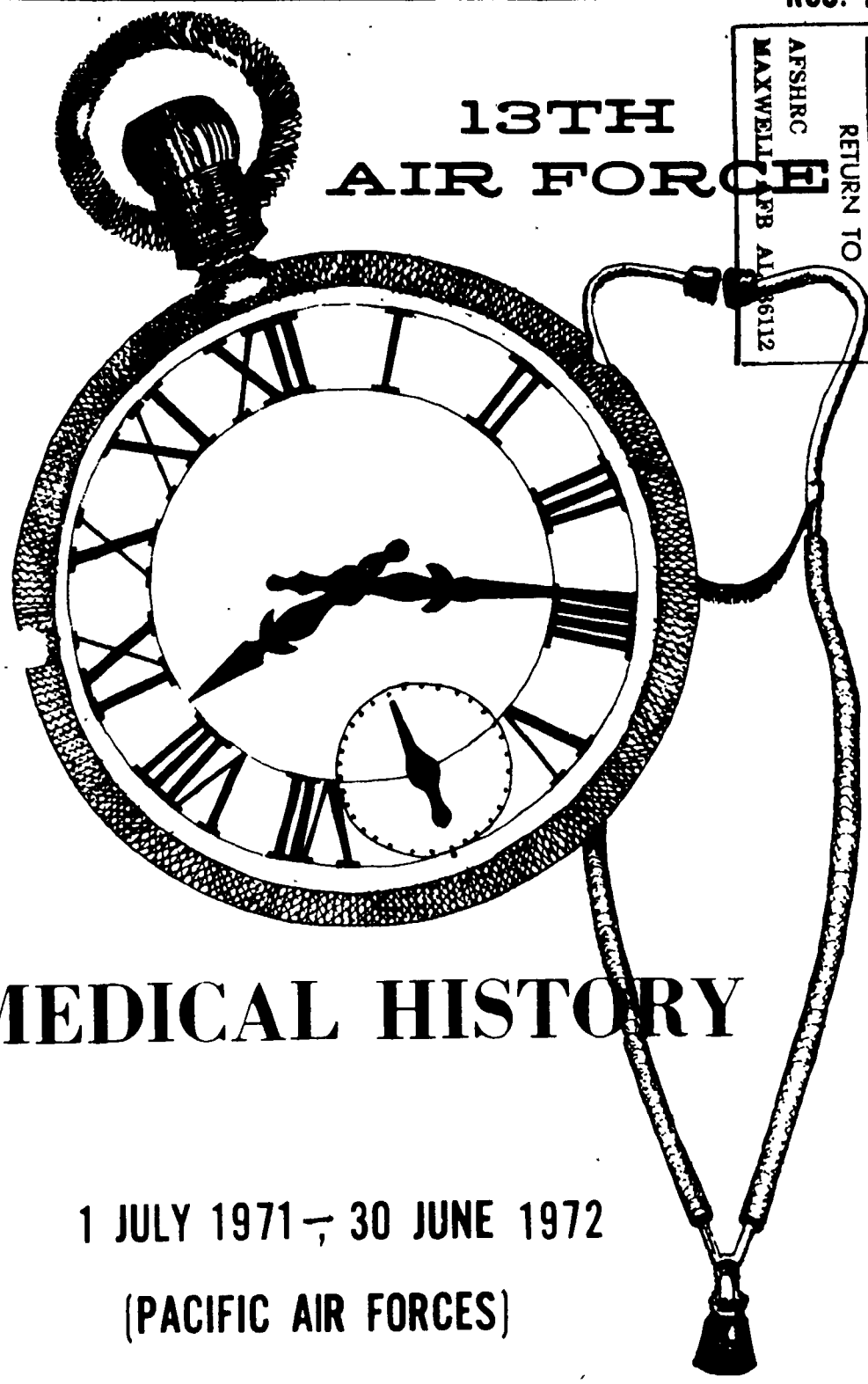

MEDICAL HISTORY

1 JULY 1971 – 30 JUNE 1972

(PACIFIC AIR FORCES)

0105243

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006 OLD REEL NUMBER

016 CALL NUMBER (30AN)

005 IRIS NUMBER (10AN) 01052418

026 OLD ACCESSION NUMBER (12AN)

018 MICROFILM REEL/FRAME NUMBER 0000037144/000326

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HISTORY OF THE THIRTEENTH AIR FORCE SURGEON'S OFFICE

1 July 1971 - 30 June 1972

By
RONALD W. TENBARGE
Captain, Medical Service Corps
Office of the Staff Surgeon, 13AF

Approved By:

Richard S Malone

RICHARD S. MALONE, Colonel, USAF, MC
Staff Surgeon, Thirteenth Air Force

PACIFIC AIR FORCE, UNITED STATES AIR FORCE

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LIST OF SUPPORTING DOCUMENTS

1. 13AF/SG Letter, Staff Assistance Visit Summary, dated 24 Apr 72.

2. 13AF/SG Letter, Medical Staff Assistance Visit, dated 10 May 72.

3. 13AF Surgeon's Office Organization Chart.

4. HQ PACAF Special Order G-153, dated 30 Jun 71.

5. 13AF Strength, Outpatient Visits and Inpatient Days for the period July 1970 to June 1972.

I. INTRODUCTION:

The Thirteenth Air Force Staff Surgeon's Office is a special staff agency, jointly staffed by personnel assigned to Hq 13th Air Force and Hq 1st Medical Service Wing. This staff agency, under the supervision of the Staff Surgeon, is responsible for advising the Commander, Thirteenth Air Force on all medical matters and directs the Thirteenth Air Force Medical Service Program.

Significant changes have been made in Thirteenth Air Force medical facilities during the fiscal year 1972. These changes were responsive to changes in mission and resulted from progressive interest in applying current planning factors to enhance mission accomplishment.

Several Thirteenth Air Force medical facilities were redesignated and/or reclassified during this report period.

The Surgeon's Office provides medical surveillance to a command population of 67,000 military and over 18,000 non-military personnel located in the Philippines, Taiwan, Thailand, and Vietnam.

II. PROFESSIONAL SERVICES:

All 13th Air Force medical facilities continued to render a high degree of professional medical care to all personnel within their area of responsibility.

The Medical consultant program continued to provide necessary services wherever and whenever necessary. This

program insured that each medical facility was visited by consultants in each specialty periodically.

Flight medicine programs were active and progressive at all installations providing for the health and welfare of PACAF flying personnel. These programs were instrumental in maintaining the amount of flying time lost due to medical problems at a low rate. As of 21 April 72, waiver authority for medical defects on flying personnel was deleted as a 13th Air Force responsibility.

Drug abuse programs were established at each facility and closely monitored by this office. All in all the program has been fairly successful and is continuing with the singular aim of eliminating drug abuse within our sphere of responsibility. The DEROS testing was phased out, with the exception of Vietnam and Thailand, with the advent of the Random testing program on 1 July 72. Simply having the DEROS testing left much to be desired since it was a known event test and all but the hard users could abstain for the necessary time.

III. BIOENVIRONMENTAL ENGINEERING:

The Bioenvironmental Engineering/Military Public Health programs within Thirteenth Air Force continued to provide outstanding services. Routine programs such as; communicable disease control, evaluation of water supply, waste disposal surveillance, accomplishment of audiometric examinations on personnel working in hazardous noise areas, and administrative

aspect of food handler examinations, continued to require a majority of the time.

Takhli Royal Thai Air Force Base was reopened on 5 May 1972. The Thirteenth Air Force Staff Bioenvironmental Engineer accompanied the 13th Air Force Advance Team on the initial reopening. Bioenvironmental Engineering support continued to be provided throughout May by engineers from the 11th USAF Hospital and 1st Medical Service Wing on a TDY basis. In June, the Bioenvironmental Engineer assigned to DaNang AB, RVN was reassigned to Takhli RTAFB.

Surveys were performed at all 13th Air Force bases to determine corrective actions necessary to comply with the Occupational Safety and Health Act. All activities were divided into those requiring additional data, hazardous conditions which have been adequately documented and safe conditions requiring no further action.

Laser maintenance facilities were constructed at Nakhon Phanom RTAFB. Bioenvironmental Engineers provided considerable assistance in designing the facilities. Lasers are presently used at Ubon Afld and NKP RTAFB.

Environmental protection programs were expanded at all 13th Air Force bases. At each base, the Bioenvironmental Engineer or NCOIC of Military Public Health is a member of the Base Environmental Protection Committee.

As of the close of this report, one bioenvironmental

engineer was assigned to each of the following 13th Air Force bases: Clark AB, CCK AB, Takhli AB, U-Tapao RTNB, and Udorn RTAFB. An engineer is authorized at Ubon Afld. In addition, a bioenvironmental engineer was assigned to the 13th Air Force Staff Surgeon's Office.

IV. VETERINARY SERVICES:

GENERAL: The Veterinary Service of the 13th Air Force continued to function in an outstanding manner throughout FY 72. The position of Assistant for Veterinary Services was filled by Colonel James Shuler, through the month of July and by Colonel William E. Pace, since 1 August 72. Through quarterly visits within the staff assistance program, close staff surveillance has been maintained.

FOOD INSPECTION: Procurement inspection of foods during FY 72 totalled $42,428,183. This total included inspection of foods at time of procurement by the Air Force (Classes 4, 5, and 8) and prior to purchase (Class 3) inspections performed on fresh fruits and vegetables in Taiwan and on dairy and bakery products in Taiwan and at Clark.

FOOD SERVICE SANITATION: The number of food service facilities under surveillance has remained fairly constant at approximately 300. "Unsatisfactory" ratings average around 20 per month. The food service sanitation programs has been a PACAF Special Interest Item for several months (to continue to 1 April 1973) and has received special emphasis by 13th Air Force (SG)

and by the 13th Air Force Command Section. The overall condition of food service facilities throughout 13th Air Force has shown considerable improvement and still leaves much to be desired. Major problems are: rapid turnover of supervisory personnel, large numbers of poorly trained food handlers, and inadequate attention to proper maintenance/replacement of equipment.

ZOONOSES CONTROL: Rabies continues to be a major problem throughout SEA and the Philippines. Monthly animal bite cases total 75-100 each month and positive cases run 6-10 per month. In Thailand, a significant portion of the MEDCAP activity has been the immunization of dogs owned by local nationals. This program, aimed at creating a "buffer zone" around our installations resulted in immunization of almost 38,000 dogs during FY 72. The program appears to be paying off as the number of positive cases in CY 72 has shown a drop of approximately 50% as compared to CY 71.

GOVERNMENT-OWNED ANIMALS: Veterinary support has been provided for approximately 400 military working dogs each month. Major problems continue to be filariasis and ticks. The kennel at NKP experienced an outbreak of leptospirosis in July - September that resulted in the death of five dogs. Identification of shedders by darkfield examination of urine, followed by prophylactic treatment appears to have the problem totally under control at this time.

PERSONNEL/ORGANIZATION:

a. Personnel authorizations, though spartan, have been

adequate to accomplish the mission. Failure of replacements to arrive to coincide with the rotation of returnees has produced numerous short-term problems but TDY manning assistance has been provided when the need has been critical.

b. Effective 1 January 1972, the Veterinary Detachment in Taiwan was, in effect, transferred from the 327th Air Division, Headquarters to the 6213th Air Base Squadron.[1] Then, effective 15 May, it was inactivated.[2] Personnel and responsibilities were reassigned to the USAF Medical Facilities at Taipei, CCK, and Tainan. The reorganization along with a reduction in the workload of the unit, resulted in deletion of twelve manpower spaces (1 officer, 9 enlisted, and 2 local national civilians).

AWARDS: Detachment 1, 327th Air Division (Veterinary Detachment) was awarded the Air Force Outstanding Unit Award (First Oak Leaf Cluster) for the period 1 July 1969 to 31 May 1971.[3]

V. DENTAL SERVICES:

On 1 December 1971, the Chief of Dental Services at USAF Hospital Clark was designated the Dental Advisor for dental matters for 13th Air Force (SG). The Medical Plans, Programs and Staffing Division of 13th Air Force retained responsibility for reviewing all dental reports, processed by USAF Hospital Clark for 13th Air Force medical facilities.

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1. HQ PACAF SO G-286, 9 Dec 71.
2. HQ PACAF SO G-59, 28 Apr 72.
3. HQ USAF SO GB-24, 6 Jan 72.

VI. MEDICAL MATERIEL:

The USAF Dispensary at Don Muang, Thailand was redesignated to a Medical Aid Station. Excess equipment generated by this change of mission was redistributed to fill shortages within the command. Equipment excess to 13th Air Force was redistributed by PACAF as needed. A Medical Aid Station was activated and equipped at Ko Kha, Thailand. In December 1971, the responsibility for providing medical materiel support to all Vietnam Air Force Medical Facilities was assumed by FM 5251 at Clark AB, Philippines. This was due to the phase down and closure of the Cam Ranh Bay Medical Materiel Support Center. This complex task was accomplished by transferring stock record accountability of all operating assets from the Cam Ranh Bay account to the special projects inventory at the Clark account. (The assets were not physically shipped). Requests from Vietnam activities were processed through the B-3500 Computer by FM 5251 and transceived to Cam Ranh Bay for packing and shipment to the requisitioner. Use of these unique procedures resulted in:

a. Computer build up of history consumption and stock control levels at FM 5251, Clark.

b. Rapid reduction of inventory on hand at the Cam Ranh Bay account.

c. Phase down and closure of the Cam Ranh Bay account with minimal on hand assets requiring shipment to Clark.

d. Substantial savings in packing, handling and transpor-

tation costs were realized due to use of the above described procedures.

Responsibility for all Air Force Medical Equipment in Vietnam Medical Facilities was transferred from Cam Ranh Bay to the Clark Medical Equipment Management Office (MEMO). PACAF directed the redistribution of excess equipment items as they became available. Takhli AB, Thailand was reopened in May. The 366th USAF Hospital presently providing medical care at Takhli is supported by the Thailand Area Medical Materiel Support Center at U-Tapao. Sales and inventory is steadily increasing at FM 5277, U-Tapao due to the reopening of Takhli AB, and increasing materiel support to other Thailand Medical Facilities.

VII. FACILITIES:

KORAT: Project KRT 5-2 to paint the interior and exterior of the Base Hospital at Korat was completed on 15 March 1972. Completion of this project has improved the appearance of the facility considerably. It has also contributed to improve sanitary conditions, as well as morale of assigned personnel. Project KRT 4-2 to provide a new roof for the Base Dispensary was accomplished in-house. Completion of this project has solved the problem of roof leaks that has previously existed.

CCK: Building 146 at CCK which was formerly used by the OSI and Services Squadron was modified for use as a Flight Surgeon and Military Public Health facility. Completion of this project solved the problems of cramped working condition that were being

experienced when Aeromedical Service was located in one end of the Base Dental Clinic. With the completion of Project CCK 17-1, in February 1972, there is now adequate space to house an adequate medical library. The library also is used to hold medical briefings and professional meetings.

U-TAPAO: Project UTA 36-2 to paint the interior of the Base Hospital at U-Tapao was completed in February 1972. Completion of this project has enhanced the appearance of the facility considerably, and has reduced the number of manhours required to maintain high standards of sanitation and cleanliness.

CLARK: Project to paint buildings 3903, 3904, 3905, 3906, and 3907 (19th ASF), and adjacent walkways was completed 12 October 1972.

VIII. STAFFING:

Requests for TDY manning assistance continued to be a major area of concern throughout the year. The greater portion of these were valid requirements necessitated by various shortages in Thailand and RVN. While programmed losses due to ordinary leave and R&R were not normally covered, a few of these were necessary. Coverage most often necessary resulted from PCS losses and gains, whereby the replacement did not arrive until one, two, and even three months after the loss. A considerable number of 13th Air Force TDY actions, primarily with the resources of the 1st Medical Service Wing, were generated with the reopening of Takhli Airfield in May. The majority of the personnel were returned to their home

stations on arrival of the 27th Tactical Hospital from the CONUS. Some major items of equipment were left for the use of the 27th Tactical Hospital personnel with the majority of supplies and equipment being returned shortly after their arrival. We remained prepared for further augmentation, however, it was determined that further augmentation would not be necessary. As before, we are proud of the response and performance of the Tactical Hospital personnel and other augmentees.

IX. MANPOWER:

Manpower studies were accomplished during FY 1972 on all Thailand and Taiwan bases. Each study was forwarded to the respective medical facility for their comments and justification of deviations from the standards established in AFM 26-3. Each unit's reply was carefully evaluated and a firm proposal was developed.

In February, a staff study was finalized and forwarded to CINCPACAF/SG recommending deletion of various specialties at U-Tapao. With the draw down in RVN, this proposal, along with increased services available at USAF Hospital Clark, was felt to be the best approach to maintaining adequate medical care in the 13th Air Force area of responsibility.

A manpower study on Taiwan Veterinary personnel was accomplished in April and forwarded to 13th Air Force Manpower. This study was undertaken to more realistically align staffing with the decreasing workload.

In May, we requested an increase in manpower authorizations to allow expansion of the 19th ASF to ninety beds. This was based on increased workload from Thailand and Vietnam, and the eventual closure of the ASF at Yokota which would transfer their responsibilities to the 19th ASF.

In December, we were requested by the 13th Air Force Plans and Programs Division to review our authorizations and advise of any reductions which may be accomplished by 1 July 1972. Our recommendation was to delete one 90650 Sgt, one 90670 MSgt, and one 90170 TSgt. Further reductions would be detrimental to the accomplishment of our mission.

X. PLANS AND PROGRAMS:

The major action taken in FY 72 was the opening of the USAF Dispensary Takhli. Many problems were encountered and the following recommendations were submitted to 13th Air Force (XP) on 13 June 1972:

a. Future operations should insure that support personnel should utilize the equipment and supplies from their respective unit.

b. Utilization of the entire thirty-six Bed Tactical Hospital supplies and equipment, rather than segmentation. This will insure availability and adequate variation of medical supplies available to support personnel.

c. All personnel should be from Tactical Medical Units where possible. This will eliminate confusion and duplication.

This will also provide for a more cohesive unit.

d. PACAF should establish the basic mission requirements. Then Hq 1st Med will designate the unit, personnel, and equipment to be utilized. While we concede PACAF has a broader knowledge of the "Big Picture", Hq 1st Med is more aware of the capabilities of the TAC units and the weaknesses and therefore can make a more realistic evaluation of the situation.

e. Units coming in to relieve the Tactical Hospitals should insure they have sufficient and adequate equipment and supplies. This will preclude the necessity of commandeering supplies from the TAC units which renders these units non-operational.

f. Logistics should insure that 1st MSW personnel be routed directly to the operational site. This will minimize funding requirements (i.e., Japan should have gone direct to the site not be brought to Clark).

XI. STAFF ASSISTANCE VISITS TO MEDICAL UNITS:

During fiscal year 1972, staff assistance visits were conducted on the following units by the 13th Air Force Staff Surgeon's Office. All units were rated satisfactory.

Country	Unit	Date of Inspection
Taiwan	USAF Hospital CCK	15-18 Nov 71
	USAF Dispensary Tainan	18-19 Nov 71
	USAF Dispensary Shu Lin Kou	4- 5 Oct 71
	USAF Dispensary Taipei	5- 6 Oct 71
Thailand	8th USAF Dispensary Ubon	25-27 Oct 71

	11th USAF Hospital U-Tapao	14-17 Sep 71
	56th USAF Dispensary NKP	27-29 Oct 71
	388th USAF Dispensary Korat	16-19 Aug 71
	432nd USAF Hospital Udorn	7-10 Dec 71
	631st USAF Dispensary Don Muang	19-20 Aug 71
Philippines	USAF Hospital Clark	3- 8 Jan 72
	Camp O'Donnell	22 Jul 71
	John Hay Air Station	Not Inspected
	Wallace Air Station	Not Inspected

XII. CAPABILITY CHANGES:

No significant changes were made in Thirteenth medical facilities during fiscal year 1972. The reopening of Takhli and the addition of the three RVN facilities were the only changes of note.

DON MUANG: The 631st USAF Dispensary (Class B) was deactivated and reverted to a Medical Aid Station on 30 June 1971.

The following reflects the number of operating beds at each 13th Air Force medical facility as of July 1971 and June 1972:

Unit	Class	Number of Operating Beds July 1971	June 1972
Philippines			
USAF Hosp Clark	Hosp	270	270
Taiwan			
USAF Hosp CCK	Hosp	35	25
USAF Disp Tainan	A	6	4
USAF Disp Shu Lin Kou	B	0	0

USAF Disp Taipei	B	0	0
Thailand			
8th USAF Disp Ubon	A	15	15
11th USAF Hosp U-Tapao	Hosp	80	65
56th USAF Disp NKP	A	15	10
366th USAF Hosp Takhli	A	-	15
388th USAF Disp Korat	A	30	15
432nd USAF Hosp Udorn	Hosp	30	30
631st USAF Disp Don Muang	B	0	Deactivated
Vietnam			
377th USAF Disp Tan Son Nhut	A	-	10
6251st USAF Disp Bien Hoa	B	-	0
6498th USAF Disp DaNang	B	-	0
Thirteenth Air Force Total		481	459

GLOSSARY OF TERMS AND ABBREVIATIONS

AB	-	Air Base
AF	-	Air Force
Afld	-	Airfield
AFM	-	Air Force Manual
CCK	-	Ching Chuan Kang
CINCPACAF	-	Commander in Chief, Pacific Air Forces
CONUS	-	Continental United States
CY	-	Calendar Year
DEROS	-	Date Eligible for Return from Overseas
FM	-	Air Force Medical
FY	-	Fiscal Year
HQ	-	Headquarters
KRT	-	Korat
MEDCAP	-	Medical Civic Action Program
MEMO	-	Medical Equipment Management Office
MSgt	-	Master Sergeant
MSW	-	Medical Service Wing
NCOIC	-	Noncommissioned Officer in Charge
NKP	-	Nakhon Phanom
OSI	-	Office of Special Investigations
PACAF	-	Pacific Air Forces
PCS	-	Permanent Change of Station
R&R	-	Rest and Recuperation
RTAFB	-	Royal Thai Air Force Base

RTNB	-	Royal Thai Naval Base
RVN	-	Republic of Vietnam
SEA	-	Southeast Asia
SG	-	Office symbol for Staff Surgeon's Office
Sgt	-	Sergeant
Svcs	-	Services
TAC	-	Tactical
TDY	-	Temporary Duty
TSgt	-	Technical Sergeant
USAF	-	United States Air Force
UTA	-	U-Tapao
XP	-	Office symbol for Deputy Chief of Staff Plans and Programs
1st MSW	-	First Medical Service Wing
19th ASF	-	Nineteenth Aeromedical Staging Flight
13th AF	-	Thirteenth Air Force

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS THIRTEENTH AIR FORCE (PACAF)
APO SAN FRANCISCO 96274

REPLY TO ATTN OF: SGAX

24 APR 1972

SUBJECT: Staff Assistance Visit Summary

TO:

1. The staff assistance visits to all 13th AF medical facilities for FY72 have now been completed. Follow-up visits to most facilities have also been concluded. Since this was our first year operating under the new concept of staff assistance visits rather than IG type inspections, we feel we have learned a great deal about the operation of all the facilities.

2. As stated to all of you in your original notifications, the purpose of the visit was to evaluate the management and effectiveness of the medical facilities; but just as importantly to make recommendations for improvement and to provide you with staff assistance as you desired. We hope the visits have been worthwhile from these viewpoints. During our follow-up visits, we found that many recommendations had not been acted upon and in several cases completely ignored. We are reviewing our policy of not requiring a formal reply to each recommendation.

3. In general, I am very pleased with the quality of care being provided at all facilities. We have consistently found the medical mission being met in an excellent manner by a well motivated staff. You are all to be congratulated for your continual efforts toward assuring that the personnel in 13th AF receive the best medical care available.

4. Attached is a listing by functional area of the most common deficiencies we found throughout all of the facilities. The list is not intended to be all inclusive but just a general guide of those items that need particular attention. PACAFM 123-1, Vol III, should also be used as a tool to guide you in your management improvement efforts. We are working on the FY73 staff assistance schedule now and should have it to you in the very near future.

FOR THE COMMANDER

JOHN R GREENE, Colonel, USAF, MC
Staff Surgeon

1 Atch
a/s

2. Proper gas storage were not being taken, i.e., life-o-gen bottles loose, unsecured nitrous oxide bottles and oxygen cylinders (National Fire Safety Code, Vols I & II; AFM 67-9, Chap 5).

3. Fire plans were not current; fire drills were not conducted nor were written reports of fire drills prepared. Fire drills were not conducted on each shift.

MEDICAL MATERIEL:

1. Insufficient control is maintained over hospital linen. Inventories show excessive shortages/overages. AF Forms 581 are not being used.

2. Soiled linen were not being properly segregated in all sections of the facility.

3. Annual inventories to verify stock record balances had not been accomplished. (PACAFM 167-1).

4. Back order review listings are not properly reviewed.

5. Using activity issue document listings are not being verified.

6. Follow-ups on overdue requisitions are not processed.

7. Excess supplies are not identified and reported.

FOOD SERVICES:

1. Separate cutting boards were not being utilized for cooked meats, uncooked meats, vegetables and poultry.

2. Walk-in freezers were not maintaining the proper temperature for stored foods.

HOSPITAL/DISPENSARY SERVICES:

1. The hospital/dispensary formulary was outdated. Changes to the approved drug list had not been reviewed by the Therapeutic Committee.

2. Emergency room personnel had not been trained in the proper use of resuscitation equipment.

3. Maintenance of clinical records needs continual emphasis. The following are the more common discrepancies noted:

a. History and physical forms undated.

b. Consultations not completed in required time.

c. Inadequate progress notes.

d. No narrative summary or discharge note.

e. Admission note lacking or inadequate.

f. Consent forms not completed.

AEROMEDICAL SERVICES:

1. There is not an active Aerospace Medicine Council (PACAF Sup 1, AFM 161-2).

2. Sampling of medical records showed absent or faded footprints needing reaccomplishing.

3. Newly assigned flying personnel are not personally clearing through the Flight Medicine Section (AFM 160-1).

NURSING SERVICE:

1. In service education program and rotational plans were inadequate to allow continual development.

2. Sterile disposable needles are not stored in a secure area.

3. Disaster training for nursing service personnel was poorly defined and inadequately carried out.

4. Excess items and supplies are retained in nursing units.

DENTAL SERVICE:

1. An accreditation file was not established. (AFM 162-1).

2. AF Forms 519, Dental Prosthetic Case Records were not being prepared completely (AFM 162-1, Para 4-32).

3. A copy of the financial plan is not maintained in the Dental Service files (AFM 162-1, Par 2-1).

4. Rubber lead apron was not available for use (AFM 161-4).

5. Expanded silver-bearing materials, including photographic processing solution, scrap film and amalgam were not being turned into base supply. (AFR 400-14).

6. A dental health officer has not been appointed. (Para 5-11, AFM 162-1).

7. Broken dental appointments are exceeding acceptable limits. Unit commanders need to provide support to reduce the broken appointment rate.

8. Sterilization temperatures have not been checked and are found not to be reaching the proper temperature (AFM 162-1)..

MILITARY PUBLIC HEALTH:

1. The audiometric examination program is ineffective for identifying

personnel who are starting to suffer noise-induced hearing loss. Audiometric examination should not be conducted by 907X0 personnel who do not receive special training in this area nor is it considered a duty of Military Public Health in AFM 26-3.

2. The Military Public Health Service is presently accomplishing a number of different types of examinations, such as food handlers, domestics, occupational workers and pre-marital. This is not ordinarily considered a function of Military Public Health, and should be done by the physical examination clinic.

3. Barber shops were not being inspected often enough to insure that sanitary conditions were being maintained (AFR 161-16).

4. The number of health surveys/inspections conducted and reported on line 14, AF Form 235a, either are not being counted properly, or are not being documented. Reports of health surveys/inspections should be retained for one year and then destroyed (Code 5311S, AFM 26-3, Table 161-5, Rule 5, AFM 12-50).

VETERINARY SERVICES:

1. Medical facility regulation on investigation of food-borne illness is incomplete, inadequate or non-existent.

2. Medical facility regulation on animal bites is incomplete, inadequate or non-existent.

3. AF Forms 1551 (Animal Bite Report) and 1552 (Rabies Quarantine Notification) are not being filed in patients' medical records.

4. Entries are not being made in patients' medical records to indicate that they received prophylactic treatment for rabies.

5. Follow-up after "Marginal" or "Unsatisfactory" ratings on food service facilities are not being accomplished as quickly as they should be.

6. Reasons for "Unsatisfactory" ratings on food service facilities:

a. Improper temperatures of foods on serving lines.

b. Improper storage of highly perishable foods.

c. "Particularly dangerous" foods being served more than 4 hours from time of preparation.

d. Dangerous foods being stored in deep containers.

e. Prepared foods not being labeled with date and time of preparation.

f. Date and/or time markings being changed.

g. Inadequate sanitizing of dishes and silverware.

h. Inadequate separation of "clean" and "dirty" items.

i. Receiving foods from unapproved sources.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS THIRTEENTH AIR FORCE (PACAF)
APO SAN FRANCISCO 96274

REPLY TO ATTN OF: SG

10 MAY 1972

SUBJECT: Medical Staff Assistance Visits

TO:

1. This office will continue to perform staff assistance visits in lieu of augmentation of the 13th AF Inspector General's team during Fiscal Year 1973. The requirement for staff assistance visits is to assure HQ PACAF that medical facilities of 13AF perform their mission in an exceptional manner, that professional care meets high standards and that directives and policies are being followed.

2. Team composition and size will depend on the size of the medical facility. The length of the visit has been based on the size of, and the mission of your organization.

3. The staff assistance visits will provide an informal atmosphere for discussion between members of the team and the medical facility. If you have been receiving poor service from a counterpart function on your base, members of the team can and will discuss the problem with the chief of the base function or with the staff agency at HQ 13AF that monitors the base function.

4. Staff assistance visits are being programmed for Fiscal Year 73 and each facility will be notified at least 30 days in advance of the visit, who the team members will be, expected arrival time, length of visit, travel requirements, support required from the base, and any special items the team may wish to discuss.

a. Upon arrival, the team chief will visit with the wing or base commander to discuss the purpose and scope of the visit, solicit comments and obtain support.

b. The medical facility should be prepared to brief the team at the beginning of the visit. You should review your staff assistance reports and audit reports for Fiscal Year 72 and include in your briefing the corrective actions that have been taken.

c. The visit should be well publicized within the medical facility in order to eliminate unnecessary questions and explanations as team members visit each section.

d. An exit briefing will be held with the wing or base commander by the team chief. Also the team will present an exit briefing with a summary of their findings and comments to the medical facility commander and key members of his staff.

e. Within two weeks after the visit, a written report will be furnished the medical facility commander. The report will include findings and recommendations and may list problems corrected on the spot. Normally, replies to the report will not be required. Unresolved problems will be followed by individual staff members.

5. There are two areas that will be handled separately and not normally on the team visits. The staff veterinarian and bioenvironmental engineer have a responsibility to evaluate and inspect areas that are the responsibility of the wing or base commander, i.e., clubs and food service sanitation, commissary, barracks, physiological hazards (radiation, laser, sound, etc) sewage treatment, swimming pools, water treatment. These two officers will visit each 13AF base a minimum of three times a year and render a report to the base commander, medical facility commander and interested 13AF staff agencies. Coincidentally, the two officers will visit the respective offices within the medical facility for a staff visit.

6. Attached is a tentative schedule of visits. The schedule is currently being staffed in this headquarters. Some changes can be anticipated.

FOR THE COMMANDER

JOHN R GREENE, Colonel, USAF, MC
Staff Surgeon

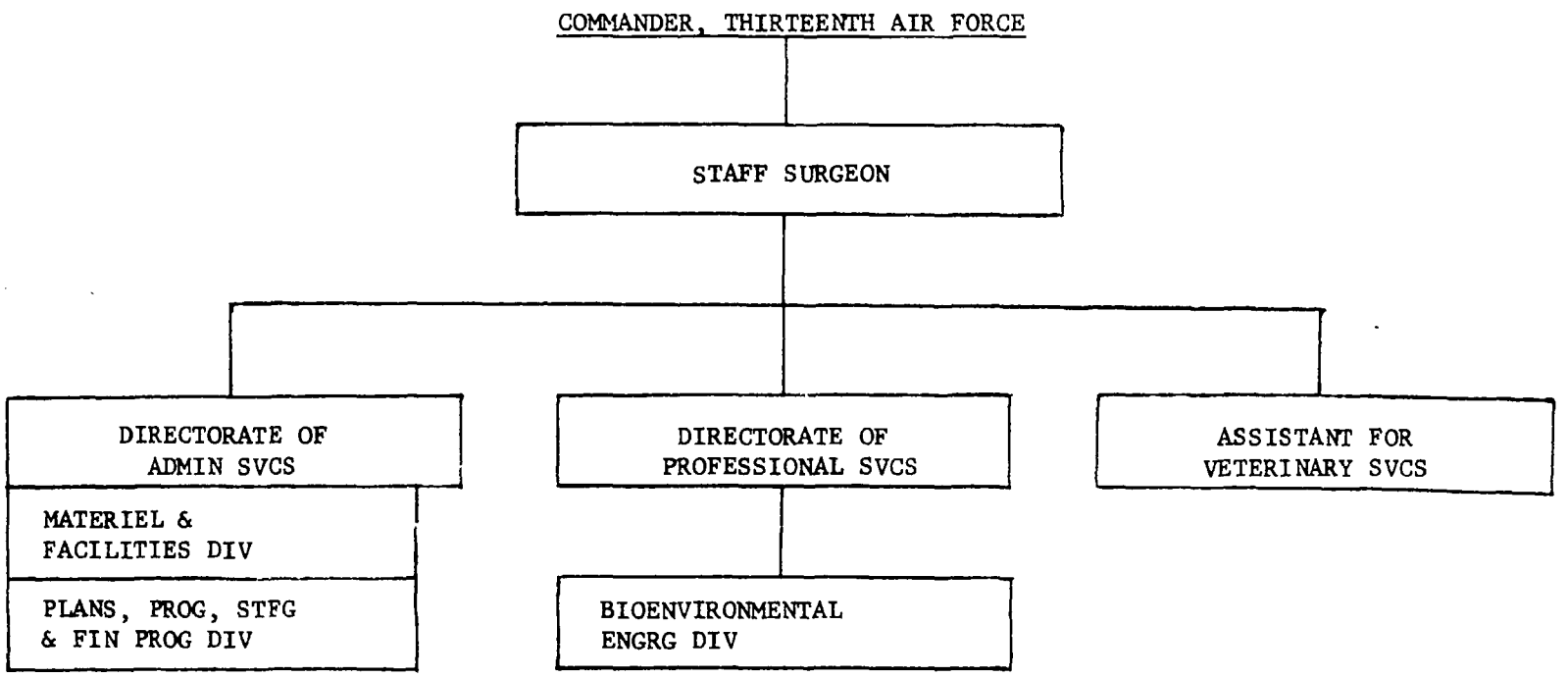
1 Atch
Schedule of Visits

Cy to: All 13AF Wing/Base Commanders

THIRTEENTH AIR FORCE

MEDICAL STAFF ASSISTANCE VISITS - FY 73

TAIPEI	-	7 - 8 AUGUST
SHU LINKOU	-	9 - 10 AUGUST
UDORN	-	11 - 13 SEPTEMBER
NKP	-	13 - 15 SEPTEMBER
CCK	-	16 - 18 OCTOBER
TAINAN	-	19 - 20 OCTOBER
CAMP O'DONNELL	-	31 OCTOBER
KORAT	-	13 - 15 NOVEMBER
UBON	-	15 - 17 NOVEMBER
U-TAPAO	-	11 - 14 DECEMBER
DON MUANG	-	15 DECEMBER
CLARK	-	8 - 12 JANUARY
JOHN HAY AS	-	22 JANUARY
WALLACE AS	-	23 JANUARY


COMMANDER, THIRTEENTH AIR FORCE
STAFF SURGEON
DIRECTORATE OF ADMIN SVCS
MATERIEL & FACILITIES DIV
PLANS, PROG, STFG & FIN PROG DIV
DIRECTORATE OF PROFESSIONAL SVCS
BIOENVIRONMENTAL ENGRG DIV
ASSISTANT FOR VETERINARY SVCS

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS PACIFIC AIR FORCES
APO SAN FRANCISCO 96553

SPECIAL ORDER
G-153

30 June 1971

1. Effective 30 June 1971 the following units are inactivated at Don Muang Apt, Thailand. Concurrently, the unit designator reverts to the control of the Department of the Air Force.

631 Combat Support Group

631 USAF Dispensary

a. The Air Force Organization Status Change Report (RCS: HAF-01) will be submitted IAW AFR 20-49.

b. Authority: DAF (PRM letter 454p) 30 June 1971, Organization Actions Affecting Certain Pacific Air Force Units.

2. Effective 30 June 1971, Det 7, 7 Aerial Port Squadron is inactivated at Kunsan AB, Korea.

a. The Air Force Organization Status Change Report (RCS: HAF-01) will be submitted IAW AFR 20-49.

b. Authority: AFM 26-2.

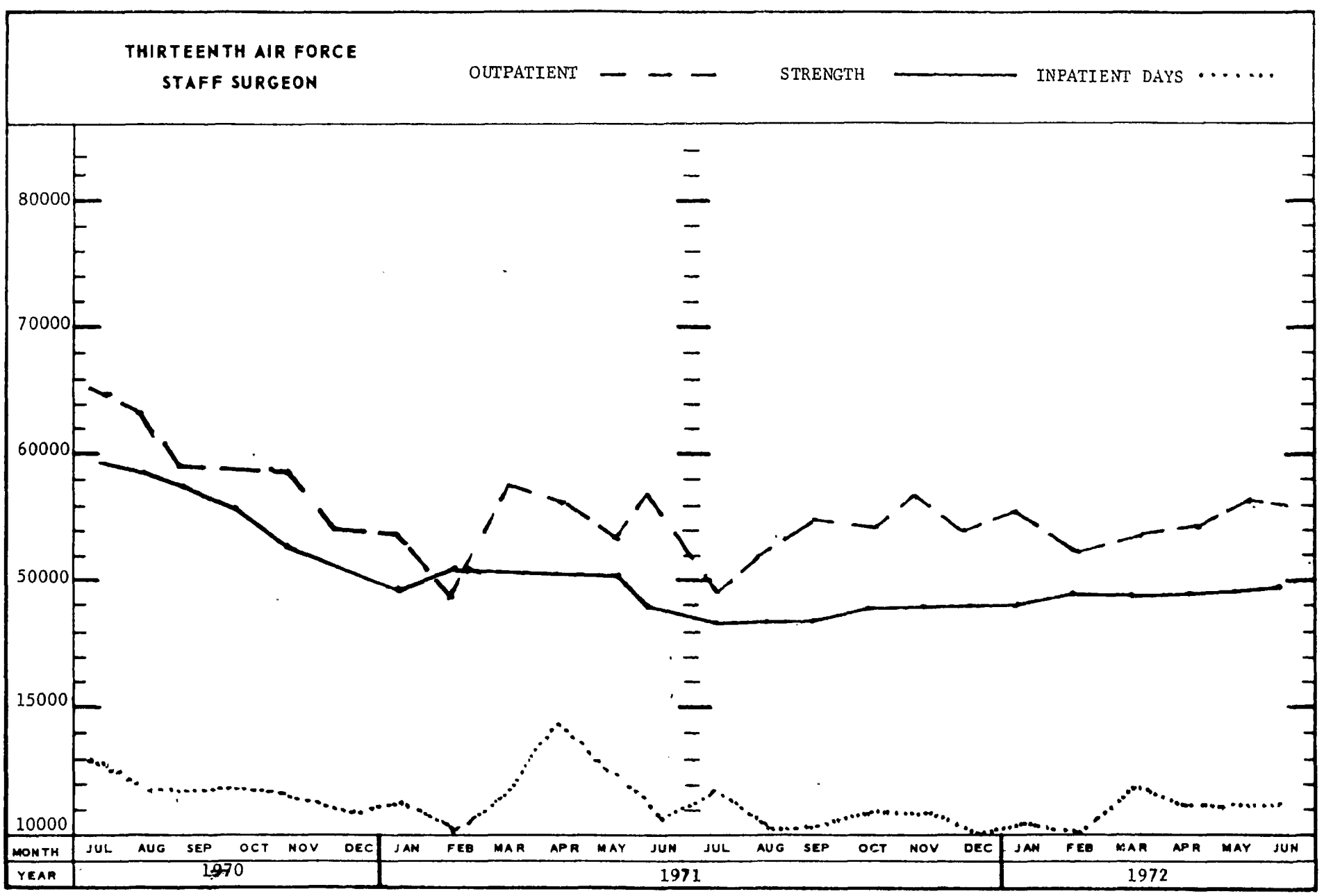
FOR THE COMMANDER IN CHIEF

DONALD R. SMITH, Colonel, USAF
Director of Administration

DISTRIBUTION "C"

THIRTEENTH AIR FORCE
STAFF SURGEON

OUTPATIENT — — — STRENGTH ———— INPATIENT DAYS ·····



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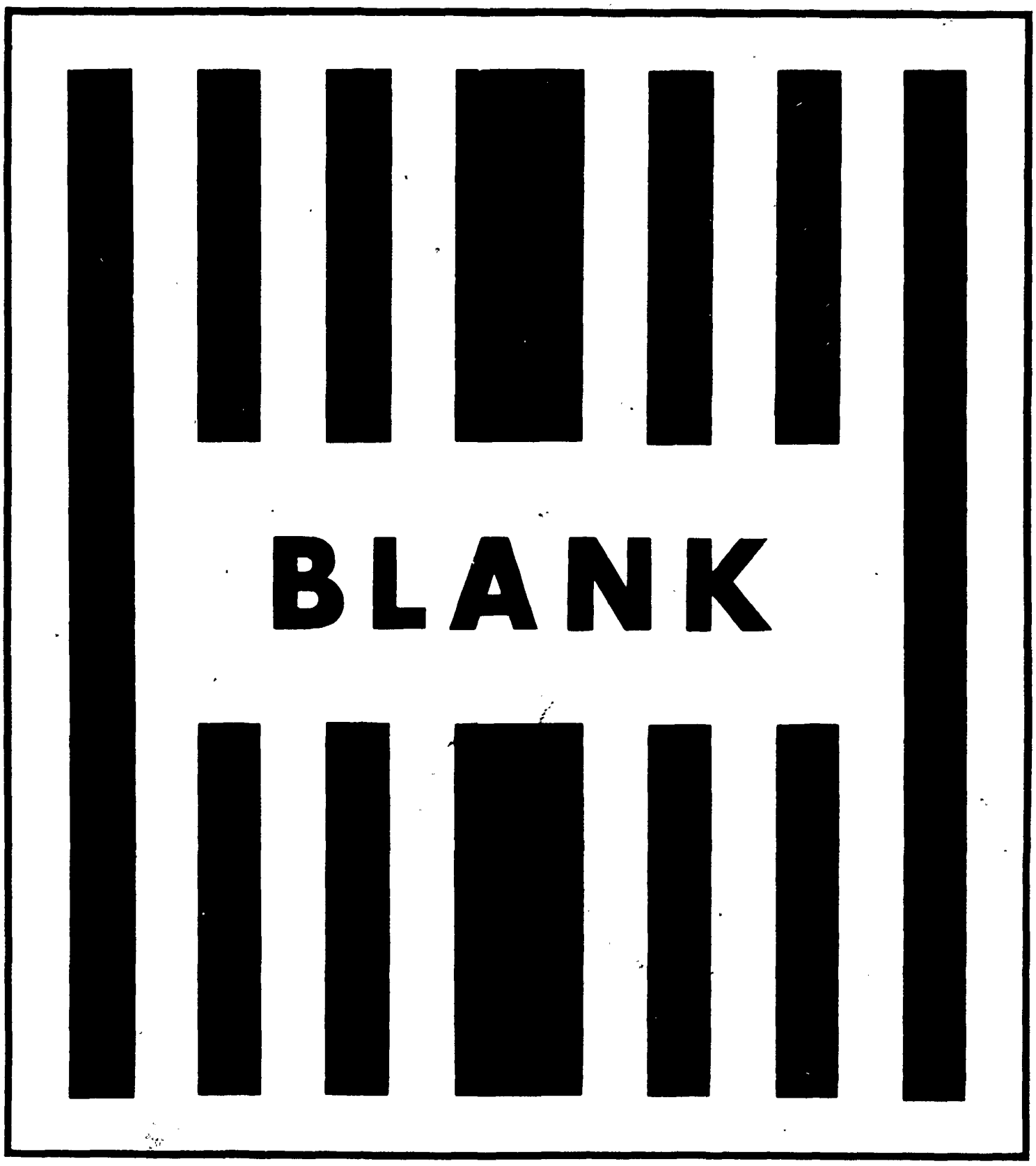
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01052419

IRIS WORKSHEET

006 OLD REEL NUMBER

016 CALL NUMBER (30AN)

005 IRIS NUMBER (10AN)
01052419

026 OLD ACCESSION NUMBER (12AN)

018 MICROFILM REEL/FRAME NUMBER
00000371440003 62

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ORAL HISTORY CAVEAT
01 02 03 04

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501 DOCUMENT SECURITY

501
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DOWNGRADING INSTRUCTIONS

DECLASSIFY ON

REVIEW ON

CLASSIFICATION AND DOWNGRADING INSTRUCTIONS FOR

502
_____ / _____ / _____
TITLE ABSTRACT LISTINGS

028
REF _____ DEST DUP OF _____
INSERT TO _____ DUP OF _____

027 NUMBER IN AUDIO REEL SERIES

CATALOGING RECORD

MAIN ENTRY *(Use one)* (150AN)

100 - PERSONAL NAME

109 - ISSUING AGENCY

129 - TITLE AS MAIN ENTRY

TITLE *(Use one)* *(DO NOT USE IF TITLE IS MAIN ENTRY)* (150AN)

220 _____

OR CHECK:

☐ 2210 ORAL HISTORY

☐ 222E END OF TOUR REPORT

☐ 223H HISTORY (AND SUPPORTING DOCUMENTS)

☐ 224C CHECO MICROFILM

☐ 225Q CORRESPONDENCE

☐ 226Z PAPERS

☐ 227P CALENDAR

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Tuy Hoa AB Vietnam

DEPARTMENT OF THE AIR FORCE
31ST USAF DISPENSARY (PACAF)
APO SAN FRANCISCO 96316

REPLY TO ATTN OF: SG

14 SEP 1970

SUBJECT: End of Year Historical Report - 1 Jul 69 through 30 Jun 70. (RCS: HAF-D49)

TO: SGAM

AFSHRC
MAXWELL AFB AL 36112
RETURN TO

1. The 31st USAF Dispensary is a fifteen bed class "A" Dispensary.

2. During the past fiscal year, the following numbers of patients were seen in the various clinics and departments of the dispensary:

a. Regular Outpatient Appointments: 56,498

b. X-Ray films exposed for diagnostic purposes: 13,506

c. Clinical laboratory procedures performed: 24,613

d. Dental clinic procedures: 45,869

e. Dental laboratory procedures: 9,903

f. Total dental patients seen: 16,081

g. Immunizations: 72,723

h. Prescriptions: 47,074

i. Flight Physicals: 197

j. Flight Medicine Outpatient Visits: 3,790

k. Total days occupied beds: 5,412

3. The Medical Civic Action Program (MEDCAP) within the 31st USAF Dispensary provided medical/dental care for Vietnamese nationals as listed below:

a. Medical treatment given: 2,258

b. Dental treatment given: 933

c. Total manhours expended on program: 797

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4. By the end of 1969 the MEDCAP was drastically reduced due to lack of transportation to four remote districts.

5. During this fiscal year, the closure of the US Army's 91st Evacuation Hospital at Phu Heip resulted in the loss of consultants as well as a large emergency facility in the immediate area. This dispensary, as a result, has been required to render emergency medical treatment to battle casualties and other injuries which would have been sent to the 91st Evac Hospital. In order to provide the highest quality initial care to these patients the emergency treatment room was completely revamped to facilitate effective initial treatment. Patients requiring more definitive care are being air evac'd to the 483rd USAF Hospital at Cam Ranh Bay or the 67th Evac Hospital at Qui Nhon. The dispensary has rendered emergency medical treatment to 495 patients received via DUST-OFF helicopters.

6. On 1 Nov 69, a wounded Viet Cong was brought to the dispensary for emergency treatment of battle wounds. X-rays revealed a grenade lodged in the patient's head, armed and ready to detonate. Major Alfred B. Watson Jr., the Dispensary Commander, provided inflight medical care during the medical evacuation helicopter trip to Qui Nhon. The grenade was successfully removed by an Army surgeon.

7. 1 March 1970 the dispensary operating bed level was reduced from 25 to 15, by Hq PACAF.

8. An outbreak of amebiasis (32 cases diagnosed and admitted during the period 11-20 Mar 70) occurred during the month of Mar 70. Because of our limited beds, 19 were aeromedically evacuated to Cam Ranh Bay for further treatment. Each patient was interviewed upon admission as to his recent eating habits. Based on the sum of the information collected, the disease was traced to its source and corrective action was taken.

9. This unit under went a 7AF IG inspection during the period 6-17 April 1970. The overall rating was Satisfactory with the Disaster Preparedness and Aeromedical Services receiving outstanding ratings.

10. On 8 May 1970, the base received approximately thirty 82mm mortar rounds. There were no injuries as a direct result of the hostile action. Only minor injuries were experienced by personnel seeking cover. The dispensary disaster casualty control plan was implemented with spontaneous and complete response.

11. Special Order GB-75, DAF, dated 30 Jan 70 awarded this unit the Republic of Vietnam Gallantry Cross with Palm for the period 1 Jan 68-19 May 69.

12. Special Order G-32, PACAF, dated 19 Feb 70 awarded this unit the Vietnam Campaign Streamer (Vietnam Air/Ground Campaign) for the period of 22 Jan 68 - 7 Jul 68.

13. Captain Barbour D. West, USAF, MC was Commander from 1 Jul 69 through 8 Aug 70.. Major Alfred B. Watson Jr., USAF, MC assumed command on 9 Aug 69 and was the Commander through the end of the fiscal year.

C. Lee McFarlane

C. LEE MCFARLANE, Major, USAF, MC
Commander

4 Atch
1. SO GB-75
2. SO G-32
3. SO G-1
4. SO G-2

DEPARTMENT OF THE AIR FORCE
WASHINGTON

SPECIAL ORDER
GB-75

30 January 1970

The award of the Republic of Vietnam Gallantry Cross with Palm to the 31st Tactical Fighter Wing for exceptionally meritorious service in support of military operations during the period 1 January 1968 through 19 May 1969, is confirmed in accordance with para 9-1a, AFM 900-3. The following units shared in the award for the same period:

31st Avionics Maintenance Sq
31st Combat Support Gp
31st Field Maintenance Sq
31st Security Police Sq
31st Civil Engineering Sq
31st Services Sq
31st Transportation Sq
31st Supply Sq
31st USAF Dispensary
136th Tactical Fighter Sq
188th Tactical Fighter Sq
306th Tactical Fighter Sq
308th Tactical Fighter Sq
309th Tactical Fighter Sq
431st Munitions Maintenance Sq

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

JOHN D. RYAN, General, USAF
Chief of Staff

JOHN F. RASH, Colonel, USAF
Director of Administration

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DEPARTMENT OF THE AIR FORCE
HEADQUARTERS PACIFIC AIR FORCES
APO SAN FRANCISCO 96553

SPECIAL ORDER
G-32

19 February 1970

Each of the following units is awarded the Vietnam Campaign Streamer (Vietnam Air/Ground Campaign) for service during the period 22 Jan 68 to 7 Jul 68, unless otherwise indicated. Authority: AFM 900-3 and Hq USAF Ltr, 19 Nov 69, subj: Vietnam Service Medal (VSM).

Hq 4258 Strat Wg
(27 Jan 68-7 Jun 68)

4258 AEMS
(27 Jan 68-7 Jun 68)

4258 Fld Maint Sq
(27 Jan 68-7 Jun 68)

4258 Orgl Maint Sq
(27 Jan 68-7 Jun 68)

4258 Mun Maint Sq
(27 Jan 68-7 Jun 68)

Hq 1 Civ Engrg Gp

Hq 2 Aerial Port Gp

3 AEMS

3 Civ Engrg Sq

Hq 3 Cmbt Spt Gp

3 Fld Maint Sq

3 Security Police Sq

3 Services Sq

3 Sup Sq

Hq 3 Tac Ftr Wg

3 Trans Sq

3 USAF Dispensary

3 Air Commando Sq

4 Air Commando Sq

5 Air Commando Sq

6 Air Commando Sq (1 Mar 68-7 Jul 68)

Hq 7AF

8 Tac Bomb Sq

8 Aerial Port Sq

9 Air Commando Sq

12 Tac Recon Sq

12 AEMS

12 Civ Engrg Sq

Hq 12 Cmbt Spt Gp

12 Fld Maint Sq

12 Security Police Sq

12 Services Sq

SO G-32, Hq PACAF, APO San Francisco 96553, 19 February 1970

12 Sup Sq

12 Trans Sq

Hq 12 Tac Ftr Wg

12 USAF Hospital

12 Air Commando Sq

12 Recon Intel Tech Sq (Redesignated from 6470 RTS to 12 Recon Intel Tech Sq eff 16 Feb 68)

Hq 14 Cmbt Spt Gp

14 Civ Engrg Sq

14 USAF Dispensary

14 Fld Maint Sq

14 Security Police Sq

14 Sup Sq

14 Services Sq

14 Trans Sq

14 Aerial Port Sq

15 Air Commando Sq

15 Aerial Port Sq

16 Tac Recon Sq

19 Air Commando Sq

20 Helicopter Sq

31 Avionics Maint Sq

31 Civ Engrg Sq

Hq 31 Cmbt Spt Gp

31 Fld Maint Sq

31 Security Police Sq

31 Services Sq

31 Sup Sq

Hq 31 Tac Ftr Wg

31 Trans Sq

31 USAF Dispensary

Hq 35 Tac Ftr Wg

Hq 35 Cmbt Spt Gp

35 AEMS

FOR THE COMMANDER IN CHIEF

DONALD R. SMITH, Colonel, USAF
Director of Administration

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10 - Unit concerned
5 - Major command of unit
1 - AU (ASI-HS), Maxwell AFB AL 36112
1 - CBPO on unit
1 - AFIT-SLF
1 - File

SO G-2, 31st USAF Disp, was the last of the series for 1968

DEPARTMENT OF THE AIR FORCE
31ST UNITED STATES AIR FORCE DISPENSARY (PACAF)
APO SAN FRANCISCO 96316

SPECIAL ORDER 1 May 1969
G - 1

Under the provisions of AFR 35-54, I assume command of the 31st United States Air Force Dispensary, VICE LT COLONEL CARL J SHEUSI, 122-16-2685.

BARBOUR D WEST, Captain, USAF, MC
Commander

DISTRIBUTION
A

DEPARTMENT OF THE AIR FORCE
31ST UNITED STATES AIR FORCE DISPENSARY (PACAF)
APO SAN FRANCISCO 96316

SPECIAL ORDER
G-2

9 August 1969

Under the provisions of AFR 35-54, I assume command of the 31st United States Air Force Dispensary, VICE CAPTAIN BARBOUR D. WEST, 406-50-1442.

ALFRED B. WATSON, JR., Major, USAF, MC
Commander

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HISTORY

OF

35TH USAF DISPENSARY

July 1970 - June 1971

Assigned to:

35th Tactical Fighter Wing, Seventh Air Force, PACAF

Stationed at:

Phan Rang Air Base, Republic of Vietnam

HOWARD H. HASKIN
Major, USAF, MSC
Historian

ALBERT JOHNSON JR.
Major, USAF, MC
Commander

01052420

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CHAPTER I

MISSION, ORGANIZATION, AND ADMINISTRATION

A. Mission:

(1) The 35th USAF Dispensary has as its mission the provision of a complete spectrum of health care services for its service population so that non-effectiveness is kept to an irreducable minimum. This is achieved through the operation of a 15-bed dispensary with all ancillary medical capabilities and through energetic application of public health, occupational and flight medicine programs. The culmination of all facets of the dispensary's mission is the enhancement of the mission accomplishment capability of the 35th Tactical Fighter Wing and Phan Rang Air Base.

(2) There have been no changes to the unit's mission during this period. Word was received in June 1971 that the 35th Tactical Fighter Wing would be phased out during July 1971 and the 315th Tactical Airlift Wing would be the host wing.

B. Organization: The dispensary is organized as a group under the 35th Tactical Fighter Wing and is commanded by the Director of Base Medical Services. The internal organization is unchanged from the past year, with Dispensary, Aeromedical, Dental and Veterinary Services aligned under the Director of Base Medical Services. The medical support to non-Air Force tenant units on Phan Rang Air Base constituted a significant source of work load during this year. There were three U.S. Army dis-

pensaries (aid stations), a Korean dispensary, and a Royal Australian Air Force dispensary dependent upon this facility for inpatient and outpatient diagnostic and therapeutic care. These sources of case load proved usually to provide interesting and varied clinical cases. Indications during June were that two of the U.S. Army dispensaries and the Royal Australian Air Force Dispensary would phase out during July 1971.

C. Administration: The significant accom lishments in dispensary administration can be categorized as efficiency or consolidation measures. All dispensary numbered publications were reviewed and updated including the superseding of dispensary numbered letters by dispensary regualtions. The index of dispensary publications was reviewed and updated. A dispensary program was refined; offices of record and procedures were further reviewed and modernized. Improvement was made in the management of office supplies by more efficient control and issue procedures. To improve facility operations, civil engineer work orders and service call submission procedures were stressed and coordinated more closely to insure more rapid completion of required support.

CHAPTER II

PERSONNEL

A. Key Personnel:

(1) Commander - Lt Col Royce Loser Jr.

(2) Administrator - Capt Lawrence L. White Jr.

(3) Dental Surgeon - Major Cary G. Gray

(4) Chief, Aeromedical Services - Capt Allen E. Combs

(5) Base Veterinarian - Capt Victor E. Anspaugh

(6) Chief Nurse - Major Lea B. Simon

(7) Sergeant Major - MSgt Samuel J. McCollough/SMSgt Dolby Harple

Authorized and Assigned Strength of Officers, Airmen and Civilians:

	FY 1		FY 4	
	Authorized	Assigned	Authorized	Assigned
Officers	17	17	18	12
Airmen	68	62	71	62
Civilians	6	5	5	5
Total	91	84	94	79

During the past year, we have experienced an increase in personnel assigned to our facility directly on completion of technical school. This problem existed particularly in the medical technician (AFSC 902X0) field. As a result, we were faced with replacement of experienced personnel by inexperienced personnel, who also required additional training before they could make effective contributions to our unit. The necessity of providing such training, in a relatively small facility, further compromised our ability to provide care of high professional quality. On occasion,

we were forced to evacuate patients we otherwise could have kept, because we could not provide 24 hour coverage with personnel, who were competent to manage ill patients. This situation existed in spite of placing our experienced personnel on twelve hour shifts. During late spring and early summer, the loss of physicians created a heavy work load on the ones remaining. This was due to the usual summer hiatus. It was necessary to curtail physical examinations and specialty clinics as staff physician manning fell to less than 50%, of the authorized level. It is recognized that this problem has been evaluated repeatedly in the past with no effective solution found. In a combat environment, such staff reductions do result in a serious compromise of the ability to respond to an attack or mass casualty situation.

CHAPTER III

PROFESSIONAL OPERATIONS

A. General: Throughout the course of the year, workload parameters in virtually every category held relatively stable, except in the laboratory and pharmacy. The quality of services provided remained at their perennially high level. The statistics presented in attachment 1 reflect the workload during the period.

B. Dispensary Services: Most significant in the fiscal year past has been the outstanding ancillary support rendered to the medical mission by the Laboratory and Rediology sections. The laboratory, rated as one of the finest in Southeast Asia, could perform 90 different tests upon request. This facility provided radiological and laboratory support to the U.S. Army, Royal Australian Air Force and Korean Army units located on Phan Rang Air Base. Provision of this service was closely monitored to insure that the service provided USAF personnel was not degraded. The number of laboratory procedures performed rose significantly from 22759 to 37175 (FY 70 to FY 71). The Radiology Department likewise rendered outstanding diagnostic services. Utilizing standard X-Ray equipment, shots of superb quality and technique were obtained. Such an achievement was the direct result of of outstanding technicians. Letters of appreciation from the Army testified to the exemplary support by both laboratory and radiology

personnel to the army professional staff. Inpatient services were subjected to a different trend in staffing as two male nurses replaced female nurses previously assigned. This helped solve personnel problems, as few female employees on this base is reflected by a lack of facilities for them.

C. Aerospace Medicine: Support to Flying Safety was continually increased during this period with active participation by assigned flight surgeons in this program. Close and effective contact was maintained between Flight Surgeons and flying personnel, during this period. Vigorous high level aeromedical support and intensive investigation of psychological factors involved was provided. There was aggressive pursuit of occupational health, particularly food sanitation, and direct air crew support. Flight physicians flew numerous combat missions in units' aircraft, in order to better appreciate the stress involved in this type of flying; and in turn, used this information in discussions with air crews. By direction from Headquarters PACAF, a special aeromedical project was accomplished in aircraft of another unit, flying operational missions. As a result of this evaluation, changes were recommended in both operations and crew staffing on this particular type of mission. Perhaps the best example of the superior flight medical support provided was represented by the selection of one of the 35th USAF Dispensary physicians as PACAF Flight Surgeon of the year in competition with over 100 flight surgeons throughout the command.

An operational impact occurred during April and May 1971, when more than 20 people, mostly crew members, were exposed to rabies by 2 pet dogs on base. A crash program to institute strict controls resulted in destruction of 72 dogs initially by Base Veterinary personnel and Security Police forces, with 20 more subsequently destroyed. This dramatized the serious rabies hazard that exists in Vietnam and emphasized the importance of dog control. A total of 23 personnel stationed at Phan Rang received treatment. Thirteen received hyper-immune serum, in addition to 21 doses of vaccine. The remaining 10 received either 21 or 14 doses, depending on their history with duck embryo vaccine. Twelve of the 13 people receiving hyperimmune serum had reactions of varying degrees including some requireing hospitalization with steroid therapy. A shortage of physicians during the later part of May 1971 created heavy patient workloads and frequent night duty as MOD. No relief in this situation will be expected until after 1 July 1971. This did not result in any decrease of quality care but increased the already long day of our professional staff. Neuropsychiatric disease was the leading cause of admissions to the dispensary during this report period. Most of the causative factors were drug abuse or situational stress reactions. Gastrointestinal disorders amount for the third most prevalent cause of admission to this dispensary. Major cause was nonspecific gastroenteritis. A rise in shigellosis was noted due to personnel having eaten off-base or sharing food brought in by local nationals. Surgical and orthopedic admissions

Surgical and orthopedic admissions rose during March and April 1971, primarily due to athletic injuries. Vehicle accidents also continued to account for many admissions in this category.

D. Dental: During the period of this report, the Base Dental Clinic at Phan Rang AB, RVN saw a total of 17,948 patients, accomplishing 61,613 clinical procedures, and 13,796 laboratory procedures. DentCap was performed in local areas on 500 patients for a total of 1076 procedures and utilizing approximately 214 man hours. The clinical responsibility of this facility includes approximately 5,200 Air Force records, 1,600 Army records, 250 RAAF records and 500 Korean records. No major problems were encountered by this facility during this reporting period. Emergency and routine maintenance, as well as, supply needs were more than adaquately handled by the Medical Material and Medical Maintenance sections at Cam Ranh Bay AB, RVN. Staff assistance visits by the PACAF and 7AF Dental Surgeons were accomplished during this period with no discrepancies noted.

E. Veterinary: During this past fiscal year, the Veterinary Services Section has accomplished a total of 541 inspections to base appropriated and non-appropriated Food Service facilities. This included an average of 20 USAF facilities on base and at the beach facility, which is approximately 7 miles from the main base. In addition, advisory support was given to the army beach dining hall. A total of

60 unsatisfactory reports were rendered, which resulted in improvements and upgrading of the facilities inspected. There was an average of more than 820,000 pounds of subsistence inspected at a dollar value of approximately $214,500 each month. The 14th Aerial Port Snack Unit was closed for 6 days from 19 through 24 March, due to unsatisfactory food warmer temperatures. A back up system was installed and reinspection on 25 March 1971 resulted in a satisfactory rating. The base cafeteria was recommended for closure on 19 April, due to two consecutive unsatisfactory ratings on temperatures maintained in walk in freezers, reach in refrigerators and on the serving line. Reinspection on 22 April, resulted in another unsatisfactory rating. Discussion with concerned managers and the Base Commander resulted in much improvement. Inspection on 22 April, reflected a marginal rating, but on 30 April, this facility was rated satisfactory. One of the major problems encountered on Phan Rang Air Base is the lack of proper equipment and the obtaining of repair parts for equipment in existence. There is a continuous problem in education of the Vietnamese in maintaining personal hygiene and sanitary standards, while working in food service facilities. Support was provided for up to 91 USAF and Army Military Dogs during the fiscal year. The medical problems were caused primarily by external parasites. A large percentage of the work at K-9 was concerned with preventive medicine. All dogs were dewormed monthly to control internal parasites. The vaccination program included yearly vaccinations against distemper, rabies and hepatitis. Lepfospirous vaccinations were changed from semi-annually to quarterly during the year. Dogs were dipped weekly to control external parasites, such as ticks. This was also a change

from the bi-monthly dips the previous fiscal year. Each quarter, dogs were given blood tests for microfilaria of dirofilaria immitus and for Tropical Canine Pancytopenia. WBC and Hemocrit were run on the blood as a further screening device to detect any disease conditions. One USAF Military Working Dog, Mickey 27A9, suffered a fracture of the femur, while on duty. The midshaft shattered into 12 segments requiring open reduction and intramedullary pinning of the fracture at this base. A dust-off Helicopter was utilized for movement of the dog to the 7AF Veterinary Referral Hospital, Cam Ranh Bay, for post-operative care and follow-up treatment. Convalescence was uneventful and the dog returned to duty. Also of significance, were several incidents of snake bites to K-9's by both pit vipers and cobras. Victims have all recovered and returned to duty. Rabies remained a serious problem during this fiscal year, with five major incidents. On 10 October 1970, a rabid canine mascot in the Army area exposed 25 Army members and 1 USAF member, who had to take the 14 day prophylaxis treatment. On 4 October 1970, two rabid canines, in the Army area, exposed 10 Army personnel. Again, in May 1971, 23 USAF personnel, 16 of them F-4 C pilots, were exposed to rabies by a 2 month old canine mascot, one Navy pilot was also exposed. Thirteen of these personnel had to take hyperimmune serum, in addition to 21 doses of duck embryo vaccine. The remaining all received either 14 or 21 doses of vaccine depending on exposure. Next, on 16 May, a 2 month old mascot canine of the Army exposed 20 Army personnel, who were all given rabies prophylaxis treatment. Finally, on 17 June 1971, 13 people from the Vinh Hoa area were bitten or otherwise exposed by a canine, resulting in rabies prophylaxis treatment. More than

150 canines were destroyed and in excess of 200 rabies immunizations were administered to area non-military canines during this period. All measures of the Rabies Control program specified in Chief of Staff letter dated 17 December 1970 are in effect at this base.

F. Disaster Preparedness and Response: The dispensary's plan to cope with disaster situations was revised in 1 November 1970 and was practiced periodically. The 274th Medical Detachment (Dust Off) of the US Army was utilized to great advantage in several actual disaster or emergency situations. The most noteworthy occasion was on the night of 25 June 1971, when 16 USAF personnel were injured when two fragmentation grenades were thrown into a security police squadron social function by a person or persons unknown. The recall plan was exercised and response was both rapid and effective. Professional staff and administrative personnel quickly treated and processed victims on priority basis. Seven severely injured personnel were stabilized before being dusted off to the 483rd USAF Hospital at Cam Ranh Bay, within 45 minutes of arrival, where they received major surgery. All of the patients survived. Two of the remaining nine were admitted for observation and seven treated for minor fragmentation wounds prior to release. Prepositioned medical disaster kits were all inventoried and a bill of materials accomplished on each. Prior to this project, the only way you could check for suspended stock or distructions was to physically check each kit. In addition, a program was initiated to insure each kit was signed for by

a custodian appointed by the Base Commander and that necessary reports reached medical supply. All designated custodians now have their medical records tagged, and until they transfer responsibility to a new custodian they cannot pick up their records. Signs have been placed by each kit notifying personnel of purpose and use along with telephone numbers to call if need arises to use the contents. The five kits designated for this base were relocated during the fiscal year to provide more adequate disaster preparedness.

G. Supply Support: Medical Supply requisitioned a total of $93,559.00 of medical supplies during Fiscal Year 1971; an average of $7,796.58 per month. Dollar value of issues to the using activites during the same period averaged about $7,800.00 per month suggesting that the established stock control levels are substantial, economical and realistic. The two week issue/requisitioning schedule established by the Cam Ranh Bay Support Center has been adequate to the needs of this facility in that it provides the necessary supplies and allows this section to pre-plan its workload. The account presently maintains active stock record cards on about 1400 line items. Of these, about 650 are routinely stocked and have stock control levels established. An average of 230 requisitions are submitted to Cam Ranh Bay every two weeks and an average of 90 issue requests are processes each month. We have consistently maintained a Using Activity Fill Rate of 95% or better with the exception of the month of April 1971, when one of our shipments was misrouted and we didn't receive supplies for some 25 days. One of the most time consuming jobs and detriments to pre-planning the workload of this section has

been the maintenance and inspection of Aircraft First Aid Kits. The First Aid Kit program had deteriorated badly by the time the present NCOIC arrived at this account in November 1970. Stock control levels have since been established for all replacement supplies and an actual first aid kit section established. This base is a phase base for aircraft inspection, therefore, far more than the normal share of first aid kits are packed by medical supply. We are presently inspecting an average of 250 Individual Survival and General Purpose First Aid Kits each month. In December 1970, notification was received to remove all amphetamines and oral antibiotics from the Individual Survival Kits. This account promptly notified all squadron and wing lift support units and within 30 days the subject items had been removed from 694 kits on hand at this base. Within a 120 day period, we removed the items from a total of 1290 kits. To the best of our knowledge we were the first, or one of the first, in-country accounts to complete this particular project. As a preliminary step to phase down operations in Viet Nam, all stock control levels have been reviewed and excesses promptly disposed of. We are presently operating with a 45 day stock control level on routinely used items and this appears adequate to our needs. The Medical Supply Warehouse was totally rewarehoused during February 1971 and because of extra space gained in the operation, we were able to close down an alternate storage area (Bldg 524) for turn in to the base. Shopping Lists for using activities have been updated and procedures set up to maintain them more current and functional.This has saved many man hours in using activities and provided more efficient service.

In June 1971, supply took over responsibility for barracks linen exchange. This program relieved 9 detail men per month and boosted morale, since personnel are assured of clean linen. In addition, they can exchange it at hours more compatible with their duty schedule. A more comprehensive program was also initiated for the handling and issue of non-medical supplies. Despite being a manual account, a back order file is maintained, so every effort is made to obtain requested items. The fact that several other accounts, including Cam Ranh Bay, have "borrowed" items, due to exhausted stock, speaks well for the non-medical support of this facility.

CHAPTER IV

FACILITIES AND EQUIPMENT

A. Adequacy or Inadequacy of Facilities: By many accounts, this dispensary enjoys one of the finest physical plants of any medical facility in Southeast Asia. Opened in 1968, the main building houses administrative offices, the outpatient clinic, X-Ray, laboratory, emergency room and aerospace medicine sections. Early in 1969, the Dental Clinic building was completed and, as mentioned, the new ward was opened later in 1969. The equipment is mainly in good condition due to its relatively young age, and also due to the Medical Equipment Repair Center at Cam Ranh Bay, which provides excellent maintenance service.

B. Improvements to Existing Facilities: Numerous improvements to the facility were made during the year. An emergency generator was installed to provide emergency ground power for the ward. This project was completed on a minor construction work order in June 1971. A self-help painting project and installation of a wall protector behind the waiting room chairs, in the clinic area, improved overall facility appearance. Airman's barracks were improved with self-help installation of room dividers which improve privacy and morale.

CHAPTER V

SPECIAL ACTIVITIES

A. Civic Action Programs: A variety of civic action programs were carried out during much of this fiscal year. Physicians, Dentists, Veterinary and various other professional staff or technicians personnel were involved in the vicinity of Phan Rang City. Cooperation was through and in conjunction with Dr Frink, Public Health Minister for the local province. A MEDCAP Survey of Phan Rang Orphanages was made in April 1971, by Capt White, SMSgt Marple and Capt Selby, Base Civic Actions Officer, to determine the medical needs of each facility. Mr La Bombard, Deputy Senior Province Advisor, assisted the base team with this endeavor and strongly encouraged public health educational efforts be directed toward both the staff and children. Loss of professional staff prevented full implementation of the program recommended, however, it is felt that frequent visits can be made after strength is back to the authorized level.

B. Drug Abuse and LPC Programs: The increasing awareness that the military contains a fairly large group of young members, who might be experimenting with or regularly using heroin or other opiates made an intensive and comprehensive drug identification program imperative. The Limited Priviledge Communication Program took a giant step forward in persuading addicts to turn themselves in for medical treatment and rehabilitation. In all cases, the man's commander was advised so neither the mission or security would be jeopardized by failure to inform the man's supervisor that the individual was using drugs.

Our experience has clearly demonstrated any attempts at rehabilitation that do not have the cooperation and desire of the patient are doomed to failure. In general, attempts to accomplish withdrawal on an out-patient basis are unsuccessful. The first four to eight weeks after withdrawal are particularly critical. Peer group pressure is one of the most formidable problems to overcome in remaining off drugs. In this regard, group therapy sessions involving the former user, peers, physicians, and psychologists have been particularly effective in helping the former user to stay off drugs. Inclusion of and support from peers are particularly important in the group therapy units. From the time of official sanction, in April through June 1971, there was a total of 26 heroin addicts, who turned themselves in for assistance. They were very suspicious of the program at first, but became more cooperative as the word got out that no one would be prosecuted for use alone. The plan of testing urine for opiates was implemented at Phan Rang on 21 June with a total of 426 personnel being tested before the end of the month. Three confirmed positives for use were detected by the combined FRAT and TLC tests. The program appeared to prompt some personnel to seek help under LPC before they were picked up by the urine testing program as evidenced by the fact that only two new LPC participants entered before 21 June, but five turned themselves in during the last nine days of the month. The testing program, at no time used the FRAT test alone as indication of addiction. The TLC test also had to confirm the fact and the possibility of medication influencing tests were noted. In the event of FRAT positives, only , the individual

was retested, or if the physician considered it necessary, a 48 hour observation was conducted. Plans for expansion of the program appear to have excellent possibilities for determining an accurate percentage of drug abusers throughout the military.

SELECTIVE WORKLOAD DATA

FOR

FISCAL YEAR 1971

	Admissions	Patient Days	Average Occupancy	Average length of stay	Percentage Occupancy	Outpatient Visits	Laboratory Procedures	Prescriptions	Out Transfers
Jul	86	424	13.7	4.9	91.3	3764	2735	4804	11
Aug	92	331	10.7	3.6	71.3	3946	2585	4430	26
Sep	78	303	10.1	3.9	67.3	3895	2199	4268	7
Oct	101	414	13.4	4.1	89.3	4071	3152	4891	23
Nov	72	319	10.6	4.4	70.7	3939	3133	5159	18
Dec	83	371	12.0	4.5	80.0	3831	2741	4209	18
Jan	86	392	12.6	4.6	84.0	3936	3056	4125	25
Feb	59	276	9.9	4.7	66.0	3618	2589	3608	21
Mar	85	313	10.1	3.7	67.3	4056	3233	3870	28
Apr	87	281	9.4	3.2	62.7	3772	3333	3855	18
May	108	342	11.4	3.2	76.0	3973	3624	4022	25
Jun	83	317	10.6	3.8	70.7	3668	2795	3791	18
TOTAL	1020	4083	11.2	4.0	74.7	46469	35175	51032	238

Attachment 1

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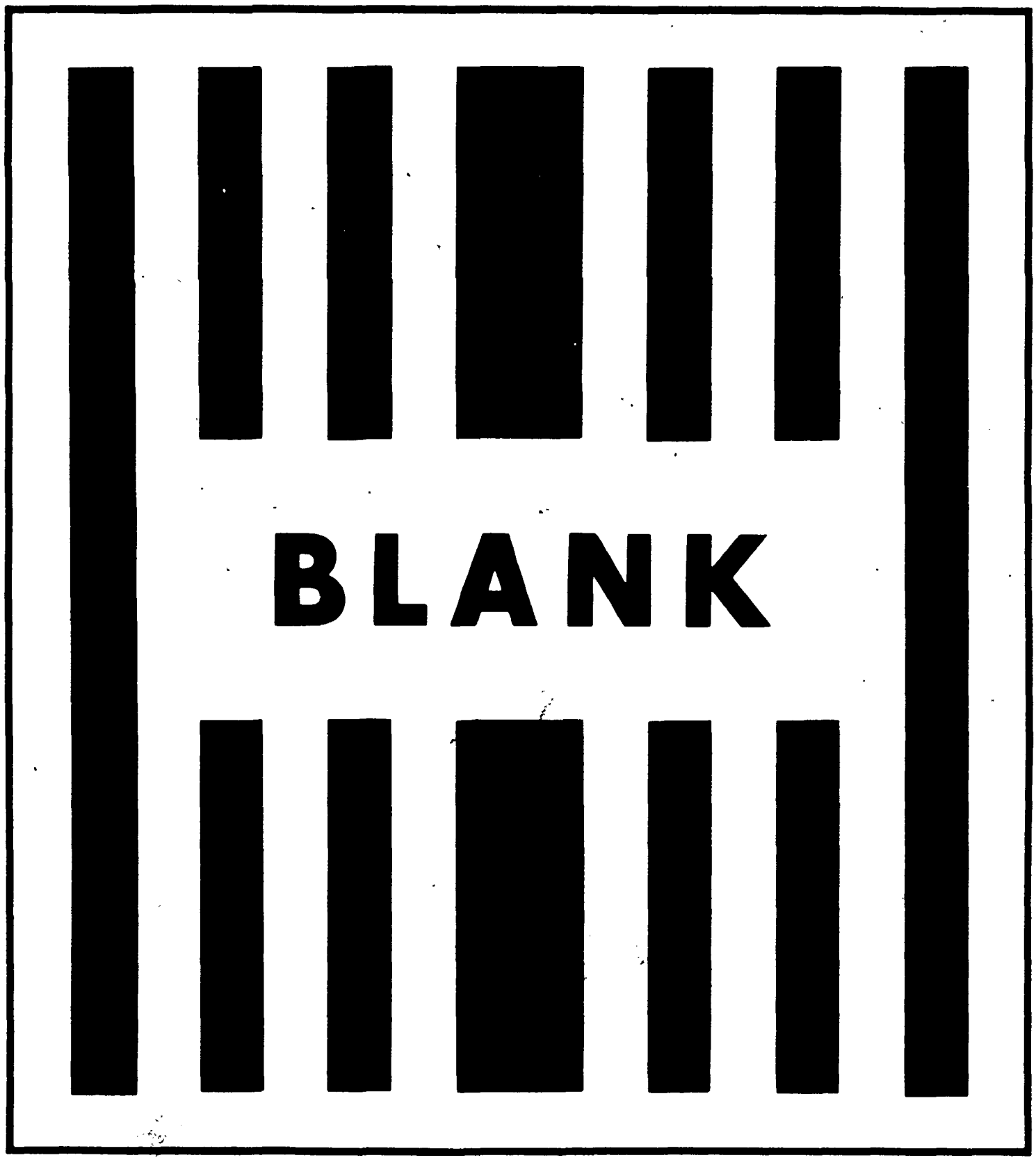
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HISTORY

OF

35TH USAF DISPENSARY

July 1969 - June 1970

Assigned to:

35th Tactical Fighter Wing, Seventh Air Force, PACAF

Stationed at:

Phan Rang Air Base, Republic of Vietnam

LAWRENCE L. WHITE, Jr.
Captain, USAF, MSC
Historian

ROYCE MOSER, Jr.
Lt Col, USAF, MC
Commander

01052421

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CHAPTER I

MISSION, ORGANIZATION, AND ADMINISTRATION

A. Mission:

(1) The 35th USAF Dispensary has as its mission the provision of a complete spectrum of health care services for its service population so that non-effectiveness is kept to an irreducable minimum. This is achieved through the operation of a 15-bed dispensary with all ancillary medical capabilities and through energetic application of public health, occupational and flight medicine programs. The culmination of all facets of the dispensary's mission is the enhancement of the mission accomplishment capability of the 35th Tactical Fighter Wing and Phan Rang Air Base.

(2) There have been no changes to the unit's mission during this period.

B. Organization: The dispensary is organized as a group under the 35th Tactical Fighter Wing and is commanded by the Director of Base Medical Services. The internal organization is unchanged from the past year, with Dispensary, Aeromedical, Dental and Veterinary Services aligned under the Director of Base Medical Services. The medical support to non-Air Force tenant units on Phan Rang Air Base constituted a significant source of work load during this year. There were three U.S. Army dispensaries (aid stations), a Korean dispensary, and a Royal Australian Air Force dispensary dependent upon this facility for inpatient and outpatient diagnostic and therapeutic care. These sources of case load proved usually to provide interesting and varied clinical cases.

C. Administration: The significant accomplishments in dispensary administration can be categorized as efficiency or consolidation measures. All dispensary numbered publications were reviewed and updated including the superseding of dispensary numbered letters by dispensary regulations. For the first time, an index of dispensary publications was published. A dispensary documentation program was established; offices of record and procedures were established by a dispensary regulation. Requirements for the distribution of dispensary orders and numbered publications were determined and were standardized by the publication of a dispensary regulation. Twenty unauthorized forms which were used in various sections of the dispensary were reviewed; seven were discontinued or consolidated with other forms, the remaining thirteen forms were made into numbered forms. Improvement was made in the management of office supplies by centralizing all supplies in a central location. To improve facility operations, civil engineer work orders and service call submission procedures were modified with resultant improved support in these areas.

CHAPTER II

PERSONNEL

A. Key Personnel:

(1) Commander - Major Robert M. Paull

(2) Administrator - Major Vernon L. Seese

B. Authorized and Assigned Strength of Officers, Airmen and Civilians:

	FQ 1		FQ 4	
	Authorized	Assigned	Authorized	Assigned
Officers	20	16	19	20
Airmen	65	72	67	67
Civilians	6	6	6	5
Total	91	94	92	92

Significant manpower actions during the year included the deletion of the Bio-Environmental Engineer position and the freeze in hiring one local national for housekeeping duties. With the increased emphasis on environmental hygiene, preventive medicine, and occupational health as well as the greatly expanded participation by military public health personnel in the retrograde cargo program, the loss of the Bio-Environmental Engineer was felt quite acutely. Where possible, Flight Medical Officers were utilized to fill this void. The hiring freeze which prevented the filling of one civilian housekeeping space, vacated by resignation, resulted in the use of highly skilled medical technicians to perform routine housekeeping tasks. This misuse of skilled medical technicians damaged morale and retention, but was partially overcome by

steps which increased the productivity of the remaining three workers. These steps included; (a) publication of a dispensary regulation which clearly defined the responsibilities for housekeeping and grounds maintenance, (b) a careful translation and explanation of duties to each of the three remaining employees, (c) a central timekeeping for the employees including check in and out, and (d) the award of a superior sustained performance rating to one employee.

CHAPTER III

PROFESSIONAL OPERATIONS

A. General: Throughout the course of the year, workload parameters in virtually every category rose significantly. The quality of services provided remained at their perennially high level. The statistics presented in attachment 1 reflect the workload during the period.

B. Dispensary Services: Most significant in the fiscal year past has been the outstanding ancillary support rendered to the medical mission by the Laboratory and Radiology sections. The Laboratory, rated as one of the finest in Southeast Asia, could perform 90 different tests upon request. An investigative study conducted by laboratory personnel on uric acid and glucose provided findings of value to all laboratory facilities in Vietnam. The Radiology Department likewise rendered outstanding diagnostic services. Utilizing standard X-Ray equipment, shots of superb quality and technique were obtained. Such an achievement was the direct result of efforts of outstanding technicians. The inpatient services were relocated to the new ward which was opened in July 1969 and dedicated to TSgt Angel Luna, an aeromedical technician killed in action. In the new facility, the patient environment is very pleasant. An especially noteworthy feature added for patient welfare later in the year was the screening of base movies on the ward. The arrangement, made possible through Special Services, enables the patients to see current base films each afternoon.

C. Aerospace Medicine: Support to Flying Safety was continually increased during this period with active participation by assigned flight surgeons in this program. Additionally, careful attention was devoted to the Life Support section. A fine example of the interest in life support is the "mini" first aid kit developed by Captain George H. Peacock. This miniturized survival packet, designed to be carried in the arm pocket of the flying suit, would be invaluable in the case of loss of the seat kit. It is currently being evaluated for command-wide use and has been adopted as an item of standard issue for the crews of the 35th Tactical Fighter Wing. Particularly noteworthy was the continual outstanding rapport maintained between medical personnel and all aircrews and commanders. The key to this success is the great ease of accessibility of the aeromedical personnel combined with individual efforts of people assigned to Aerospace Medicine. In the Military Public Health and Occupational Medicine sphere, several significant developments occurred during the year. The water supply system, once very inadequate, became a safe, reliable system due to the installation of new erdlators and new reservoirs. Also during the year, all 907X0 personnel attended the Military Quarantine Inspector's training program and were certified by the United States Department of Agriculture. Lastly, the venereal disease rate dropped precipitously after August 1969. From an average of 150 cases per month, the incidence fell to 30 per month because the "strip" was placed off limits.

D. Dental: During the period of this report the Base Dental Regulation and Dental Operating Instructions were reaccomplished. By sending out Broken Appointment Letters to the Squadron Commanders, the very high rate of Broken Appointments has steadily declined. For several weeks in mid year, the base water system experienced a shortage which severely restricted the Dental Clinic's effectiveness. Through an ingenious system of temporary tubing, bottled sterile water was fed into the high-speed handpieces and this allowed the clinic to resume normal operations in spite of the shortage. Clinic procedures in FY70 totalled 70,321 while laboratory procedures totalled 19,383.

E. Veterinary: In the field of food inspection during the past year, the Veterinary Services inspected 7,088,776 pounds of subsistence valued at $2,000,027.00. A total of 157,084 pounds of subsistence was condemned as unfit for human consumption with a value of $32,542.00. Sanitation inspections were conducted in 20 food serving facilities throughout the period. A total of 510 inspections were performed; of these, 17 inspections resulted in an unsatisfactory rating. The majority of the unsatisfactory ratings were discrepancies of an engineering nature. Cooperation with food service facilities was good and work orders were submitted to correct defects as pointed out during the inspections. The sentry dog program remained a large and significant facet of the Veterinary Services operations. The 35th Security Police Squadron K-9 Section had between 80 and 100 K-9 animals assigned during the past year. Support was also provided

for 8 dogs assigned to the 981st Military Police Detachment. The medical problems related to these dogs are caused mainly by internal and external parasites. A large percentage of the work at K-9 was concerned with preventive medicine. All the dogs were dewormed monthly to control internal parasites. The vaccinations program included yearly vaccinations against distemper, rabies and hepatitis. Leptospirous vaccinations were given semiannually. Also the dogs were dipped twice a month to control external parasites such as ticks. Each quarter all dogs were blood tested for the MicroFilaria of DIROFILARIA IMMITUS. WBC and Hematocrit are run on this blood as a screening device to detect any disease conditions. In addition to the routine procedures, some unique injuries occurred due to the conditions of working in a combat zone. Two dogs were shot in the mouth while on post, one of which required a radical tongue amputation. Both of these dogs are back on duty at this time. Also of significance were several incidents of snake bites by both pit vipers and cobras. The victims have all recovered and are back on duty at this time.

F. Disaster Preparedness and Response: The dispensary's plan to cope with disaster situations was rewritten in September 1969 and practiced on several occasions. A more secure disaster management posture developed also when the 274th Medical Detachment (Dust-Off) was relocated at Phan Rang. Practice for mass casualty management came to fruition on 11 February 1970 when a CH-47 helicopter crashed with approximately 48 persons on board. The casualties were air lifted to the base flight line where triaging began. Two ambulances moved the

patients to the dispensary as they were triaged where definitive stabilizing measures were taken. The most seriously injured were dusted-off to Cam Ranh Bay within 30 minutes of their arrival on base. In total, 32 patients were received.

CHAPTER IV

FACILITIES AND EQUIPMENT

A. Adequacy or Inadequacy of Facilities: By many accounts, this dispensary enjoys one of the finest physical plants of any medical facility in Southeast Asia. Opened in 1968, the main building houses administrative offices, the outpatient clinic, X-Ray, laboratory, emergency room and aerospace medicine sections. Early in 1969 the Dental Clinic building was completed and as mentioned, the new ward was opened later in 1969. The only shortcoming in the facility is a lack of emergency ground power for the ward. This hopefully will be overcome very shortly as work is due to commence on a minor construction work order to install an emergency generator. The equipment, likewise, is in very good condition due to its relatively young age and also to the Medical Equipment Repair Center at Cam Ranh Bay which provides excellent maintenance service. One significant deficiency is the prolonged X-Ray developing time due to our use of manual developing. An automatic processor has been justified and has been submitted as an investment equipment item in the FY72 budget.

B. Improvements to Existing Facilities: Numerous improvements to the facility were made during the year. In February 1970, a brick revetment around the dispensary was completed. The interior of the Veterinary Clinic was completely rejuvinated via self-help in May 1970. In June, the interior of the main dispensary was completely repainted by self-help. Also, in that month, a sidewalk was finished leading from the helipad to the ward.

CHAPTER V

SPECIAL ACTIVITIES

A. Civic Actions Programs: A variety of civic action programs were persued which involved virtually all medical personnel. MEDCAP activities were held in conjunction with the U.S. Navy and focused on coastal fishing villages in the vacinity of Phan Rang. Usually one trip each week was made by two physicians and four corpsmen in addition to Navy security personnel. Between 60 and 100 persons were treated on each MEDCAP. Bimonthly DENCAP visits were made to Thap Cham and to coastal villages. A total of 1,664 patients were seen and more than 1,700 extractions were made. Veterinary Civic Action was instituted in cooperation with the Phan Rang Animal Husbandry Station and the Base Civic Actions Office for conducting rabies clinics throughout the province. A total of 455 immunizations were administered. A program was also established to aid in improving the swine and poultry located at the Vietnamese Naval Coastal Guard #27, Ninh Chu, RVN. This program consists of rendering technical assistance and advice in the care and treatment of swine and poultry.

SELECTIVE WORKLOAD DATA

for

FISCAL YEAR 1970

	Admissions	Patient Days	Average Occupancy	Average Length of Stay	Percentage Occupancy	Outpatient Visits	Laboratory Procedures	Prescriptions	Transfers Out
Jul	72	204	6.6	2.8	44.4	4801	1837	5149	21
Aug	62	237	7.7	3.8	51.3	4234	1943	4163	17
Sep	71	199	6.6	2.8	44.4	4435	1547	5490	15
Oct	64	289	9.3	4.5	62.0	5137	1792	6316	10
Nov	84	364	12.1	4.3	80.7	4023	1968	5358	18
Dec	79	353	11.4	4.5	76.0	4256	1643	5468	18
Jan	74	327	10.5	4.4	70.0	3771	1578	5847	11
Feb	72	377	13.5	5.2	90.0	3331	1530	4510	15
Mar	81	397	12.8	4.9	85.3	3552	1540	5456	7
Apr	79	451	15.0	5.7	100.0	3743	2297	6025	19
May	77	415	13.4	5.4	89.3	3757	2700	4539	17
Jun	87	381	12.7	4.4	84.7	3966	2383	4687	12
TOTAL	902	3994	10.9	4.4	70.9	49006	22759	63008	180

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MEDICAL HISTORY

RCS: HAF-D49

Joe M. Stevens
JOE M. STEVENS, SMSgt, USAF
Historian

John A Henderson
JOHN A. HENDERSON, Colonel, USAF, MC
Surgeon

HEADQUARTERS FIFTH AIR FORCE (PACAF)

1 July 1971 - 31 March 1972

01052722

I. INTROFUCTION: This is the final history from the Office of the Surgeon, Headquarters, Fifth Air Force.

II. NARRATIVE:

A. Headquarters, Fifth Air Force was reduced to an operational headquarters. The Office of the Surgeon was dropped from the UDL and all its functions were either consolidated at higher headquarters or absorbed by the medical units in the field. The transition was smooth and no major problems were encountered. The UDL change was effective 1 April 1972 and all personnel assigned to the function were reassigned with the last man departing 1st May 1972.

B. The medical facilities in 5AF continued to reflect changes in response to force reposturing and mission changes within the command. Alteration of the Hakata Air Station, Japan, dispensary were completed to provide an inpatient bed capability of 6 beds. A P-341 funded alteration project of $65,500.00 was approved for construction to provide a Class A dispensary at Chitose Air Station, Japan. Construction was started on a 5,000 square foot addition to the USAF Dispensary Kunsan, Korea, to provide 8 additional beds and to increase the scope of clinical and support services. Program documents were initiated for a $50,000.00 O&M project to increase the size of the Taegu, Korea, dispensary by 2,000 square feet by alteration of an existing adjacent building to be converted for medical use. Closure of four medical facilities was programmed or completed. These included the USAF Dispensaries located at Hakata/Itazuke and Wakkanai Air Stations, Japan, and the USAF Dispensary at Kimpo Air Base, Korea. The USAF Dispensary at Suwon Air Base, Korea, was downgraded from a dispensary to a First Aid Station status.

C. Funding in Major Force Programs 2 and 8 for medical services continued to be adequate with savings produced through reduction of facilities being offset by increased operational costs caused by a revaluation of the Japanese Yen, introduction of the Drug Abuse Control Program for SAF, and pay increases for local national personnel. However, FY72 funding was $443,000 less than FY71.

Major Force Program	FY72 Initial Funding	FY72 Revised Funding
27596(05)	$1,079,000	$1,161,000
80211(81)	3,330,000	3,596,000
81216(01)	15,000	60,000
FY72 Total	$4,433,000	$4,755,000

D. A revised War Reserve Materiel (WRM) Program was instituted December 1971 which resulted in an overall decreased requirement.

E. A major effort was made by Yokota bioenvironmental engineering personnel and 1st Medical Service Wing BEEs to determine the operating characteristics of wastewater treatment plants at Yokota AB, Fuchu AS, and Kanto Mura Family Housing Area, Japan. The report of this study provided the first good documentation of plant efficiency and is being used as the basis for operational modifications to improve wastewater effluent quality.

F. With the publication of a change to AFM 161-8 which, in effect, deleted the requirement for eye exams for laser boresight device (LBD) workers, a long-standing problem of medical logistics and personnel support was resolved.

G. Considerable emphasis was placed on establishing and maintaining a viable environmental protection program not only within this headquarters but also at all 5AF bases. Significant achievements included the following:

1. A Headquarters, 5AF Environmental Protection Group was organized and functioned to coordinate all environmental protection activities in this headquarters.

2. The September 1971 5AF Civil Engineers' Conference was briefed on status of environmental protection.

3. Over the signature of the 5AF Commander, all bases were directed to organize a functional environmental protection committee similar to that existing at this headquarters.

4. A concentrated effort was made to focus attention on and resolve some of the many chemical disposal problems facing our bases. In this regard:

a. Almost 6,000 gallons of 93% sulfuric acid at Misawa Air Base, Japan, were disposed of through DC Army R&M channels, a method not adequately explored earlier.

b. All DDT at USAF bases in Korea was donated to Korean health departments, thus relieving USAF of a storage problem.

c. Arrangements were made whereby excess DDT and Lindane at Japan bases could be donated to Korean sources through Osan and Kunsan Air Bases. To commence this operation, all such items at Hakata Air Station (scheduled for 30 June 1972 closure) have been directed for shipment to Osan Air Base.

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JOHN A. HENDERSON, Colonel, USAF, MC
Surgeon

01052423

HEADQUARTERS FIFTH AIR FORCE (PACAF)

1 July 1970 - 30 June 1971

I. INTRODUCTION: The medical units within Fifth Air Force have accomplished their mission requirements for medical support of war and contingency plans and their peace time missions.

II. NARRATIVE:

A. Personnel Gains: None

B. Personnel Losses:

Col R. L. Hanson (SGV)

Lt Col W. L. Holder (SGAM)

TSgt T. N. Center (SGAM)

Miss D. Thomas (SG)

C. Clinical and Aerospace Medicine:

1. There were 100 physical examinations reviewed from 5th Air Force facilities for waiver action during this period.

2. The mental and physical health of flying personnel in 5th Air Force continued to remain good to excellent throughout the period.

3. There were 4,394.0 hours flown by our Flight Surgeons and Flight Medical Officers in support of medical missions.

4. Colonel John A. Henderson was awarded the aeronautical rating of Chief Flight Surgeon (Feb 71).

5. Lt Col Jerry A. White passed Part II of and was certified by the American Board of Preventive Medicine in Aerospace Medicine.

6. Major items of environmental engineering interest are summarized below:

a. 314 Air Division BEE and MPH technicians completed an evaluation of "Wonder Arches" which showed that it was safe to operate

aircraft and some items of AGE in the shelters. The report was coordinated at this headquarters and copies forwarded to CINCPACAF/SG.

b. Both water and sewage systems continued to be upgraded throughout Korea. All bases had operational Imhoff tanks for primary sewage treatment except Kimpo AB. Groundwater supplies were developed at Osan AB to obviate dependence on the existing surface source. Similar action was underway at Kunsan AB.

c. Pollution abatement surveys were conducted at all 5th Air Force bases. Close coordination was achieved in this headquarters with Civil Engineering to encourage environmental protection actions. In line with this emphasis, 5AF staff BEE arranged with 1st Medical Service Wing and Yokota AB BEE's to evaluate Kanto Plain wastewater treatment plants (USAF) and a study is currently underway.

d. Safe disposal of excess or waste toxic materials continued to present a serious challenge to environmental protection. Most significant problems existed in the area of those pesticides and herbicides which have been banned from use and for which no disposal instructions have been forthcoming.

e. In addition to staff assistance visits to 5AF bases, 5AF staff BEE attended the PACOM Preventive Medicine meeting in Hawaii (Jan 71) and the Environmental Protection Course at Wright-Patterson AFB (Jun 71).

D. Dental Services: During this period the 5th Air Force Dental Service had an average of 95 assigned dental officers, 149 enlisted, and 108 local national auxiliaries working in 23 clinics on 18 bases. There were 886,331 dental procedures performed on 277,408 patients and 427,290 dental laboratory procedures were accomplished in providing care for all 5AF facilities. The command dental authorization reinstated

In July 1970 by the Commander, 5AF, was again deleted in April 1971, by the Surgeon, 5AF. This action was approved by CINCPACAF. Our protective dentistry program was able to provide 45,078 prophylaxis and 104,876 preventive dental counseling for members of this command.

E. Veterinary Services: The authorization for a command veterinarian was deleted in April 1971 and the assigned veterinarian (Col Hanson) has departed PCS to the CONUS.

F. Materiel, Facilities, and Financial Programs:

1. Materiel Programs:

a. Four medical supply accounts support the 5AF Medical Materiel Program. The account at Itazuke AB, Japan, FM 5235, was discontinued 31 March 1971 and a clear audit was accomplished. None of the accounts reported any serious supply difficulties.

b. Two supply accounts (FM 5202/Tachikawa AB, Japan and FM 5270/Kadena AB, Okinawa) are supported by a B-3500 computer system. Both accounts have a little more than one year's experience with this computer system as of 30 June 1971. As expected, minor problems have been encountered and computer operator errors have occasionally been experienced. However, the B-3500 system is a tremendous improvement over past systems. Many minor problems have been corrected and the system has been improved to eliminate the possibility of operator error.

c. Common Medical Supply Support has been in effect at two of the medical supply accounts (Kadena/Osan). The Osan Account reported a minor problem with receiving potency dated items with a short shelf life. This problem has been resolved and Osan reports they are receiving good medical materiel support. Few items are backordered, and their stock level

quantities have been reduced because of the shorter pipeline time. The Kadena account has experienced many problems including lost requisitions, items on back order for long periods of time, non-receipt of status, and lost shipments. Problems have been documented and reported to proper authority. Improvement is expected in first quarter FY 72.

d. Efforts have continued to make full utilization of excess assets. Funds were requested for authorized expense equipment shortages and excellent financial support was received. The first year investment equipment funding was also excellent, and allowed procurement of more than $140,000 of medical investment equipment.

2. Facilities Programs:

a. During the period covered by this historical report, numerous medical facility improvements were programmed of completed within the 5AF area of responsibility. Many projects have been programmed or completed during FY71 to satisfy mission support requirements generated by numerous changes in force posture and a gradual reduction in forces throughout Japan.

b. The medical facilities within Japan's Kanto Plain area were consolidated under the USAF Regional Hospital at Tachikawa AB. Over a quarter of a million dollars was funded for facility maintenance and improvements at the USAF Hospital Tachikawa and its dispensary operations located at Grant Heights, Kanto Mura, Green Park, and Johnson Housing Annexs, and at Fuchu AS and Yokota AB. With these improvements,

Kanto Plain medical facilities are considered to be in excellent condition for maintenance of mission requirements during the immediate future.

c. Other significant Air Force medical facility developments in Japan included the shift of the Itazuke Class A Dispensary to Hakata AS while maintaining a small Class B Dispensary operating location at Itazuke Housing Annex and alteration and repair of the Hakata facility to incorporate the increased scope of care they are tasked to provide. In addition, P341 programming action was initiated to provide a medical facility (Class A) at Chitose AS after reversion to joint USAF/JASDF utilization vice US Army control during FY71.

d. Finally, and of primary importance, was the development of a plan whereby the Government of Japan would provide a replacement medical facility at Yokota AB on a "Quid Pro Quo" basis in return for other facilities currently utilized by US Forces in Japan. It is hoped that eventually this replacement facility will include a complete 150 bed hospital to replace facilities now occupied by the USAF Hospital at Tachikawa.

e. Medical facilities located at Kadena AB, Okinawa have continued to receive a large portion of O&M funds for alterations and maintenance projects in order to keep pace with the diverse and continually changing requirements for support of operational forces at that location.

f. In the Republic of Korea, medical facilities underwent significant changes. Kimpo AB dispensary was programmed for closure, while the dispensary at Kunsan AB received P341 funding for an addition

of approximately 5,000 square feet to increase ancilary support and patient care facilities in support of the beddown of an F-4 wing.

g. Medical facilities (Class B) at Kwang-Ju AB were relocated from a pre-engineered building designed for an airmans' dormitory into an existing concrete block structure designed to provide a more functional dispensary.

h. The USAF Dispensary (Class B) at Taegu AB remains the only medical facility in 5AF which requires replacement due to both spatial and functional deficiencies, however programming action was initiated to identify this facility for replacement.

3. Financial Programs: No problems were encountered in financial support of the 5AF medical missions. FY71 funds were adequate.

MAJOR FORCE PROGRAM	INITIAL FUNDING	INCREASES(1st Rev)	TOTAL FUNDING
27596	$1,560,000	$121,000	$1,681,000
81211	2,978,000	223,000	3,201,000
81216	294,000	22,000	316,000
TOTAL	4,832,000	366,000	5,198,000

G. Plans, Programs, and Staffing:

1. Plans: The Plans, Programs, and Staffing Division was called upon to provide the medical expertise in the formulation of many studies and projects requested by Hq PACAF and members of the 5AF staff. These included the Kanto Plain Consolidation Plan and numerous Programmed Action Directives. Additionally,the Plans, Programs, and Staffing Division provided the Medical Service Appendices or Annexes to all 5AF OPlans

which required a medical input.

2. Manpower: The Plans, Programs, and Staffing Division has continued to recommend adjustments to 5AF Medical Unit Detail Listings (UDL's). Major readjustments have occurred as a result of 5AF Programmed Action Directives during this FY.

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MEDICAL HISTORY

RCS: HAF-D49

JOE M. STEVENS, SMSgt, USAF
Historian

JOHN A. HENDERSON, Colonel, USAF, MC
Surgeon

HEADQUARTERS FIFTH AIR FORCE (PACAF)

1 July 1969 - 30 June 1970

01052724

MEDICAL HISTORY REPORT

I. INTRODUCTION: The medical units within Fifth Air Force have accomplished their mission requirements for medical support of war and contingency plans and their peace time missions.

II. NARRATIVE

A. Personnel Gains:

Col J. A. Henderson (SG)

Lt Col K. V. Crabb (SGA)

Capt David U. Burke (SGAX)

SMSgt J. M. Stevens (SGA)

SMSgt D. Johnson (SGAM)

MSgt R. E. Summers (SGAM)

TSgt R. G. Presnell (SGAX)

SSgt L. D. Diamond (SGA)

Miss D. Thomas (SG)

B. Personnel Losses:

Col E. W. Turner (SG)

Lt Col G. H. Rogers (SGA)

Maj L. R. McGinness (SGAX)

Maj Beasley (SGA)

CMSgt C. J. Cole (SGA)

MSgt D. H. Carr (SGAM)

TSgt F. G. Reichardt (SGAM)

TSgt W. M. Overton, Jr. (SGAX)

Sgt C. J. Sheatzley (SGA)

Mrs. R. Acree (SG)

C. Clinical and Aerospace Medicine:

1. There were 113 physical examinations reviewed from 5th Air Force facilities for waiver action during this reporting period.

2. The mental and physical health of flying personnel in 5th Air Force continued to remain good to excellent throughout the period.

3. There were 5,499.2 hours flown by our Flight Surgeons and Flight Medical Officers in support of the medical mission.

4. Lt Col Jerry A. White passed Part I of American Board of Preventive Medicine Examination in Aerospace Medicine.

D. Dental Services: During this period the 5th Air Force Dental Service had an average of 94 assigned dental officers, 147 enlisted, and 119 Local National auxiliaries working in 22 clinics on 17 bases. There were 930,824 dental procedures performed on 301,075 patients and 458,319 dental laboratory procedures were accomplished in providing care for all 5th Air Force facilities. Under project 703 the command dental authorization was deleted in November 1969. This authorization was reinstated in July 1970 by the Commander, Fifth Air Force. Our preventive dentistry program was able to provide 49,634 prophylaxis and 95,522 preventive dental counselings for members of this command.

E. Veterinary Services:

1. The position of Staff Veterinarian, 5th Air Force, was deleted 1 Dec 1969 as a result of Budget Project 703 action.

2. During the previous year a training program in sentry dog medicine was arranged by 5th Air Force and conducted at Osan AB, Korea, for all ROKAF Veterinarians. As a continuation of training assistance to ROKAF, 5th Air Force made arrangements for the Chief, ROKAF Veterinary Corps to attend the Medical Service School, Sheppard AFB, Texas. Following

this, he proceeded TDY to the Sentry Dog Center, Lackland AFB for 8 weeks additional training. These training programs improved the quality of veterinary medical care provided to the ROKAF Sentry Dog Program, thereby reducing the chance of a break in their base security system.

3. The outline of a food handler training program was prepared and forwarded to all 5th Air Force Bases for their use. Following this, training aids in the form of 35 mm color slides, accompanied by sound tape narration, and a Japanese language sanitation training textbook were distributed to assist the local instructors who conduct the food handler training programs.

4. Brig. General Charles H. Snider, Assistant Surgeon General for Veterinary Services, visited HQ 5th Air Force and numerous bases in Japan, Okinawa, and Korea.

F. Materiel, Facilities, and Financial Programs:

1. Materiel Programs:

a. Five medical supply accounts continued to support the 5th Air Force Medical Programs during this period. The Stock Fund Program established for these accounts were quite adequate and the end of year restrictions (caused by improper inventory balance) bore no major impact on the support program. Five informal medical supply accounts were operated at the dispensary locations in Korea in accordance with PACAF Manual 67-1.

b. The previous report identified supply difficulty at Osan Air Base (FM 5294). This difficulty was overcome and the account enjoyed a successful year of operation with minimum support complaint. Assignment of experienced materiel personnel was the most attributable item in correcting this situation.

c. Two medical supply accounts (FM 5202/Tachikawa and FM 5270/Kadena) converted to the B3500 integrated medical materiel accounting and finance system.

(1) FM 5270 (Kadena) converted to the B3500 in December 1969. They experienced several problems in obtaining a valid S-141 report product. These problems were attributed to the accounting and finance personnel not understanding the new program. All major difficulties were worked out by the fiscal year end.

(2) FM 5202 (Tachikawa) converted to the B3500 program in June 1970 and experienced a successful transfer into the new medical materiel management system. Only minor problems were reported.

d. Common Medical Supply Support Plan (PACOM): The common support plan was effected at two 5AF medical supply accounts during this period. Considerable controversy was present as to how close in detail the accounts and the supporting depots should follow the plan as written in the joint services agreement. It was decided that the plan should be followed in toto to preclude any future disagreement. The most disagreeable factor in the common support plan was the 16% surcharge levied on items received from the Army depots. The two medical facilities that support the FM accounts expressed dissatisfaction due to the fact that the dollars expended in operating the FM account would cause a considerable increase in unit cost for supplies at those medical facilities. This fact was discussed with the facility and a satisfactory agreement was reached that this distortion would be explained by footnoting the medical expenses report (AF C-169).

(1) Kadena-FM 5270: The initial conversion to common support was started in January 1970 with all supply systems for the FM account and the depot being checked for compatibility. This was successful, but the conversion was delayed due to the disagreement on who would furnish the transportation from the depot to the medical warehouse. One subsequent unsuccessful attempt was made, but the same disagreement existed. This item was resolved in April 1970 and the third attempt was successful, and the conversion was made on 1 June 1970. The medical supply account at Kadena reported excellent supply support through this system during the month of June. It was foreseen that a large reduction in warehouse space will be experienced. Therefore, an O&M project for additional warehouse space was cancelled.

(2) FM 5294-Osan Air Base, Korea: The account made all pre-conversion requirements and inventory adjustments, plus the required arrangements with the supporting depot on or before 30 June 1970. No difficulties were expected.

e. This period represented the second year of the 5AF Equipment Upgrade Program. Full use was made of the available excess asset program. Increased effort was exerted by all MEMO accounts in purifying the equipment accounting records to include emphasis on justification of new items and elimination of unneeded authorizations and unused assets. The PACAF itemized buy list complemented the 5AF equipment program. The funding for expense equipment was excellent. The fiscal year investment equipment funding allowed the command to replace several substandard items and to procure some much needed initial purchase items.

Funding of investment equipment for the USAF Hospital Tachikawa was restricted due to their mission uncertainty. The most noteworthy purchases in the investment program were (1) new kitchen dishwashers at Osan and Misawa; (2) 300 MA X-Ray machines at Kadena and Misawa; (3) anesthesia machines at Misawa; (4) X-Ray film automatic processor at Yokota; (5) sonic energy cleaner at Tachikawa; (6) two food carts at Tachikawa; and (7) dental units and chairs at Osan, Naha, Misawa and Wakkanai.

2. Facilities Programs: During this period a new medical facility at Suwon Air Base and a new veterinary facility at Kunsan Air Base were added to the 5AF real estate assets. The emphasis in the 5AF medical O&M projects program this fiscal year was placed on maintenance and repair of buildings instead of alterations and minor construction. This was due to the long range mission uncertainties. The PACAF MCLO accomplished a space utilization study at the 6045 USAF Hospital and the resulting recommendations were established for accomplishment. The aged condition of all air conditioning units in the 5AF medical facilities predicated a large amount of in house and contract expenditures in order to retain them in use. All units have been surveyed, and continued replacement and repair will be experienced. Termite damages, seemingly inherent in this geographical location, caused considerable cost during this period. Most noteworthy was the Kadena dispensary project (KAD 239-0) which contracted at $79,323.

a. O&M Projects: 5AF SGAM worked closely with the bases of 5AF and PACAF (SGAM) in an effort to clean up the medical O&M projects program as listed in the AFK5 report. Through an individual review it was found that 27 of the listed projects could be cancelled. This action was taken through the respective Base Civil Engineers and the projects were removed

from the AFK5 report. Nineteen P478 O&M projects were funded and contracted during the fiscal year at a total cost of $257,982. All except five of these projects were for maintenance and repair. Three projects that were funded at Itazuke Air Base were cancelled due to mission changes. One P458 (Class B Dispensary) project was funded and contracted.

(1) The Misawa Project (MIS 134-8) contracted in FY 69 for repair of the April 1968 earthquake damages was completed, restoring the facility to good condition.

(2) A project for an eight DTR dental facility at Osan Air Base, Korea, was contracted to the Red Horse Civil Engineers Division. The project experienced delays due to higher priority, mission essential projects. As of the end of the historical reporting period, this project was incomplete. The Red Horse activity was discontinued in Korea at the close of the fiscal year, and it is expected that this project will have to be completed by civil engineers using in house labor.

(3) Class B Dispensaries (P458):

(a) Naha Air Base Okinawa funded and contracted the project (NAH 87-8) for construction of a 5DTR addition to the base dental clinic. This project had been in the program since FY 68.

(b) Three high priority Class B Dispensary Projects (NAH 36-8, construct addition to Naha Air Base Dispensary; YOK 112-9, alter Yokota Air Base Main Disp Building; YOK 142-9, Alter Yokota Air Base Dental Clinic) were placed in the 5AF P458 projects listing for funding and contract in early FY 71. These projects have been required items for quite some time.

1. NAH 36-8 was designed to give added working space in the 51st USAF Dispensary, thus alleviating the present cramped working conditions.

2. YOK 112-9 was first identified as needed in FY 67 and subsequently resubmitted as a work request in FY 69. It was primarily designed to reconfigure physicians' offices, giving a better use of available space and improving the lighting system.

3. YOK 142-9 has been in and out of the Yokota projects program over the past several years. The project was designed to convert the present internal open bay dental treatment areas into individual DTR's.

(c) The 6170th USAF Dispensary building at Suwon Air Base was completed and occupied in January 1970. The 6170th had operated in tents (briefly) and a ward area of the ROKAF Dispensary from Feb 68 to Jan 70. The 5AF Surgeon expressed to the ROKAF Surgeon General the command's appreciation for use of the ROKAF facility.

b. Military Construction Program (MCP):

(1) Construction of the high altitude chamber building at Kadena Air Base was started 10 July 69. As of the close of this period the building was not completed. The construction was reported as progressing satisfactorily.

(2) Three MCP projects remained in the 5AF requirements. They provided for a new medical facility at Misawa AB, Japan (FY 75); a new dispensary facility at Yokota AB, Japan (FY 75); and an addition to the Kadena AB, Okinawa dental clinic (FY 75).

c. FY 68 Supplemental Military Construction Program (SMCP - Korea): The 10 bed modular dispensaries scheduled for siting at Kwang-Ju and Taegu Air Bases in Korea were eliminated from the 5AF building program due to fund limitations. This leaves the 6171st USAF Dispensary (Kwang-Ju Air Base) operating their medical function in a modular open bay

barracks. This operation has proven satisfactory as an interim facility, but has a very limiting restriction in that no permanent interior configurations can be made. The 6168th USAF Dispensary (Taegu Air Base) remains in an underscoped facility. The current requirements will be studied with the incoming 5AF Surgeon, and based on his decisions, 5AF will have the current requirements properly inserted in the building program.

3. Financial Programs:

a. The FY 1970 funding for 5AF medical facilities was considered very adequate to support the medical mission.

MAJOR FORCE PROGRAM	INITIAL FUNDING	INCREASES (1st Rev)	TOTAL FUNDING
27596	$1,160,000	$429,000	$1,589,000
81211	1,764,000	1,233,000	2,997,000
81216	266,000	127,000	393,000
TOTAL	$3,186,000	$1,789,000	$4,979,000

All resources managers demonstrated a considerably better capability for control of funds under the major force program concept during this second year of experience. Resources managers continued to experience difficulty in gaining current status of funds from accounting and finance products. The delayed input of actual expense data in areas of civilian pay, utilities maintenance and civil engineer refunds continued to labor the process of current and timely obligations. It was necessary to manually administer many expense areas in order to get maximum use of medical funds toward the end of the fiscal year. There was a definite reduction in fund support requirements for the 20th ASF, Tachikawa (PE 81216). This was attributed to patient workload reduction and closer management procedures.

b. Major increases were experienced in the cost for CE refunds

(EEC 596) and AFIF laundry (EEC 593) areas. Contributing factors were identified as increased hourly labor costs for Master Labor Contract (MLC) employees and the fact that local agents adjusted their schedule of charges to comply with current directives. These costs were absorbed within the 5AF funding.

G. Plans and Hospitalization Programs:

1. Plans: With the establishment of a Plans Staff within Headquarters, Fifth Air Force, the Plans and Hospitalization Division, Office of the Surgeon, was called upon to provide the medical expertise in the formulation of many studies and projects requested by HQ PACAF and members of the 5AF Staff. These include the PALOS Subsistence Study, the Kanto Plains Facility Study, and numerous Programmed Action Directives. Additionally, the Plans and Hospitalization Division provided the Medical Service Appendices or Annexes to all 5AF OPlans which required a medical input.

2. Manpower: The Plans and Hospitalization Division has continued to recommend adjustments to 5AF Medical Unit Detail Listings (UDL's). Major readjustments have occurred as a result of PACAF and 5AF Programmed Action Directive 70-5.

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Nha Trang
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HISTORY OF THE 327TH COMBAT SUPPORT SQUADRON MEDICAL AID STATION
APO SAN FRANCISCO 96205

(RCS: HAF-D49)

1 JULY 1969 THROUGH 30 JUNE 1970

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Prepared by: William C Mathus

WILBUR C MATHUS, MSGT, USAF, NCOIC, Medical Aid Station

Approved by: Vernon P. Wagner

VERNON P. WAGNER, MAJOR, USAF MC, FS, OIC, Medical Aid Station

01052425

I. Introduction. The status of health of all United States Air Force Personnel at Nha Trang Air Base was excellent during this period. Phasing down from a Class "A" Dispensary to a Medical Aid Station was accomplished with minimal problems. No insolvable problems were encountered to limit the accomplishment of our mission.

II Narrative.

1. Organization and Location. This medical facility consists of a modular Class "A" Dispensary phased down to a Medical Aid Station, located on Nha Trang Air Base, Republic of Vietnam. This facility is jointly occupied by the 327th Combat Support Squadron, Medical Aid Station, 903rd Air Evacuation Squadron (USAF), 25th Medical Detachment (USA), 17th Group Surgeon's Office (USA), and personnel from the 62nd Tactical Wing Dispensary (VNAF).

a. The 14th USAF Dispensary (Class A) was inactivated 15 October 1969, per Special Order G-256, 14th USAF, 24 Sep 69.

b. The Medical Aid Station, 327th Combat Support Squadron was established 15 October 1969 by Ltr HQ PACAF (SGMSE), Subject: Designation of Medical Aid Station, Nha Trang AB, Vietnam.

c. Hostile actions. On 16 October 1969 the Dental Clinic (Dark Room and X-Ray) was hit by a 107 mm rocket, damage was minimal and there were no casualties. Nha Trang Air Base came under attack several times during this period but no USAF casualties were received.

d. Civic action Program. Medical and Dental civic actions were performed at Ba Long Orphanage in the Nha Trang area. Since this unit was reduced to a Medical Aid Station our civic action efforts have been in conjunction with Air Force Advisory Team #2 and the 62nd Tactical Wing Dispensary (VNAF). Visits were made to hamlets in this area approximately once each month.

e. Vietnamization Program.

(1) Joint Utilization. On 20 October 1969 the 62nd Tactical Wing Dispensary began joint utilization of the Medical Aid Station ancillary services. The program has expanded to include X-Ray, Medical Laboratory, Dental Clinic, Flight Medicine and the Treatment Room. Joint utilization has provided the Vietnamese Air Force a capability equal to a USAF Dispensary of smaller size.

(2) Integrated Training Program. Due to the rapid expansion, lack of training facilities and trained personnel within the Vietnamese Air Force, this unit provided an integrated training program. The training covered general medical subjects and familiarization training. During this period approximately 15 Vietnamese Air Force Personnel were given training.

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HISTORY

OF

347TH USAF DISPENSARY

1 JULY 1970 - 15 MAY 1971

Assigned to:

347th Tactical Fighter Wing, Fifth Air Force, Pacific Air Force

Stationed at:

Yokota Air Base, Japan

CHARLES H. GIBSON
Major, USAF, MSC
Historian

GERALD D. YOUNG, JR
Colonel, USAF, MC
Commander

U1052476

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SECTION I

INTRODUCTION

The 347th USAF Dispensary located at Yokota Air Base was consolidated with the USAF Hospital Tachikawa located at Tachikawa Air Base on 15 May 1971. It's Unit designation was discontinued by Hq PACAF Special Order G-111, dated 14 May 1971. During this reporting period the 347 USAF Dispensary was designated a "Class B" Dispensary. As such our capability has been limited to the care and treatment of outpatients. Service was provided in Aerospace Medicine; in general family care similar to that provided by civilian family doctors; and in Dental and Veterinary Services. The dispensary maintained an operating location at the Family Housing Annex with capabilities limited to general family care and Dental and Veterinary Services. The dispensary together with it's operating location was assigned to the 347th Tactical Fighter Wing. The status of the health of personnel for which we have been responsible is considered to have remained excellent. Manning and equipment have been sufficient to meet our mission requirement.

SECTION II

NARRATIVE

A. General

Colonel Gerald D. Young, Jr, commanded the 347th USAF Dispensary during this period. There has been no changes in the organizational structure of the 347th USAF Dispensary since the previous report. The 347th USAF Dispensary unit designation was discontinued on 15 May 1971 by Hq PACAF Special Order G-111, dated 14 May 1971, and its function consolidated with the USAF Hospital Tachikawa.

B. Base Medical Services Management

The complete renovation of the Main Dispensary Building and the Dental Clinic is presently in progress and is scheduled to be completed in 90 to 120 days.

C. Dispensary Services

No significant change since previous report. Activities of this service were essentially routine in nature without specific historical importance.

D. Dental Services

No significant change since previous report. Activities of this service were essentially routine in nature without specific historical importance.

E. Veterinary Services

No significant change since previous report. Activities of this service were essentially routine in nature without specific historical importance.

F. Aeromedical Services

No significant change since previous report. Activities of this service were essentially routine in nature without specific historical importance.

G. Bio-Environmental Engineering

No significant change since previous report. Activities of this service were essentially routine in nature without specific historical importance.

SECTION III

SUPPORTING DOCUMENTS

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS PACIFIC AIR FORCES
APO SAN FRANCISCO 96553

SPECIAL ORDER
G-111

14 May 1971

1. Effective 15 May 1971, the following units are inactivated at locations indicated. Concurrently, the AFCON unit designators revert to the control of the Department of the Air Force.

UNIT	LOCATION
6045 USAF HOSP	Osan AB, Korea
6122 USAF HOSP	Misawa AB, Japan
6044 USAF DISP	Kimpo AB, Korea
6168 USAF DISP	Taegu AB, Korea
6170 USAF DISP	Suwon AB, Korea
6171 USAF DISP	Kwangju AB, Korea
6211 USAF DISP	Tainan AB, Taiwan
6212 USAF DISP	Shu Lin Kou AS, Taiwan
6213 USAF DISP	Taipei ASN, Taiwan
6486 USAF DISP	Hickam AFB, Hawaii
3 USAF DISP	Kunsan AB, Korea
347 USAF DISP	Yokota AB, Japan
824 USAF DISP	Kadena AB, Ryukyus

a. The Air Force Organization Status Change Report (HAF-01) will be submitted IAW AFR 20-49.

b. Authority: AFM 26-2 and DAF (PRM 427p), ltr, 12 May 1971, Organizational Actions Affecting Certain PACAF Units.

2. Effective 15 May 1971, the following units are activated at locations indicated.

UNIT	ASSIGNMENT	LOCATION
USAF Hospital, Osan	6314 Support Wg	Osan AB, Korea
USAF Hospital, Misawa	6122 Air Base Gp	Misawa AB, Korea
USAF Dispensary, Kimpo	6167 Air Base Sq	Kimpo AB, Korea
USAF Dispensary, Taegu	6168 Air Base Sq	Taegu AB, Korea
USAF Dispensary, Suwon	6170 Air Base Sq	Suwon AB, Korea
USAF Dispensary, Kwangju	6171 Air Base Sq	Kwangju AB, Korea
USAF Dispensary, Tainan	6214 Air Base Gp	Tainan AB, Taiwan
USAF Dispensary, Shu Lin Kou	6213 Air Base Sq	Shu Lin Kou ASN, Taiwan
USAF Dispensary, Taipei	6213 Air Base Sq	Taipei ASN, Taiwan
USAF Dispensary, Hickam	6486 Air Base Wg	Hickam AFB, Hawaii
USAF Dispensary, Kunsan	3 Tac Ftr Wg	Kunsan AB, Korea
USAF Dispensary, Kadena	824 COS Gp	Kadena AB, Ryukyus

a. The Air Force Organization Status Change Report (RCS: HAF-01) will be submitted IAW AFR 20-49.

b. Authority: DAF (PRM 427p) ltr, 12 May 1971, Organizational Actions Affecting Certain PACAF Units.

3. Effective 15 May 1971, the 6175 Radio Relay Sq is inactivated at Kunsan AB, Korea.

a. The Air Force Organization Status Change Report (RCS: HAF-01) will be submitted IAW AFR 20-49.

b. Authority: AFM 26-2.

4. Effective 15 May 1971, the 3 Radio Relay Sq is activated at Kunsan AB, Korea, and assigned to the 3 Combat Support Gp.

a. The Air Force Organization Status Change Report (RCS: HAF-01) will be submitted IAW AFR 20-49.

b. Authority: DAF (PRM 424p) ltr, 12 May 1971, Organizational Actions Affecting Certain PACAF Units.

5. Effective 31 May 1971, the 388 USAF Hospital, Korat AB, Thailand, is redesignated to the 388 USAF Dispensary.

a. The Air Force Organization Status Change Report (RCS: HAF-01) will be submitted IAW AFR 20-49.

b. Authority: DAF (PRM 427p) ltr, 12 May 1971, Organizational Actions Affecting Certain PACAF Units.

6. Effective 15 May 1971, the 347 Avionics Maintenance Sq is inactivated at Yokota AB, Japan. Concurrently, the unit designation reverts to the control of the Department of the Air Force.

a. The Air Force Organization Status Change Report (RCS: HAF-01) will be submitted IAW AFR 20-49.

b. Authority: DAF (PRM 424p), 12 May 1971, Organizational Actions Affecting Certain PACAF Units.

7. Effective 31 May 1971, the following units are inactivated at locations indicated. Concurrently, the unit designators revert to the control of the Department of the Air Force:

UNIT	LOCATION
45 Tactical Reconnaissance Sq	Misawa AB, Japan
608 Tactical Control Sq	Clark AB, Philippines
821 Combat Security Police Sq	Phan Rang AB, Vietnam

a. The Air Force Organization Status Change Report (RCS: HAF-01) will be submitted IAW AFR 20-49.

b. Authority: DAF (PRM 427p) ltr, 12 May 1971, Organizational Actions Affecting Certain PACAF Units.

8. Effective 15 May 1971, the 604 Direct Air Support Sq is inactivated at Wheeler AFB, Hawaii. Concurrently, the unit designator reverts to the control of the Department of the Air Force.

a. The Air Force Organization Status Change Report (RCS: HAF-01) will be submitted IAW AFR 20-49.

b. Authority: DAF (PRM 425p) ltr, 12 May 1971, Organizational Actions Affecting Certain PACAF Units.

9. Effective 31 May 1971, Det 2, 505 Tactical Control Sq, is inactivated at Quang Tri Mi, RVN.

a. The Air Force Organization Status Change Report (RCS: HAF-01) will be submitted IAW AFR 20-49.

b. Authority: AFM 26-2.

10. Effective 31 May 1971, the following organizational actions are directed at Ching Chuan Kang AB, Taiwan.

UNIT	ACTION	ASSIGNMENT
6217 USAF Hospital	Inactivate	314 Tac Alft Wg
USAF Hospital, CCK	Activate	374 Tac Alft Wg

a. The Air Force Organization Status Change Report (RCS: HAF-01) will be submitted IAW AFR 20-49.

b. Authority: AFM 26-2 and DAF (PRM 427p) ltr, 12 May 1971, Organizational Actions Affecting Certain PACAF Units.

FOR THE COMMANDER IN CHIEF

DISTRIBUTION "C"

DONALD R. SMITH, Colonel, USAF
Director of Administration

REQUEST AND AUTHORIZATION FOR CHANGE OF ADMINISTRATIVE ORDERS

(If more space is required, continue on reverse, identifying items by number)

TO: DAPO

FROM: XPMO

ORDERS PERTAINING ~~TO ACTIONS LISTED IN IE BELOW~~

~~ORDERS PERTAINING TO THE INDIVIDUALS LISTED IN ITEM 3 ARE~~

☐ REVOKED ☐ RESCINDED ☒ AMENDED AS SHOWN IN ITEM 4

1. IDENTIFICATION OF ORDER BEING CHANGED *(Issued by this Headquarters unless otherwise stated in item 5.)*

A. PARA	B. ORDER *(Type and No.)*	C. DATE	D. TED ☐ PCS W/PCA ☐ PCS W/O PCA	E. RELATING TO *(TDY, PCS, Short Tour of AD, etc.)*
2	SO G-111	14 May 71		6168 Air Base Sq 6170 Air Base Sq 6171 Air Base Sq Misawa AB

2. PREVIOUS AMENDMENTS ISSUED BY THIS HEADQUARTERS.

A. PARA	B. ORDER *(Type and No.)*	C. DATE

3. IDENTIFICATION OF INDIVIDUAL(S) TO WHOM CHANGE ACTION PERTAINS

A. GRADE	B. LAST NAME, FIRST, MIDDLE INITIAL	C. AFSN OR POSITION TITLE *(Civilian)*	D. ORGANIZATION

4. AMENDMENT *(Identify item in order being amended)*

A. ITEM	AS READS	IS AMENDED TO READ
2	6168 Air Base Sq 6170 Air Base Sq 6171 Air Base Sq 6122 Air Base Gp, Misawa AB, Korea	6168 Cmbt Supt Sq 6170 Cmbt Supt Sq 6171 Cmbt Supt Sq 6122 Air Base Gp, Misawa AB, Japan
B. ITEM	[illegible]	

5. REMARKS

6. DATE	7. APPROVING OFFICIAL *(Typed name, grade and title)*	8. SIGNATURE	9. PHONE NO.
18 May 71	COL L. J. CLARK, USAF DIR OF MNPWR & ORGN DCS/PLANS		44541

10. DESIGNATION AND LOCATION OF HEADQUARTERS	11. ORDER *(Type and No.)*	12. DATE
DEPARTMENT OF THE AIR FORCE HEADQUARTERS PACAF APO SAN FRANCISCO 96553	SO G-134	18 May 71

13. TOA

FOR THE COMMANDER IN CHIEF

14. DISTRIBUTION

C

15. SIGNATURE ELEMENT OF AUTHENTICATING OFFICIAL

DONALD R. SMITH, Colonel, USAF
Director of Administration

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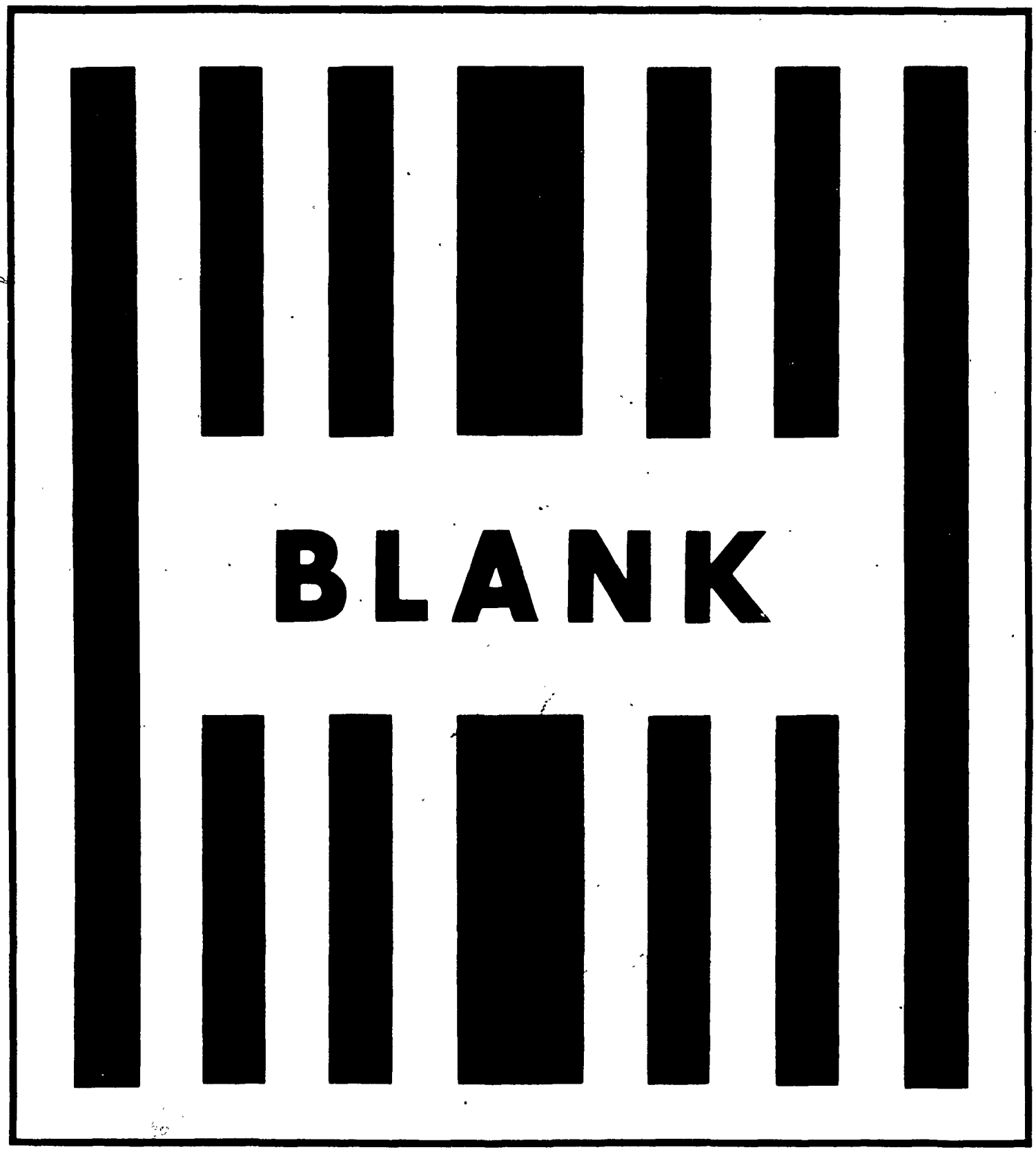
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HISTORY

OF

347TH USAF DISPENSARY

1 JULY 1969 - 30 JUNE 1970

Assigned to:

347th Tactical Fighter Wing, Fifth Air Force, Pacific Air Force

Stationed at:

Yokota Air Base, Japan

CHARLES H. GIBSON
Major, USAF, MSC
Historian

GERALD D. YOUNG, JR
Colonel, USAF. MC
Commander

01052427

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	Aeromedical Services	2
	Bio-Environmental Engineering	3

SECTION I

INTRODUCTION

The 347th USAF Dispensary, located at Yokota Air Base, is designated a "Class B" Dispensary. As such our capability has been limited to the care and treatment of outpatients. Service was provided in Aerospace Medicine; in general family care similar to that provided by civilian family doctors; and in Dental and Veterinary Services. The dispensary maintained an operating location at the Johnson Family Housing Annex with capabilities limited to general family care and Dental and Veterinary Services. The dispensary together with its operating location is assigned to the 347th Tactical Fighter Wing. The status of the health of personnel for which we have been responsible is considered to have remained excellent. Manning and equipment have been sufficient to meet our mission requirement.

SECTION II

NARRATIVE

A. General

Colonel Gerald D. Young Jr, commanded the 347th USAF Dispensary during this period. There has been no change in the organizational structure of the 347th USAF Dispensary since the previous report.

B. Base Medical Services Management

This organization has received several items of much needed medical equipment during this fiscal year, the first to be received in well over two years. The contract for interior painting of building 727 was completed in July 1969. Numerous work orders were consolidated and identified in two major projects, YOK 112-9 and YOK 142-9, internal renovation of the Dental Clinic and Main Dispensary buildings. Both projects were designed and submitted for approval in June 1970. Building 730 was completely renovated as a result of PAD 70-5 and the Dispensary Administration moved to it's present location in February 1970. This also allowed expansion of the family clinic area in building 727.

C. Dispensary Services

No significant change since previous report. Activities of this service were essentially routine in nature without specific historical importance.

D. Dental Services

Orthodontic care was deleted and transferred to the Tachikawa Dental Services when Dr. PanKuk transferred to the United States and was not replaced. LtCol Thomas Treloar became the Base Dental Surgeon on 29 May 1970 replacing LtCol Raleigh Callion.

E. Veterinary Services

No significant change since previous report. Activities of this service were essentially routine in nature and without specific historical importance.

F. Aeromedical Services

A significant increase of personnel on flying status requiring medical care was realized with the cessation of flying activities at Tachikawa Air Base. Additional responsibility for training and continuous alert status has been experienced since the arrival of the 36th ARRS.

G. Bio-Environmental Engineering

1. During the period 1 July 1969 to 30 June 1970, the following new projects were added to the Military Public Health's function within the 347th USAF Dispensary.

(a) With the phase down of aircraft operations at Tachikawa and the subsequent build-up at Yokota, the Bio-Environmental Engineer's slot at Tachikawa was transferred to the 347th USAF Dispensary at Yokota. This increased our 9124 authorization to two (2) engineers. Along with the transfer of the position, the attending engineers responsibility for all of Japan was transferred also.

(b) In December of 1969, a new installation, Kasatoriyama was activated. The present manning for the site is for six Air Force officers. The purpose of the site is to provide operational assistance to American Flag Carrier aircraft as well as US military aircraft in the event of a language problem between the pilot and the JASDF controllers. The initial site visit by our office was made in March 1970 and revealed a problem of water shortage to the USAF compound. This is scheduled to be rectified in July 1970.

(c) LASER: In April 1970, the first LASER was assigned to Yokota. This is a relatively low powered device utilizing Hellium Neon as the active gas. The LASER is being utilized to align the center-line gun pod of the F4 aircraft assigned to Yokota. All necessary physicals and reviews of plans and procedures were accomplished prior to the LASER becoming operational. This may very well be the first time that the Medical Service has been included early enough into the initial groundwork for the phase-in of a new system.

(d) Johnson FHA Olympic Pool: During the past several years, continual problems have been created by the Olympic Swimming Pool at Johnson FHA. The majority of these problems were caused by the fact that the pool was designed as a fill-and-draw pool and no capability existed for recirculation of the pool water. A shortage of base water prevented the operation of the pool as a fill-and-draw, since the pool volume of 650,000 gallons exceeded the amount of available water. At the beginning of 1970, a recirculation-filtration system was designed to be installed, however a shortage of funds precluded the design of an adequate system. It was decided that rather than install an inadequate system that the pool would be closed until an adequate system could be installed.

(e) NDI Facility: With the phase-down of aircraft operations at Tachikawa, plans for a Non-Destructive Inspection Facility at Yokota were developed. This will be the first time an industrial x-ray unit has been used in a fixed facility at Yokota. The original plans for this facility did not include enough lead shielding for the exposure room. At the request of the Bio-Environmental Engineer, the plans were changed to include adequate shielding.

(f) Site Visitations/Attending Engineer Visits: A program of regularly scheduled visitations for outlying sites has been initiated. Preventive Medicine support for outlying sites is listed below:

Kasatoriyama	May, October
Wajima	March, September
Mineokayama	January, April, July, October
Mito	February, June, August, November

Representatives from the Military Public Health Section, the Flight Surgeon's Office, and the Veterinary Services will visit the sites as scheduled. Bio-Environmental Engineering support to other bases is as listed below:

Misawa AB	July, September, November, January, March, May
Wakkanai	July, November, May
Itazuke	July, October, January, April

2. The following projects have been upgraded and/or improved during the previous year.

(a) Shop Folders: During the previous year, marked improvements were made in the industrial shop folders. Considerably more information on shop layout and hazardous chemicals are now contained within the shop folders. The industrial shop folders now provide a quick and accurate reference for all industrial shops on the base.

(b) Occupational Physicals: The quality of the occupational physical program has been upgraded considerably. This program was upgraded in conjunction with the shop folders. Personnel working in industrial shops where occupational physicals are required are now receiving a physical specifically designed to detect any physiological damage caused by their working environment.

(c) Disease Vector Surveillance Program: Our Disease Vector Surveillance Program has been upgraded with the receipt and installation of additional mosquito light traps. These traps were installed at Yokota AB. We now have six light traps at Yokota AB and four at Johnson FHA.

(d) Equipment: The transfer of the Bio-Environmental Engineer's position from Tachikawa to Yokota resulted in the transfer of several pieces of environmental health equipment from Tachikawa. These items are listed below:

General Radio Octave Band Noise Analyzer
Gas Air Sampler 2 cu ft
Weksler Temperature & Humidity Recorder

Radiac Meter AN/PDR 43B
MSA Combustible Gas Indicator
Davis Helide Meter
Kitagawa Air Sampler
Staplex Hi-Volume Air Sampler
Wet Test Meter
Pre-Amplifier Type 1560P
Thermal Anometer
Unijet Air Sampler

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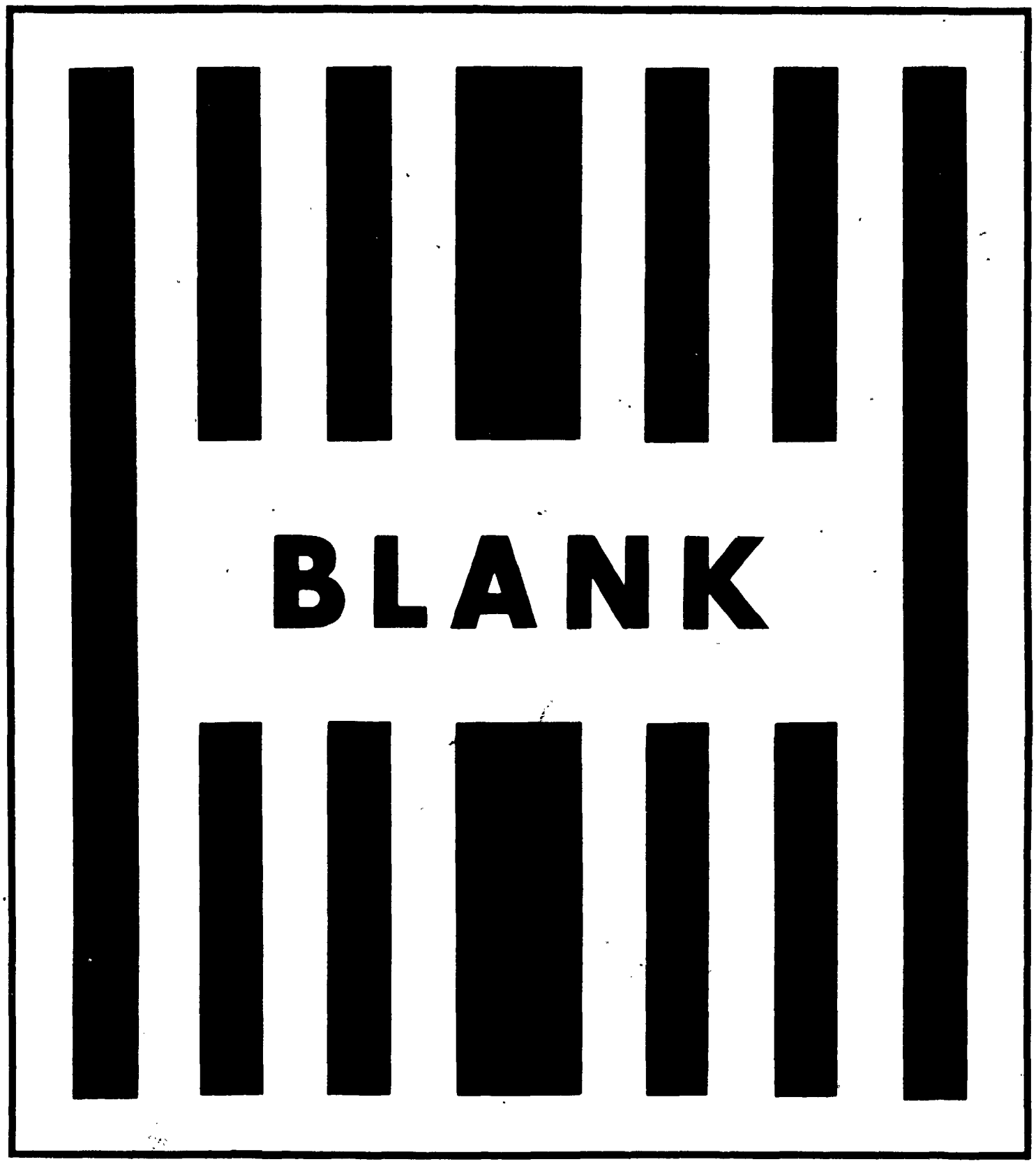
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366th USAF Dispensary 22nd Aeromedical Staging Flight APO San Francisco 96337	7AF (SGA) APO San Francisco 96307

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IF MORE SPACE IS NEEDED FOR ANY ITEM, ATTACH ADDITIONAL SHEETS IDENTIFIED BY APPROPRIATE ITEM NUMBER.

SECTION I — ASSIGNMENT

MAJOR AIR COMMAND	NUMBERED AIR FORCE	AIR DIVISION	WING	GROUP
PACAF	7th		366th	

SECTION II — SUBORDINATE UNITS

SECTION III — MISSIONS

A. PRIMARY 366 USAF Disp - The mission of the 366th USAF Dispensary is to provide medical service support necessary to maintain the combat readiness of military personnel at this installation. The 366 USAF Dispensary provides tactical medical support, outpatient medical care and inpatient treatment, flight medicine, military public health, occupational medicine, veterinary services and dental care for Air Force units in the DaNang area.

(Cont'd on Reverse)

B. SECONDARY (OR OTHER)

SECTION IV — PERSONNEL

STATUS	OFFICERS	AIRMEN	CIVILIANS	TOTAL
ASSIGNED	29	115	12	156
AUTHORIZED	31	92	13	136
ATTACHED				

SECTION V — EQUIPMENT

A. AIRCRAFT

N/A

B. WEAPONS (INCLUDING MISSILES)

N/A

C. ELECTRONICS

N/A

D. OTHER

N/A

01052428

INSTRUCTIONS ON INFORMATION TO BE INCLUDED IN THE NARRATIVE

1. Changes in commanders, key staff officers, and inclusive dates of each incumbent during the reporting period.

2. Elaborate on mission-type equipment recorded in Section II of this form. Include the quantity at the beginning of reporting period and all additions, losses, transfers, etc., during period covered. Give reason for each loss or transfer. Explain major modifications to unit equipment.

3. Operational units include a summary of missions and sorties, hours flown, purpose or objective and results. Report air victims, to include aircraft and pilot losses, pilots missing or rescued. Record unique highlights, details of overall performance (reduced to statistics), tactics used and changes, and other matters bearing on mission performance. Discuss maintenance and supply achievements and problems and significant facility changes.

SECTION VI — NARRATIVE

Section III (Cont'd)

22nd ASF - The mission of the 22nd Aeromedical Staging Flight is to provide casualty staging facilities in support of Marine, Army, Navy, Air Force and other free world forces patients originating in I Corps requiring medical evacuation to other medical facilities within South Vietnam, the Pacific Theater or CONUS.

Unit Commander: Lieutenant Colonel Roy L. DeHart assumed the duties of Director of Base Medical Services from Lieutenant Colonel John W. Funk on 11 July 1970, and served in that position through the end of this reporting period.

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CHAPTER II. PERSONNEL

CHAPTER III. OPERATIONS

CHAPTER IV. MAINTENANCE AND SUPPLY

CHAPTER V. FACILITIES

CHAPTER VI. SPECIAL ACTIVITIES

I. SUMMARY STATEMENT

A. The 366th USAF Dispensary performed its role of supporting functions of the 366th Tactical Fighter Wing and tenant units in an outstanding manner during this reporting period. Several significant changes were made to the physical plant during FY 71 for better use. They have resulted in smoother operations in the affected areas. The Drug Abuse problem was met head-on by professional personnel, and several facets of this pioneering program have proven so effective that little change was necessary to comply with the AF program that was adopted. Manning during this period was sufficient to accomplish the mission. The Seventh Air Force IG inspection received 24 Aug - 5 Sep 70 rated the Dispensary and 22nd ASF as satisfactory, overall.

B. The 22nd Aeromedical Staging Flight continued to provide superlative support to the First Military Region. The phasedown of the ASF at Cam Ranh Bay has made the 22nd ASF the busiest of its kind in SEA, averaging over 1,000 patient movements per month.

II. COMMANDER'S STATEMENT

The health of the command has remained good during this period. No significant outbreaks of any type disease was experienced. A rabies problem during the first few months of this period was effectively controlled by a mass inoculation program of animals and the rounding up and disposition of stray animals not tagged. The sanitary standards of the base have gone downhill as of late due to equipment breakdowns and inadequate manning of the dining facilities. This important item has received command attention

and support. The problem of drug abuse has become a very real one here, and many hours of work have gone into a program to combat this serious item. The physical plant has undergone many noteworthy changes. The interior of the entire Dispensary was painted and several minor construction projects completed to enhance patient management. The enlisted billets were extensively renovated, providing two-man cubicles and a Dayroom. Modification of an enlisted billets into a Halfway House for drug abusers was also started during the latter half of this period. Ward "C" has been renovated to provide a maximum security ward for drug abuse patients.

CHAPTER I. MISSION, ORGANIZATION AND ADMINISTRATION

The mission of the 366th USAF Dispensary is to provide medical service support necessary to maintain the combat readiness of military personnel at this installation. The 366th USAF Dispensary provides tactical medical support, outpatient medical care and inpatient treatment, flight medicine, military public health, occupational medicine, veterinary service and dental care for Air Force units in the DaNang area.

The mission of the 22nd Aeromedical Staging Flight is to provide casualty staging facilities in support of Army, Navy, Marine, Air Force and other free world forces patients originating in the First Military Region requiring medical evacuation to other medical facilities within South Vietnam, the Pacific Theater, or CONUS.

The organization of the Dispensary and Aeromedical Staging Flight has undergone many changes, both physically and administratively. Many detailed studies were accomplished to identify deficient areas and then aggressive initial and follow-up actions taken to resolve them. These

efforts have undoubtedly resulted in optimal patient care and much more efficient administrative systems. The budget received close scrutiny during this period. Medical supply costs were especially monitored. In April 1971 the financial situation was reappraised and several thousands of dollars were returned to higher headquarters for redistribution within the command. At the end of the fiscal year our budget was 100% obligated.

CHAPTER II. PERSONNEL

A. Elimination of some UDL positions by higher headquarters left us with inadequate manning in several key areas, most notably in the Administrative, Medical Food Service and Medical Materiel areas. A reclama was submitted to recoup these losses and the positions retained. The present manning is adequate to meet present mission requirements.

B. A UDL Change Request was submitted early in this period to convert 3 military dental assistant slots to local national positions. The request was approved and three Vietnamese nationals were recruited to fill these positions. They are intelligent, productive workers, and the program has been highly successful and also supports the Vietnamization Program.

C. The reductions we suggested to the 22nd Aeromedical Staging Flight were based upon projected mission requirements, and the patient movements since have shown the reduction was justified. However, if large numbers of drug abuse patients are staged through this unit, additional 902X0's will be needed. One 90270 SSgt and three 90230's/50's will be needed to man a maximum security ward.

CHAPTER III. OPERATIONS

A. REGISTRAR SERVICES. An appointment system was developed and implemented early in the fiscal year. Previous "Sick Call" lines were eliminated and the physician's time was more effectively utilized. This system has proven very successful. A management improvement action was reported and a savings of several thousands of dollars was confirmed through audit. A system for better safeguarding of patient's valuables was implemented. A Medical and Dental Records Review Committee was established, providing better quality control of our medical records. Training classes were established to train Registrar personnel in the coding of clinical records and general records maintenance. This course has produced dramatic results, dropping error rates considerably. The Health Record files were also screened, insuring complete and properly filed outpatient records. A complete review of this office's administrative practices and files was accomplished, resulting in a better functioning section. The existing policy used early in this period of putting a man on Quarters status was discontinued, the new philosophy being that a man would recover more rapidly as an inpatient under professional care rather than being left to his own care in the billets.

B. ADMINISTRATIVE SERVICES. All of the Dispensary Regulations were reviewed during this period, resulting in many being changed and new regulations written covering areas not providing local guidance before. A detailed manpower study was performed of all work centers, resulting in several personnel changes and more equitable distribution of workloads. This study and accompanying changes have helped considerably in providing better patient management and administrative practices. A very comprehensive

Self-Inspection Checklist was published during the latter half of this period, which has proven to be an excellent management tool. Job Continuity Folders were almost nonexistent in most cases throughout the facility. A concerted effort in this area has produced comprehensive job guides for every key position. The Medical Library was completely revamped and many new books and periodicals ordered. The Ground Safety Program received continuing emphasis during this reporting period. Several potential hazards were identified and their removal closely coordinated with Civil Engineers. These efforts have proven fruitful - we haven't had any accidents attributable to unsafe practices or equipment. The Disaster Plan was reviewed and updated during this period. We received numerous visits from dignitaries of all medical echelons of command during the year, and all were impressed by the overall appearance, performance and attitude of our medical personnel.

C. 22ND AEROMEDICAL STAGING FLIGHT. This unit was reorganized and personnel assigned according to actual functions performed. Tasks and responsibilities were identified and personnel placed in those areas of responsibility. Although two of our prime sources of patients were removed during the latter part of this period (the Marine's 1st Medical Battalion and the Navy's hospital ship USS Sanctuary), the phasedown of the ASF at Cam Ranh Bay has kept our number of patients moved through this unit to an average of over 1,000 per month. A system was instituted during this period to provide for better handling of patient's baggage, as well as the publication of a patient brochure for our transient patients.

D. AEROMEDICAL SERVICES. This section has continued to be busy, supporting 22 flying squadrons with approximately 1,080 personnel. Several

significant changes were accomplished by the Flight Medicine Office and are working well. An Aircraft Accident Investigation Kit was developed, establishing standard procedures for aircraft accident response, investigating and reporting. A system was established for close review and control of physical and dental examinations for aircrews. A Hypoxia Kit was devised, enabling blood specimens to be drawn at the flightline immediately upon the landing of an aircrew member. All response vehicles were configured with equipment in the same manner, eliminating any confusion when changing vehicles. A Portable Medical Kit was devised for use on the Primary Crash Ambulance. A cross-training program for all personnel in disaster medicine was accomplished during this period. This training has proven invaluable on more than one occasion. Military Public Health and Occupational Medicine conducted a major survey of troop housing and latrine facilities of the Marine area after their departure, prior to the moving in of Air Force units. Problems with inadequate latrines, water supply, adequate housing and trash collection were found. Close coordination with Civil Engineering and Wing planners prevented many undesirable conditions from continuing. A base-wide occupational health program was formulated during this period. Personnel working with hazardous materials were receiving little medical surveillance. All jobs on base in which personnel deal with hazardous chemicals require a special physical exam yearly. This program will be implemented during FY 72. The scope of the Military Quarantine Inspection program has been expanded to include mail and passenger aircraft. A total of 1964 aircraft were inspected and certified, with a total cargo weight of 28,877,646 pounds. During the period of approximately 40 days when the city of DaNang was

placed on limits, an increase of approximately 100 cases of venereal disease was noted among AF personnel. Over 1500 audiograms were given in support of the Hearing Conservation Program during this period, resulting in ten individuals being removed from duties involving hazardous noise exposure. Over 2900 ear defenders were issued to personnel. A total of 195 film badges were submitted to the Radiological Health Laboratory. No overexposures were reported.

E. DISPENSARY SERVICES. During this period several physical changes were made to the General Therapy Clinic to provide more efficient handling of patients. The Information Desk and Appointment Receptionist were moved out of the Records Room, eliminating a lot of confusion. The Immunization Clinic was moved to an area on Ward "C", relieving considerably the prior ever-present congestion in the Clinic area. A Minor Treatment Section was established, located out of the Emergency Room. This allowed "dirty" treatment to be managed away from the area where "clean" treatment is provided. A Cast Room is part of this section. An intercom system was procured and installed at the Clinic Receptionist's Desk, with connections to each physician's office. A Medical Control Center was located in the Transportation Office, to provide a convenient and efficient means of vehicle and patient control during normal operations or in an emergency or disaster situation. The vehicle situation has been, in a word, terrible. Most of the vehicles are aged and, when they require repair (which is frequently), are in the shop for excessive periods of time, for lack of parts. Despite intensive efforts to provide preventive maintenance and do as much of the work in-house that we can, the situation continues to deteriorate.

F. DENTAL SERVICES. The dental health of the base has improved

considerably. The Annual Dental Examination program as outlined in AFM 30-3 was instituted and is working well. All dental records were screened and updated. An increase of 70% in the number of people in Class I was experienced this year. The workload was greatly increased during this period, due to the initiation of the Periodic Physical and Annual Dental Exam programs, but was handled without an increase in personnel. A sterile technique was instituted for oral surgery patients, whereby all instruments are wrapped in clear plastic, color coded, dated and autoclaved. The instrument stand and patient are draped with sterile towels during surgery. An improved dental appointment system was accomplished and strong emphasis placed on a patient keeping his appointment. This program is highly successful, as evidenced by a drop in the broken appointment rate from about 15% to 2.5%. The large backlog of prosthetic patients was eliminated by having one dental officer devote full time to this area; establishment of better rapport with the Area Dental Laboratory; and better equipment and improved laboratory procedures.

G. VETERINARY SERVICES. Veterinary inspections at DaNang are conducted at least bi-monthly, with the majority accomplished weekly. A generalized downgrading of sanitary conditions of dining halls and club facilities has developed here. Major contributing causes have been large amounts of inoperative equipment such as ice machines, which require transport of bulk ice under improvised handling procedures. Also, lack of adequate manning of dining facilities has resulted in decreased overall cleanliness of facilities. Decreased manning of dining halls in conjunction with inadequate garbage disposal, accumulation of spilled garbage and litter, inadequate spray equipment and lack of sufficient spray materials has resulted in an

increased fly and rat population on this base. This important problem is presently receiving increased attention. There are 25 military dogs assigned to the 366th Security Police Squadron. In addition, 2 Army marihuana dogs are housed at this facility. The general health of the animals has been fairly good, with dermatitis and otitis being the most frequent routine medical problem. Inadequate drainage to the building frequently results in sudden increases in hookworm and tick infestations each time there is considerable rain. This has been a long-standing facilities defect which has received inadequate civil engineering attention to date. Rabies continues to be a constant threat on this base. 366 TFW Regulation 163-1 was rewritten and published in June 1971. The Security Police have been giving increased attention to the problem of strays on the base. Frequent publications in the Daily Bulletin are utilized to remind personnel to remain rabies-conscious.

H. NURSING SERVICE. An Orientation Program was established for all nurses and corpsmen assigned this service. An Exchange Program was set up with the Navy, sending a nurse and 2 corpsmen to the Hospital Ship USS Sanctuary in exchange for Navy personnel, who were assigned here for 1 week. This afforded an exchange of ideas and procedures used, plus educated each individual in the workings of the two services. Better understanding of problem areas resulted from this program. Flights were planned and implemented for assigned nurses to fly with the aeromedical evacuation squadrons here - the 903d AES, PACAF; and the 57th AES, MAC. This informed each nurse of the many problems of transporting patients in flight. Through actual participation in these flights, each nurse had a better understanding of just what her patients experienced during flight, and therefore could

effect better preparation of them, both physically and mentally, for their flight. In early July 1970 the use of paper disposable sheets was initiated for all ambulatory patient's beds. Forms and linens were established on both wards. Shelves, cabinets, drawers and carts were labeled as to contents. Ceilings were painted, cubicle curtains installed, emergency and treatment carts set up. Movies for the patients were shown nightly. Policy letters and operating instructions were brought up to date. The Kitchen was cleaned, equipment put into good condition and used to prepare breakfast and to serve other meals for patients. A Dining Hall was planned, designed and is now used for all ambulatory patients. It is located on Ward "B". An improved food transportation system was developed with the "Meals on Wheels" carts. A selective menu was established.

CHAPTER IV. MAINTENANCE AND SUPPLY.

A. Maintenance. Several visits were received by Medical Maintenance personnel from Cam Ranh Bay, who provide this support to us. Their visits were frequent and thorough enough to insure that our medical equipment was maintained in excellent repair.

B. Supply. The materiel workload has remained stable and enormous. An average of 670 line items were processed for issue each month, at an average cost of $25,000. This represents some 31 tons of supplies that must be moved monthly. A thorough review of all supply requests and issues was accomplished early in this period. A complete reorganization of stock levels, issue procedures and general management of the account was done. The fill rate has been raised from an 87% to a 95% average. The materiel warehouse is in the process of being reorganized, which will

result in approximately 30% more storage space.

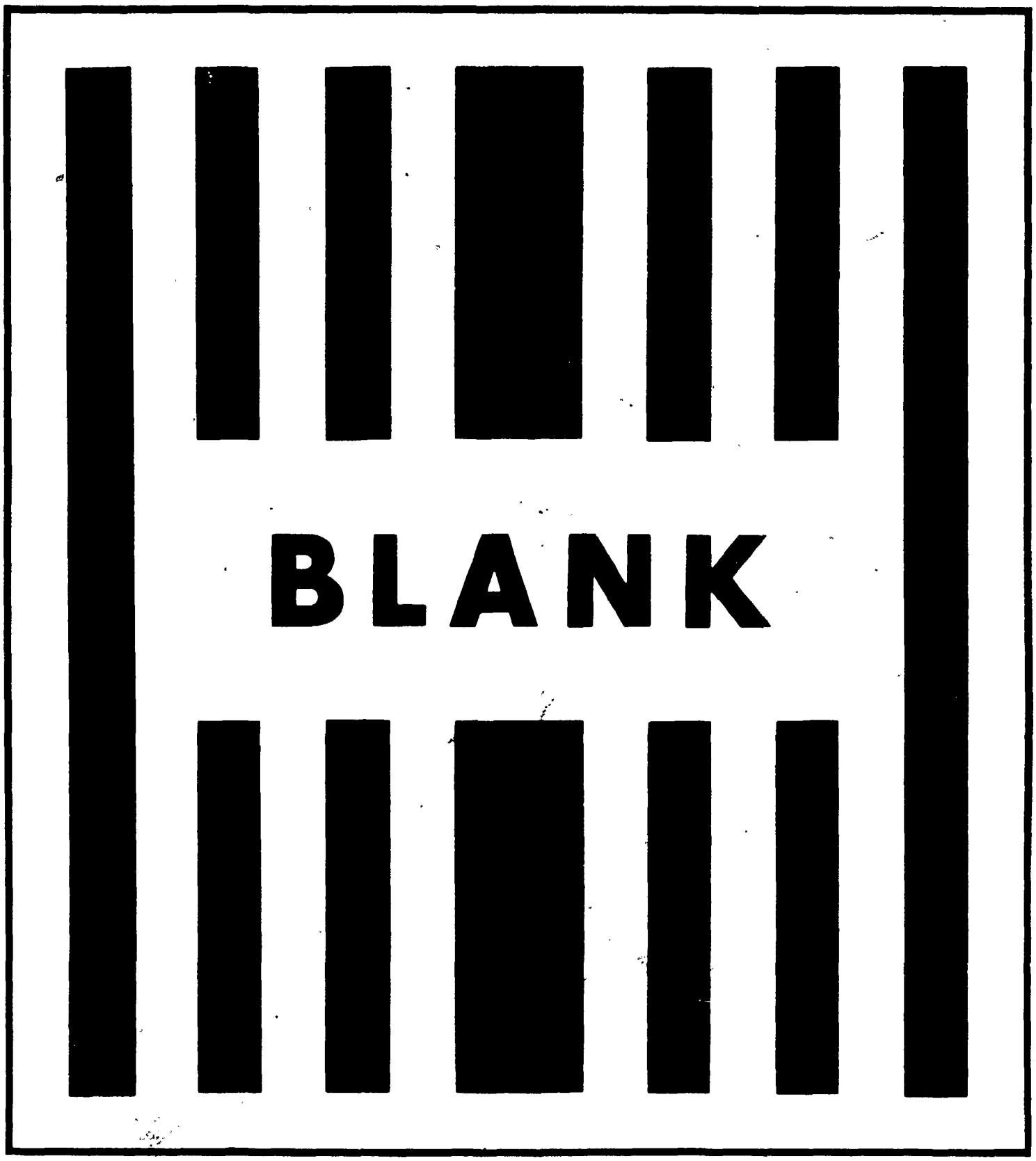
CHAPTER V. FACILITIES

A tremendous amount of work has been accomplished in this area. The entire interior of the Dispensary was painted, pictures procured and hung throughout the facility, and curtains obtained to hang in the wards and elsewhere. The Veterinary Office was moved into a partitioned area adjacent to Ward "C", relieving much of the congested atmosphere present in its former location in the Clinic area. The Immunization Clinic was relocated next to the Veterinary Office, producing the same effect. The Baggage Storage area for ASF patients was doubled in size, providing ample room for valuables needing safeguarding. Stereo equipment was installed on Ward "A", with a public address system used to brief air evac patients. All electrical circuits were wired into our emergency generator, to provide power to all sections of the Dispensary in the event of base power failure. A larger capacity generator was procured for the Dental Clinic, to allow them adequate emergency power. The Dispensary Helopad was resurfaced and lights installed around it. A large backlog of Civil Engineer work orders present at the start of this period were completed, due to vigorous follow-up action. The most significant self-help project accomplished during this period was the complete renovation of the two upper floors in the Airmen's Dormitories. These floors were partitioned off to provide standardized 2-man cubicles, measuring 8' x 13' and one 16' x 20' Dayroom. Following this the interiors of both barracks were painted, improving morale and appearance to a great degree. Another self-help project underway at the close of this period was the construction of a "Halfway House" for drug

abusers, in a dormitory adjacent to the medical barracks. The squadron patio was doubled in size, to afford more room for our growing recreation activities. A self-help project to landscape the grounds around the Dispensary was begun.

CHAPTER VI. SPECIAL ACTIVITIES

The Medical/Dental Civic Action Programs (MEDCAP/DENCAP) have been vigorously pursued by dispensary personnel, making one or two trips per month to neighboring villages and hamlets. The program has been very successful, and the team members receive constant praise from local officials. Other assistance has been provided through close liaison and cooperation with the Vietnamese Air Force (VNAF) medical facilities in the area. A physician was appointed Liaison Officer and a program established to provide technical and professional assistance to upgrade the medical care provided by the VNAF Dispensary. Close liaison between personnel of this Air Force medical facility and the local civilian medical community has resulted in better understanding by all of us of the problems found in the large Vietnamese city of DaNang. Assistance, in terms of advice, council and aid is provided as needed. Close work with sanitation problems in food establishments in DaNang City has resulted in the start of good, sound sanitation standards and a team, augmented by Air Force personnel, to perform inspections. This program is new, but effective.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DEPARTMENT OF THE AIR FORCE
377TH UNITED STATES AIR FORCE DISPENSARY (PACAF)
APO SAN FRANCISCO 96307

UNIT HISTORY
(1 July 1970 - 30 June 1971)

SUBORDINATE UNIT INCLUDED

21st Aeromedical Staging Flight (PACAF)
APO San Francisco 96307

COMMANDER

Lieutenant Colonel Edwin D. Ramos, 088-24-4309FR
(1 July 1970 - 8 July 1970)

Colonel William C. Story, 431-40-6423FR
(9 July 1970 - 30 June 1971)

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Chapter I.

Mission:

The 377th United States Air Force Dispensary serves a dual purpose. As a 377th Combat Support Group Dispensary and as a 21st Aeromedical Staging Flight. In its role as a dispensary it acts as a medical treatment facility primarily intended to provide out-patient medical services for non-hospital type ambulatory patients. Examination and treatment of emergency cases are the type of services rendered. The dispensary also performs certain non-therapeutic services or functions related to the health of the personnel served, such as physical examinations, immunizations, medical administration, and other preventative medical and sanitary measures necessary to support a primary military mission.

In the Dispensary's latter role as a Aeromedical Staging Unit the primary mission is to provide the necessary professional medical care for patients being staged thru the facility to designated hospital destinations. During the time period covered in this history the 21st ASF has experienced a decrease in amount of patients being staged thru this facility. This has resulted in a decrease in the number of out of country flights and active days of staging patients. In terms of statistics FY 1971 total patients staged was 8,377. While in FY 1970 a total 17,150 patients were staged. This represents a decrease of 8,773 patients or 50%. This is a significant decrease in workload. It is also significant to recognize that the patient mix has changed drastically. Battle casualties averaged 20% in FY 71 whereas in FY 70 battle casualties averaged 39% of the total patients staged. This would indicate a downward trend of US involvement in combat activities.

Organization:

During this reporting period 7th Air Force conducted an inspection of this facility. The inspection was performed in February 1971 and the 377th USAF Dispensary received a satisfactory rating. The inspection covered all aspects of command and medical administration and patient care. Areas that were found unsatisfactory were immediately corrected. Recently the Dispensary conducted its own internal inspection and is presently in the middle of evaluating the over all results. The Dispensary workload in terms of base strength (11,000) has decreased. Out-patient workload was 113,996 patient visits as compared to 152,136 patient visits for FY 1970. This represents a decrease of 25% for fiscal year 1971. Should the base mission be reduced it is quite possible a corresponding decrease of patient workload would result. This historian has no significant recommendation for organizational change. It appears that the present organizational structure is adequately aligned to support its assigned mission and flexible enough to respond to new programs and responsibilities as they come up.

Administration:

No significant administrative recommendations were proposed during this reporting period and this historian has no present recommendations.

Chapter II.

Personnel:

This unit experienced the usual shortage of physicians during the month of June. This shortage was compounded because reserve officers were assigned and although it appeared that manning would have been ample, travel time to home and separation processes were not taken into account. Accordingly, several officers departed up to two weeks prior to actual DEROS to meet separation dates. Enlisted manning made the usual "up and down" fluctuations unique to short tour areas. There were periods when manning was short in the 902X0 field, however this was corrected by direct support from the 7th Air Force Surgeon's Office who affected in-country reassignments through personnel channels to preclude critical shortages. To preclude problems in patient treatment areas during the physician shortage fewer routine physical examinations were performed during the month of June. Flight surgeons were used to supplement the general medical officers in the General Therapy Clinic when not involved in direct support of the aeromedical mission to expedite care of the patients.

a. Training:

On-the-job training continued to be conducted with a significant number of trainees reporting direct to this unit from school. These trainees have become valuable assets. However, due to the limited patient care practiced in the average dispensary, assignment to a hospital for at least a year prior to assignment to dispensary level duty would greatly benefit the individuals concerned.

b. Manning:

There were no significant changes in UDL authorizations during this period. At the close of this report period the combined UDL authorization for the 377th USAF Dispensary/21st Aeromedical Staging Flight was:

OFFICERS	DISPENSARY	ASF	TOTAL
MC	9	2	11
DC	10	-	10
NC	3	9	12
BSC	3	-	3
MSC	2	1	3
VC	1	-	1
	28	12	40

AIRMEN	DISPENSARY	ASF	TOTAL
Food Service	11	-	11
Medical	68	33	101
Dental	19	-	19
	98	33	131

Total Officer and Airmen	126	45	171

Chapter III.

Operation and Training:

a. Aeromedical Services:

The physical examination waiver for SEA was discontinued by the USAF Surgeon General on 1 July 1970, but the word didn't reach the field until September 1970. As a result of this late notification, an average of 1,000 medical exams were thrust upon this service unexpectedly during a three month period. The annual average number of physical examinations will equate 1,500 not programmed and for which no manning assistance was ever received.

Flight Surgeons and aeromedical technicians were assigned to base flying units in support of the Base Aerospace Medicine Program.

A medical team made weekly visits to the Lam Ty Ni orphanage in Saigon as part of the Medical Civic Action Program.

b. Dental Clinic:

A team went out three days a week to provide dental treatment to Vietnamese civilians in support of the Medical Civic Action Program (MEDCAP). The periodontist taught at the University of Saigon Dental School two days a week. Six Vietnamese Air Force hygienists were trained in this facility resulting in their commissioning as officers in the Vietnamese Air Force.

c. Military Public Health:

While continuing to provide the normal services necessary to insure a disease prevention and surveillance program to the Base, the Military Public Health Service became increasingly involved with the Military Quarantine Inspection (MQI) of Retrograde Cargo during FY 71. The MQI program underwent significant expansion as the phased American withdrawal resulted in large volumes of equipment and cargo being returned to the CONUS. In as much as the program had no precedent in nature upon which to establish operating procedures and guidelines, situations were encountered throughout the year wherein the Military Public Health Service was called upon to make procedural adjustments so as to insure the program's continued successful operation.

While a cursory observation of the environmental conditions in the area would lead one to expect extremely high disease incidence rates, such was not the case at Tan Son Nhut during FY 71. A large portion of the credit for this can be attributed to the surveillance and control programs for which the Military Public Health Service was responsible.

The local national health program conducted 1,544 physical examinations and administered 5,604 immunizations to Vietnamese employees. The Hearing Conservation Program gave 1,232 audiograms to personnel assigned to noise hazardous areas on base. Protection devices' were issued to 4091 personnel..Contact interviews and post treatment serological surveillance were conducted on 4,322 patients who contacted venereal disease. Water and ice samples were collected and analyzed twice weekly. Mosquito specimens were collected and submitted for indentification weekly. Surveillance of the industrial areas was provided for via quarterly surveys, and specialized surveys as the needs arose.

Chapter IV.

Supply:

The supply support to the 377th USAF Dispensary and 21st Aeromedical Staging Flight (ASF) continued to be outstanding. A fill rate of approximately 97% was maintained on medical supplies issued to this medical facility. The following is an analysis of the dollar amount of Medical Supplies and equipment issued to Dispensary/ASF using activities during FY 71.

	DISPENSARY	ASF	TOTAL
EE 604 (Medical Supplies)	$187,362	$153,694	$341,056
EE 624 (Medical Equipment)	104	-0-	104
TOTAL	$187,466	$153,694	$341,160

There has been a significant decline in the amount of medical supplies issued to both the Dispensary and the ASF. The decline is shown in the following analysis:

	FY 69	FY 70	FY 71
Dispensary	$405,581	$274,100	$187,362
ASF	609,298	419,542	153,694
TOTAL	$1,104,879	$693,642	$341,056

Chapter V.

Facilities:

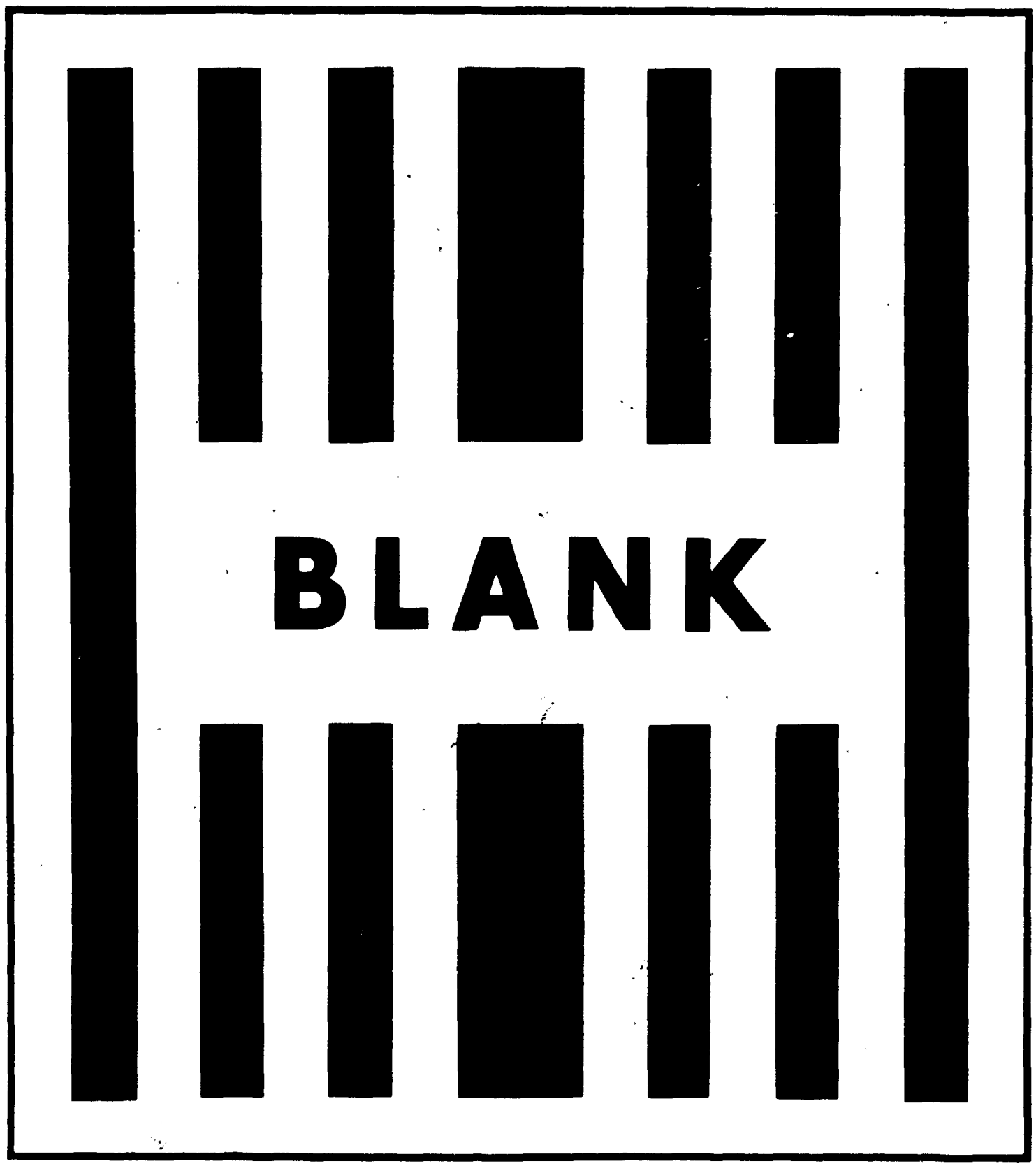
Roof leaks, a problem identified in previous reports, have been greatly reduced during this reporting period. A false slanted roof was built over the entire facility during February and March 1971. This construction has stoped the rain leaks which had previously caused electrical fires, shorts in wiring circuits, damaged equipment, warped tile flooring, and general deterioration of the entire facility. Base Civil Engineering assistance has continued to be excellent during this period. Squadron self-help projects have continued throughout the year, the most notable being the complete rehabilitation of the dispensary patio and patient recreation areas. All projects have resulted in improved troop morale.

Chapter VI.

Special Activities: Not applicable, covered in other chapters.

Summary:

This reporting period has seen many changes throughout the entire facility and its operation. Many programs were initiated which resulted in improved medical care to the base population and aeromedically evacuated patients. Much progress was observed in the area of Vietnamese Air Force participation in the Vietnamization program.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377th UNITED STATES AIR FORCE DISPENSARY
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Chapter I.

Mission:

The 377th United States Air Force Dispensary serves a dual purpose. As a 377th Combat Support Group Dispensary and as a 21st Aeromedical Staging Flight. In its role as a dispensary it acts as a medical treatment facility primarily intended to provide out patient medical service for non-hospital type ambulatory patients. Examination and treatment of emergency cases are the types of services rendered. The dispensary also performs certain nontherapeutic services or functions related to the health of the personnel served, such as physical examinations, immunizations, medical administration, and other preventive medical and sanitary measures necessary to support a primary military mission.

In the Dispensary's latter role as a Aeromedical Staging Unit the primary mission is to provide the necessary professional medical care for patients being staged thru the facility to designated hospital destinations. During the time period covered in this history the 21 ASF has experienced a decreased in the amount of patients being staged thru this facility. This has resulted in a decrease in the number of out of country flights and active days of staging patients. In terms of statistics FY 1970 total patients staged was 15,849. While in FY 1969 a total of 20,529 patients were staged. This represents a decrease of 4,680 patients or 23%. This is a significant decrease in work load support. It is also significant to recognize that the severity of patient wounds being staged was rapidly decreased. This would seem to indicate a down ward trend of the war in the III and IV Corps areas of Vietnam. Due to the United States push into Communist Cambodia sanctuaries the 21 ASF patient load increased about 350 to 400 patients above what it had been averaging over the past six months. There was a significant decrease in patient staging in June of 1970 after all US troops were with drawn from Cambodia.

Organization:

During this reporting period 7th Air Force conducted an inspection of this facility. The inspection was performed in January of 1970 and gave the 377 USAF Dispensary a satisfactory rating. The inspection covered all aspects of command and medical administration and patient care. Areas that were found to be marginal or unsatisfactory were immediately corrected and all open items were closed in July 1970. Recently the dispensary conducted its own internal inspection and is presently in the middle of evaluating the over all results. The Dispensary work load in terms of base strength (12,000) has remained fairly constant as compared to FY 1969. Out patient workload was 152,136 patient visits as compared to 147,110 patient visits for FY 1969. This represents an increase of 3.4% for fiscal year 1970. This respresents no significant fact and points out the stability of patients seen as to base strength. Should the base mission be expanded or reduced it is quite possible a corresponding increase or decrease of patient work load would result. This historian has no significant recommendation for organizational change. It appears that the present organizational structure is adequately aligned to support its assigned mission and flexible enough to respond to new

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programs and responsibilities as they come up. During this reporting period the 377 USAF Dispensary entered into a support agreement with the Army Heliport located at Tan Son Nhut AB, to provide emergency ambulance service on a call basis. As to date this agreement has worked very satisfactorly with the United States Army being able to use an ambulance in support of its mission closer to the front line. Also during this reporting period various agencies were able to meet and come to agreement on support of the Vietnamese Air Force's responsibility of transporting Vietnamese patients to their final destination. The lack of equipement and skilled technicans on the part of VNAF were of primary importance in this support agreement. This problem seems to have been alleviated with the VNAF's increased ability to handle a larger share of its responsibility.

Administration:

No significant administrative recommendations were proposed during this reporting period and this historian has no present recommendations.

Chapter II

Personnel:

During this reporting period a shortage of Physicians occurred in June and July of 1970. This was due in part to the trend of staffing this facility heavily during the summer months and then a subsequent heavy rotation the following year. A similiar incident was experienced in the enlisted AFSC's but the mission was accomplished despite this inadequacy. The physician manning situation was alleviated by manning assistance of out of country physicians TDY here during the critical shortage period. Also a decrease in the patient appointment schedule during this shortage period helped distribute the work load. Flight Surgeons were used to help the General Medical Officers maintain an adequate clinic schedule. It is recommended that a more evenly distributed personnel gains and losses manning picture be worked out.

a. Training:

In February of 1970 a 10 week program of 90230 OJT classes was initated. This program covered all phases of training for 902's. During June, Proficiency Training classes were conducted once a week in the General Practice Clinic by physicians. Subjects taught were emergency and clinical treatment procedures. This is a continual training program. A program was developed in late June to OJT 906's in a training status. This program is presently being conducted. Throughout this reporting period this facility averaged about 20 - 25 trainees on OJT status of which 5 - 7 were 7 level trainees. Trainees in excessive status have been almost nonexistent during this reporting period.

b. Manning:

There was no significant increase or decrease in the authorized slots alloted to this unit during this period. At the end of this reporting period the 377th USAF Dispensary was authorized:

OFFICERS	DISP	ASF	TOTAL
MO	12	2	14
DC	9		9
NC	3	13	16
BSC	2		2
MSC	2	1	3
VC	1		1
	29	16	45

AIRMEN	DISP	ASF	TOTAL
Food Service	11		11
Medical	73	38	112
Dental	18		18
	103	38	141
Total Officers and Airmen	132	54	186

Chapter III

Operation and Training:

a. Major Programs Initated:

1. Aeromedical Service:

Ten VNAF Class I pilot training physicals were conducted daily to support the phase in of Vietnamization. In addition to outpatient sick call and physical examinations, enlisted personnel of this office are assigned to Det 14, 38 ARRS, in support of the Local Base Rescue and Air Crew Recovery program.

2. Dental Clinic:

A team went out six days a week to provide dental treatment to Vietnamese civilians on the civic action program. The periodontist taught at the University of Saigon Dental School one day a week. Oral Surgery assistance was provided at the Vietnamese Cong Hoa Hospital.

3. Military Public Health:

a. Military Quarantine Inspection Program: The Department of Defense directed Military Quarantine Inspection Program of Retrograde Cargo was initiated in September with training of military inspectors by the US Department of Agriculture and US Public Health Service personnel. The inspection of all out-of-country cargo was implemented in late September. Cargo certification on manifest for CONUS bound aircraft was initiated on 27 December 1970. On 24 February 1970 MQI's started spraying all CONUS bound aircraft with micronized DDT. Spraying of all aircraft departing for out-of-country destinations was finally realized on 16 April 1970. Since 24 January MQI's have been on duty on the flight line 24 hours per day to insure that program requirements were met. This necessitated utilizing 70% of our assigned personnel. From 24 February through the end of June 957 aircraft carrying 20,035,082 pounds of cargo were sprayed by our Military Quarantine Inspectors, with the cargo manifests and General Declarations for the aircraft being certified.

b. Local National Health Program: This program is supervised by the Military Public Health Section. During the period 5,128 physical examinations were conducted and 10,460 immunizations were given.

c. Hearing Conservation: In support of the hearing conservation program 2,203 audiograms were given and 4,557 sets of ear plugs were issued to personnel working in hazardous noise areas.

d. Venereal Disease Program: Venereal disease is the most prevalent disease affecting the personnel of the Saigon and Tan Son Nhut areas. During the report period 4,942 cases of venereal disease were interviewed. There is no local control program for the diagnosis and treatment of local nationals, this together with the fact that personnel of the base are authorized to go off base, seriously hampers our preventive efforts.

e. Water Supply: Samples are collected weekly from the base water systems for bacteriological analysis. There were 370 samples processed with only four of these showing E. Coli, 27 samples were submitted to McClellan AFB for Annual Chemical Analysis.

4. Intergrated Training Program:

During this reporting period 17 Vietnamese dental apprentice trainees were trained. In addition 3 VNAF physicians were trained in Air crew physical examination procedures in February thru April of this fisical year.

Chapter IV

Maintenance: NA

Supply:

Supply support during this period was outstanding. A fill rate of approximately 98% was maintained on medical supplies issued to this medical facility. The following is an analysis of the dollar amount of medical supplies and equipment issued to Dis/ASF using activities during FY 70:

	Dispensary	ASF	TOTAL
EE 604 (Medical Supplies)	$274,100.	$419,542.	$693,642.
EE 624 (Medical Equipment)	4,277.	1,920.	6,197.
TOTAL	278,377.	$421,462.	$699,839.

There has been a significant decline in the amount of medical supplies issued to both the dispensary and the ASF when comparing FY 69 and FY 70 totals, the decline is shown in the following analysis:

	FY 69	FY 70
Dispensary	$405,581.	$274,100.
21 ASF	$609,298.	$419,542.

Effective 1 April 1970, Medical Supply assumed the responsibility and the management of Linen Control. As directed by 7AF Surgeon, a complete inventory of the linen was accomplished on 30 April 1970. As a result of this inventory, additional supervisory emphasis has been placed on linen control, and shortages of linen have been drastically reduced. The quarterly linen inventory as of 30 June 1970 showed a net overage of $84.00.

Chapter V

Facilities:

Roof leaks have been the major problem since the occupancy of this flat roofed modular building. The basic problem is the flat roofed design for this area of the world. Various attempts to correct this problem have proven unsuccessful by Base Civil Engineers. Presently a work order is in process to have the roof recoated with a screen type cover and cool-seal over the screen cover. This process was tried over the dining hall in May with little success. Plans are now to build a false slanted roof over the entire facility. This problem has resulted in electrical fires in the wiring circuits, air conditioners burning up, ruined equipment, warped tiles and the general deteriotation of this facility. On the plus side the medical ware house was revamped through a self help project resulting in tremondous savings on previously deteriorating drugs. A Library/ Conference Room was constructed also on a self help basis as was a Squardron patio. All these projects resulted in improved troop morale. Base Civil Engineering assistance was outstanding during this period resulting in saved hospital man hours, preventive maintenance problems and improved life expectancy of equipment.

Chapter VI

Special Activities: Not applicable, covered in previous chapters.

Summary:

In conclusion the last six months of this reporting period saw many changes. Many programs were initated which resulted in improved medical care to the base population. In addition administrative programs were initiated which improved the efficiency of the entire organization. Great strides were observed by this historian in the area of VNAF participation in the Vietnamization program. The unit is to be commended on the effectiveness it has displayed in carrying out its primary mission.

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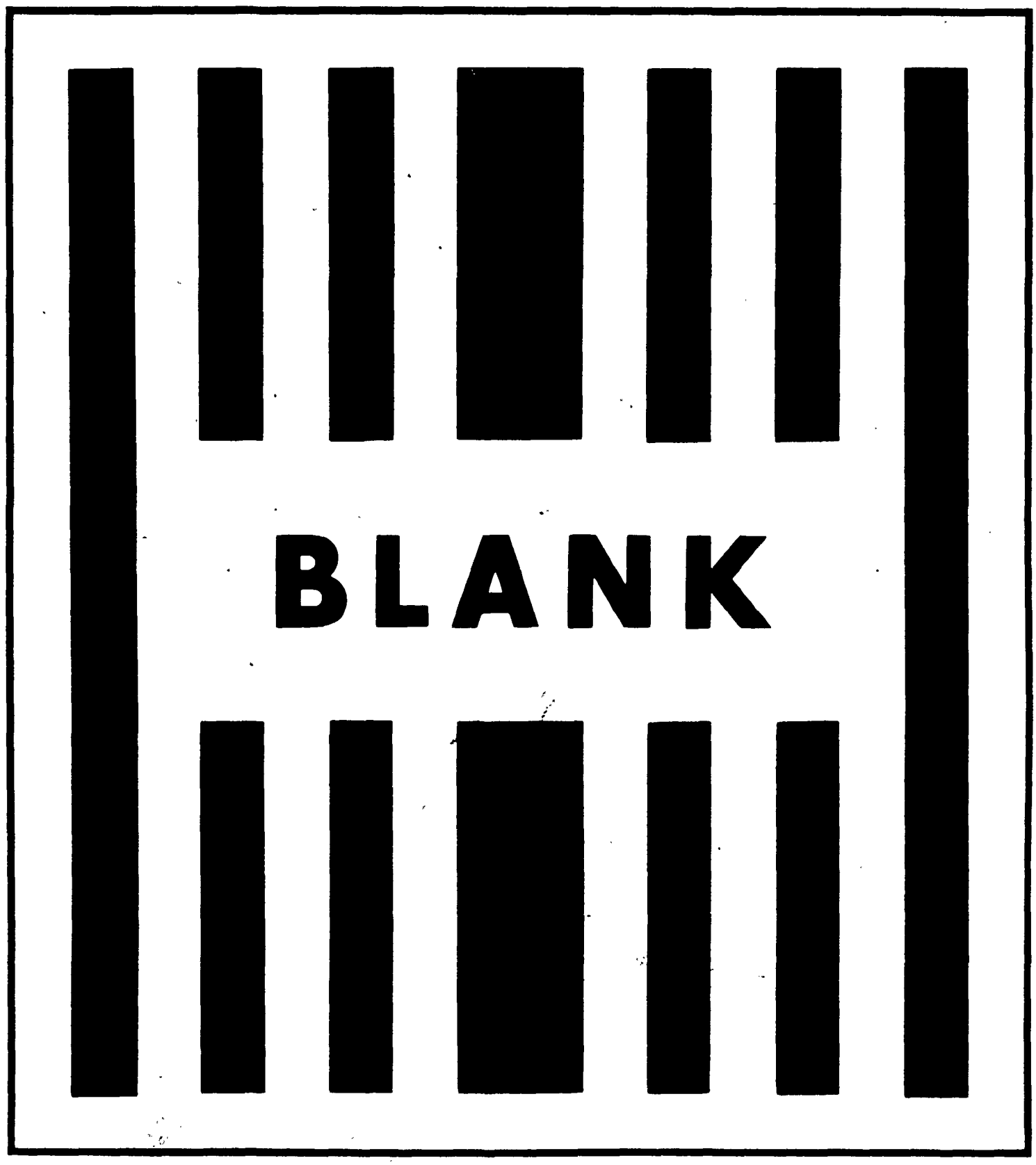
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HISTORY

475TH USAF HOSPITAL

APO SAN FRANCISCO 96519

REPORTING PERIOD 1 JULY 1969 THROUGH 30 JUNE 1970

RCS: HAF-D49

WESLEY O. WHITEHOUSE, JR., Colonel, USAF, MC
Director, Base Medical Services

Misawa AB Japan

0-0524431

I. INTRODUCTION

1. Mission Capability: The military population at this base has increased slightly during the past year due to the gain of the 16th Tactical Fighter Squadron. The hospital has effectively provided the required medical support without experiencing too excessive a workload for the staff.

II. NARRATIVE

1. Medical Organization:

a. On 1 December 1969 the bed authorization for the facility was decreased from 35 to 25 operating beds. Authority: Letter, Headquarters Pacific Air Force (SGABB), dated 2 October 1969.

b. A change to the Unit Detail Listing has increased our authorized personnel from 171 in 4/69 to 177 personnel in 4/70. This increase was due to the assignment of the 16th Tactical Reconnaissance Squadron and to support the Wing mission at their forward operating location.

c. During the period 12-22 January 1970, this facility was the subject of the annual I.G. Inspection conducted by Fifth Air Force. The overall rating of the facility was satisfactory. A few problem areas were noted and corrective action was taken to correct the deficiencies.

2. Health of the Command: This continues to be very high. Our serious disease rate is low and is reflected in a low hospital census.

3. Hospital Construction:

a. The emergency treatment room renovation project was completed in April 1970 after experiencing many delays and nonreceipt of essential materials. The project had an earlier target completion date of July 1969.

b. Funds to recapture the Hospital Non-TAC Radio equipment were received in Major Force Program VIII and the Non-TAC Radio equipment at Detachment 1, Wakkanai Air Station, was recaptured with funds in Major Force Program II. These transactions occurred in June 1970.

c. In June 1970, a contract was awarded in the amount of $20,786.30 to repair, alter, and install air conditioning equipment in the Base Dental Clinic. This project will consist of replacing floor tile; replacing louver type fluorescent luminaries in the dental treatment room, corridors, and waiting rooms; suspension of existing ceilings; extension of existing partitions to the ceiling; extension of the sprinkler piping system and ventilating duct work; and installation of a mechanical air conditioning system complete with mechanical refrigeration components, air handling cabinets, air ducts, humidity controls and related electric service lines. Work should begin on or about 1 July 1970 with all required Dental Service to be provided at the Security Wing Dental Clinic during the period of renovation.

4. Hospital Services:

a. Nursing Service. During this period, three WAF Medical Specialists have been assigned. These personnel have made very positive contributions to the mission of the hospital and have been a valuable asset to the nursing service. In December 1969, a civilian School Nurse was hired and in March 1970 it was necessary to hire an additional part-time school nurse. The Community Health Education has been quite successful. There have been continuous classes in prenatal care consisting of classes in "Early Pregnancy", "Labor and Delivery" and "Education for Childbirth". There are also classes in "Mother and Baby Care" sponsored by the American Red Cross. The American Red Cross Volunteer Program has been outstanding. The volunteers have served in the clinics and patient care areas. Seventy-six young people enrolled as American Red Cross Youth Volunteers. They made an outstanding contribution during the summer months by relieving the regular adult volunteers.

b. Laboratory Service. During this period the UDL for the laboratory was revised and two additional military personnel were authorized. There have been no significant professional or administrative activities during this period.

c. Radiology Service. The department was closed from August through December 1969 for the purpose of renovation and earthquake damage repair. During this period, a 50MA portable unit was set up in the morgue. The EKG room was utilized as a darkroom. Business was as usual with the exception of JN physicals. They were not performed during this time. Also, all patients requiring fluoroscopy examinations were sent to Tachikawa. The workload has gradually increased over the past year. We are still operating with the 100 MA field military unit. However, a 300 MA machine has been approved and is currently on order with an anticipated arrival date of late August 1970. Necessary forms and paperwork have been forwarded for approval to obtain an automatic processing machine to replace the present manual type processing darkroom equipment. In November 1969, the Japanese National employee became ill and was permanently released from his position. From that time on, the department has been two-thirds manned, due to the nonavailability of registered technicians on the local economy. Since January 1970, there has been an increasing demand for the radiologist consultant to make consultant visits. In the past, this service was required once every eight to ten weeks. In the past year, four visits were made. In the future, it is anticipated there will be enough special studies to be performed to justify a visit every four to six weeks.

5. Aeromedical Services:

a. Aerospace Medicine. The Aeromedical Services Section has had several changes which have favorably affected its overall operation. Detachment 2, 1st Medical Service Wing, has been assigned here since the beginning of calendar year 1970. The additional 901X0 personnel assigned have enhanced the physical examination program. Additional floor space has also been allocated for the performance of physicals. An assembly line type of operation in one large room is being used. The additional personnel and space have allowed for more expeditious service and very little waiting time for examinees. The flight surgeons have supported operational commitments by regular attendance, in an advisory capacity, at various wing staff meetings and individual squadron briefings and by regular TDY visits to our forward operating locations and radar sites for the purpose of inspecting all areas used by people assigned to this wing. Suggestions have been made which have resulted in improvements in living facilities and morale. There have been no significant personnel or equipment shortages.

b. Military Public Health and Occupational Medicine (MPH/OM).

(1) Personnel, Equipment and Facilities: This section was physically relocated to another area within the hospital complex nearer to the Chief, Aeromedical Services. Because of the frequent daily dealings with Japanese and the continued increase in workload, a request was submitted to increase the MPH/OM UDL by adding one 907X0 Local National, and action on this request is still pending.

(2) Community Environment. The primary problem area from a "potential" health hazard viewpoint was the overcrowded conditions in enlisted dormitories. Fortunately, there was no noticeable increase in disease incidence resulting from this potential problem area. Efforts are being made to provide additional enlisted dormitories.

(3) Medical Disaster Preparedness. The Preventive Medicine Team was tasked with increased requirements in chemical warfare, which necessitated the ordering of additional equipment and providing training to meet these requirements. Preventive Medicine functions were included and/or revised in many of the War-time Plans and Disaster Operation Plans.

(4) Health Education. Articles on various aspects of health education were frequently published in the base newspaper, base bulletin, and Military Public Health Hints. Training lectures on prevention and control of venereal diseases, personal hygiene, and first aid for chemical agents were presented to those units requesting them.

(5) Hearing Conservation Program. An "Evaluation of the Noise Environment of Misawa Air Base and Surrounding Area" was completed in June 1970. This evaluation, which will be included with the Base Master Plan, will be used for land planning and noise control.

6. Medical Materiel Services: This period included the first complete fiscal year under the Medical Dental Stock Fund concept of

operation. Only minor post-conversion problems were experienced and no break in support was encountered. Medical Maintenance was awarded an excellent rating by the 5AF IG Inspection for the second straight year.

7. Hospital Business Office: The Hospital Resource Management Office implemented the "Cost Center Manager" concept on 1 July 1969 as part of the PRIME 70 Resource Management System. This decentralization of financial responsibility to those activities which actually consume the resources has resulted in increased efficiency and better utilization of funds allotted to this facility. Our cost per unit of output measured under this system is consistent with the average cost of other facilities of similar size and workload.

8. Dental Service:

a. Organization. During the last two months of the fiscal year, there was a shortage of dental officers; replacements will begin to arrive in July 1970.

b. Preventive Dentistry and School Program.

(1) Oral examinations and prophylaxis appointments were made available to all military personnel and dependents.

(2) An annual dental examination and Dental Health Record review was continued.

(3) School children were scheduled for a cleaning and fluoride treatment. The Preventive Dentistry Technician accomplished an initial screening examination at this time. Patients that required further treatment were scheduled for a complete examination with X-rays.

9. Veterinary Service: The veterinary facility was completely renovated during the month of September 1969.

10. Training and Education: Active programs were in effect for General Military Training, On-the-Job Training, In-House Medical Disaster Preparedness Training, and other specialized training as directed. Assistance was provided to other base units in training their personnel in First Aid and in Military Sanitation.

11. Medical Squadron Section: Operational changes and an overall increase in military personnel on base resulted in relocation of our enlisted male personnel to a different dormitory. The one previously occupied by hospital personnel had private rooms; the one presently occupied has three airmen per room. These crowded living conditions are prevalent throughout the base. The NCOIC, Nursing Service, has been assigned the additional duty of First Sergeant.

12. Registrar Section: Conversion of outpatient medical records of Non-EAD personnel progressed satisfactorily until May. Since initial distribution of AF Forms 2104, some difficulty has been experienced in obtaining additional forms. At the end of June 1970, 39 numerical sequences were missing and were on back order.

13. Detachment 1, Wakkanai Air Station:

a. Mission Capability. Detachment 1, 475 USAF Hospital, Wakkanai Air Station, is a geographically separated unit of the 475 USAF Hospital, Misawa Air Base, Japan. The facility is designated as a Class "A" Dispensary with two operating beds and an expansion

capability of 15 beds. Logistical, administrative and fiscal support is furnished by the appropriate staff of the parent organization. The primary mission of the detachment is to provide outpatient, inpatient, dental, preventive medicine, veterinary service and medical materiel support for the 6986th Security Group (USAFSS) and the small tenant units located on the station. There have been no major difficulties meeting mission requirements.

b. Health of the Command. The health of the command remains good; however, the number of referrals to specialty services continues to increase. This is due to an increase in the number of dependents authorized in the Wakkanai area with an increase in the number of chronic diseases among these dependents. In those instances where specialized care is deemed necessary, patients are transferred and/or referred to medical facilities at Misawa or Tachikawa Air Bases. The overall operation of the medical facility has proven very satisfactory. The morale of the command continues to be excellent.

c. Physical Plant. The physical plant area of this facility occupies approximately 11,900 square feet including a two-vehicle heated garage for ambulance storage. The space is well utilized and includes a well-equipped laboratory, pharmacy, X-ray, dental, administrative offices, ward complex, and a sizable waiting room adjacent to the General Therapy Clinic.

14. Detachment 2, 1st Medical Services Wing:

a. Mission Capability. On 1 January 1970 Detachment 2, 1st Medical Services Wing, was activated at Misawa AB, Japan, under the authority of Special Order G-281 Headquarters Pacific Air Forces, dated 16 October 1969. The mission of the Detachment is to provide emergency tactical medical support in any aspect of the Air Force world-wide operations with primary support in the Pacific Air Forces Theatre of operations under the following conditions: Support of tactical air operations in a limited war, during SEATO exercises, good will missions, natural disasters and actual war.

b. Medical Organization. Squadron medical elements were received from Kadena AB, Okinawa; Clark AB, RPI; and McConnell AFB, Kansas. During an inventory it was found that almost 100% of all stock class 6515 was outdated and unserviceable and items in class 6530, 72XX and 75XX were in need of repair or complete servicing by medical maintenance. A staff assistance visit from Headquarters, 1st Medical Services Wing, was conducted during the last week of March 1970. During this visit necessary funding was made available to the Detachment based on prior inventories. All items were placed on order at this time through FM5205. Three cargo pallets and necessary tie-down gear compatible with C-130 aircraft were procured for the Detachment and these pallets are currently loaded in accordance with TAs 889, 006 and 016.

c. Training. As of 30 June 1970, all training of Detachment personnel was completed and the unit now has the capability of world-wide deployment.

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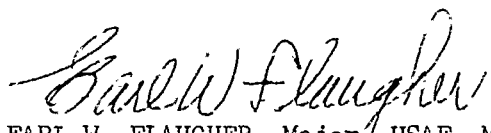
483rd United States Air Force Hospital

Cam Ranh Bay Air Base, Republic of Vietnam

1 July 1971 - 10 May 1972



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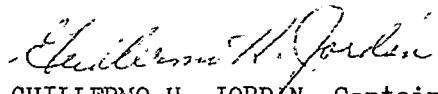
Historian



GUILLERMO H. JORDAN, Captain, USAF, MC
Commander

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I. MISSION:

1. To provide definitive medical care for all United States military and civilian personnel on Cam Ranh Bay Air Base, RVN, emergency medical care for citizens of the Republic of Vietnam and third party national government contract employees, and hospitalization as required for the military personnel stationed in the southern half of the II Corps area.

2. To provide complete base medical care for Cam Ranh Bay Air Base.

3. To provide medical and dental consultation services for all Air Force medical facilities in the Republic of Vietnam.

4. To provide medical material services for all Air Force medical facilities in the Republic of Vietnam.

5. To provide veterinary consultant services and Sentry Dog Regional Referral Center for all veterinary facilities in the Republic of Vietnam.

6. To provide care as the Air Force Drug Detoxification Center in the Republic of Vietnam.

II. INTRODUCTION:

Cam Ranh Bay is able to boast that its attached and assigned personnel have had generally good physical and mental health to date. No serious outbreak of disease has occurred during this report period.

III. NARRATIVE:

1. General: The 483rd USAF Hospital began the fiscal year with 200 operating beds authorized. On 1 January 1972, bed authorization was reduced to 100 beds. On 1 March 1972, this authorization was reduced to 25 beds with authority for gradual reduction to zero beds at base closure. Bed authorization was further reduced to 15 beds, 10 beds and 5 beds on 20 March, 1 April and 1 May 1972, respectively. As US involvement in the Republic of Vietnam decreases, this facility will be affected by the programed military force reductions.

2. PERSONNEL: The 483rd USAF Hospital has a highly competent medical staff to provide the following services and specialties: General Surgery, Anesthesiology, Otolaryngology, Opthalmology, Urology, Neurosurgery, Orthopedic Surgery, Determatology, Mental Health, Internal Medicine, Flight Medicine, complete Laboratory service, Radiology and Pharmacy. The commanders for this period were: J. Lewis Smith Jr, Colonel, USAF, MC 1 June 1971 to 8 April 1972; Richard J. Salina, Colonel, USAF, MC 9 April 1972 to 28 April 1972; Guillermo H. Jordan, Captain, USAF, MC 29 April 1972 to final closure.

3. Hostile Action or Special Programs Affecting Medical Operations:

a. The past fiscal year showed a marked decline in the number of hostile actions affecting hospital operations. The most significant of which was a "sapper" attack and destruction of a large ammunition depot on Cam Ranh Bay Air Base on the night of 25 August 1971. Five men were wounded by the detonation of explosives in the depot area. They were all admitted to this facility for treatment. A number of personnel treated as outpatients for minor cuts from flying debris. In this situation the hospital reacted effectively to provide medical care for the wounded. The constant preparedness of the hospital to respond to mass casualty situations was effectively displayed and this capability is constantly maintained.

b. The "Drug Abuse Counter Offensive" program which was begun in June 1971 significantly increased the workload of this facility. As screening was begun on all personnel, a large number of drug abusers were identified and transferred to this facility for drug detoxification. The 483rd USAF Hospital became the detoxification center for all Air Force personnel in the Republic of Vietnam. Four complete wards were fenced off to make them secure for total detoxification ward security. A difficult problem faced the hospital professional and administrative staff; that of implementing a crash program with few initial guidelines. Another problem, incurred with the drug problem, was the disposition of the drug abuse patients. Several drug abuse cases were transferred to the Air Force "Special Treatment Center" at Lackland Air Force Base, Texas. The Army's 6th Convalescent Center at Cam Ranh Bay also became a drug detoxification Center and these patients were processed into this hospital's 26th Aeromedical Staging Facility for aeromedical evacuation to CONUS. Combined flights of Army and Air Force drug abuse patients along with other patients were implemented to insure a capable aeromedical evacuation system. Army patients were detoxified at the 6th Convalescent Center and then kept overnight at this facility on secured wards. A separate baggage room had to be made to store these patients' luggage. Also, the administrative orders for all patients transiting this facility had to be prepared and distributed. This drug abuse patient workload has recently begun to decrease, thus showing optimistic signs in the battle against drug abuse. Effective 1 April 1972 the detoxification center and 25th ASF were deactivated and the mission transfered to the USAF Hospital Clark Air Base, PI.

4. Department of Medicine:

a. During the past year, the department of medicine was staffed with two fully trained cardiologists and one fully trained dermatologist. A variety of medical problems were encountered. The majority of patients were suffering from tropical diseases, such as malaria and typhus. Patients requiring more extensive workups or prolonged hospitalization were aeromedically evacuated to CONUS.

b. The patient workload for the department of medicine has shown a marked decrease when compared to previous years. Initially, a number of medical symposia were held with success but due to lack of patient material they have been discontinued.

5. Dermatology:

a. The average patient load in the dermatology clinic ranges from 90 to 100 visits per month. The major complaints of the patients are acne, warts and pseudofolliculitis barbae. The dermatology and medical departments were deactivated 29 Feb 1972.

6. Department of Mental Health:

a. General: During the past 8 months the Department of Mental Health continued to serve as the Psychiatric Consultation and Treatment Center for the 483rd USAF Hospital and all Air Force units in the Republic of Vietnam, and in the months of July and August for all Army personnel from the II Corp Area. In the month of September the Army initiated a Psychiatric Outpatient Service at the 6th Convalescent Center and all Army outpatients were transferred to that facility. The mental health department was deactivated 29 Feb 72.

b. Inpatient: Inpatient facilities were still provided for all US Forces personnel until 20 November 1971, when the 24th Evac Hospital at Long Binh began evaluating all Army inpatients from the II Corp Area. Our inpatient load of Air Force patients was so low at this time that on 26 November 1971, the separate psychiatric inpatient unit was closed and the psychiatric patients were treated and evaluated on the Medical Units. Inpatient levels during this 5 month period reflect the following information: 41 average admissions per month; average patient stay was 4.7 days; there was a total of 207 patients admitted during this period; there was a total of 207 patients admitted during this period; and the average monthly Aeromedical Evacuation rate was 57 per cent.

c. Clinic: Clinic statistics varied greatly during this period from a low of 262 patients in July to a high of 678 patients in November. Our outpatient treatment staff increased and more emphasis was placed on group therapy techniques with several groups in progress. Major groups were as follows: The Inpatient Drug Group, the Alcoholic Group and the Reajustment Group. Average new patients that were evaluated during this period of time was 65 per month. Because of lack of major neuroses being treated, emphasis was shifted more to follow up work with character and behavior problems by the use of Crises and Supportive Therapy.

d. Staffing: Staffing was adequate during most of this period. Staffing rates were as follows: 1 to 2 Psychiatrists, 1 Social worker, 3 Clinic Technicians, 3 Psychiatric Ward Nurses, 12 Psychiatric Technicians and 1 Occupational Therapy Technician. These figures represent an average for a 5 month period.

Summary: During this 5 month period, the patient load has fluctuated greatly, reflecting the variations of the drug problem that has been detected within Southeast Asia. Due to phase down of this facility the psychiatric clinic was closed on 29 February 1972.

7. Laboratory Services:

a. Over the first six months of this report period, the autopsy rate showed a slight increase. The cases showed a decrease in battle casualties with an increase in accidental and suicidal deaths. Due to phase down operations, the histopathology department was phased out on 15 January 1972. All surgical specimans were sent to the 9th Medical Laboratory, APO San Francisco 96384 for analysis. The USAF Hospital, Clark Air Base, P.I. assumed autopsy responsibility for all aircrew member fatalities resulting from aircraft accidents. The remains of all other deceased personnel are sent to the US Army Mortuary, Tan Son Nhut Air Base, RVN.

b. During this report period, the clinical laboratory showed a decrease in the volume of laboratory tests performed. During the first six months of this period, the total variety of tests performed remained the same, since all areas of the laboratory had complete coverage and the laboratory continued to serve as a referral laboratory for Army and Navy units in the area, as well as, for smaller Air Force laboratories in the Republic of Vietnam.

c. The toxicology section had an expanded capability to detect dangerous drugs. Strychnine, lysergic acid and quantitative barbiturate determinations were added to the section's capabilities. The primary role of the toxicology section has been the analysis, for legal purposes, of suspected marijuana, heroin and other dangerous drugs for the DID and OSI agencies in the area. In addition, analysis for medico-legal purposes in support of forensic pathology was done. The "FRAT" test used to screen all personnel for opiates in Vietnam is conducted exclusively by the US Army. Two laboratory technicians were assigned TDY to the Army to assist them with this program.

d. Though there has been a general reduction in the number of US military personnel and combat casualties, several instances occurred when the laboratory was required to provide large quantities of whole blood. These needs were met with minimal difficulty. The laboratory had complete coverage in all areas and consequently has been able to provide support for acutely ill patients.

e. The steady decline in the number of US Forces in Vietnam has been reflected in the corresponding decrease in the laboratory workload since January 1972. There has also been several major changes in the laboratory capabilities due to the phase down of this facility. On 1 March 1972, capability to perform toxicology analysis on suspected dangerous drugs was lost. All specimans are now sent to the 9th Medical Laboratory, APO 96384 with the exception of inpatient blood alcohol tests.

f. In conjunction with the phase down, the entire laboratory was consolidated into the front portion of the department so that the remaining laboratory technicians could work more efficiently. The Veterinary and Public Health Departments moved into the unused portions of the laboratory on 1 March 1972.

g. Due to loss of surgery and ICU capabilities, two of the three blood banks were turned into supply. Five units of A positive, five units of B positive and six units of O negative blood are kept on hand for emergency use.

h. As of 1 March 1972, only emergency type chemistry tests are being performed. Area medical facilities were notified, by message, that this responsibility would be assumed by the 9th Medical Laboratory, APO 96384.

i. During the month of February 1972 the Laboratory OIC was transferred to Udorn Air Base, Thailand, one 90650 rotated to CONUS, as did one 90450 Laboratory Technician. During the month of March 1972 five 90450 Laboratory Technicians were transferred to CONUS and in April 1972 one 90470 Laboratory Technician was transferred to Udorn AB, Thailand. In May 1972 the Laboratory NCOIC was transferred to Korat Air Base, Thailand leaving one Staff Sergeant 90470 until final closure.

j. During this period personnel of the highest caliber and exceptional abilities was typical of our entire laboratory force. Their dedication to duty and pride in their performance enabled us to handle this phase down with relative ease.

8. Radiology:

a. The Radiology Department exposed an average of 3,767 films per month and saw an average of 1,476 patients per month for the first six months of this report period. Both films exposed and number of patients seen have shown a steady decline since July 1971 due to mission reduction. A Radiology Safety Survey in November 1971 revealed a few minor discrepancies which were corrected on the spot.

b. The Radiology Department provided consultation service for several dispensaries and hospitals in the area until 29 February 1972. At this time, the Radiologist was reassigned and the position deleted from the UDL.

c. Since 29 February 1972, two X-Ray units have been removed and numerous other items of equipment were turned in to supply. All X-Rays made during 1970 and 1971 were retired to the staging area. Two cartridges of silver sludge were turned in to the Silver Recovery Office. Gross weight was eighty-seven pounds. This department operated with one X-Ray technician from 29 February 1972 until final closure on 10 May 1972.

9. Surgery Clinic:

a. During the period 1 July 1971 to 29 February 1972, the General Surgery Service experienced a steady decline in the number of operative cases, outpatient visits and inpatient visits. The decrease in staffing of one general surgeon has been fully justified by the decreasing workload. The cases have consisted principly of trauma from vehicle and weapons accidents, elective, relatively minor surgery and complications of tropical disease. While the potential for challenging cases still exists, mass casualty situations have become small and rare, and battle casualties distinctly unusual. The planned further staff reductions seems appropriate.

b. During this eight month period, there have been two thoracotomies and three thoracic surgery outpatient visits. The thoracic surgeon has functioned as a general surgeon due to the reduced workload. The Surgical Department was deactivated on 29 February 1972.

10. Urology Service:

a. This time period has seen a gradually declining inpatient and outpatient workload. Veneral disease and calculous disease have continued to comprise major portions of the case load. As overall activity declined, an ever increasing demand for elective procedures, such as circumcisum, was noted. The number of non-elective surgical cases no longer requires the services of a fully trained urologist. The Urology Department was closed on 29 February 1972.

11. ENT Clinic:

a. The ENT Clinic was staffed by one 9446 Otolaryngologist and one 912X1 Technician. During a normal work week one or two mornings were spent in surgery and two mornings and three afternoons in clinic. Less elective surgery was performed than in the preceding year although use of the operating microscope in both the clinic and the operating room was continued. The Otolaryngology Department was deactivated on 29 February 1972.

12. Physical Therapy:

a. During this report period, daily inpatient visits and treatments averaged 11.4 and 32 respectively while daily outpatient visits and treatments averaged 7.5 and 12.2 respectively. The department has been undermanned by one technician since 5 September 1971. The situation was somewhat alleviated when one 90250 was loaned to this department for a 1.5 month period. The physical therapy department was closed on 29 February 1972.

13. Aeromedical Services:

a. The Aeromedical Services provided excellent medical care for all personnel on flying status assigned to Cam Ranh Bay Air Base. Only the East Side office remains open, the West Side office having been closed. Duty hours for the office were increased this year to 13 hours, six days a week and seven hours on Sundays. In addition, the office provides primary coverage on a 24 hour basis for all in-flight emergencies and emergency treatment of flying personnel.

b. Aeromedical councils were held on a monthly basis. They provided a common meeting ground to discuss problems and involvements of the Aeromedical Services. These meetings were attended by the Chief of Hospital Services, all specialists on flying status, Base Veterinarian, Bioenviromental Engineer, and Flight Surgeon Personnel. Due to phase down operations and reduction in flying activity, these councils were discontinued and the Flight Surgeon Office was closed on 10 May 1972.

14. Military Public Health and Occupational Medicine:

a. Epidemiology:

(1) Interviews were initiated during this report period, of all personnel affected with gastrointestinal disorders. The interviews consisted primarily of obtaining data on food facilities and specific foods consumed for 72 hours prior to development of symptoms. This data was submitted to 7th Air Force Veterinarian for statistical compilation of all personnel in-country. Although this did reveal some trends in food consumption and location, it was felt the overall results were questionable and the program was discontinued by 7th Air Force. A significant increase in the incidence of gastrointestinal disorders did occur during this report period. After extensive interviewing of affected personnel, the only common food item was milk from the Central Base Dining Hall. During a sanitary inspection and collection of milk samples, it was noted that the milk was 57 degrees on the serving line. Samples collected from both, the milk, and affected patients were submitted for laboratory analysis. Shigella Sonni was isolated from both sources, indicating the milk as the probable source of contamination. The dining hall was subsequently closed for a period of 24 hours due to a sewage back-up in the kitchen and for general overall cleaning. Dining hall personnel were briefed on the importance of maintaining perishable foods within established temperatures. Personnel are routinely reminded of the potential dangers of eating in other than approved food establishments, such as, off base or other areas where proper cleanliness and sanitation cannot be monitored.

(2) Routine sanitary inspections were conducted of living quarters, barber shop and other public buildings. Emphasis was placed on locating and identifying areas which created adverse conditions for

living and recreational activities. Considering the location, and phase down of facilities, general sanitation remained satisfactory. Crowded conditions were greatly alleviated in living quarters as personnel strength decreased. The major problems usually were lack of toilet supslies and fixtures not operating properly. There frequently was a lack of hot water for bathing and cleaning. The living areas were in a satisfacotry state of cleanliness as all quarters have a "mama san" to perform daily cleaning.

b. Community Environment:

(1) Emphasis on insect and rodent breeding areas, removal of food and harborage has resulted in a relatively free environment, however, flies can still be found throughout the base. Dempster Dumpster cleaning is being accomplished, but has not resulted in any significant reduction.

c. Medical Entomology:

(1) A New Jersey Light Trap has been obtained, repaired and collection of adult mosquitoes has again been initiated. The trap is operational during the night and specimens collected daily. Since it has been in operation, mosquitoes collected have not been significant. It is felt that this is due to the high winds which have been prevelant, and the absence of mosquito breeding areas in the personnel living areas. Periodic larva collection surveys have been established, however; there are few breeding areas on base other than artificial containers. Articles have been placed in the Daily Bulletin for all organizations to rid their living and work areas of all artificial containers where water can collect. Aerial spraying is still accomplished on a scheduled basis. We do not feel there has been a significant mosquito problem during this report period.

d. Public Health Programs:

(1) Tuberculosis detection of all assigned base personnel has been routinely accomplished in accordance with current directives. A significant increase in tuberculosis, among the civilian population working on base, during this report period. They were promptly released for treatment, and follow-up tine testing was accomplished among their close and casual contacts. Only one military food handler was diagnosed, and no correlation could be established between him and the other civilian patients. Asepsis control and sanitary inspections of public buildings and base facilities were routinely conducted. All the functions operated satisfactorily and no trends have been noted. Venereal disease patients were interviewed after positive diagnosis. It was noted that the incidence rate declined during the latter part of this report period. This was due to elimination of local national personnel on base at night.

e. Occupational Medicine:

(1) Routine shop surveys were made of industrial areas where potential occupational health hazards existed, with various studies conducted to determine if these conditions did exist. In most cases, personnel were scheduled for occupational physicals, even if not in an over exposed environment. Periodic occupational physicals were continued, right up to final phase out, for personnel still assigned. Recommendations were made of various methods for reducing the exposure and improving the working environment. The film badge program was continued, under current directives, with no over-exposure to personnel or unusual incidents occurring.

f. Retrograde Cargo:

(1) This has been, by far, our largest and most time consuming program. Not only have we maintained constant 24 hour coverage on aircraft departing RVN, but also provided support to cargo departing by surface transportation. This program reached gigantic porportions during this report period, but began to decline as phase down neared completion.

g. Water Supply:

(1) The base water supply continues to be closely monitored. This consists of bacteriological examination of water, chlorine residuals, and PH determinations. The water supply was maintained in a satisfactory condition. Two of the base wells caved-in during this period, and one went dry. Plans were made to put well number 10 back into operation, however; it was found to be contaminated with an unknown quantity of fuel. A sample was collected and submitted to the USAF Environmental Health Laboratory, McClellan AFB, California for chemical analysis. Results of this analysis revealed fuel contamination, rendering the well unusable as part of the potable water system.

h. Waste Disposal:

(1) The present system consists of lagooning on the East side of the base, with a two cell recirculatory system. The West side is using an Imhoff tank. Both systems are operating satisfactorily with no over-demand on either system. The sanitary land fill is still operating as a dump and burn facility.

15. Pharmacy:

a. The Pharmacy Service has continued to improve its facilities and has expanded its services to include providing all Air Force personnel with malaria kits at DEROS time. These kits contain two envelopes, one with two Chloroquine tablets to be taken on the day of departure from RVN and fourteen Primaquine tablets to be taken once daily for fourteen days beginning the day after departure from RVN. These kits are pre-packaged by pharmacy personnel prior to distribution. The Pharmacy still provides service to the emergency room and MEDCAP for outpatient dispensing.

b. The monthly outpatient prescription count for the past fiscal year averaged 7,490 while the inpatient count averaged 1,194 procedures during the same reporting period. The total expenditures for medical supplies averaged $10,815 per month for the same reporting period.

c. A newly revised and up-dated Hospital Formulary, with therapeutics index, was accomplished for staff use. A complete ward pick-up and delivery service was initiated during this reporting period to provide a better service to our patients care area.

d. The period 1 January to 25 April 1972 saw the outpatient prescription rate decline to an average of 3,813 per month and the inpatient count averaged 262 during this same period.

e. Due to phas down of this facility, the ward pick-up and delivery service was discontinued on 1 April 1972. The Pharmacy was phased out on 25 April 1972 and the entire stock of medications turned in or transferred to the emergency room.

16. Nursing Services:

a. In July 1971 the nursing personnel on the Drug Detoxification Ward were working diligently to solve the numerous unique and complex problems the confronted this newly developed unit. TDY assistance from bases in Korea, Japan, Phillippine Islands, Okinawa and Thailand was solicited to augment the shortage of nursing personnel in this area. On 12 October 1971 the Air Force Drug Detoxification Unit was integrated with the 26th Aeromedical Staging Facility. This action was the result of a significant decrease in the daily census of Air Force drug patients. During October there was a decrease in the number of patients admitted to the Medical Service on Ward 17. This ward was closed and the patients moved to Ward 9. The Urology Service which occupied Ward 9 was combined with the Surgical Service on Ward 10. Two Nurse Anesthetists completed their tours and one was called home on emergency leave. Two TDY anesthetists gave their full support during this critical period.

b. Nursing Staff Development Meetings and Ward In-Service Programs have continued to be interesting and informative. The Intensive Care Unit began conducting cardiac nursing care classes. The Nursing Audit Committee has continued with its examination and appraisal of patient records to insure that continued high quality of nursing care is being provided to hospital patients. On 4 November 1971 the Nursing Service Management Advisory Council was organized. A nurse from each grade was represented and the council met as often as necessary to discuss and resolve problems affecting nursing care.

c. The number of patients admitted to the Psychiatric Service continued to decrease. On 24 November 1971, the Psychiatric Unit was

combined with the Medical Unit on Ward 10. Ward 17 was designated as the Disaster Ward. Colonel Ethel A Hoefly, Chief Nurse of the Air Force and Lt Colonel Virginia M. Alena, Chief Nurse of PACAF, visited our facility in December 1971. They were favorably impressed and highly complimentary in their comments of the nursing staff of the 483rd USAF Hospital.

d. Due to the decrease in patients requiring intensive care, Ward 18 was closed and ICU relocated on Ward 10. The capacity of the hospital was 50 patients. The entire hospital complex, with the exception of the Drug Abuse and 26th ASF wards, was no located on Wards 9 and 10.

e. On 29 February 1972, the Drug Detoxification Ward was closed. Drug patients were being admitted to Ward 9. The patients remaining on the Drug Detoxification Ward were kept until disposition was made. On the 12 of March 1972, the last Air Force Drug patient was aeromedically evacuated from Ward 8.

f. The 25th of March brought a complete closure of the Detoxification Center. The last drug flight was coordinated through the Army's 6th Convalescent Center on 29 March 1972.

g. The 1st of April brought about significant changes in the hospital. The nursing staff was down to four nurses. Our bed capacity was down to 15 beds, located on Ward 9. Meals for the patients were being prepared on the ward or catered from the Central Base Dining Hall. The requirement for aeromedical evacuation increased due to inadequate facilities for the care of severe medical or surgical problems. As of 15 April, the nursing staff consisted of two male nurses and six corpsmen on Ward 9. Bed capacity was down to 10 beds. Ward 9 was closed on 10 May 1972, thus terminating inpatient capability at this facility.

17. Dental Services:

a. The Dental Service has provided nearly complete dental treatment for the first six months of this report period. The one lapse was in the Periodontics Department, from mid September through the end of November 1971. The assigned Periodontist was reassigned to patient status at Wilford Hall USAF Medical Center during that period and no replacement was available. Other professional shortages were experienced during this period, but assigned strength has since risen to December UDL levels.

b. Dental enlisted personnel were utilized to assist the hospital in programs outside the Dental Service, but on an interim basis until adequate staffing could be obtained. The programs were,

transporting patients from staging wards to waiting aircraft and participation in the Drug Abuse Counter Offensive Program. It was possible to support these programs due to a shortage of professional staff. The shortages were resolved in November 1971.

c. During July 1971, the lag time for restorative appointments was 26 days, for oral propleylaxis, 14 days for prosthodontics, 8 days for oral surgery and periodontics 3 days. Measures were taken to reduce these excessive lag times. The AFM 30-3 program was implemented whereby oral examinations were conducted during the month of the individual's birthday. Base CBPO prepared and distributed rosters of all personnel requiring oral examinations. Prior to July 1971, an oral examination was required as part of an individual's in-processing.

d. During February 1972, the lag time for restorative appointments had been reduced to seven days for oral propleylaxis and 5 days for prosthodontics. Measures were taken to reduce these lag times even more. At the end of February 1972, the requirements of AFM 30-3 were suspended due to phase down of the dental facility.

f. An active preventive denistry program was continued through the end of February 1972. At that time, the propleylaxis technician was reassigned and propleylaxis equipment was turned in. Individuals showing evidence of oral neglect or developing periodontal disease were given preventive dental counseling and, in severe cases, were scheduled for emergency type scaling. Printed dental health educational literature was distributed until the supply was exhausted.

g. The Department of Oral Surgery consisted of one board certified Oral Surgeon and one dental technician. Two treatment rooms have been available for use in addition to an autoclave room and recovery room. The equipment is marginally adequate. Requisitions have not been initiated due to anticipated phase down of operations. Primary work was in the exodontia field. Approximately thirty facial fractures were treated during this period. A team approach to maxillo-facial trauma cases, to include oral surgery, general surgery and ENT was utilized as needed. In October 1971, the Oral Surgeon was appointed as military consultant to all 7th Air Force medical facilities. Oral Surgery capability was lost upon reassignment of the Oral Surgeon in March 1972.

h. From the end of March 1972 through final closure, dental treatment was provided on an emergency basis only. Dental care was terminated with the closure of the Dental Clinic on 10 May 1972.

18. Medical Civic Action Patrol:

a. The MEDCAP Team, which consisted on one part-time physican and one medical technician, treated all local national employees on an outpatient basis. Sick-call was held two hours per day, Monday through Saturday. Emergencies were seen at any time. MEDCAP was responsible for all laboratory and X-Ray procedures for all base employees and food handlers. Cases requiring further treatment were referred to the Nha Trang Provincial Hospital. A total of 73 referrals were made during this reporting period.

b. A MEDCAP field trip was conducted every Tuesday and Thursday, combat conditions permitting, to the Ba Ngoi Dispensary and Sao Mai Orphanage for the purpose of providing medical care to the local populace. On a field trip on 30 November 1971, two battle casualties were seen at Ba Ngoi. They were given emergency first aid and referred to the Nha Trang hospital for further treatment. One child was referred to the 483rd USAF Hospital. Clases were conducted in cast removal, dressing changes and immunizations. The water facilities at both locations were treated and improved.

c. In spite of a shortage of personnel, the 483rd USAF Hospital provided outstanding support for the MEDCAP Program. Many hospital personnel gave freely of their time and talents to augment the MEDCAP Team. Every effort was made to keep all base employees in the best possible physical condition. The last MEDCAP field trip was conducted on 16 Mar 72.

19. Veterinary Service:

a. Administration: Cam Ranh Bay Air Base Regulation 125-7, Control of Animals, was revised to establish requirements for approval and registration of Unit Mascots, and outline Veterinary and Security Police responsibilities regarding animal control. Hospital Regulation 163-1, Disposition of Possible Rabies Exposure Cases, defined specific control measures and responsibilities of the Emergency Room and Veterinary Service regarding the use of AF Form 1551, Animal Bite Report. Ten Veterinary Office Instructions were revised and three Instructions created to completely define procedural operations and standardize veterinary functions.

b. Veterinary Medical Support: Seventy-two military working dogs, assigned to the 483rd Security Police Squadron, were given 327 medical treatments and surgical procedures, and 1,733 ancillary examinations during this report period. Medical care was also provided to sick and injured military dogs referred from Phan Rang and Phu Cat Air Bases during July, August and September 1971, after which, the 7th Air Force Military Dog Referral Center was dissolved. Fifteen complete necropsied were performed on military dogs originating from all air bases in the Republic of Vietnam. Twenty-one dogs were escorted to and necropsied by the Base Veterinarian at Tan Son Nhut AB, RVN. Representative samples of all tissues from these dogs were forwarded to the Armed Forces Institute of Pathology. Veterinary medical care and kennel spaace was provided for two Army marijuana customs dogs. In December 1971, medical support was provided for US Navy military dogs.

Veterinary Public Health: Three hundred fifty one animals owned by American personnel were vaccinated for rabies during this period. There were 57 animal bite cases investigated, 8 animals submitted to the 9th Medical Laboratory for rabies examination, and one dog was found positive

for rabies. Thirty-two mascot animals were euthanized for departing personnel. The Veterinary Service performed 349 sanitary inspections of food facilities and presented four hours of food handler training to American and Vietnamese food handlers. There were two initial sanitary inspections of produce establishments, and subsistence inspection amounting to 4,000,000 pounds. Bacteriological examinations totaled 200 finger plate cultures of food handlers, 104 swab tests of food service equipment, 64 cultures of ice cream and 10 cultures of milk. Veterinary support was provided to Nha Trang, Hon Tre Island and Bam Me Thout during July, August and September 1971. This support was terminated after September due to phase down of these installations.

d. Special Assistance: Staff Assistance Food Service Sanitation Inspections were conducted at Da Nang, Phan Rang, Phu Cat and Tan Son Nhut Air Bases during this period, by direction of Headquarters, 7th Air Force.

20. Vietnam Medical Materiel Support Center:

a. This report period saw a significant reduction in the amount of support required by medical facilities in the Republic of Vietnam. In August 1971, a program was started to purge this facility of unused or unusuable medical and non-medical equipment. A total of $12,693 was determined to be unservicable and turned in to PDO. A complete rewarehousing project was started in September to eliminate all outside storage areas. When the project was completed, sixty CONEX containers were turned in to the Traffic Management Office.

b. During September 1971, medical supply support to Binh Thuy Air Base, RVN was terminated and the facility and medical equipment was turned over to the VNAF. The dollar value of this equipment was $33,575. The program, started in August, to purge unused equipment from the supply area of responsibility, was extended to all in-country medical facilities. As a result of this action, the equipment inventory, maintained by MEMO, was reduced by approximately $354,000 during the months of September, October and November 1971.

c. In November 1971, phase down of FM 5275, Vietnam Medical Materiel Support Center, was begun, and the responsibility for support of all medical facilities in Vietnam was transferred to FM 5251, Clark Air Base, P.I. on 25 November 1971. In December 1971, Medical Support to Phu Cat Air Base, RVN was terminated and the existing facility and equipment were turned over to the VNAF. The total dollar value was $71,657.

d. Total year synopsis and statistics are as follows:

(1) Sales to using activities: $814,709

(2) Average fill rate: 95.5%

(3) Reduced on-hand inventory from $600,000 to $138,000.

(4) Disposed of $123,788 from excess inventory.

(5) Tonnage received and shipped: 355.88 tons

e. By the end of April 1972, a total dollar value of $841,033 in supplies and equipment was transferred as follows:

(1) $327,252 to PDO

(2) $59,458 to RVNAF

(3) $75,292 to Base Supply

(4) $149,419 to PACAF

(5) $140,155 to USAID

(6) $4,805 to U.S. Army

(7) $7,399 to U.S. Navy

(8) $77,253 to other activities.

21. Funds and Manpower:

a. During the first half of the fiscal year 1972, the Medical Resource Management office experienced significant workload changes. With the implementation of the Urinalysis Testing Program and establishment of the Drug Detoxification Center the workload in the areas of budget, manpower and patient's valuables increased greatly during the months of July and August 1971, with a leveling off period during September 1971. Conversely, workload conditions commenced to decline during the months of October and November 1971, reaching a low point in December 1971. The low point in workload can be contributed to phase down operations of the 483rd USAF Hospital.

b. During this period, numerous Manpower Change Requests were submitted as a result of changing workload factors. Activity and colections in the Medical Service Account area was off approximately 30% as a result of the phase down. Budget requirements remained about the same throughout the period but evidenced a sharp decline during the 3rd quarter of FY 72. The management of hospital resources, funds, manpower and patient valuables was handled in a most effective manner during this period, by personnel of the Medical Resource Management Office.

c. During the final months of phase down, the Medical Resource Management Office experienced a significant workload change. Workload conditions declined in proportion to the phase down of other specialties at this facility. The manpower and staffing documents were changed accordingly.

d. Since January 1972, the collection of patient valuables declined as the total base strength was reduced. A final staffing report was submitted on the 25th of April 1972. As a result of the downward trend of collections, the Medical Service Account was closed on the 25th of April 1972. All Accounts Receivable and delinquent accounts to the 355 CSgp, Tan Son Nhut AB, RVN. Patient valuables continued to be handled by personnel of the Resource Management Office.

e. All records pertaining to the Medical Resource Management Office were retired or destroyed in accordance with AFM 12-50.

22. Food Service:

a. Uniforms for the local national employees with the individuals name and 483rd USAF Hospital embroidered on them were obtained and put into service. This improved the uniformity of all food service employees. The increased patient load, resulting from implementation of the Drug Abuse Program, was met without any difficulty. The early morning meal time for these patients required some minor adjustments in working procedures in order to handle the large influx of patients. As a result of the general phase down of this installation, the Food Service Department closed its doors on 25 March 1972.

23. Registrar:

a. During the first six months of this report period, the Registrar Service provided administrative support for an authorized bed strength of 200 operating beds. During this period, the average daily patient load (ADPL) was 107 patients. An average of 6,632 patients per month were seen on an outpatient basis.

b. The average length of stay per patient was 6.9 days. August 1971 showed our highest volume of patient work with 622 patient dispositions. December 1971 showed our lowest volume of work during this six month period, with 288 patient dispositions.

c. The "Drug Abuse Counter Offensive" program, implemented in June 1971, greatly increased the administrative workload due to the tight on this program. This was the only major event to affect our workload during this period.

d. The last five months of this fiscal year showed a gradual reduction in the workload of the Registrar Service. The general slowdown in the war and the resulting troop withdrawals brought about a corresponding phase down of the hospital facilities.

e. As phase down operations progressed, several other sections were combined with the Registrar Service in order to maintain continuity of operations, release and turn-in of equipment. These sections were; Business Office, Administrative Services and the Medical Squadron Section.

f. A time phased closure plan was developed which provided for the orderly close out of this facility. Although several minor problems were encountered, the phase out was accomplished in an efficient, expedient manner. Final closure was effected on 10 May 1972.

24. Medical Squadron Section:

a. Continued emphasis was placed on self-help projects to improve the appearance of the squadron area and provide added recreational facilities for assigned personnel.

b. The Day Room was completed on schedule and was well received by all personnel. This facility provided a reading room, TV room and a game room for use of all assigned personnel.

c. The morale of the squadron personnel has remained high despite the fact that the local tons were off limits and a general phase down was in progress. Personnel were encouraged to take three day passes to other bases in RVN, participate in scheduled flights on C-7 aircraft and other recreational activities provided by Base Special Services.

d. January 1972 brought about a general speed-up in phase down activities. Medical Squadron hootches were closed and turned in to the Civil Engineering Squadron as personnel departed. By the end of March 1972, all hootches had been closed and remaining personnel relocated within the hospital complex. Morale remained high in spite of difficulties and personal inconveniences inherent in any phase down operation.

e. At the end of April the Medical Squadron Section was combined with Administrative Services and planned phase down activities progressed smoothly up until final closure on 10 May 1972.

25. 26th Aeromedical Staging Facility:

a. The 26th Aeromedical Staging Facility continued to fulfill its two-fold mission of receiving and processing patients for aeromedical evacuation to PACOM hospitals and CONUS and the transporting of patients arriving via aeromedical evacuation to the 483rd USAF Hospital. The MAC flights to CONUS, which had been discontinued, were resumed on 8 July 1971. On 17 July 1971, the out-of-country evacuation of Korean military military matients, through the 26th ASF was discontinued.

b. During the month of June 1971, the Drug Abuse Rehabilitation Program was initiated, which significantly increased the workload of the 26th ASF. On 1 July 1971, the Army Detoxification Center was opened at the 6th Convalescent Center. On 13 August the receiving and processing of Army patients from the Detoxification Center became a permanent mission of the 26th ASF. The 26th ASF also became responsible for the processing of Air Force drug abuse patients from the 483rd USAF Hospital's Detoxification Center for aeromedical evacuation to CONUS.

c. During the month of August 1971, the workload of the 26th ASF reached its peak. Due to the tremendous increase in the workload, it became necessary to utilize TDY personnel to supplement the staff of the 26th ASF. At one time over half the staff of the 26th ASF was either TDY personnel from other bases or on loan from the 483rd USAF Hospital.

d. The personnel of the 26th ASF worked an average of 48 to 60 hours per week during the first six months of this report period. At times it became necessary for personnel to work even longer hours due to increased workload and personnel shortages.

e. On 12 October 1971, the Air Force Detoxification Center was combined with the 26th ASF, utilizing two security wards rather than the four used previously. This was done to provide for better utilization of personnel and space and the general decline in workload due to phase down activities. The 26th Aeromedical Staging Facility was deactivated on 1 April 1972.

26. Air Force Drug Testing Liaison:

a. Liaison Mission: In the Seventh Air Force Program for the identification and rehabilitation of drug dependent personnel, th Cam Ranh Liaison Team was responsible for:

(1) Collection, security, and transportation of urine specimens for the testing of opiates, amphetamines, and barbituates, from all USAF personnel in Military Regions I and II to the Army Urinalysis Testing Laboratory at Cam Ranh Bay.

(2) Processing by Free Radical Assay, Thin Layer Chromotography, and Gas Layer Chromotography tests of all USAF urine specimens in Military Regions I and II.

(3) Reporting of results to Seventh Air Force and Air Bases in military regions I and II and maintenance of drug test statistics.

b. Liaison manning:

1 Jul 71 - 1 Aug 71: 1-90490, 1-90450, 1-90670, 1-70270 Total-4
1 Aug 71 - 1 Sep 71: 1-90490, 1-90650, 1-90670, 2-70270 Total-5
1 Sep 71 - 1 Dec 71: 1-90490, 2-70270 Total-3
1 Dec 71 - 1 Apr 72: 2-70270 Total-2

In addition, one 702X0 was assigned throughout this period to the 483rd USAF Hospital collection team, augmented by various times by 906X0 and 902X0 personnel. From 15 October 1971 to 2 February 1972, two 90470 personnel were TDY from the 483rd USAF Hospital to the U.S. Army 9th Medical Laboratory at Cam Ranh to assist in processing USAF drug tests.

c. CUMULATIVE RESULTS BY BASE:

Base	Total Specimens	Total FRAT Neg	Total FRAT Pos	GLC Neg	GLC POS	Date CRB Discontinued Test
Cam Ranh	15478	15277	201	68	133	31 Mar 72
Pleiku	1405	1383	22	6	6	19 Mar 72
Nha Trang	1073	1058	15	7	8	17 Mar 72
Phan Rang	9251	9049	202	73	129	16 Mar 72
Phu Cat	4241	4169	72	25	47	12 Dec 71
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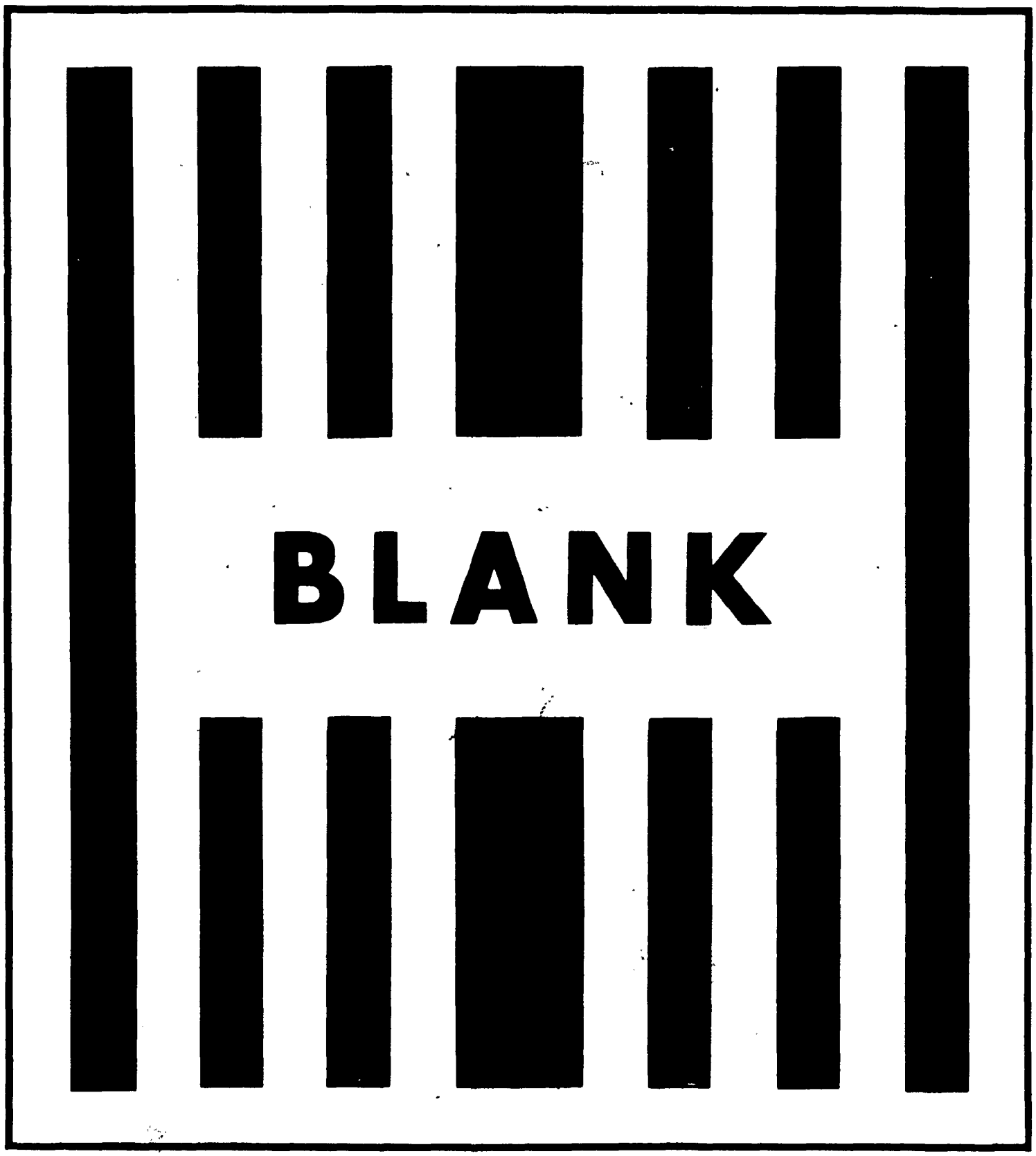
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HISTORY
of the

483rd USAF HOSPITAL (PACAF)

Prepared In Cooperation With The Hospital Staff By

JAMES J. MACHART, 1LT, USAF, MSC
Asst. Administrator/Registrar Functions

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APPROVED BY:

J. LEWIS SMITH JR, COL, USAF, MC
Commander

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I. MISSION:

1. To provide definitive medical care for all United States military and civilian personnel on Cam Ranh Bay Air Base, emergency medical care for citizens of the Republic of Vietnam and third party national government contract employees, and hospitalization as required for the military personnel stationed in the southern half of the II Corps Area.

2. To provide complete base medical services for Cam Ranh Bay Air Base.

3. To provide medical and dental consultation services for all Air Force medical facilities in the Republic of Vietnam.

4. To provide medical material services for all Air Force medical facilities in the Republic of Vietnam.

5. To provide veterinary consultant services and Sentry Dog Regional Referral Center for all veterinary facilities in the Republic of Vietnam.

II. INTRODUCTION:

Cam Ranh Bay is able to boast that its attached and assigned personnel have had generally good physical and mental health to date. No serious outbreak of disease has occurred this past fiscal year with the exception of 79 patients briefly treated for Shigella, Gastroenteritis on 26 December 1970, and 32 VNAF cadets briefly treated for Gastroenteritis during the month of June 1971.

III. NARRATIVE:

1. General: The 483rd USAF Hospital began the fiscal year with 400 operating beds authorized 1 October 1969. On 1 January 1971, bed authorization was decreased to 350 beds. A further reduction to 200 operating beds became effective 1 April 1971. A third bed reduction to 150 operating beds was being

considered for implementation on 1 July 1971, however, the newly implemented " Drug Abuse Counter Offensive" program may significantly increase this number. This program is sure to add considerably to our current workload and will require additional personnel to be added to our staff.

2. PERSONNEL: The 483rd USAF Hospital has a highly competent medical staff to provide the following services and specialties: General Surgery, Anesthesiology, Otolaryngology, Ophthalmology, Urology, Neurosurgery, Thoracic Surgery, Orthopedic Surgery, Dermatology, Neurology, Mental Health, Internal Medicine, Flight Medicine, complete Laboratory service, Radiology and Pharmacy. Commanders for the period were Charles L. Willmarth, Colonel, USAF, MC, from 1 June 1970 to 18 April 1971, and Andrew P. Batson, Colonel, USAF, MC, from 18 April 1971 to 18 June 1971. J. Lewis Smith, Colonel, USAF, MC, assumed command of this facility on 19 June 1971.

3. Hostile Action Affecting Medical Operations:

a. The past fiscal year showed a marked decline in the number of hostile actions affecting hospital operations. Cam Ranh Bay Air Base underwent numerous rocket attacks but the majority of them resulted in no casualties. On 1 December 1970, an enemy rocket struck the Cam Ranh Bay Naval Air Facility Officer's Club killing 3 men and wounding 9 others. On 28 February 1971, an enemy attack on Dong Ba Thin resulted in 31 shrapnel wound casualties. In both situations the hospital reacted effectively to provide medical care for the wounded. The constant preparedness of the hospital to respond to mass casualty situations such as these was displayed in both instances.

b. A non-battle mass casualty situation at the South Beach area of Cam Ranh Bay resulted in 13 phosphorous burn patients being brought to the hospital. Again, hospital personnel performed their duties in an outstanding manner to treat the burned patients. The hospital has demonstrated that it is capable of responding to emergency situations and this capability is constantly maintained.

4. Department of Medicine:

a. During the past year, the department of medicine was staffed with one board certified and three board qualified internists, a board qualified neurologist, and a board qualified dermatologist. Internal medicine specialists with training in Hematology and Infectous Diseases were also present on the staff. A variety of medical problems were encountered. The majority of patients were suffering from tropical diseases, such as malaria and amebiasis. Patients requiring more extensive workups or prolonged hospitalization were aeromedically evacuated to CONUS.

b. Several members of the staff engaged in consultation visits to other bases in Vietnam. The department also made a large contribution to the monthly Medical Symposia, which were attended by military physicians from all parts of Vietnam. These symposia were very well received.

5. Dermatology: During the past year the patient load of the dermatology clinic reflected the reduction of army combat troops in the area. In October 1970, about 400 patients a month was the average patient load. By June 1971, that number had shrunk to about 100 patients a month. The major complaints of the patients were acne, warts, and miliaria.

6. Department of Mental Health:

a. During the past year the Department of Mental Health continued to serve as the Psychiatric Consulting Center for all patients admitted to the 483rd USAF Hospital. Consultation and hospitalization service was provided as required for all Army personnel passing through the 22nd Replacement Battalion, South Beach and peninsula area of Cam Ranh Bay. In addition, our psychiatric personnel were involved in several TDY's as consultants with outlying hospitals, dispensaries, and Army units. Consultation visits were made to dispensaries at DaNang, Phu Cat, Binh Hoa, Ton San Nhut, Phan Rang, and Nha Trang during the months of October, November, March, and April.

b. The department was manned by 3 Air Force psychiatrists, 1 psychologist, a social worker, and 1 part-time Army psychiatrist. The Army psychiatrist was reassigned the first part of April 1971. In addition, the Army had loaned us 6 medical specialists to help man the drug unit. In May 1971, these men were reassigned to the 6th Convalescent Center after being here six months. As a result of this loss, Army drug patients from the Southern II Corps Area could not be routinely cared for

on our drug ward.

c. One major improvement was made by moving the Mental Health Ward from the old quonset type building to 2 newly decorated wards. This was necessary as a result of the Army instituting their "AMNESTY" program, and the large number of patients admitted for drug withdrawel and security problems. Ward #7 was set up as the Drug Unit and Ward #8 for Mental Health patients.

d. During the latter part of the year interward consults were approximately 25 per month. Total clinic contacts were decreased. Admissions increased considerably because of the Army's "AMNESTY" Program initiated in August 1970. The admissions for August were almost triple those of July. During March 1971, the Air Force initiated its "LIMITED PRIVILEGED COMMUNICATION" Program for drug abusers seeking assistance. The number of inpatients increased from that of the previous month.

7. Laboratory Services:

a. The steady decline in the number of US forces in Vietnam has reflected a decline in the surgical pathology and autopsies performed during the last year. The workload in the areas is approximately 60% of that a year ago. The illegal drug problem presented 11 cases of death due to overdose. Complete medico-legal authopsies were performed, thus providing useful information for investigating OSI or CID agents.

b. In October 1970, the laboratory established the capability to analyze marihauna. This analysis has been performed on all suspected

material found on Cam Ranh Bay as well as specimens found throughout the II Corps Area.

c. On January 1, 1971, an extensive drug program was initiated to include alkaloids, amphetamines, barbiturates, and other dangerous drugs. At this time the section is in full operation and is performing examinations for all requesting hospitals, dispensaries, and detachments as well as OSI detachments requesting our services. Since we are serving numerous Army units, the Army has assigned one of its chemists to the laboratory to assist us.

d. The steady reduction of US forces in Vietnam has had no apparent influence on the number of general laboratory procedures. As in the past, the laboratory has given excellent support to the 483rd USAF Hospital in mass battle casualty and disaster situations. Several such instances occurred this past year and the laboratory was called upon to provide large quantities of whole blood and blood products. All demands were met without any difficulty. In addition, other general laboratory support was provided on an immediate basis for these patients. Other smaller but equally demanding incidents were handled in the same manner with the same optimum results.

8. Radiology: Recently the radiology department has been experiencing some difficulties in obtaining spare parts for existing equipement. This situation would have been intolerable had not medical maintenance support been of the highest quality. Of significance was the Radiology safety survey which was conducted in December 1970. The survey resulted in the identification and elimination of such problems as inaccurate

electronic and impulse timers. The radiology department exposed an average of 7,000 films per month and saw an average of 2700 patients per month. Also put into use was a new system of color-coding film containers. The new system enabled the film custodian to better identify mis-filed patient folders. With this system, the department has practically eliminated any chance of a lost film record.

9. Surgery Clinic: The Surgery Clinic functioned well during the past fiscal year despite some limitation in the staffing of enlisted technicians. Surgery clinics have been conducted four days a week on a scheduled basis, but patients are seen upon need on a seven day basis. Surgical consultation has been provided for a variety of military medical facilities throughout Vietnam, and also for civilian contract employees. Minor surgery has been done routinely in conjunction with surgery clinics. The patients are scheduled so that a single visit is required for diagnosis and treatment.

10. Thoracic Surgery: Two fully trained thoracic surgeons treated patients seen in the thoracic surgery clinic. Closed tube thorocostomies formed the bulk of the thoracic operations, however, the average patient workload has greatly decreased from that of the preceding year. Both military and Vietnamese civilians were seen and treated by the thoracic clinic staff.

11. Urology:

a. Overall activity of the Urology Service remained at a steady pace during the past fiscal year. Consultation services were provided here at Cam Ranh Bay for the provincial hospitals at Nha Trang, Phan Rang,

and the local Ba Ngoi Dispensary. In the last three months of this fiscal year, inpatient care and consultation has been restricted to emergency cases only.

b. The extensive amount of venereal disease in American troops here in Vietnam has been a cause of great concern. Two problem areas, diagnosis and treatment, have received intensive scrutiny. Two professional papers are expected to be submitted on the findings and experiences concerning these problems. Another frequent problem encountered in this area is the increased frequency of renal calculi and the large number of manhours lost as a result of this disease. Control studies of patients with this problem are nearing completion and will be described in the near future.

12. ENT Clinic: The Ear, Nose, and Throat Clinic was staffed by one 9446 Otolaryngologist and two 912x1 technicians. During a normal week, three mornings were spent in surgery and three mornings and five afternoons in clinic. By utilizing the operating microscope in the clinic as well as in the operating room, the number of procedures performed in the clinic was greatly increased. Surgery was also done at provincial hospitals with an increase in elective surgery.

13. Physical Therapy:

a. In October 1970, a new program of providing Physical Therapy services to the 26th ASF was initiated. Whirlpool baths were utilized for burn cases. Old dressings were removed and the burned areas cleaned in the whirlpool. The 26th ASF patients would then be transferred to CONUS. Also, supportive assistance was given to those

patients who faced longterm rehabilitation such as amputees and paraplegics. An attempt was made to ease their apprehension and to give them some understanding of the course of treatment they would receive in CONUS.

b. Loss of personnel due to medical evacuation and compassionate transfer did not interfere with the clinic activities which have decreased during the last six months. In September 1970, the clinic averaged 44 visits and 101 treatments per day. In May 1971, there was an average of 19 visits and 40 treatments per day. A hospital industries program was initiated in April 1971. This involved giving ambulatory patients small tasks to keep them occupied. A total of 159 man-hours were provided for the 483rd USAF Hospital during the first month.

14. Aeromedical Services:

a. The Aeromedical Services provided excellent medical care for all flying personnel assigned to Cam Ranh Bay AB, RVN. The main office located on the east side of the base, continues to provide routine medical care during normal duty hours seven days a week. In addition, this office also provided primary coverage on a 24 hour basis for all in-flight emergencies. An additional office was operated on the west side of Cam Ranh Bay for Sick call, six days a week, and provided medical care to the 250-plus TDY personnel assigned to the 834th Air Division.

b. Aeromedical Medical councils were held on a monthly basis. They provided a common meeting ground to discuss Aeromedical problems

among all those involved in Aeromedical Services. The meetings were attended by the Hospital Commander, Chief, Hospital Services, all specialists on flying status, Base Veterinarian, Bioenviromental Engineer, and Flight Surgeon personnel.

c. In September 1970, the 39th Aerospace Rescue and Recovery Squadron, and the 20th Special Operations Squadron were reassigned from Tuy Hoa, RVN, to Cam Ranh Bay AB. There were no significant problems in providing medical care to this increase in flying personnel. In December 1970, Aeromedical Services began to provide consultation service to all other Air Force bases in Vietnam.

15. Military Public Health and Occupational Medicine:

a. Epidemiology: Several epidemiological investigations were conducted during this period. The one of prime concern was an investigation of an outbreak of gastrointestinal symptoms involving 79 cases occurring on the 26th and 27th of December 1970. Shigella was cultured from many of the stool samples. Although there was no evidence of any base facility being implicated, checks of food handling and procurement were made. The deterioration of good sanitary practices was emphasized. Latrines throughout the base were inspected by Military Public Health personnel. Lack of toilet supplies was evident in many of the latrines inspected. The majority of trash and garbage containers located throughout the base were not IAW MACV Directive 40-71. Organizations concerned were notified of the discrepancies. Personnel are still being notified of the danger of eating on the local economy in Vietnam. This is done by periodic articles in the daily bulletin and by BEM health education handouts at inprocessing.

b. Community Envirorment: During this period, the dunnage yard adjacent to the ammo pier was found to be infested with rats. Source of food for these rodents was the garbage discarded by the ammunition ships. Burning of this dunnage yard was recommended and accomplished. This action has eliminated the majority of the rat harborage which is near the base. Other than the aforementioned, there has been no community environmental problems affecting the base.

c. Medical Entomology: Constant surveillance, including light trap collections and larvae surveys, was maintained to insure that the mosquito population was kept to a minimum. Aerial spraying is accomplished on a scheduled basis. At no time was the mosquito population a problem during this past fiscal year. An intensive rodent infestation survey on the west side of Cam Ranh Bay AB was conducted by personnel of the Military Public Health Section and Civil Engineering Entomology Section. Results of the survey revealed a heavy infestation of rodents in the entire barracks area. The infestation was attributed largely to food scraps lying about the grounds throughout the entire area. Recommendations were made, to squadrons concerned, to police these areas daily before dark. CES Entomology implemented a rodent control program in the area. Follow-up surveys revealed a marked decrease in the rodent population. CES Entomology Section and the Military Public Health Section continues to monitor this area.

d. Public Health Program: Tuberculosis detection for all assigned base personnel, asepsis control, and sanitary inspections of base facilities were conducted with the overall rating of satisfactory. Venereal disease rates rose during this period and will continue to rise if the present trend continues.

e. Occupational Medicine: Periodic industrial shop inspections were conducted in all base industrial areas to evaluate existing environmental conditions, lighting, ventilation, storage and handling of chemicals, radiation producing devices, noise hazards, and heat stress. Recommendations concerning discrepancies were forwarded to the organization commanders concerned. Occupational health physicals are conducted monthly.

f. Retrograde Cargo: This program involves the inspection of all cargo aircraft (passenger aircraft exempted) departing the Republic of Vietnam to insure that the cargo is clean. During this period the C-5A, largest cargo carrying aircraft in the USAF, began routine cargo missions to Cam Ranh Bay AB. Due to the highly qualified Military Public Health Quarantine Inspectors and the outstanding program which is in effect, this "first" was accomplished without any problems.

g. Water Supply: During late 1970 and early 1971, the 483rd CES began a program to routinely rehabilitate the three well fields to maintain production capability. An increase in capacity was realized after rehabilitation, however, efforts have been hampered by long delays in receiving pumps and motors. Project CRB 158 to provide bypass capability for the water storage tanks was delayed because of a low water table which made disruptions to the system unadvisable. A low pH, a negative Langelier Index, and high values for color, manganese, iron, chlorides, and dissolved solids continue to degrade the water quality. A project to develop the Ammo Alpha well field was disapproved by 7th Air Force and a project to connect East and West side base systems is waiting review. A program to conduct quarterly water analysis has been delayed due to the unavailability of acceptable sampling and shipping containers. However, limited chemical

analysis is being performed using field test kits. Bacterial quality of the water has remained satisfactory.

h. Waste Disposal: The east side sewage system, a two cell recirculating lagoon system, has afforded satisfactory treatment. Routine Biological Oxygen Demand (BOD) tests are being performed to determine optimum operating parameters. The west side disposal system continues to be shackled with an undersized, inefficient Imhoff tank and sewage treatment is not satisfactory. The sanitary land fill continues to be operated on a dump and burn basis. Trash collection has improved with a contractor change. Periodic steam cleaning of dumpsters has been initiated, although dumpster handling equipment failures continue to be a problem.

16. Pharamcy:

a. The Pharamcy Service continued to improve its facilities with the addition and/or removal of shelves, equipment, and new operating procedures. The extensive utilization of pre-packaging medications by Pharmacy for the Emergency Room, Dental, Radiology, MEDCAP and Pharmacy outpatient and inpatient dispensing greatly enhanced the overall hospital operation and professional elegance.

b. The monthly outpatient prescription count for the past fiscal year averaged 7,520, while the inpatient count averaged 1,585 procedures during this same period. The total expenditure for medical supplies averaged $12,337 per month for this same reporting period.

c. A complete and new up-dated hospital drug listing with therapeutic index was accomplished.

17. Nursing Services:

a. The 483rd USAF Hospital nursing staff has continued to provide

nursing care comparable to the best available anywhere throughout Southeast Asia. During the month of September 1970, Ward 17 of the hospital was closed and senior nurses were placed on evening and night supervisory duty. This resulted in material assistance and better supervision of the younger nurses on these shifts. The nursing staff participated in a self-help project which resulted in the repainting of all the hospital wards.

b. The Chief Nurse of the Air Force, Colonel Ethel A. Hoefly and Chief Nurse of PACAF, LtCol Virginia M. Alena visited this facility on 10-11 January 1971.

c. During mass casualty situations, the nursing staff displayed its ability to respond effectively. On 28 February 1971, 31 casualties from Dong Ba Thin were brought to the hospital for emergency treatment. The emergency patient situation was quickly brought under control with the help of superior nursing support provided.

18. Dental Services:

a. The Dental Service has been adequately staffed with the following specialties assigned: Oral Surgery and Periodontics. During the first three quarters of the year a Prosthodontist was assigned. Sufficient dental enlisted personnel were assigned to assist the dental officers and accomplish the administrative functions. An active on-the-job training program was in effect during the year.

b. Dental procedures totaled 109,082 during the year for a monthly average of 9090.

c. The preventive dentistry program was further developed during this past fiscal year. An annual dental examination, dental prophylaxes,

periodontal scaling, topical application of stannous flouride and a preventive dental counseling were rendered each patient under this program. Future plans call for dental health lectures to incoming personnel and at Commander's calls, training aids, oral health displays for newspapers and announcements for television and radio.

d. The Department of Oral Surgery consists of one dental treatment room, a recovery room and a sterilization room. It was staffed this year by a boarded oral surgeon and one technician. A major portion of the work done by the oral surgeon consisted of the repair of traumatic injuries to the maxillo-facial complex and their subsequent management. The oral surgeon contributed significantly to the formation and function of the maxillo-facial trauma team which handled these casualties. Other services provided were the extraction of teeth, care of infections and other diseases of the dental and contiguous structures. Instruments were packaged and autoclaved in an aseptic manner.

e. The Dental Laboratory continues to be sufficiently staffed with laboratory technicians and is capable of producing 85 appliances monthly. Kadena AFB, Okinawa, is the primary Area Dental Laboratory for this installation. Satisfactory service was rendered by Kadena with an average time of 4 to 6 weeks from shipping case to receiving returned cases.

19. Medical Civic Action (MEDCAP):

a. The 483rd USAF Hospital has continued Vietnamese health services but on a limited basis due to a shortage of personnel. The MEDCAP team presently consists of one part-time physician and a medical technician

thus limiting village medical clinics to twice per week at the Ba Ngoi Dispensary and Sai Mai Orphanage. Establishment of an assistance program with two Vietnamese physicians in Cam Ranh City has aided in the consultation and referral of those patients seen in the clinic who cannot be adequately treated in the villages. All Vietnamese civilians must be referred to MEDCAP by one of the Vietnamese physicians.

b. MEDCAP now has the responsibility for handling all laboratory work and physical examinations for base employed civilians. Outpatient sickcall for employees is held six days per week for two hours each morning.

20. Veterinary Services:

a. Administration: Cam Ranh Bay Regulation 125-7, Control of Animals, was revised to clarify veterinary service responsibilities for the examination and treatment of pet animals. Cam Ranh Bay Regulation 163-2, Inspection of Subsistence, was revised to insure proper inspection of food products prior to delivery.

b. Veterinary Medical Support: Seventy four military dogs assigned to the 483rd Security Police Squadron were given 1,083 medical treatments and surgical procedures. Medical care was also provided to sick and injured military dogs referred from Phan Rang, Phu Cat, and Pleiku. Seventy six complete necropsies were performed on military dogs originating from all Air Bases in Vietnam. Representative samples of all tissues from these dogs were forwarded to the Armed Forces Institute of Pathology.

c. Veterinary Public Health: Four hundred thirty five animals owned by American personnel were vaccinated for rabies during the year. Quarantine

for rabies suspects and the submission of heads from animals suspected of having rabies was started in September 1970 and has continued throughout the year. There were 142 bite cases investigated and two dogs were found to have rabies. The veterinary service performed 755 sanitary inspections of food facilities with over 18,000,000 pounds of food inspected. Veterinary support was also provided to Nha Trang, Hon Tre Island, and Ban Me Thout.

d. Civic Action: Veterinary assistance for swine health and management was provided the Tan Binh Orphanage on the mainland and rabies vaccinations were given Vietnamese dogs and cats in Cam Ranh Village and Myca Village, both located on the peninsula.

21. Vietnam Medical Material Support Center:

a. The past year saw a reduction in the amount of support required by medical facilities in Vietnam. In September 1970, the medical facilities at Nha Trang, Pleiku, and Binh Thuy were reduced to Aid Station status and supply assistance visits to them were scheduled monthly. In November 1970, medical supply support terminated for the Tuy Hoa Dispensary and it was turned over to the Army.

b. In October 1970, all medical supplies stored in CONEX containers were consolidated and a total of 28 CONEX containers were returned to the Traffic Management Office as excess to our needs. The PACOM Utilization and Redistribution Agency (PURA) initiated "Operation Quick-Fix". It is felt this new system will provide quicker distribution instructions on items reported as excess through the PURA system.

c. In February 1971, a complete rewarehousing project was started in an effort to eliminate all uncovered outside storage. As a result of this project an additional 25 CONEX containers were returned to the TMO as excess.

The Medical Material Support Center won the PRIDE award for March 1971 and also for the first quarter of the year due to the overall neat and orderly appearance of the supply compound.

d. Total year synopsis and statistics as follows:

1. Sales to using activities - 1.7 million (decrease of .8 million as compared to sales for FY 70)

2. Average fill rate of - 95.5%

3. Reduced on-hand inventory from $1,004,563 to $669,290

4. Disposed of $317,378 from excess inventory during the fiscal year

5. Work orders completed - 5,319

22. Funds and Manpower: During FY 71, the Medical Resource Management Office had responsibility for the fiscal, manpower, and management improvement functions of the base medical service. It monitored an operating budget of $945,000 and collected over $160,000 in payment for medical services and subsistence during the year. The manpower section had the enormous responsibility of maintaining accurate staffing data involving between 400 and 500 officers, airmen, and civilians. This task was compounded by the tremendous turnover of personnel which results from the short SEA tour length.

23. Food Service:

a. A two and one half month improvement project was completed giving the kitchen area improved facilities. The improvements included a cement floor and new water, steam, and electrical lines. Inoperative fans were replaced by three new fans thus improving working conditions by facilitating air circulation.

b. A rearrangement of dining hall furniture was accomplished to better utilize floor space and to improve the flow of traffic during peak meal

serving periods. A short-order serving line was begun to provide sandwiches and snack foods at serving times, thus providing a choice from the regular menu served.

c. White table cloths were obtained for the dining hall tables. These table cloths are laundered daily. Also, a stereo multi-plex receiver was obtained to provide music during the serving of meals.

24. Registrar:

a. The Registrar service provided inpatient administrative support for an authorized bed strength of 400 beds until 1 January 1971 when bed authorization was reduced to 350 beds. On 1 April 1971, bed authorization was further reduced to 200 beds. Before the reductions began the average daily patient load(ADPL) averaged 169 patients. After 1 April 1971, the ADPL averaged 114 patients. US Army personnel accounted for approximately 39% of the patient load and US Air Force personnel accounted for 36% of the patient load. An average of 8200 patients per month were seen on an outpatient basis.

b. Seven and one-half days per patient was the average length of stay per inpatient. July 1970 showed our highest volume of patient work 8634 patients either transferred or discharged to duty. May 1971 showed our lowest volume of work with 3347 patient dispositions.

c. No major single events affected our patient workload during the past fiscal year, however, the gradual slowdown of the war has resulted in a decrease in our total workload.

25. Medical Squadron Section:

a. This unit was the first squadron on Cam Ranh Bay AB to move into renovated hootch quarters. Configuration of the hootches provide for 4 single rooms for senior enlisted personnel (E-7 thru E-9) and three cubicles (double

rooms) for the lower grade airmen. Although billiting during the renovation project posed problems, in January 1970, all squadron personnel had moved into the new hootches.

b. Continued emphasis has been placed on self-help projects to improve the appearance of the squadron area and provide added recreation for assigned personnel. A covered patio was constructed in front of the orderly room, complete with picnic table and barbecue grill. A four room dayroom is presently under construction. Interior painting, installation of air conditioners and remodeling will be complete by 1 August 1971. The dayroom will have a TV lounge, reading room, and a game room. Plans have begun to have a picnic area with volleyball court, horseshoe pit, and badminton area.

c. The morale of the squadron personnel has remained high despite the fact that the local towns are off limits. Personnel are encouraged to take three day passes to other bases in RVN, visit in-country R&R sites, participate in scheduled flights on C-7 aircraft and other recreation activities provided by base special operations.

d. The Medical Squadron training program was vigorously pursued for all hospital personnel. The use of Career Developement Courses has aided tremendously in the upgrading of all personnel in the minimal time.

26. 26TH AEROMEDICAL STAGING FLIGHT:

a. The 26th Aeromedical Staging Flight has maintained its two-fold mission: (1) to receive and process patients for Aeromedical Evacuation to Pacific Command Hospitals and the Continental United States and (2) to transport patients arriving via aeromedical evacuation flights for treatment at the 483rd USAF Hospital. On 31 May 1971, the process of receiving and processing patients for aeromedical evacuation to CONUS was discontinued and the mission

was altered to receiving and processing patients for Pacific Command Hospitals.

b. The 26th Aeromedical Staging Flight was authorized 100 operating beds, with expansion capabilities of 200 beds for the period up to 1 April 1971. At that time bed authorization was reduced to 70 operating beds.

c. Continued through the fiscal year 71, all Korean patients for out-of-country Aeromedical Evacuation were regulated through the 26th ASF on Saturdays for movement to Clark AB on Sunday. A greatly increased workload is expected due to proposed "Drug Counterattack" program as more patients will be aeromedically evacuated to CONUS for special treatment.

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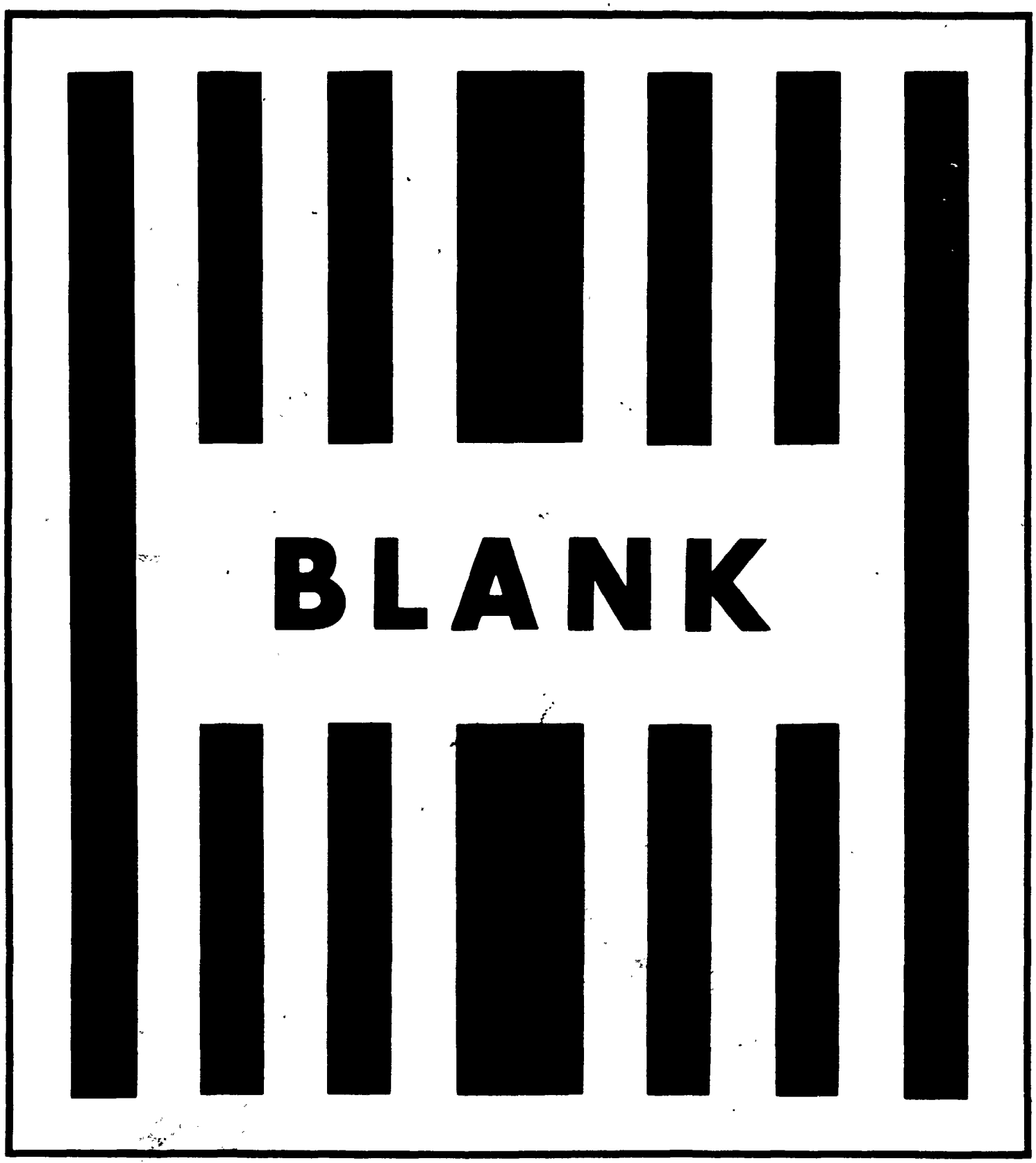
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CAM RANH BAY
Vietnam

HISTORY

of the

483RD USAF HOSPITAL (PACAF)

Prepared in cooperation with the hospital staff by

COLLINS E. SMITH, JR, Captain, USAF, MSC
Chief, Administrative Services

Approved by:

for Andrew O. Batson, Col. USAF, MC

CHARLES L. WILLMARTH, Colonel, USAF, MC
Commander

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I. MISSION:

1. To provide definitive medical care for all United States military and civilian personnel on Cam Ranh Bay Air Base, emergency medical care for Republic of Vietnam and third party national government contract employees, and hospitalization as required for military personnel from the southern half of the II Corps area.

2. Provide complete base medical services for Cam Ranh Bay Air Base.

3. Provide medical and dental consultant services to all Air Force medical facilities in the Republic of Vietnam.

4. Provide medical material services for all Air Force medical facilities in the Republic of Vietnam.

5. Provide veterinary consultant services and Sentry Dog Regional Referral Center for all veterinary facilities in the Republic of Vietnam.

II. INTRODUCTION:

The general physical and mental health of personnel assigned or attached to Cam Ranh Bay Air Base is good. There has been no significant outbreak of disease during this fiscal year.

III. NARRATIVE:

1. General: The 12th USAF Hospital began the fiscal year with 475 operating beds authorized 1 April 1968. Effective 1 October 1969 bed authorization was decreased to 400. On 31 March 1970 the 12th USAF Hospital was deactivated and the facility was redesignated the 483rd USAF Hospital after the parent unit, the 483rd Tactical Airlift Wing(Hq PACAF Special Order G-54, 18 March 1970).

2. Personnel: One of the most competent of all medical staffs in the Air Force provide the following services and specialities: General Surgery, Anesthesiology, ENT, Eye, Urology, Neuro-surgery, Thoracic Surgery, Orthopedic Surgery, Dermatology, Neurology, Mental Health, Internal Medicine, Flight Medicine, complete Laboratory service, Radiology, and Pharmacy. Commanders for the period were Max J. Nareff, Colonel, USAF, MC, 1 July 1969 to 16 June 1970 and Charles L. Willmarth, Colonel, USAF, MC, 17 June 1970 to 30 June 1970.

3. Hostile Actions Affecting Medical Operations: The constant preparedness of the hospital to respond to disaster and mass casualty situations was highly significant during this period. On 7 July 1969, eleven U.S. Army battle casualties were brought to the hospital from Phan Rang. Surgical procedures were required for each man for his proper wound care. On 7 August 1969, the U.S. Army Sixth Convalescent Center, located at Cam Ranh Bay was attacked by enemy sapper action. Over a hundred U.S. servicemen were injured. Thirty-one of these injured men required medical treatment beyond the capability of the Sixth Convalescent Center. The 12th USAF Hospital dispatched its ambulances and brought all thirty-one casualties to this facility. A total recall of the hospital staff provided the care rendered to all the wounded. In a subsequent attack on the Sixth Convalescent Center on the night of 23 August 1969, the 12th USAF Hospital once again was called upon to provide emergency casualty care to the Center. During this rocket attack a sudden influx of nineteen casualties were brought to the hospital. Since the casualty situation was not as serious

as in the former attack, only a recall of the surgical and triage teams was necessary. An orderly triage was established with those patients requiring immediate attention being taken directly to surgery. Once again the immediate dispatch of ambulances and the timely action of hospital personnel contributed to the life saving actions in this serious casualty situation. On 6 December 1969, twenty-eight casualties were brought to the 12th USAF Hospital as a result of a hand grenade explosion in Ba Ngoi. All patients, Vietnamese civilians, were suffering from shrapnel wounds. Fourteen major surgical operations were performed including one which lasted over four hours. These fourteen cases required fifty-three units of whole blood which was processed by the laboratory in minimum time. On 7 January 1970, twenty Vietnamese civilian war casualties were brought to the hospital as a result of wounds received from the Viet Cong near Dalat. The wounded were primarily from gunshot and shrapnel. All patients required surgical care to the extent that the hospital had to request that the Joint Armed Forces Medical Regulating Office, (JAMRO), close this medical facility to "Dust Off" missions for twenty-four hours. On 12 February 1970, twenty-one ARVN troops were brought to this hospital for immediate medical treatment as a result of a helicopter crash, which was carrying them to a battle area for enemy contact. The majority suffered from burns and fractures. Two patients required extensive surgery for amputation of major limbs.

4. Department of Medicine:

a. During this period the Department of Medicine has been adequately staffed with board qualified internists holding a variety of subspecialty

interests, including infectious diseases, Cardiology, Nephrology, Endocrinology and for part of the year Hematology. Dermatology and Neurology were also represented making it a well balanced staff. This accounted for extremely fine medical care as well as being medically stimulating for those assigned. A great variety of diseases were seen as in large stateside hospitals. In addition, a variety of tropical diseases were treated, particularly Amebiasis, which was the third most common infectious disease in patients admitted to this hospital. Malaria and Infectious Hepatitis accounted for over half the diarrhea cases admitted.

b. Physicians in the department, in addition to their routine duties on the medical wards and in the clinics were active during the mass casualty situations, evaluating and treating patients prior to surgery to free the surgeons for duty in the operating room. They actively participated in the corpsmen and nurses training programs to increase their knowledge in various areas of internal medicine. They engaged in frequent consultation visits to other dispensaries throughout Vietnam to give them the benefit of the various specialists present at this hospital. They also participated frequently in the MEDCAP program. Weekly conferences were arranged and the department including medical grand rounds and medical surgical conferences. These were attended also by general medical officers, other specialists, as well as physicians from the Sixth Convalescent Center and dispensaries on and near the peninsula. During part of this period, we had the good fortune of having a Vietnamese physician training in the Department of Medicine. Every effort was made to make it a stimulating experience for him and increase his knowledge in internal medicine.

c. We have also had as our guest Colonel Carter from the United

States Air Force Academy who has actively participated in the diagnosis and treatment of patients seen at this hospital so as to write a more intelligent and meaningful guide for students learning Tropical Medicine. The experience was useful for him and the department, suggesting that it may be beneficial to send specific research teams to this facility in the future for limited periods of time to study various problems dealing with diseases seen in the area.

5. Dermatology: The Dermatology Clinic has been staffed by one Dermatologist since 1 September 1969. Outpatient visits per month have ranged from 300 to 500 patients. The six most common diseases seen in order of the highest frequency are: Acne Vulgaris, Tinea Corporis, Pseudo-Falliculitis Barbae, Tinea Versicdor, and Dyshidrosis. The military Consultant Program has been vital in this locale. Monthly visits have been made to the 377th USAF Dispensary, where an average of 10-20 patients were seen and evaluated. Other in-country dispensaries visited included: 12th, 35th, 31st, and the 14th USAF Dispensaries. Army hospitals and dispensaries that were provided consultant service included the 8th Field Hospital in Nha Trang, and the 349th General Dispensary at Cam Ranh Bay. The clinic now has its own Mycology capability. Cultures are taken and interpeted here in the clinic. The present clinic facilities and equipment are quite adequate for the foreseeable future. Vietnamese patients are seen on a routine basis on referral from our own MEDCAP facility. The Dermatology Service has participated actively in the medical rounds at this hospital providing a source of dermatological information to the members of the staff.

6. Department of Mental Health:

a. During the past year the Department of Mental Health continued to serve as the Psychiatric Consulting Center for all patients admitted to the 483rd (12th) USAF Hospital. In addition, consultation and hospitalization service was provided, if required, for all Army personnel passing temporarily through the 22nd Replacement Battalion.

b. The department was manned by three psychiatrists and aided by a psychologist and a social worker. This manning remained in effect until March 1970 when one psychiatrist had to be evacuated to the CONUS as a result of a gunshot wound by a patient in the clinic. The social worker was also involved in the same incident but recovered and returned to work until the end of March at which time the position was eliminated. The department functioned for the remainder of the year with two psychiatrists and one psychologist. The number of ward specialists remained the same, but two nursing positions were lost on the in-patient unit.

c. One major physical improvement was made by enclosing and air conditioning of the Mental Health Clinic. A similar request remains in effect for the occupational therapy hootch.

d. During the latter part of the year, inter-ward consults were reduced from an approximate average of 50 per month to 10 per month. Total clinic contacts were reduced considerably because of a loss in professional personnel during this period. Ward admissions by branch of service showed no significant change over the past year, but dispositions revealed an increased number of personnel returning to duty and a decrease in the

number of patients needing air evacuation. The admission rate remained relatively steady with only the expected seasonal fluctuations. Decreased admissions were noted in the month of June. March, April and May, however, were extremely busy, partically due to the closing of the Eighth Army Field Hospital at Nha Trang.

e. At the present time a projected increase in work load is anticipated as our unit assumes responsibility for all Army personnel in Southern II Corps. A psychiatrist and social worker who are presently assigned to the adjacent Army facility are being added to our staff on a part-time basis. All Army consultations from Southern II Corps will be routed through our clinic. Because of increased administrative work, a 906X0 has also been requested as well as the re-instatement of the social worker position which was deleted in March.

7. Laboratory Services:

a. In addition to our usual laboratory workload, consultation service has been provided continuously in both clinical pathology and histopathology to Air Force dispensaries located throughout Vietnam. In this way, the talents and experience of the laboratory officers and pathologist stationed at Cam Ranh Bay were shared with other Air Force medical facilities. In addition, the Laboratory Service performs tests for these Air Force dispensaries as well as for numerous Army, Navy and Korean (ROK) medical facilities throughout the Republic of Vietnam. Bases assisted included Tuy Hoa, Da Nang and Bien Hoa where preparation and identification of parasitic amoebe was necessary to control an outbreak of amebiasis.

b. The teaching capability of the Laboratory Service was enhanced in October 1969 by the acquisition of a photomicrographic apparatus in the Histopathology section. Clinical Pathology Conferences and professional lectures presented by the laboratory staff have been of increased significance and value with the use of photomicrographs of recent surgical and autopsy cases.

c. Bacteriological and mycological analyses on dairy products were initiated in November 1969. Analyses are performed on ice-cream, milk and cottage cheese from the Meadow Gold Dairy located at South Beach Army Post. On 22 January 1970 the laboratory also began receiving specimens from the substation at Qui Nhon. This testing of dairy products has public health significance for members of all military services throughout Vietnam.

d. Due to the closing of the 8th Field Hospital, the amount of bacteriology specimens referred to us has increased 70% from an average of 250 specimens per month to an average of 425 per month.

e. Two more chemistry procedures were automated during the year. SGOT and Bilirubin were added to the five other automated chemistries already in use.

f. Acting as an acute casualty-receiving area, the 483rd USAF Hospital has been involved in several mass battle-casualty and disaster situations. In these situations, the laboratory transfusion service was called upon to provide large quantities of whole blood and blood products for transfusion with almost no warning.

8. Radiology:

a. A new X-ray Department was completed during the year. New facilities include four exposure rooms, one dark room, one supply room, one janitorial room, three offices, one file room and a small conference room. New radiologic equipment includes: a 500MA, 125 KVP unit with standard fluoroscopic and body section capabilities, a 300MA, 125 KVP unit with standard fluoroscopic capabilities, a 300MA, 125 KVP unit with image intensification, body section with seriographic capabilities, a 100MA, 100 KV Military unit without fluoroscopic capabilities, a Pako automatic film processer, a Sanchez-Perez seriograph, a Viamonte-Hobbs automatic pressure injector, and the standard radiologic/radiographic devices such as cassettes and view boxes.

b. The Radiology Department exposed an average of 9200 film per month and saw an average of 3800 patients per month.

c. Of significant importance to the operational effectiveness of the department was a radiologic safety survey conducted in June 1970. The survey resulted in the identification and elimination of such problems as inaccurate electronic and impulse timers and a shortage of collimeters.

9. Surgery Clinic:

a. The Surgery Clinic was adequately manned during FY 70. Five surgeons alternated holding daily clinics with the aid of two technicians. patients seen in the clinic were from many hospitals and dispensaries in Vietnam. Minor surgery was performed the same day as the patient's original appointment. However, due to a shortage of manpower in the operating room between the months of April and June, a number of cases

such as hernia repairs and other necessary, but not emergency, cases had to be delayed.

b. The clinic's minor surgery room was used by other services such as Dermatology and Internal Medicine. Each service was assigned a day when it could have precedence in use of the minor surgical room. Each service supplied their own instrument sets and other supplies.

c. The patient load was quite steady through the month of April 1970, when it increased as a result of activity in Cambodia.

10. Neurosurgery Clinic: The clinic load was light for neurosurgery, however, the surgical load remained consistent. Most of the neurosurgical cases were emergencies which were later air-evacuated to other hospitals. Despite the busy and irradical surgery schedule the clinic saw very few followup cases. Most clinical patients were American service men although a number of Vietnamese were seen as well.

11. Thoracic Surgery:

a. The Thoracic Surgery Department at Cam Ranh Bay was adequately covered in clinic and surgery by one thoracic surgeon. Many patients were Vietnamese civilians with lung complications as well as war casualties with cardiac problems or respiratory ailments. In addition, this highly skilled clinic treated numerous Vietnamese infants for respiratory diseases.

b. Of special significance was a highly successful heart surgery procedure (Mitral Stenosis) performed by Major Larry Hammerberg on a Vietnamese National in May.

12. Urology:

a. Clinic visits, inpatient census, and performance of major and minor surgery remained fairly constant. Through close consultation with facilities at Nha Trang many patients were referred here who could not have received proper treatment without aid of equipment available here.

b. The most significant change in the physicial facility was the installation of air conditioning in June 1970.

13. ENT Clinic: The Ear, Nose, and Throat Clinic was staffed by one 9446C Otolaryngologist and two 912X1 technicians. During a normal week, three mornings were spent in surgery and three mornings and five afternoons in clinic. An air conditioning unit was installed in the clinic which has solved our dust and humidity problem and cut down considerably on the amount of maintenance required on audiometric testing units and clinical equipment. By utilizing the operating microscope in the clinic as well as in the operating room the number of procedures performed in the clinic was greatly increased.

14. Eye Clinic:

a. In the second quarter of FY 70, the Ophthalmology Section performed 250 special lazer physicals, a first in Vietnam, which included photographs of the retina. From September 1969 to June 1970, the Optometrist provided optometric support to the I and II Corps areas of Vietnam supplemented by monthly trips to 35th USAF Dispensary, Phan Rang AB, RVN.

b. During the same period our Ophthalmologist, the only Air Force

Ophthalomologist in Vietnam, went to Phan Rang Provincial Hospital for several consultant visits. The 483rd USAF Hospital and the Ophthalomologist were commended by the Phan Rang Providence Medical Chief and Military Province Advisor for this invaluable medical support.

c. In December 1969, an industrial vision survey was conducted by the optometrist. Maintenance areas and engineering ships were surveyed for potential eye hazards and adherence to safety standards. After a report to the Wing Integrated Safety Council in December 1969, a follow-up survey of eye hazardous areas was conducted in June 1970. Definite improvements in safety standards were noted as a result of the survey.

d. Daily ophthalmology and optometry care to one of the largest areas of Vietnam for armed forces personnel of all branches, as well as allied military and Vietnamese represented the most important part of the workload in the Eye Clinic. A multitude of combat ocular trauma, disease, surgical repair, cataract extractions as well as the regular examination for glasses provided a special service to this area of Vietnam.

15. Physical Therapy:

a. As a self-help project, the Physical Therapy Clinic was remodeled and repainted by the assigned personnel. The clinic area was closed in and air conditioning added. A wall was built seperating physical therapy from the Orthopedic Clinic. Wall mounted exercise equipment was moved inside from the breezeway area outside. Whirlpools were relocated and two plinths were converted to mat tables. A storeroom was added within the clinic and a conex obtained for crutch storage outside. The overall result was a more efficient and functional clinic.

b. A therapeutic work program was initiated in September 1969 and 7,054 patient visits were recorded. Treatments administered during 15,612 patient visits totaled 42,045. A total of 5,343 whirlpool treatments were given for open wounds and burn cases with no known cross-contanimation. Cleaning is accomplished with wescodyne and betadine added to the water. Culture studies on the whirlpool tanks during the past year were negative.

16. Aeromedical Service:

a. The Aeromedical Service provided excellent medical care for all flying and officer personnel assigned to Cam Ranh Bay Air Base. The main office, located on the East side of the base, continues to provide routine medical care during normal duty hours seven days a week. In addition, this office also provided primary coverage on a 24 hour basis for all in-flight, ground accident and emergencies encountered on the flight line. An additional office was operated on the West side for sick call, six days a week, and provided medical service to the 250 TDY flying personnel assigned to the 834th Air Division.

b. Aeromedical Services provided 901X0 personnel to support Detachment 8, 38th Aerospace Rescue and Recovery Squadron on a 24 hour basis. Prior to this year the rescue responsibility was provided by pararescue personnel. A constant program of training and upgrading in rescue duties remains in effect.

c. Aerospace Medicine Councils were held on a monthly basis. They provided a common meeting ground to discuss Aeromedical problems among all

those involved in Aeromedical Services. The meetings were attended by the Director of Base Medical Services, all specialist physicians on flying status, the Base Veternarian, the Bioenvironmental Engineer and flight surgeon personnel.

d. When the 12th Tactical Fighter Wing departed Cam Ranh Bay in March 1970, Aeromedical Service decreased significally. However, the latter part of FY 70 base flying personnel increased with the addition of two tactical airlift squadrons of the 483rd Tactical Airlift Wing arriving here from Vung Tau.

e. The assigned Flight Surgeons continue to live with their attached flying squadrons which has assured close rapport with the base flying personnel.

17. Military Public Health and Occupational Medicine:

a. Epidemiology: During this period several epidemiological investigations were conducted. The most noteworthy of these was an investigation of the outbreak of thirty-seven cases of amebiasis in March and April 1970. Epidemiological investigations of the outbreak among assigned personnel revealed that seven areas in Vietnam and one area in Thailand were the probable source of the infections and eating on the local economy was the probable pathway. Although no base facilities were implicated or suspected, additional checks of food handling and procurement were made. Personnel were notified of the danger of eating on the local economy in Vietnam by periodic short articles in the daily bulletin and by SEA health education handouts at inprocessing.

b. Public Health Programs: Tuberculosis detection for all assigned base personnel and for hospital personnel only, asepsis control, and sanitary inspections of base facilities such as the base gym and the barber shops were conducted. A Public Health training class was conducted for the Vietnamese Barbers. Since January 1970 the incidence of venereal disease in base personnel has been declining.

c. Housing: The facility condition of the troop housing(hootches) is poor and renovation projects CRB 165-0 and CRB 041-1 have been initiated to improve the condition of these quarters. A housing survey was completed in July 1970.

d. Water Supply: The water supply, provided by three separate well field systems, two on the East Side and one on the West Side, has twenty-four wells operational. A total of thirty-two bacteriological monthly water sampling points and sixteen monthly ice sampling points were established in February 1970. Bacteriological quality was satisfactory. Chemical analysis of all wells was accomplished in May 1970. The water continues to be highly corrosive even though partial polyphosphate treatment was initiated in May 1970. Two projects, CRB 158 and CRB 143 are planned to provide a bypass capability for the water storage tanks.

e. Waste Disposal: All 300 man latrine facilities on base were completely renovated between January and March 1970. Burn out latrines still exist in the Fire Department area and between the two runways. The East Side sewage system, as of January 1970, consists of two cell recirculating chlorinated lagoon system for the main base areas and a septic

tank for the RMK hill barracks area. The West Side system consists of a poorly designed, poorly operated, Imhoff tank. The sanitary land fill continues to be operated on a dump and burn basis. Very little burial was accomplished because of nonavailability of equipment. Trash collection was sporadic because of continual equipment failures.

f. Industrial Hygiene: Periodic industrial shop inspections were conducted in all base industrial areas to evaluate existing environmental conditions, lighting, ventilation, storage and handling of chemicals, radiation producing devices, noise hazards, and heat stress. Occupational physicals were conducted in June and July. The most noteworthy change in the industrial areas was the departure of the 12th Tactical Fighter Wing units in March and April.

g. Retrograde Cargo: The Retrograde Cargo Inspection Program was officially implemented on 27 December 1969 with the DDT dusting of a C-130 aircraft carrying cargo destined for the CONUS. The program now involves the inspection of all cargo departing the Republic of Vietnam to insure that the cargo is cleaned, and the dusting of the cargo bay of the aircraft with micronized DDT at the rate of 2 grams/1000 cubic feet. The objective of the program continues to be the prevention of exportation of agricultural pests, rodents, or other disease vectors to other ports and to the CONUS. Many problem areas had to be overcome before this program became functional. One problem area was the briefing of aircrews who were initially unfamilar with the program and sometimes opposed to the program. Other problem areas

included the training of personnel, available transportation, the continuing education of related agencies such as TMO, CE Entomology, and Aerial Port Ramp Control and Air Freight Sections. This base was the first to start the dusting of aircraft because our Preventive Medicine Technicians worked to make it the best in 7th Air Force.

18. Pharmacy:

a. The Pharmacy Service continued to improve its facilities with additional shelves, equipment and new operational procedures. A temporary increase of stock levels for medical supplies occured during the months, March through June, giving the Pharmacy a greater latitude for instant capabilities in case of mass casualties.

b. The monthly outpatient prescription count for the past year averaged 5070, while the inpatient count averaged 3470 procedures during this same period. The total expenditures for medical supplies averaged $11,902.30 per month for FY 70.

c. A complete and new up-dated hospital formulary was accomplished just prior to the end of the year.

19. Nursing Service:

a. The 483rd Hospital Nursing Staff continues to provide the most professional nursing care available anywhere. Response to mass casualty situations have tested the capability of the nursing service several times during the past year. On three occasions it was necessary to open and

staff an additional 35 to 39 bed ward. On each occasion the challenge was met and end results proved more than adequate.

b. The Chief Nurse of Air Force Nurse Corps, Colonel Ethel A. Hoefly and Chief Nurse PACAF, Colonel Juanita E. Fannin visited the facility on 28-29 October 1969. Also on the 29th of October the hospital was visited by Major General Alonzo Towner, Deputy Surgeon General of the USAF.

c. The scope and effectiveness of the Nursing Audit Committee was expanded. The result showed an increase toward better patient care and standardized nursing notes.

d. MEDCAP activities were reduced due to lack of professional personnel and in accordance with MACV Vietnamization plans. The Unsung Heroine Award was awarded to Captain Mary Lawrie for professional duties performed on the Vietnamese Ward and with the MEDCAP team. In conjunction with the Caribou Squadron, "Operation Santa-Bou" was instituted on 24 and 25 December in an effort to spread the feeling of Christmas. Twenty nurses flew with the "Santa-Bous" to villages and remote bases to help deliver gifts and refreshments to our troops and the civilian population.

e. The Nurses living area was improved by removing sand bags and bunkers and replacing them with brick revetments. A brick barbecue pit was completed on the patio and new patio furniture was installed. The "Round Eye Lounge" was enclosed and tape deck with amplifier was installed which was purchased by occupants of the quarters.

20. Dental Service:

a. The Dental Service has been adequately staffed with the following specialities assigned: Oral Surgery, Periodontics, Endodontia and Prosthodontia. In addition, two U.S. Navy dental officers and five U.S. Navy dental technicians were assigned for treating approximately 2,500 U.S. Naval personnel. Sufficient dental enlisted personnel were assigned to assist the dental officers and administration functions. UDL authorization remains 8 dental officers, 23 dental enlisted, and 1 civilian dental helper.

b. Dental Procedures totaled 74,175 during the year for a monthly average of 6,181.

c. The Dental Clinic operated six days per week, Monday through Saturday, 0730-1800 hours. Commencing in June 1970, we tested the operation of a two shift system with the Preventive Dentistry Technicians rendering dental prophylaxes. Shifts were 0730-1630 and 1630-2400 hours. Broken dental appointments decreased 90 percent during the evening shift and patients responded favorably.

d. An active consultant program continued in effect during the year. A total of 12 visits to satellite bases were made, two by the Oral Surgeon, five by the Periodontist and five by the Prosthodontist.

e. An active On-Job-Training program was in effect. All trainees received classroom and practical instructions and rotated throughout each speciality section of the dental clinic. Promotions in rank for enlisted members were adequate and WAP's testing was readily accepted by enlisted personnel.

f. The Preventive Dentistry Program was further developed during this year. An annual dental examination, dental prophylaxes, periodontal scaling, topical application of Stannous Fluoride, and a preventive dental counseling were rendered each patient under this program. A briefing is presented all incoming personnel, outlining this dental facility, speciality sections, etc., that are available for managing their overall dental requirements. All incoming personnel are scheduled for a dental examination and bite wing x-rays on their incoming processing. A meeting with the Base Exchange Manager was conducted and ineffective items were withdrawn from the exchange stock and effective items stocked. Future plans call for dental health lectures, training aids, coordinated activities with Chief Nurse to improve oral health care of hospitalized patients, prepare oral health displays for newspapers, television and radio, and follow up on progress to monitor fluoride control of the base drinking water. Present policy on the Base fluoridation program is for one yearly sample of the drinking water obtained from each well be sent to McCellan AFB, California to test for the amount of fluoride present. The past results indicated that the base water supply has natural fluoridation of 1.0ppm.

g. The Department of Oral Surgery now consists of one dental treatment room, a recovery room and a sterilization room and is staffed by a boarded oral surgeon and two technicians. The equipment is modern and adequate. Instruments are packaged and autoclaved in an aseptic manner. Services provided are extraction of teeth, care of infections, and diseases of the dental and contigeuous structures. A major portion of the work done in this hospital by the oral surgeon consists of the repair of traumatic injuries to the maxillo-facial complex and their subsequent management.

During the year over 100 fractures of the facial skelton were treated by this department. In addition, consultation visits are made to inspect and advise satellite bases in case a need for such service may arrise. A maxillo-facial trauma team has been activated that consists primarily of the departments of Otolaryngology and Oral Surgery. By this team approach, a more inclusive treatment has been provided to the patient having facial trauma.

h. The Department of Prosthodontia has rendered all specialities of prostheses appliances to patients. Kadena AFB, Okinawa is the primary area dental laboratory for this installation. Satisfactory service was rendered by Kadena with an average time of 2 to 3 weeks from shipping case to receiving returned cases from Kadena. The dental laboratory continues to be sufficiently staffed with Prosthetic laboratory technicians and is capable of producing 85 appliances monthly.

i. The dental staff spent 134 hours actively participating in the Medical Civic Action Program. A total of 1,856 patients were examined and treated. A total of 2,231 tooth extractions were made and 284 root residuals were removed. In addition, tooth brushes and disposal plastic mouth mirrors were given to selective patients with oral hygiene potential.

21. Medical Civic Action (MEDCAP):

a. The 483rd USAF Hospital has continued Vietnamese health services but on a limited basis due to shortage of personnel. The MEDCAP team presently consists of one part time physician and a medical

technician thus limiting village medical clinics to twice per week to Ba Ngoi Dispensary and Sao Mai Orphanage. Establishment of an assistance program with two Vietnamese physicians in Cam Ranh City has aided in the consultation and referrel of those patients seen in the clinic who can not be adequately treated in the villages. All Vietnamese civilians must be referred to MEDCAP by one of the Vietnamese physicians. In addition, over 500 patients are seen monthly on an out-patient basis.

b. MEDCAP now has the responsibility for handling all laboratory work and physicial examinations for base employed Vietnamese. Outpatient sickcall for employees is held six days per week for two hours each morning.

c. Continual emphasis has been placed on upgrading the general public health of the Sao Mai Orphanage by improving the water supply, screening of the kitchen facilities and helping provide a dependable source of electricity. The Catholic Sisters are being taught the importance of good personal hygiene and sanitation practices to better care for the children. At the present, arrangements are being made for two Vietnamese Public Health Workers to assist the Sisters at the orphanage.

d. The Vietnamese inpatient ward is staffed by USAF nurses and medical technicians. There are also two Vietnamese civilians who aid in the care of patients and act as interpreters. Patients are admitted to the ward by referrals from the local doctors or emergency cases on an availability basis. The average case load on this ward varies between 15 and 20. The MEDCAP team is attempting to help upgrade the care at Ba Ngoi

Dispensary, the local medical facility. A laboratory has been set up and is able to handle such tests as complete blood counts, urinalysis, malaria smears and acid-fast sputums(tuberculosis test).

22. Veterinary Service:

a. Administration: Cam Ranh Bay Regulation 163-1, Control of Animals, was revised to provide a more effective control of the stray animals on the Air Base. Additionally, the purpose and responsibilities of the Rabies Control Committee was revised and coordinated through the Director of Base Medical Services and the Base Commander.

b. Veterinary Medical Support: All veterinary personnel, records and equipment were moved into the new 7th Air Force Referral Hospital on 30 September 1969. During this period, support service for Hon Tre Island, Ban Me Thuot, Nha Trang and Vung Tao was requested by the 7th Air Force Surgeons Office. The two assigned veterinarians conducted training courses for military dog handlers. The training stressed sanitation, first aid, routine care, and steps to take in case of injury. This course was continued as new dog handlers arrived at this installation. Veterinary medical assistance was given to thirty-six military dogs enrolled in the 7th Air Force Patrol Dog Conversion School conducted at Cam Ranh Bay Air Base, RVN, on a continuing basis until June 1970. In May, medical care was provided for military dogs assigned to the Navy Water Dog Training Program.

c. Veterinary Public Health: Weekly surveys of all base dish-washing machines were conducted. Consolidated reports were submitted through the Director of Base Medical Services to the Base Commander for action.

Notable improvements were made in base dishwashing machines in order to help portect the health of the Command. In November 1969, a 100% inspection program of assigned aircraft and MAC contract carrier aircraft was conducted to improve food service and sanitation involving passenger service. At the same time, a complete veterinary laboratory was completed. This laboratory vastly improved our capability to perform bacteriological examination of foods, food service equipment and of food handler's personal hygiene. Arrangements were solidified to assist the 176th Army Veterinary Detachment at South Beach with food inspection at the 14th Aerial Port. This program was instituted to improve the quality of food being shipped to other bases in Vietnam. Technical advice, equipment and reagents were provided to the Naval Air Facility Medical Dispensary in the implementation of a laboratory service for enhancing their food service sanitation inspection program. A complete set of training slides and written training aids were developed for a food handlers training course which added the capability for training both military and Vietnamese food handlers. Training was presented every three months for all food service facility employees on Cam Ranh Bay Air Base. Additional training was provided for the military food service personnel at Vung Tao and the Vietnamese food handlers assigned to the Army Dispensary at the 22nd Replacement Battalion, Cam Ranh Bay, RVN.

d. Civic Action: Veterinary assistance, Rabies Clinics plus technical advice involving Animal Husbandry and Agronomy was provided in the Vietnamese villages of Ba Ngoi, Myca, Dalat, and Nha Trang.

e. Special Assistance: One of the assigned Veterinary officers performed duty at Phan Rang for two weeks in March 1970 providing manning assistance. In June 1970, a Veterinarian was TDY as a member of the 7th Air Force Inspection General Team.

f. Achievement: The Veterinary Service was inspected by the 7th Air Force Inspector General's Team in January 1970 and was rated outstanding.

23. Vietnam Medical Material Support Center:

a. In August 1969, a determined effort was initiated to identify and return excess medical equipment items from the hospital and satellite bases to the Center for coding and disposition. In November 1969, all slow moving items and "dead" stock were identified and transferred from the operating inventory and reported excess or transferred to the R&M activity. This resulted in a 1.7 decrease in the months stock on hand and on order figure. In February 1970, a general rewarehousing project was started which resulted in better management, control and security of inventory. A great majority of the outside uncovered storage was eliminated by utilizing conex containers and locator system to identify contents within each conex container. A MEMO inventory was initiated in March 1970 and continued efforts in this area resulted in an accurate custody receipt listing for each account supported by the MEMO. Total dollar value of equipment in-use was 2.6 million dollars. Beginning in April 1970 Sea-Land vans were brought directly to and unloaded at the Medical Materiel Warehouse. This new procedure resulted in decreasing from 2 to 7 days the amount of time required to receive and unload a Sea-Land Van. The Medical

Equipment Repair Center was renovated in May 1970 through several self-help projects. A new spare parts system was initiated. A preventive maintenance and corrective maintenance schedule was put into operation which resulted in faster and better service to satellite bases. Utilization of the Air Force Laundry instead of the Army Quartermaster Laundry began in June 1970 and significant improvements were noted in this area.

b. Total year synopsis and statistics as follows:

(1) Sales to using activities - 2.5 million (decrease of 1 million dollars as compared to sales for FY 69).

(2) Average Fill Rate of over 95%.

(3) Reduced inventory from 1,265,193 to 1,004,563.

(4) Reduced Excess Inventory from $261,000 to $124.000.

(5) Tonage received and shipped - 1279.

(6) Work Orders completed - 2,789.

24. Funds and Manpower:

a. During FY 70 the Business Office was reorganized as the Medical Resource Management Office with responsibility for the fiscal, manpower, and management improvement functions of the base medical service. It monitered an operating budget of $1,143,000 and collected over $180,000 in payment for medical services and subsistence during the year. The manpower section had the enormous responsibility of maintaining accurate staffing data involving between 500 and 600 officers, airmen, and civilians. This task was compounded by the tremendous turnover of personnel which results from the short SEA tour length.

b. The following data reflects the status of personnel as of 30 June 1970:

	483rd USAF Hospital		26th ASF	
	Authorized	Assigned	Authorized	Assigned
OFF	123	117	16	9
AMN	336	306	39	32
CIV	55	49	2	2
Total	514	417	57	43

25. Food Service:

a. After completion of the medical food service modular unit, all feeding facility requirements for the hospital were provided. Additional food carts were procured to provide adequate patient tray service to the wards.

b. Almost immediately after the food service facility became fully operational, several glaring discrepences in the modular unit were noted. Poor drainage of the diswashing machine compounded by an excessive workload caused the floor to become water logged and began to decay. Also the exhaust and ventilation system in the kitchen was not able to cope with the demand and as a result, all exhaust fans became inoperable and were removed.

c. Because of the extremely hot, crowded conditions in the kitchen, a special pot and pan washing room was added at the back of the kitchen adjacent to the loading dock.

d. During FY 70 the appearance of the dining room was improved by painting some of the walls and ceiling areas. Paper table cloths were procured and small vases with artificial flowers were provided for use on the dining tables. Framed paintings were also procured and hung in the dining room.

e. The outside of the dining room and kitchen area was planted with grass and lanscaped with flowers and shrubs in keeping with the base beautification program.

26. Registrar:

a. The Registrar Service operated the inpatient administrative service for the hospital's authorized 400 bed strength. The average daily patient load (ADPL) remained fairly constant during the first half of the fiscal year at 245. However, in the second half of the year, the ADPL increased slightly to 248, with a peak month of 268 ADPL in June 1970. U.S. Army personnel accounted for 45% of the patient load, and Air Force personnel accounted for 26% of the workload. The outpatient workload throughout the fiscal year was approximately 9,000 visits per month.

b. The average length of stay for an inpatient remained low at 8.5 days per patient. With this relatively low inpatient stay, the number of transfers to other hospitals averaged 450 per month. This high volume of patient workload climaxed in June 1970 with a combined total of 1100 discharged to duty and transfers to other hospitals.

c. Two military operations during the year, the movement of the 12th Tactical Fighter Wing from Cam Ranh Bay and the Cambodian Campaign had varied effects on the hospital patient census. During the movement of the 12th Tactical Fighter Wing, the patient census and the outpatient visits remained constant without fluctions. However, the Cambodian Campaign directly accounted for an increase in the number of admissions to the Internal Medicine Service with diagnosis of malaria or hepatitis. The patient influx as result of the campaign remained constant until the entire operation was concluded.

27. Medical Squadron Section:

a. A moritorium on self-help projects limited projects for improvements of section facilities through much of the year. In May, however, this section became the first beneficiary of the base-wide hootch renovation project. The project is expected to continue throughout most of 1970. All hootches are being modified into standard configurations to house four senior NCO's or six airmen. The renovation makes them more livable, and structural repair assures safe living quarters with adequate power and ventilation. Sandbags were replaced with permanent concrete revetments, and sidewalks were installed, markedly reducing the insect and rodent problem and enhancing the appearance of the area. When renovating is complete, additional hootches will be built in the area and all enlisted hospital personnel will be housed in the same area. This will improve communications and the availability of personnel in emergencies. The project required destruction of the squadron party area, causing some recreational problems. A new day room and party area has been planned and will be built as part of the project.

b. The necessary restriction of all personnel to U.S. controlled areas at Cam Ranh Bay creates some morale problems. To relieve these to some extent, the section adopted a liberal pass policy. Personnel are encouraged to visit other U.S. installations on days off. Generally, it has been easy to arrange transportation and to obtain housing with other medical units. The other installations have been most cooperative in permitting visits. The section has also encouraged personnel to take trips

on base aircraft on round-robin missions in Vietnam whenever it is operationally feasible. The flying squadrons have cooperated in this project, and it has given many of out people a much better view of Vietnam.

c. A full training program was developed and vigorously persued for all hospital personnel. The program included GMT, OJT, WAPS, and special training projects. Over 90 per cent of all personnel in OJT were upgraded ahead of schedule. The WAPS program provided full, supervised instruction in preparation for promotion examinations. Special training was given to prepare selected individuals for special medical and military problems encountered in this area.

IV. 26TH AEROMEDICAL STAGING FLIGHT:

1. The 26th Aeromedical Staging Flight has maintained its two-fold mission: (a) to receive and process patients for Aeromedical evacuation to Pacific Command Hospitals and the Continental United States, and (b) to transport patients arriving via Aeromedical evacuation flights for treatment at the 483rd USAF Hospital. The 26th Aeromedical Staging Flight was authorized 100 operating beds, with expansion capability of 200 beds for the entire year.

2. During FY 70 an average of 3236 patients per month were received, triaged, and admitted to the 483rd USAF Hospital or remained over for further evacuation.

3. When the U.S. Army's 6th Convalescent Center suffered heavy casualties on 7 August 1969, personnel of the 26th Aeromedical Staging Flight responded immediately by driving all assigned ambulances directly to the area under attack and began transporting wounded personnel back to the 483rd USAF

Hospital. A total of 31 patients were transported from the casualty area. Again on the evening of 23 August 1969, when the Center again came under attack, personnel of the 26th Aeromedical Staging Flight responded immediately and evacuated 19 casualties to the 483rd USAF Hospital.

4. Beginning in February 1970 all Korean patients for out-of-country aeromedical evacuation were regulated through the 26th ASF on Saturdays for air-evacuation to Clark AFB on Sunday.

5. The 26th Casualty Staging Flight was redesignated the 26th Aeromedical Staging Flight effective 1 January 1970 by PACAF Special Order G-260 dated 24 September 1969.

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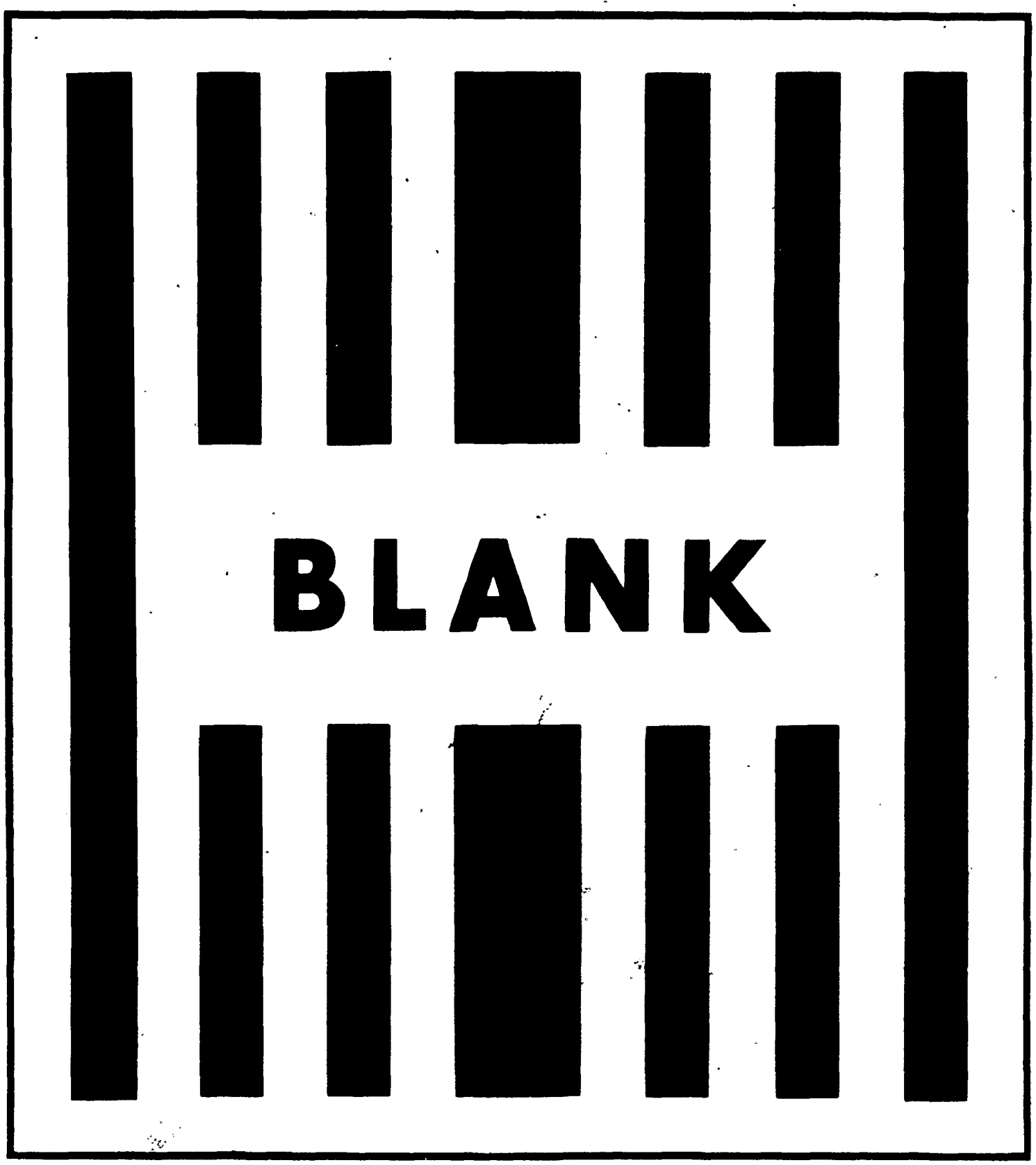
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MEDICAL HISTORY

632 USAF DISPENSARY

AND

MEDICAL AID STATION 6255 AIR BASE SQUADRON

BINH THUY AIR BASE, REPUBLIC OF VIETNAM

1 July 1969 - 30 June 1970

01052435

The medical facility at Binh Thuy AB, RVN, was the 632 USAF Dispensary, Class A, at the beginning of this report period. Effective 1 September 1969 it was redesignated from a Class A to a Class B facility. The 632 USAF Dispensary was inactivated on 31 March 1970 and concurrently a Medical Aid Station 6255 Air Base Squadron was established.

Lt Col Frank E. Edmunds, Jr., became the 632 USAF Dispensary Commander on 4 August 1969, replacing Major Martin I. Victor. In the interim between Major Victor's departure on 3 July and Lt Col Edmunds' arrival on 4 August, Capt Dennis E. Venzon, on Temporary Duty from Phu Cat AB, RVN, served as Dispensary Commander. On 1 April 1970 Lt Col Edmunds became Officer in Charge, Medical Aid Station, and Staff Surgeon to the Commander, 6255 Air Base Squadron, Colonel Marcus L. Hill, Jr.

The Medical Civic Action Program (MEDCAP) was active until May 1970 when reduction of personnel limited the Medical Aid Station to an advisory capacity to the Vietnamese Air Force (VNAF). Prior to this MEDCAPs were conducted two or three times weekly to the hamlets of the 63rd Popular Forces camps, local schools, and orphanages.

The Dental Civic Action Program (DENTCAP) was active until 27 June 1970, and at this time the doctor was due to rotate. Prior to June many DENTCAPs were conducted and plan to continue to do so during the next report period after arrival of new doctor.

As indicated below personnel authorizations dropped considerably during this period.

	1 Jul 69	1 Oct 69	1 Apr 70
Officer	6	6	2
Enlisted	32	24	10
Civilian	4	4	0
TOTAL	42	34	12

There were 11,853 outpatient visits during this period with 266 being referred to other in-country facilities. No unusual problems were encountered, and support from the various in-country facilities was satisfactory. Hospitals to which we routinely referred patients to were: 483 USAF Hospital (formerly 12 USAF Hospital), 3 Surgical Hospital (formerly 29 Evacuation Hospital).

An Intergrated VNAF Training Program was instituted and concluded during this period. Specialty training was provided the VNAF as follows: 5 Medical Service, 1 Radiology, 1 Laboratory, 1 Preventive Medicine, 1 Veterinary.

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HISTORY OF THE 824TH USAF DISPENSARY

(RCS: HAF-D49)

1 JULY 1969 - 30 JUNE 1970

Compiled by:

Walter W. Spence, Jr

WALTER W. SPENCE, JR., Captain, USAF, BSC
Historical Officer, 824 USAF Dispensary

Reviewed by:

James F. Wittmer

JAMES F. WITTMER, Lt Colonel, USAF, MC
Director of Base Medical Services

(824TH COMBAT SUPPORT GROUP, 313TH AIR DIVISION,
FIFTH AIR FORCE, PACIFIC AIR FORCES)

01052436

Katsuo AB Detachment

I. INTRODUCTION

A. The mission of the 824th USAF Dispensary is to provide medical support necessary to maintain the highest possible degree of combat readiness and effectiveness of Kadena Air Base.

B. Out-patient and in-patient medical care and treatment currently include complete general practice coverage, internal medicine consultations, psychiatric and pediatric services. In-patient care was authorized to only male military personnel.

II. NARRATIVE

A. In addition to providing care to flying personnel, the Aerospace Medicine Service supported a school health program and optometry service, Bio-environmental Engineering service, and Occupational Medicine service. Some of the important events of the year were as follows:

1. Major Frank W. Berry, Jr., a graduate of the School of Aerospace Medicine, assumed command of the Aerospace Medicine department in July 1969.

2. Several major structural changes were made in the exam section to facilitate processing of physical exams. This included partitioning of one large room into five separate offices to provide additional administrative offices.

3. Command Post Standard Operating Procedures, Grid Maps, and Area Maps were updated; and direct line phones were installed to simultaneously alert the Emergency Room and the Bio-Environmental Engineer.

4. Two new field type ambulances were procured and made the exclusive responsibility of the Flight Medicine Section for crash-emergency response. In accordance with the latest directives, both vehicles were air conditioned.

5. One innovation which proved of value in emergency procedures was the attaching of restraint straps directly to the litters at chest and knee level. This saves time and effort. A cash incentive award was presented to the technician who submitted the suggestion.

6. Simulated and actual emergencies occurred with increasing regularity; and proficiency in these areas was at peak level, both in the Flight Medicine Section and with the Aeromed Technicians attached to the Air Rescue Service.

B. Dental out-patient care and treatment was provided for all assigned military personnel. Treatment for dependents was on a space-available basis. Specialties offered included: Orthodontia, Prosthodontics, Oral Surgery, Periodontia, and a Prosthetic Laboratory. Events of the year were as follows:

1. Lt Colonel Peter R. Reiner, Area Dental Laboratory Officer, departed Kadena in June 1970.

2. The Area Dental Laboratory Construction Project, KAD 144-9, was approved.

3. The Kadena Area Dental Laboratory assumed the laboratory mission from Clark AB, Phillipine Islands, 1 July 1969, which included the following countries: Taiwan, Thailand, and Phillipines.

4. The Area Dental Laboratory submitted a UMD change in January 1970 to increase the present authorization from 17 to 53 slots, in accordance with AFM 26-3.

5. Major General Lee M. Lightner, Chief of Dental Corps, conducted a staff visit to Kadena in January, 1970.

C. An excellent veterinary program was provided, which included food inspection, veterinary service to sentry dogs and privately owned pets, and health coverage to food service outlets. The following were events of the year:

1. Major Alan E. Schwichtenberg assumed the duties of Chief of the Veterinary Service on 14 August 1969 from Capt James W. Provo.

2. During the period of this report there was a considerable improvement in the level of sanitation in all food serving facilities.

3. Construction of a new $250,000 sentry dog complex was initiated.

4. On the recommendation of the veterinary service, the inflight kitchen was remodeled and enlarged.

D. The 15th Physiological Training Flight experienced further and substantial increases in training loads and the number of aerial missions requiring physiological support during the period 1 July 1969 to 30 June 1970. Increased training loads severely taxed existing facilities and limited manning. A maximum effort was sustained throughout this period to accomplish the mission. The following were events of the year:

1. Lt Colonel Nicholas C. Nicholas arrived in February 1970 and assumed the duties as OIC. The Flight became fully manned in June 1970 with 29 enlisted personnel and four officers.

2. Construction of the new high altitude building began on 10 July 1969.

3. A new 20-man chamber was scheduled for installation in the new high altitude building.

E. Medical Materiel Section had three events which highlighted FY 1970:

1. In December 1969 Data Automation converted from the B-263 Medical Materiel Management System to the B-3500 Medical Materiel Management System. Although the new system was not without its problems, it represented a vast improvement in data systems for Medical Materiel.

2. In May and June 1970 Medical Materiel undertook a self-help rewarehousing project within Building 701. The results of this effort were to increase the usable space within the building.

3. In June 1970 the "Common Support Plan" was initiated. This plan provided that the Dispensary use the US Army Medical Depot, Okinawa, as the prime source for medical supplies.

F. The Pharmacy provided outstanding ancillary service during this reporting period.

1. Captain Walter W. Spence, Jr., replaced Captain James A. Straayer as Pharmacy Officer on 16 October 1969.

2. The Pharmacy provided the necessary support to the physicians and other allied fields of the dispensary. A sick call drug box system was initiated to aid the physicians during the heavy patient load of military sick call.

3. The Pharmacy Officer was active as a member of the four man, 313 Air Division Drug Abuse Lecture Team.

G. The Eye Clinic saw the departure of Optometrist Captain Warren Barmore in July 1969 and the arrival of his replacement, Captain James Edwards in August 1969.

1. The new Optometrist instituted a new visual screening program that effectively reduced the backlog of eye appointments from a time interval of weeks to a matter of days. This allowed for a more efficient use of the Optometrist's time and also improved visual care to the patients requiring visual services.

2. There was also a turnover in corpsmen in the Eye Clinic. No less than four corpsmen were assigned to the Eye Clinic. Each had no prior experience and had to be individually trained for duty as an optometric technician.

3. During this time a new and improved filing system for spectacles was implemented making it easier to store and dispense spectacles.

H. In addition to required training, the Unit Training Section established a First Aid course for the local nationals (Okinawans) assigned to the Kadena Fire Department. The course was well prepared and presented by the Ryukyuan Health Physician who speaks both English and Japanese languages. The program was a great success.

I. Occupational Medicine published an Occupational Medicine Brochure which was sent at the request of the PACAF Surgeon to all bases in PACAF to be used as a guide for similar brochures.

J. The Outpatient Record Section moved into a new work area in January, 1970. The digital filing (Social Security Account Number) system was instituted in place of alphabetical filing. Red Cross volunteers aided in gathering information for the changeover, and all records were converted as of May 1970.

III. SUMMARY

A. Improvements to the functional areas of the Dispensary included: A new waiting room for the out-patient clinic and OB-GYN, a new records section, and separation of Pediatrics from the remainder of the General Therapy Clinic.

B. The dispensary has provided on-the-scene medical coverage at various activities, such as motorcycle races, sports events, firing range, soap box derbies. Dispensary personnel volunteered to do more than the normal share of assigned work to assure that the medical mission of the 824th USAF Dispensary was fulfilled, and medical personnel have performed their duties in an outstanding manner.

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HISTORY OF 6043RD USAF DISPENSARY

1 JULY 1969-30 JUNE 1970

KUNSAN AIR BASE, — KOREA

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HISTORY OF THE 6043RD UNITED STATES AIR FORCE DISPENSARY,

KUNSAN AIR BASE, KOREA

1 JULY 1969 - 30 JUNE 1970

Prepared on
31 July 1970

Prepared by
Capt John D. McMillan
MSgt Johnnie M. Jones
MSgt Ralph L. Taylor
TSgt Rateep Mosrie
TSgt John H. Shoecraft
TSgt Horace W. Horn
TSgt Robert C. Dreman
TSgt Leon R. Travers
SSgt Clarence Pegtion
SSgt Seavy L. Teague
Sgt Alan L. Ruback
6043rd USAF Dispensary, Kunsan Air Base, Korea

Approved By:

PETER H. GOLDMAN, Captain, USAF, MC
Commander, 6043rd USAF Dispensary

PACIFIC AIR FORCES, UNITED STATES AIR FORCE
FIFTH AIR FORCE, UNITED STATES AIR FORCE
314TH AIR DIVISION, UNITED STATES AIR FORCE
54TH TACTICAL FIGHTER WING, UNITED STATES AIR FORCE

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INTRODUCTION

1. The twelve month period covered by this history saw many changes both in policy and personnel. The Unit Detail Listing (UDL) still authorized six (6) officers, twenty-seven (27) enlisted, and four (4) civilians; this authorization remained the same throughout the entire twelve month period. Korea being a thirteen month tour, there was a complete changeover of personnel.

2. During this period changes in policy occurred with the influx of new personnel. Various projects were undertaken during this period, such as: Overweight Program, Tuberculosis Detection Program, Immunization Program for all base personnel and their dependents against diseases which are prevalent to this area, and initiation of an appointment program. The most noteworthy event was the outbreak of Cholera in and around the Kunsan area in September 1969. The dispensary personnel devoted many hours and much material to the successful defense of base personnel against this epidemic.

On 15 June 1970 the 354th Tactical Fighter Wing, the 354th Combat Support Group and the 354th USAF Dispensary were redesignated as the 54th Tactical Fighter Wing, the 6175th Air Base Group, and the 6043rd USAF Dispensary.

CHAPTER ONE

MISSION

MISSION

The primary mission of the 6043rd USAF Dispensary is to provide the medical support necessary to maintain the highest possible degree of combat readiness and effectiveness of this Wing. This mission includes tactical medical support; medical and dental care; veterinary service; flight medicine; and military public health service for all personnel assigned and/or attached to Kunsan AB, Korea. Complete outpatient and limited inpatient care and treatment are included in this mission. An aeromedical evacuation service is provided for all patients requiring extensive or specialized medical care.

CHAPTER TWO

PLANS AND HOSPITALIZATION

SECTION I - ADMINISTRATION

During Fiscal Year 70, the administrative personnel had a complete changeover. Capt John D. McMillan, Executive Officer and Medical Squadron Section Commander arrived 21 July 1969, replacing Capt Thomas Vorpahl. SMSgt Fennel A. Nicholson Jr, Sergeant Major, was reassigned to Kwangju AB, Korea, in November 1969. TSgt Joe L. Thompson assumed the duties as Sergeant Major and he departed in January 1970.

TSgt Ysabel R. Garcia was assigned from Taegu AB, Korea, in January 1970 assume the duties of Sergeant Major. In March and April 1970, a SSgt and an A1C returned to the CONUS for separation. SSgt Brunelle, acting Registrar, departed in June 1970 for a CONUS reassignment. A Sgt, 90650, was assigned in August 1969, and in April, May, and June 1970 a SSgt and two (2) Sgt's, 90650's, were assigned. During this fiscal year various policy changes were made, Dispensary Regulations were promulgated, and an appointment system was initiated and later modified. A Business Office was established and began working on a full time basis. Much emphasis was placed on the Dispensary library, which began to receive a larger quantity of required medical books, journals, and periodicals.

The administrative section began receiving more current publications and forms during the year, due to the efforts of Sgt Teague and Sgt Fernandez, enabling us to perform our duties in support of the mission with much greater effectiveness.

Numerous personnel assigned to this dispensary were given awards during this period, for their work during the cholera epidemic and through the year as a whole. Also the dispensary was recommended for the Air Force Outstanding Unit Citation, but approval or disapproval has not been received at this time.

Many distinguished persons visited Kunsan AB, Korea, and were escorted on a tour of the dispensary as well as other areas of interest on the base. These included Major General Smith, PACAF Surgeon, Major General Lightner, Assistant Surgeon General for Dental Services, Brigadier General Snider, Assistant Surgeon General for Veterinary Services, Colonel Bradley, Deputy PACAF Surgeon, Colonel Turner, 5AF Surgeon, Colonel Williams, 314 AD Surgeon, Colonel Shutt, PACAF Director of Plans and Hospitalization, Lieutenant Colonel Smith, HQ PACAF Flight Surgeon's Office, Lieutenant Colonel Holder, 5AF Director of Plans and Hospitalization, and Lieutenant Colonel Fiocca, 314 AD Chief of Plans and Hospitalization.

SECTION II - MANPOWER

1. The Unit Detail Listing remained unchanged throughout the entire twelve month period, 1 July 1969 - 30 June 1970. The UDL authorized a total of 37 personnel; six (6) officers, twenty-seven (27) enlisted, and four (4) civilians. All personnel assigned as of 30 June 1970 arrived after 1 July 1969, with the exception of two (2) SSgt 902X0's. Doctor Lacy departed in October 1969, and Doctor Kannwischer departed in November 1969, leaving Doctor Stephen L. Bloom as the only permanently assigned physician on base. In January 1970, Capt Peter H. Goldman was assigned PCS to the dispensary, assuming the role of Director of the Base Medical Service in May 1970 after Doctor Bloom's departure.
In addition to our PCS physicians, two TDY Flight Surgeons were authorized. Major James, Major Williams, Major La Barre, Captain Von Feldt, Captain Levinsky, Captain Earnest, Captain Hickman, Captain Frazin, and Captain Braman were assigned at various times during the year to meet this requirement.

2. At the beginning of FY 70, 45 personnel were assigned. This figure gradually decreased throughout the fiscal year, and as of 25 June 1970 only 33 persons were assigned. Promotions during the period were slow; two (2) Technical Sergeants both dental, one (1) Staff Sergeant 90250, and two (2) Sergeants 90250 were promoted to grades indicated. The Dispensary Administrator, First Lieutenant McMillan, was promoted to Captain in March 1970.

SECTION III - REGISTRAR SECTION

During the period 1 July 1969 - 30 June 1970 the registrar service processed all admissions, dispositions, and all applicable procedures incident to this office. During the entire period the registrar section was authorized one (1) SSgt and one (1) Sgt, 90650, and through the first nine (9) months one (1) SSgt and one (1) A1C was assigned. In April a Sgt, 90650, was assigned to replace the A1C who had returned to the CONUS for separation. The registrar section functioned at an increasing rate of efficiency during the fiscal year and it is anticipated that it will continue to do so in the future. There was a slight decrease in statistics noted in some areas of the medical service workload during FY 70 and this is felt to be mostly due to a decrease in the base strength and to healthier personnel being assigned permanently. However, the substantial increase in the number of referrals added very significantly to the workload of the registrar section, which was responsible for the processing of TDY orders for patients. The following is a list of statistics by fiscal year for FY 70 and FY 69:

	FY 70	FY 69
Total Attached for Outpatient Care	39,355	41,048
Total Number of Visits	19,375	22,952
Total EAD Mil Patients Excused from Duty	292	287
Total Referrals	765	645
Total Military Sick Days	701	948
Total Disposition of Inpatients	303	302
Total Admissions	307	301

SECTION IV - AEROMEDICAL EVACUATION

This facility is supported by a detachment of the 901st Aeromedical Evacuation Squadron, Osan AB, Korea. Routine and emergency air evacuation within Korea is to the 121st Evacuation Hospital, ASCOM, Seoul, Korea, and to the 6045th USAF Hospital, Osan AB, Korea. Routine and emergency transfers outside of Korea are to the USAF Hospital, Tachikawa, Japan. During FY 70 there were 84 inpatient transfers and 765 outpatient referrals to other medical facilities within Korea and Japan. Transportation to the Seoul area is a continuing problem due to there being few direct flights to Seoul. Patients are booked from Kunsan to either Osan AB or Kimpo AB and then they must take a bus to Seoul. Much emphasis is placed on indoctrinating the patients thoroughly to insure that they understand the transportation and billeting procedures. Liaison between this unit and the 901st Aeromedical Evacuation Squadron is excellent and no problems are encountered in scheduling and air evacuating patients from this facility.

SECTION V - BUSINESS OFFICE

At the beginning of FY 70 there was no Business Office as such set up in this unit. However, monies were collected and disbursed in accordance with applicable directives. At the end of November 1969 a Business Office was initiated. A SSgt was assigned as NCOIC and undertook the responsibility of all business office functions. The Business Office, mostly through the efforts and leadership of SSgt Teague, speedily began operating in a very efficient manner. The continual emphasis on management of government funds, manpower, and resources was foremost in the operation of the business office.

The first budget submission for this unit was prepared. Numerous briefings were conducted on the importance of Cost Reduction and the Air Force Suggestion Program.

Monies collected during the period 1 Jul 69 - 30 Jun 70 were mostly for Premarital Physicials. However, monies were collected from pay patients, officer, dependents, and outpatients.

SECTION VI - MEDICAL MATERIEL SERVICE

1. During FY 70 the medical materiel section was manned continuously by a Master Sergeant. MSgt Joaquin Castillo Jr departed in May 1970 for reassignment to Tinker AFB, Oklahoma. MSgt Johnnie M. Jones arrived in April 1970 and assumed the duties as NCOIC Medical Materiel upon the departure of MSgt Castillo. A great many improvements were realized in both medical and non-medical supply areas.

2. During the cholera epidemic in September 1969 medical supplies were received from Headquarters Eight United States Army and distributed to the Provincial Hospital, Kunsan, Korea. Also, as a result of this epidemic, a program of immunizing all personnel on base and all persons entering or leaving the base against cholera was undertaken. Inventories of supplies and vaccine were taken and relayed to Osan AB, Korea. The Medical Supply Officer at Osan AB forwarded syringes, vaccine and other supplies to insure that we were fully capable of coping with the epidemic.

3. During the months of April, May, and June 1970 the stock records cards were increased by approximately 500.

4. Expenditures during this fiscal year continued to raise steadily and all programmed money was used.

SECTION VII - FACILITIES

During Fiscal Year 1970 only minor repairs were required in the dispensary and medical barracks. The barracks was repainted during June 1970, both inside and out. The new Veterinary building was finally completed in February 1970 and is now occupied by the Veterinary and Military Public Health sections. The dispensary addition is awaiting funds.

CHAPTER THREE

PROFESSIONAL SERVICES

SECTION I - AEROSPACE MEDICINE SERVICE

1. During this period the following breakdown of physical examinations were done in the Aerospace Medicine Section: Flying Physical examinations - 169 and Non-flying Physical examinations - 633. In addition there were 128 EKG's and 723 audiometric examinations performed. A total of 1,752 personnel were treated as outpatients during this period.

2. During the first six months, the Aerospace Medicine Section was manned mostly by TDY personnel. In January 1970, TSgt Horace W. Horn was assigned here PCS and assumed the duties as NCOIC Aerospace Medicine Section. Capt Peter H. Goldman arrived PCS in January 1970 and assumed the duties as Chief, Aerospace Medicine Service. Various personnel were attached TDY throughout this period to augment the manning. At present, there are four personnel in the Aerospace Medicine Section: Captain Goldman and TSgt Horn assigned PCS; TSgt Van Etten and Sgt Hobart attached TDY.

SECTION II - MEDICAL SERVICES

1. This dispensary provides medical care for base personnel as well as surrounding site stations. Army personnel are referred to this dispensary by Army medical personnel for diagnosis and care. All personnel requiring prolonged care and/or specialized consultations are sent to 121st Evac Hosp, ASCOM, Korea (Army), 6045th USAF Hosp, Osan AB, Korea or the USAF Hosp, Tachikawa AB, Japan. The majority of personnel assigned are relatively new and several changes have been taking place in the management area. An appointment system was initiated and appears to be working well with a reduction of man hours loss from the job. A Dispensary Medical Disaster Control Plan has been written and published. All personnel assigned have been given a copy of this plan for information purposes and necessary action. Supplies have been ordered to implement this plan should the need arise.

2. On the Job Training, although not to great a problem in this facility because of its small size, does receive special emphasis. All personnel eligible to be in upgrade status are on OJT.

3. The immunization clinic provided not only 5,416 routine immunizations, but in addition, gave 1,416 Gamma Globulin and 23,080 Cholera. Cholera is being given as a precautionary measure due to the epidemic here in the Kunsan area in September 1969. The hours of operation of the clinic again were changed to permit medical staff to be utilized more effectively.

4. The ambulances are a constant problem in the area of maintenance. Parts are not readily available causing delay even in minor maintenance areas. Considering these problems the primary and secondary crash ambulance are maintained in the best operational status under the circumstances.

5. Standard Operating Procedures have also been written for the ward to insure continuity of patient care and simplification in patient record management.

SECTION III - EMERGENCY TREATMENT ROOM

1. There were eight (8) 902's who departed with only seven replacements during this period. This left a total of eight (8) 902's to maintain 24 hour, 7 days per week coverage of the emergency room. Several emergency equipment items were placed on order through the medical supply, such as: Respirator, Bird, Mark 8, positive-negative phase with regulator, mouthpiece mainstream microneubulizer, mask and harness #9993-200, and surgical instruments of all types. All stock levels of emergency equipment were reviewed and where applicable new levels were established. All sterile emergency trays were broken down and checked for completeness, repacked, and sterilized with an expiration date of one year.

2. The medical radio net was disbanded by direction of higher headquarters, greatly limiting the emergency capability of our emergency service. All emergency medical equipment located in the ambulances has been checked for completeness and usability and where applicable brought up to date. The overall improvement noted in the ambulance and the Emergency Room during this period is outstanding.

SECTION IV - WARD

During FY 70 various changes,both major and minor, occurred in the ward area of this facility. A military nurse and one medical service technician departed, leaving now one civilian nurse (Korean National) and two medical service technicians. New equipment has been placed on order for the ward, such as: Whirl Pool, Sitz Bath Tube, and Oxygen Cover Tent. Present emergency equipment on hand on the ward is: Oxygen machine, Suction machine, EKG machine, and Vaporizer machine. New supply levels have been established to meet current demands. All sterile emergency trays have been checked for completeness, repacked, and resterilized with an expiration date of one year. The linen room has been revised to insure proper storage of all unused linen. Many other improvements have been seen in the ward area. Standard Operating Procedures have been written to standardize procedures and insure continuity of care. The ward continued to operate with an average of 40% - 60% of the beds occupied. Maximum capacity of 6 was reached on very few days.

SECTION V - PHARMACY SERVICES

1. TSgt Donald R. Pringle arrived in June 1969, SSgt Walter Kessler departed PCS in July 1969. Sgt Alan L. Ruback arrived PCS in October 1969. TSgt Pringle departed PCS in June 1970 for Mountain Home AFB, Idaho, leaving Sgt Ruback as NCOIC.

2. The total prescription count for FY 70 was 40,778, this is an increase of 1,339 as compared to the count for FY 69. Index cards on all items stocked by the pharmacy were established, reflecting all receipts, back orders, levels, and cost per item. Date expiration index cards were established on all injections and dated items. A compounding and prepackaging code system was started, reflecting amount manufactured, manufacturer, lot number and expiration date when required. A more involved supply ordering system is being established, it is hoped that with this system, the pharmacy can keep a closer check of the status of all items in its inventory. A new formulary was completed in June 1970 using a cross-reference system. This new formulary is much more complete than the older formulary and the present physician commended the pharmacy for producing it.

3. The pharmacy established an approved ward stock drug list and decreased amounts of routine drugs on hand. MOD cabinet and ward stocks were separated and the MOD cabinet was placed in physician's office.

4. Weights and balances on hand were certified as correct and IBM cards for each were started by PEM for yearly certification.

5. The pharmacy assumed responsibility for ordering all injections and biologicals for the dispensary. This not only increased prescription count but placed in the hands of pharmacy personnel the ability to control expiration dates and establish levels.

6. The Fifth Air Force Pharmacy Officer visited this facility in April 1970. He commended the pharmacy personnel for the appearance of the pharmacy and its functioning.

SECTION VI - RADIOLOGY SERVICES

During fiscal year 1970 the Radiology Department was at authorized strength with two (2) personnel: One (1) 90370 and one (1) 90350. There were no personnel or maintenance problems experienced during this period. Operating efficiency was greatly improved with the construction of film files in the storage room, the installation of safelights and hangar racks in the darkroom, and the installation of a passbox between the exposure room and darkroom. The department has been repainted. Viewboxes were received and one placed in each physician's office. Lack of space is the major problem encountered in X-ray operations. The darkroom, office, and file room are all combined into one room, resulting in frequent delays for both patient and physician. The amount of X-ray film exposed during FY 70 was 5,978. The number of X-ray examination conducted was 3,791.

SECTION VII - LABORATORY SERVICES

1. The technicians assigned to the laboratory during this period were TSgt Rateep Mosrie NCOIC and Sgt Donald Lubert. The number of specimens and procedures accomplished during the fiscal year was approximately 36,000.

2. The laboratory continued to perform analysis in Chemistry, Bacteriology, Hematology and Urinalysis. Test not available at this laboratory, were forwarded to Tachikawa AB, Japan and the 406th Medical Laboratory, Japan.

3. On 3 September 1969, the base learned unofficially of a possible cholera epidemic in Kunsan City. On September 6 it was diagnosed as Vibrio Cholera. During this epidemic swabs were taken of Korean Nationals and checked for cholera. Daily water samples were taken from base and surrounding water sources and checked for cholera. Special media was prepared daily to aid in the analysis of the water and rectal swabs for cholera. During this period approximately 150 water cultures and rectal swabs were taken. Numerous special test, stains and cultures were performed by the laboratory during this period.

4. In December 1969, a team of physicians arrived from 5th Epidemiological Flight to obtain cultures from gonnococcus patients for a special study they were conducting. Daily smears were obtained along with cultures and sent to Osan AB, where they established their headquarters. The necessary number of samples had been obtained and the project was completed.

5. A new disaster plan was written for the laboratory personnel. The necessary supplies were ordered to implement the plan should the need arise. A stock level of all this equipment is now being maintained in the laboratory store room.

6. A notable improvement has been worked out with the Military Public Health section concerning the VD program. The new program is not only time saving to the patient but to the laboratory as well. Premarital examinations were still given to military personnel and prospective brides. The services consisted of a vaginal smear, VDRL, Hct., and a pap smear.

7. The laboratory has continued in its supporting role for the ROKAF dispensary laboratory. Laboratory equipment, manuals, and chemicals were made available to them in order to assist in their medical program.

8. A new supply system is presently being initiated. The new system is both practical and easier to use. The previous system listed items according to the description instead of stock number. The new system will list all supplies according to their stock number and in numerical order.

9. After a complete review of the laboratory, it was decided that the present equipment would be sufficient to cover an increase in base personnel, however, the space is definitely not adequate. An expansion plan is presently under consideration for the laboratory.

CHAPTER FOUR

DENTAL SERVICE

DENTAL SERVICE

1. The Dental Service has continued to provide excellent Oral Health and Oral Hygiene treatment to all assigned personnel and to all Army personnel assigned to the surrounding U.S. Army Batteries. A dental officer and dental technician are on call at all times for emergency treatment.

2. The dental equipment has been maintained on a monthly maintenance schedule by Medical Maintenance personnel from Osan AB, Korea. All essential dental materials were ordered and adequately received.

3. The Preventive Dentistry Program is relatively active. An annual recall system was utilized to insure a type II dental examination on all base personnel. An oral prophylaxis was available to all personnel once an oral examination was accomplished and deemed necessary by the examining dentist. Removal of malposition and impacted teeth constituted a routine part of the Oral Hygiene and Preventive Dentistry Program. Prophylaxis's accomplished during this period, 1,233; Preventive Dentistry Counseling 1,314; Patient Visits 6,998.

4. Personnel assigned during this period were, Capt Wilfred J. St Cyr, Base Dental Surgeon; Capt Terrance J. Spahl; Capt Steven L. Coleman, Base Dental Surgeon; TSgt George F. Tigue, TSgt Water L. Zimmerman, Preventive Dentistry Technician, TSgt Floyd G. Roberts, NCOIC, Dental Services and Mrs. Chang, Un Tok, Civilian Dental Hygienist.

5. Staff Visits during this periods: Major General Lee M. Lightner, Assistant Surgeon General for Dental Services, HQ USAF. Colonel Robert L. Ryan, 5th AF Dental Surgeon; Lieutenant Colonel Ovide R. Leonard, 314th Air Div Dental Surgeon and TSgt Charles E. Szlachcil, Osan AB, Korea. Major George Molnar, Prosthodontist, Osan AB, Korea. Lieutenant Colonel William H. Schmidt, Oral Surgeon, Tachikawa AB, Japan. Lieutenant Colonel Charles O. Parkel, Jr, Periodontist, Tachikawa AB, Japan.

6. Awards and Promotions: Two (2) dental personnel were promoted to Technical Sergeant, Technical Sergeants George F. Tigue and Walter L. Zimmerman. Mrs. Chang, Un Tok, Civilian Dental Hygienist, received a Sustained Superior Performance Award.

7. The AFKN Radio frequently makes public service announcements in regard to regular visits to the dentist and the importance of keeping regular scheduled dental appointments.

CHAPTER FIVE
VETERINARY SERVICE

VETERINARY SERVICE

1. The mission of the Veterinary Service at this base is threefold: 1) to provide a complete food inspection service, 2) to provide a Veterinary Public Health Service and assist specifically in that portion of the Flight, Military Public Health, and Occupational Medicine Program which deals with food service sanitation, nutrition, and environmental health, 3) to provide a Veterinary Medical Service pertaining to animals, including the public health aspects of animal diseases that may affect man.

2. The following units of work were recorded:

a. Pounds of food inspected: 19,305,209

b. Pounds and value of food rejected: 4004 pounds valued at $781.40

c. Sanitation inspections of on-base establishments: 367

d. Unsatisfactory ratings of on-base establishments: 10

e. Marginal ratings of on-base establishments: 10

f. Sentry Dog Medical Service:

(1) Physical examinations: 229

(2) Medical treatments: 282

(3) Surgical treatments: 9

(4) Laboratory procedures: 588

(5) Dental procedures: 125

(6) Immunizations: 62

(7) Average number of USAF Sentry Dogs assigned: 56

(8) Average number of USA Sentry Dogs medically responsible for: 27

g. Public Health Zoonoses Control:

(1) Immunizations: 49

(2) Laboratory procedures: 21

(3) Animal bites investigated: 16

(4) Animal quarantined: 12

h. Number of manhours spent rendering Veterinary Services support to other agencies and installations: 227

3. Items of interest:

a. In July, 1969, an inspection was made of the two restaurants in Okku American Town. The sanitary condition of the restaurants was below minimal standards and it was recommended that the restaurants be put "off limits". During the month of August, they were reinspected and some improvement was noted, but the sanitary conditions were still not satisfactory. A letter was sent to the 8th Army Commander requesting a policy statement of Korean restaurants. The reply stated that most Korean restaurants did not meet sanitary standards and the food was not from a United States Army approved source so they could not be approved as a source of food or beverage. The BSGV, therefore, would no longer seek approval of off-base restaurants.

b. The Sisters of the Good Shepherd Convent Farm requested inspection of their farm so that they might sell vegetables to the Open Mess facilities on this base. The farm was inspected and soil samples were collected on 3 July 1969. Three of the four samples were positive for ascarid ova and it was recommended that the request to sell vegetables be disapproved.

In October the farm was inspected and procedures were recommended by which the sisters could comply with 8th Army requirements. The sisters requested an inspection again in the spring of 1970. Soil samples were collected in March and again in May. Both sets of samples were heavily contaminated with ascarid ova and disapproval was again recommended.

c. In September, surveys were conducted to ascertain the condition of the equipment and repair of real property of the dining facilities. All major food service facilities were inspected. Letters were sent to the appropriate commanders with the discrepancies listed, as well as our recommendations. In June of 1970 a program of resurveying was started. This resurvey will note progress made and deficiencies still existing.

d. In November, a Fifth Air Force I.G. team visited the dispensary. The veterinary section was rated satisfactory.

e. Dr. Cho Kil Hyon, Veterinarian assigned to the 6045th USAF Hospital, conducted a food handler training course for Korean employee's on March 17,18, and 19. Food handlers from the dining halls and the three open messes attended the course.

f. Captain Gangel, Army Veterinarian with the 105th Medical Detachment, requested that the Air Force Veterinarian at Kunsan assume the responsibility for the inspection of two egg plants and one vegetable farm in the Kunsan area. An additional request was made for the care of the sentry dogs at four Army Missile Sites in the area. The changeover of responsibility was arranged between Colonel Guy, 8th Army Veterinarian, and Major Williams, 314th Air Division Veterinarian. The changeover was effective as of 1 June 1970.

4. Problem Areas.

a. A manpower change request was submitted in December. It was requested that the 90850, SSgt, TDY position be changed to a 90850, SSgt, PCS position. A PCS person would be more effective and efficient since there would be less frequent turnover of personnel. Continually filling a TDY position has a disrupting influence on office operations. Major Williams, 314th Air Division Veterinarian conducted a Staff Assistance Visit. He noted that the section was undermanned and agreed with our manpower change request. In January, the 314th AD-OMO rejected our manpower change request. A PCS, 90850, SSgt position was finally approved.

b. Rodent infestation at Kunsan AB has been a continual problem. In October a letter was sent to BCE advising of the severity of the rodent problem. It was noted that the trap and rodenticide program was being inadequately maintained. In answering our letter, BCE indicated that a trap and rodenticide program would be more aggressively pursued, but they blamed poor sanitation in the food facilities and easy access to food as the major problem. It was noted that no certified entomologist was stationed at Kunsan. Little or no improvement was noticed by February so the Veterinary section conducted a thorough survey of each food service facility to located problem areas and make recommendations for their correction. Only slight progress was made, so in April a letter was sent to the Base Commander requesting assistance. The Base Commander has asked the food service supervisors for a weekly briefing on the progress made to rat-proof their respective facilities.

A resurvey will be conducted in August to check the progress being made. As of this time, rodent infestation is the veterinary section and the food service facilities number one problem.

c. In May, the Commissary was rated unsatisfactory due to lack of refrigeration for the storage of perishable subsistence. Dairy products for a United States Army Missile Site were stored in the dry storage warehouse overnight with no refrigeration. In answering our unsatisfactory report, the Base Commander informed us that the cold storage plant is to be in operation by 15 July 1970.

d. The Base Exchange Snack Bar was rated marginal because they have been receiving food without veterinary surveillance inspection. This problem was discussed with Mr. Anderson, Base Exchange Manager, and he promised to exercise closer supervision over the receipts of food items by the Base Exchange Snack Bar. The Base Commander has also discussed this with Mr. Anderson.

CHAPTER SIX

MILITARY PUBLIC HEALTH

MILITARY PUBLIC HEALTH

During the period 1 Jul 69 - 30 Jun 70 the Military Public Health and Korean Public Health Sections continued to function with an increasing degree of efficiency. During September 1969 a cholera epidemic broke out in and around the Kunsan area. The Military and Korean Public Health personnel aided greatly to the successful controlling of this epidemic.

An effective Tuberculosis Detection Program was initiated with all personnel receiving a tine test prior to returning to the CONUS. The Military Public Health Office interviews all converters and insures that follow-up procedures are accomplished. Also, follow-up letters are prepared and forwarded to the next medical facility. The Military Public Health Office maintains a register of all converters and tuberculosis cases.

Weekly carbon monoxide tests were conducted between February - June 1970 of all hardened aircraft shelters as requested by the 314th Air Division Bioenvironmental Engineer. Routine sanitary inspections were conducted of all living quarters, barber shops, and all on base and off base recreational facilities with no major discrepancies noted. Routine sampling of the Base Water Supply for bacteriological contamination continued with no positive results. Chlorine residuals averaged 2.5 ppm. The noneffectiveness rate for this period was 6.22. Venereal disease incident rate per 1000 per day was 0.61. The average venereal disease cases per month was 62.

SUPPORTING DOCUMENTS

FOREWORD

The following report would be incomplete without citing all the members of the 354th USAF Dispensary, Kunsan Air Base, Korea, for their tireless and devoted work throughout the period 3-30 September 1969, during which we were confronted by the cholera epidemic. In addition, a special commendation to the following people should be made for the leadership and effort which they exercised during this period: Dr. Stephen A. Kannwischer, Chief, Professional Services; Dr. Robert T. Lacy, Chief, Flight Medicine; Lt John D. McMillan, Executive Officer; SMSgt Fennel A. Nicholson, Jr, Sergeant Major; MSgt George L. Jodoin, First Sergeant; MSgt Robert W. Blasey, NCOIC, Military Public Health; MSgt Joaquin Castillo, Jr, NCOIC, Medical Supply; TSgt Charles W. Deadrick, NCOIC, Professional Services and Training; SSgt Richard A. Clark, Assistant NCOIC, Professional Services; Sgt Joseph Roberts, NCOIC Laboratory; Mr. Kim Su, Military Public Health Inspector. Most important of all, we would like to thank especially Lt Col Richard Park, USA MC, Chief, Preventive Medicine, 8th Army, without whose advice and guidance the successful protection of all US military personnel in the Kunsan area could not have been achieved.

Stephen L Bloom

STEPHEN L BLOOM, Capt, USAF, MC
Commander, 354th USAF Dispensary

CHRONOLOGY AND DISCUSSION

3 SEPTEMBER 1969

At 0830 hours, 3 September 1969, the Dispensary learned unofficially of a possible cholera epidemic. MSgt Blasey and Mr. Kim Su were sent to the Okku Public Health Department to investigate the report. They were not able to get any comment from the public health officials as of 1100 hours. The Base Commander was notified of the possibility of a cholera outbreak at 1130 hours.

At 1300 hours MSgt Blasey and Mr. Kim Su reported back to the dispensary with the following information: cholera vaccinations were being given in the streets of Kunsan City and at roadblocks, and nineteen people had been afflicted with a cholera-like disease, resulting in five deaths. Dr. Wooh of the ROKAF Dispensary reported that ROKAF personnel without dependents off base were restricted to base on the presumption of an epidemic. The 314th Air Division Surgeon's Office was notified of the news. Dr. Bloom, MSgt Blasey and Mr. Kim Su met with Wing Commander: all personnel were restricted to Base, and recall from Kunsan and American Town was effected.

At 1400 hours, inventory of supplies on hand was completed, and requirements telephoned to Osan AB. Osan sent additional cholera vaccine and syringes immediately. Shot teams were organized and dispatched to the main gate.

At 1430 hours an emergency wing staff meeting was held in the Wing Conference Room. Col Neville announced the restriction of military personnel without dependents off base. Dr. Bloom informed the staff of the nature of the suspected disease, the symptoms, and precautions necessary. He also announced that all personnel would be given cholera vaccine the following day, scheduled by squadron in the gymnasium.

At 1445 hours, the shot team at the main gate began giving shots to all government-employed Korean Nationals entering or leaving base. Improvised pre-printed certificates were issued to each person receiving vaccine. Security Police were instructed not to admit any personnel who did not have this certificate or a comparable Korean Public Health certificate of vaccination.

At 1530 hours, Lt Col Park, Eighth Army Preventive Medicine Officer, called Dr. Bloom and informed him that the Korean Ministry of Public Health was studying the outbreak and that no definite determination had been made, but there was some doubt about its being cholera. At 1600 hours a message was drafted to higher headquarters (Atch 1). At 1700 hours Dr. Bloom informed Col Turner of Fifth Air Force of the situation by telephone. Also at 1700 hours, the Kunsan AB Radio Station, AFKN, began broadcasting an announcement from the dispensary on cholera, and the schedule of immunizations.

From 1700 hours until 2400 hours, the shot team at the main gate continued to give shots to all personnel entering or leaving base. Food was brought to the key members of the shot team, while others rotated for dinner. Col Turner called at 2220 hours. Plans for the vaccinations in the gymnasium were completed. Mr. Kim Su was housed in the dispensary, to be available at 0530 hours the next morning.

4 SEPTEMBER 1969

At 0400 hours, 4 September 1969 the night shift began filling syringes for use at the main gate and in the gymnasium. At 0530 hours a shot team was dispatched to the main gate to begin vaccinations. Korean personnel entering the North Gate were bussed to the main gate to receive shots. At 0645 hours, the shot teams were dispatched to the gymnasium to prepare for giving shots.

At 0730 hours scheduled immunizations commenced by squadron at the Base Gymnasium. Eight shot teams were utilized. By 1600 hours all US personnel had been given cholera vaccine. By 2400 hours all Korean employees had been immunized. (Atch 2) During this twenty-four hour period the majority of the dispensary personnel, including physicians, administrative personnel, and other MSC personnel worked almost continuously to accomplish the immunization program, in many cases getting only 2 or 3 hours of sleep. Coordination with 314th Air Division and Fifth Air Force was made regarding present and future supply requirements. The possibility of cases of cholera occurring in US personnel at Kunsan, and sources of laboratory support for treatment and diagnosis were explored, should the need arise.

At 1200 hours we received information from Lt. Col Park that the Korean Ministry of Health had diagnosed this incident as an "outbreak of gastroenteritis," caused by Vibrio parahemolyticus. He reported a total of 74 cases and 12 deaths. The source of the infection was thought to be contaminated shell fish. Only primary cases were reported: there was no evidence of secondary spread. Throughout this day we were unable to elicit any further information from the local Korean Health Office regarding the cause and number of cases. Col Turner was told of this information. In a meeting with the Wing and Base Commanders it was decided to maintain the base restriction for at least five more days. Arrangements were made to fly a shot team to all surrounding Army installations for completion of cholera immunization utilizing the Kunsan rescue helicopter (Det 11, 41st Rescue and Recovery Wing).

5 SEPTEMBER 1969

The diagnosis of gastroenteritis secondary to Vibrio parahemolyticus remained unchanged. Additional information obtained from Lt Col Park revealed that the suspected etiologic agent is the cause of 50% of the summer diarrhea in Japan. This organism grows in salt water with algae, clams, and other seafood. It may be spread by food handlers and by

eating contaminated seafood. Information on the status of the epidemic was obtained from the Kunsan Public Health Office: fifty-seven cases including five deaths, were reported, thirty new cases occurred in the past 24 hour period, and four of the five deaths were patients over 35 years of age.

A message was received from the Fifth Epidemiologic Flight stationed in Manila. They are able to render epidemiologic and bacteriologic assistance if requested. Due to the fact that we had no cases on base it would not be possible to enlist their aid without the request of the Korean Ministry. The following supplies were donated to the Korean Public Health Department to aid in control of the epidemic: 110 lbs hypo-chlorite, [illegible] lbs DDT, and 30 gallons lindane.

6 SEPTEMBER 1969

Dr. Park and Dr. Antal of the World Health Organization arrived at this base. At that time Dr. Bloom accompanied Dr. Park and Dr. Antal to the Kunsan City Quarantine Station where they were given a briefing by Dr Lee, Chief of Preventive Medicine Section of the Korean Ministry of Health. At this time we were given the following information: on 2 September 1969, six cases were diagnosed as Vibrio cholera because of growth characteristics on T.C.B.S. media. However, on direct smear this organism was shown to be different from the normal cholera in that it was thicker, the bacteria showed vacuoles, exhibited polar staining, and had no pellicle.

Originally slide agglutination tests for the Ogawa antigen for cholera was positive. However, when this was repeated in Seoul, a negative result was obtained. Other evidence against this being cholera included stypical colonies on new cultures; lack of secondary cases; age of most patients was over 24 years; patients seemed to recover within 24 hours, except where death occurred; and in some cases no Vibrio were cultured from stool samples. It is interesting to note at this point that the criteria used to identify this organism as Vibrio parahemolyticus was based on morphologic characteristics which we later discovered were not reliable.

7 SEPTEMBER 1969

Additional epidemiologic information was obtained from the Kunsan City Public Health Department concerning location, age, and occupation of patients. At this time a message was sent to all higher headquarters regarding the status (See Atch 3) of the outbreak, continuation of restriction of [illegible] personnel, and completion of immunization programs for US and Korean personnel on station. The Kunsan City Public Health Office continued to immunize the local population for cholera.

8 SEPTEMBER 1969

Total cases reported in Kunsan area: 183 with 50 hospitalized and seven deaths. A message was sent from Fifth Epidemiologic Flight stating that teams and kits were not needed at this time.

9 SEPTEMBER 1969

Lt Col Park informed us that the Korean Minister of Health had pronounced the Kunsan area a cholera zone. Analysis of the statistics according to age distribution revealed that the disease was confined to adults over age 21. Latest statistics on outbreak for past 24-hour period were 35 new cases and one additional death.

Col Williams, 314th Air Division Surgeon, arrived on base for 24 hours. He was briefed on situation and agreed with the preventive measures taken. He strongly advised keeping the base on restriction until the situation was more clearly defined.

10 SEPTEMBER 1969

	Kunsan Area	Korea
Number of Cases	254	469
Number of Inpatients	132	320
Number of Deaths	12	29

At this time 314th Air Division recommended all US personnel receive cholera immunization prior to leaving Korea.

At 1130 hours, Major M. Smith, US Army, and Dr. Kasai, bacteriologists from 406th Medical Laboratory at Camp ZAMA, Japan, arrived at Kunsan Air Base, having obtained permission from the Korean Ministry of Health (through Lt Col Park) to study the outbreak. After surveying the Kunsan coastal areas and harbor facilities by helicopter, Major Smith and Dr. Kasai were taken into Kunsan City to the provincial hospital where the patients effected by this outbreak were being treated. At this time Dr. Yi Chong Song, Director of the Hospital, cooperated in every way enabling Major Smith and Dr. Kasai to obtain samples of cultures. Dr. Bloom was able to take rectal swabs and blood samples from six new cases. Later that afternoon cultures were also obtained from containers of fresh fish (i.e. squid, shrimp, crabs, etc) which were being sold at an outdoor market in Kunsan City. A list of supplies needed for treating the patients was obtained from Dr. Yi.

The following bacteriologic studies were performed on all specimens obtained from patients and seafood. (Known cultures of Vibrio parahemolyticus were run simultaneously as controls.)

1. T.C.B.S. agar - yellow colonies on all cultures; blue-green colonies from control.

2. Slide agglutination	Cultures	Control
A. Polyvalent anti-sera	+	-
B. Ogawa anti-sera	+	-
C. Inaba anti-sera	+	-

3. Bio-assay for biochemical reactions on yellow colonies.

A. KIA - No H_2S, Alkaline slant, acid butt, no gas.

B. Sucrose - Fermented

C. Urease and Phenyl Alanine - Negative

D. Citrate - Positive

E. Lysine decarboxylase - growth and positive

F. Dark field motility - Positive

G. Oxidase - Positive

H. Beta-galactosidase - Positive

On the basis of these results, Maj Smith and Dr. Kasai were of the opinion that the causative agent was Vibrio cholera, probably El Tor strain.

These results were conveyed to the Korean Ministry of Health who independently had reached similar conclusions at about the same time. All higher authorities were notified and it was decided that the base would be closed indefinitely.

A bulletin was published for base distribution detailing the latest available information on the status of the epidemic and the need for continuing the base restriction until further information becomes available.

11 SEPTEMBER 1969

At this time a reevaluation of our preventive measures was under taken, and the following procedures were either reemphasized and/or initiated.

1. Chlorination of base water supply was continued at 5 PPM total chlorine.

2. Ten daily water samples from the base water supply were monitored using the millipore filtration method and T.C.B.S. and routine culture media. None have been positive to date. (See Atch 4)

3. Strict supervision of food handlers was accomplished, including twice-daily inspections of all food facilities. Personal hygiene practices included rinsing of hands in dilute chlorine solution before handling any food or utensils. All food preparation surfaces were frequently disinfected with the same dilute chlorine solution.

4. Random sampling of food handlers for inapparent infection was begun by means of rectal swabs streaked on T.C.B.S. agar. Of the 75 cultures obtained over the following ten days, none were positive for Vibrio Cholera. Col Stacey, Eighth Army Surgeon, declared Korea a cholera area on the morning of 11 September 1969. As a result, all US personnel in Korea were required to be immunized for cholera.

At the request of the 354th USAF Dispensary, Lt Col Park arranged for shipment of medical supplies to be donated to the provincial hospital. At the notification of a possible outbreak in the vicinity of Kwangju Air Base, a supply of T.C.B.S. media was flown to Kwangju Dispensary.

12 SEPTEMBER 1969

A message was received from Headquarters, Pacific Air Forces (PACAF), stating that cholera immunizations would be given to all personnel entering or leaving Korea. The following medical supplies sent from Eighth Army were delivered to the provincial hospital and were presented by Col Allen W Carver, Sr, Base Commander, Kunsan Air Base:

420 bottles of saline solution.
400 I.V. sets.
216 bottles sodium bicarbonate.
100 cots and 100 blankets
36 bottles tetracycline tablets.

One hundred and ten pounds of hypochloride solution and five gallons of lindane solution were delivered to the Chief of Okku County Public Health Department. Dr. Stephen L Bloom, Dr. Stephen A Kammwischer, MSgt Robert W Blasey, MSgt George L Jodoin, TSgt Charles W Deadrick, SSgt Richard Clark, and Mr. Kum Su assisted in the distribution of the medical supplies. Considerable time was put in by all members of the 354th USAF Dispensary to accomplish this task.

13 SEPTEMBER 1969

Dr. Bloom contacted Lt Col Park and learned that the Korean Ministry of Public Health had results identical to Major Smith's and Dr. Kasai's. Fifth Air Force requested technical assistance of First Medical Service Flight to insure all Korean Air Bases had capability of identifying cholera.

14 SEPTEMBER 1969

Twenty-five new cases, and four new deaths in Kunsan City area were reported during past 24 hours.

15 SEPTEMBER 1969

A message from 314th Air Division Surgeon stating that all personnel who had not previously completed a basic cholera vaccination series would have to have a booster four weeks after the initial cholera immunization, which was given on 4 September 1969. Latest figures for all of Korea were 605 cases with 43 deaths. New cases were appearing in several coastal provinces south of Kunsan.

17 SEPTEMBER 1969

National cases reported: 732 cases with 66 deaths, including one case from Camp Casey (along DMZ), one case at Inchon, and three cases in Seoul. To date no cases were reported among US military personnel.

18 SEPTEMBER 1969

Two Bioenvironmental Engineers and a bacteriologist from Fifth Epidemiologic Flight arrived on base to monitor water and sewage systems and insure that the laboratory at the 354th USAF Dispensary had the capability for the diagnosis of cholera. They visited all USAF bases in Korea to accomplish a similar mission.

19 SEPTEMBER 1969

No new cases reported in immediate Kunsan area, although small outbreaks continued to occur in provinces further south.

20 SEPTEMBER 1969

Dr. Bloom, MSgt Blasey, TSgt Morris, NCOIC of Laboratory, and Mr. Kim Su collected 25 water samples from local villages and Kunsan City for bacteriologic analysis and chlorine content determination. All samples were negative for cholera. Samples taken inside Kunsan City limits had varying degrees of chlorination from 0.2 to 2.7 PPM. Those taken from villages surrounding the base had no chlorine.

The above team visited the provincial hospital and found that only four cases had been admitted during past 24-hour period. Cultures from those patients were obtained and the diagnosis of cholera was again confirmed in the laboratory at Kunsan Air Base Dispensary. Col Bradley, Deputy Surgeon, PACAF, was on station for 24 hours and acknowledged the success of our preventive measures to date.

21 SEPTEMBER 1969

With the increase of North Korean infiltration along the coastal areas in this vicinity, the possibility of bacteriologic warfare playing a role in this cholera epidemic was discussed with Dr. Park from Eighth Army. This possibility was investigated but no positive evidence was discovered.

22 SEPTEMBER 1969

Locally, nine new cases were reported in the last three days.

24 SEPTEMBER 1969

Locally, no new cases were reported in the past two days. We anticipated lifting base restriction the following day. Second cholera immunization of lcc serum was begun for Korean National employees.

25 SEPTEMBER 1969

All USAF personnel were given the second shot, completing the immunization series. Locally, no new cases or deaths were reported for the past three days. The base restriction was lifted, with the proviso that all personnel return to base by 2400 hours. The restriction was not completely lifted for another five days.

27 SEPTEMBER 1969

No new cases locally.

29 SEPTEMBER 1969

No new cases locally. Nationwide for Korea: Total 1046 with 94 deaths.

30 SEPTEMBER 1969

No new cases locally. Epidemic presumed to have passed, but strict supervision of food handlers and periodic water sampling continued.

IN RETROSPECT

There are two aspects of the epidemic that bear further discussion: political implications and civic action opportunities. No country wants to have the label of cholera stamped on its map. The economic repercussions, which have been vast, and the questions which local health officials must answer to higher headquarters, as well as the press, represent real threats. It is possible that these factors played a significant role in the interpretation of the early laboratory determinations. In light of this possibility, we might have gone out into the field collecting specimens from patients, water supplies and local food services and could have been able to come up with a diagnosis more expeditiously. In retrospect, the need for competent professional bacteriologists is quite apparent. Had we been more aggressive and had we utilized the resources of the Fifth Epidemiologic Flight or had this professional capability been present in country, earlier determination could have been made. Despite all these problems, the preventive measures which were taken put us in a strong position from the beginning. Due to the personal participation of the dispensary physicians in obtaining stool specimens and blood specimens from the cholera patients, rapport was established with local health authorities. This enabled us to pursue programs of civic action with greater intensity. These programs included obtaining sorely needed medical supplies for patient treatment, chlorination of local water sources, and insect control. Through regular and frequent visits to the local provincial hospital we showed that our concern was not only for our own protection but also for the local population which was afflicted with this epidemic.

CONCLUSION

The summary of this report might well begin with the congressional inquiry which was sent to the 354th USAF Dispensary, Kunsan AB, Korea and the answer to this inquiry. "Inquiry alleges low moral due to base restriction of some personnel. It is also alleged that Korean National employees and married personnel are permitted base entry and exit".

The answer to this inquiry has to include the real problems of an epidemic, that is, the acknowledgement of the real threat, and what are the reasonable precautions which must be taken to protect our military forces in the field. These problems can face any US military physician. If this report has any purpose, it is to show others what we have done successfully and also, through careful inspection, what additional actions might have been undertaken.

The answer to the congressional inquiry was as follows:

"All US military personnel in the Kunsan area, without dependents in the vicinity were restricted to base 3 September 1969 to 24 September 1969 to preclude the spread of a cholera epidemic to US Armed Forces personnel. The major mode of spread of cholera is through ingestion of contaminated food and/or contaminated drinking water. By insuring that personnel did not have the opportunity to consume food and drink from unapproved sources, we have been able to prevent any cases of cholera developing in US military personnel. Korean National employees were allowed to come on base only after receiving a cholera vaccination.

"Through an intensive program of education and supervision, we were able to prevent the occurrence of even a single case of cholera among Korean Nationals on base whose presence is critical for base functions. Preventive measures taken during the epidemic were carefully planned and coordinated with experts from Eighth Army, United Nations Command, and Fifth Air Force."

The preventive measures referred to have previously been cited in the body of this report. Included in this program was a set of instructions written in Korean detailing all of the measures which should be taken to avoid contracting cholera. This was distributed to all base employees.

Contrary to the opinion stated in the congressional inquiry, the morale and conduct of US military personnel at Kunsan Air Base remained surprisingly good. This was due to a great extent, to the efforts of the Wing Commander and the Base Commander to keep all personnel informed as to the status of the epidemic. Frequent bulletins were announced on the radio and distributed throughout the base. Physicians gave briefings at the base theater before the showing of several movies. Squadron Commanders were kept well informed at daily stand-up briefings.

In reviewing the problems of command and decision, there appear to be several features of paramount importance. Due to the time lag in the production of antibody titers, after initial cholera immunization, and the lack of complete protection even after sufficient time for antibody production, we can not rely solely on immunizations as a protective measure against cholera. The important principle here is to separate military personnel from possible contact with the disease. This entails the judicious application of a quarantine and maintainence of safe food and water sources, e.g., personal hygiene of food handlers and chlorination of water supplies.

Stephen L Bloom

STEPHEN L BLOOM, Capt, USAF, MC
Director, Base Medical Services

E-X-T-R-A-C-T

THE FOLLOWING IS A MESSAGE DATED 3 Sep 69, TO:

CSAF
HQ USAF
PACAF (SURGEON)
HQ 5 AF (SURGEON)
HQ 314 AIRDIV (SURGEON)
SURGEON GENERAL, USA (MEDCE-CD)
5 EPIDEMIOLOGICAL FLIGHT CLARK AB PI

[illegible] ESGA
FOR: HQ USAF (AFMSPA) SUBJ: COMMUNICABLE DISEASE REPORT. IAW PARA 5-20 AFM 168-4 THE FOL RPRT IS FWD.
A. DIAGNOSIS: CHOLERA (SUSPECTED)
B. CODE NUMBER: 0430
C. NINETEEN (19) CASES OF CHOLERA SUSPECTED CONTRACTED BY LOCAL KOREAN NATIONALS. FIVE (5) OF THESE 19 CASES ARE DECEASED.
D. NO INDIV INFORMATION AVAILABLE ON SUSPECTED CASES AS OF 0710Z 3 SEP 69.
E. ACTUAL DATE OF ONSET OF DISEASE UNKNOWN. THIS FACILITY WAS NOTIFIED BY OKKU PUBLIC HEALTH SERVICE, OKKU COUNTY, REPUBLIC OF KOREA ON 3 SEP 69 OF CHOLERA CONTRACTED BY LOCAL KOREAN NATIONALS.
F. POSSIBLE CASES ARE REPORTED IN DIFFERENT AREAS OF THE SURROUNDING DISTRICT. THE MODE OF CONTRACTING DISEASE HAS NOT BEEN DETERMINED AT THIS TIME.
G. NO LABORATORY CONFIRMATION REPORTS ARE AVAILABLE.
H. NO ARTIFICIAL IMMUNIZATIONS RECORDS OF SUSPECTED PATIENTS ARE AVAILABLE.
I. CIVILIAN HEALTH AUTHORITIES ARE SCHEDULED TO PROVIDE ADDITIONAL INFORMATION TO THIS FACILITY AT 1100Z 3 SEP 69.
J. USAF PERSONNEL HAVE BEEN RESTRICTED TO THE BASE EXCEPT FOR ESSENTIAL OFF BASE DUTIES. ADEQUATE CHOLERA VACCINE IS AVAILABLE. KOREAN NATIONALS ON BASE ARE BEING IMMUNIZED PRIOR TO DEPARTURE FROM THIS INSTALLATION. KOREAN NATIONALS MUST PROVIDE EVIDENCE OF IMMUNIZATION OR BE IMMUNIZED PRIOR TO REENTRY. ALL MILITARY, CIVILIANS, AND KOREAN NATIONALS WILL BE IMMUNIZED PRIOR TO 0900Z 4 SEP 69, IF DISEASE IS LABORATORY PROVEN. PUBLICITY ON DISEASE PREVENTION IS BEING DISSEMINATED TO ALL PERSONNEL. FOOD HANDLERS ARE BEING CLOSELY MONITORED AND REQUIRED TO UTILIZE INCREASED LEVELS OF PERSONAL HYGIENE.
K. ADDITIONAL INFORMATION WILL FOLLOW TO CONFIRM OR DENY THE PRESENCE OF CHOLERA.

IMMUNIZATIONS GIVEN DURING SUSPECTED CHOLERA OUTBREAK

KOREAN NATIONALS

604	Domestic Employees
19	Caddies
[illegible]	Barber Shop Employees
[illegible]	News Boys
[illegible]	House Boys
[illegible]7	Contractors
588	Air Force Employees
275	Non Air Force Employees
36	ROKAF Employees
[illegible]	ROKAF Dependents
454	B.X. Employees and other
178	ROKAF
54	Army Det.
3166	Total US Military and US Civilians immunized on base
5602	GRAND TOTAL

E-X-T-R-A-C-T

THE FOLLOWING IS AN EXTRACT OF PARAGRAPHS 6, 7f(1), (2), AND (3)OF LETTER EAMD-PM, 8 Sep 69, Subject: Visit to Kunsan to Investigate Epidemic. Letter was sent by Lt Col Park, Eighth Army.

1. Status of epidemic as of 6 Sep 69:

City/County	Cases	Deaths	Cases Admitted to Hospital
Cholla Bukto Province			
Kunsan City	20	0	9
Okku County	54	5	38
Kochang County	22	3	-
Chung Chong Nam Do Province			
Sochon County	83	6	26
TOTAL	179	14	73

2. Occupational distribution of patients:

Occupation	Number
Fishermen	19
Farmers	16
Laborers	11
Not employed	34
Unknown	3

3. Age distributions:

	1-10	11-20	21-30	31-40	41-50	51-60	+61	Total
Cases	2	2	9	31	23	11	5	83
Deaths	1			1	2	2		6

4. Sex distributions: Twice as many males as females.

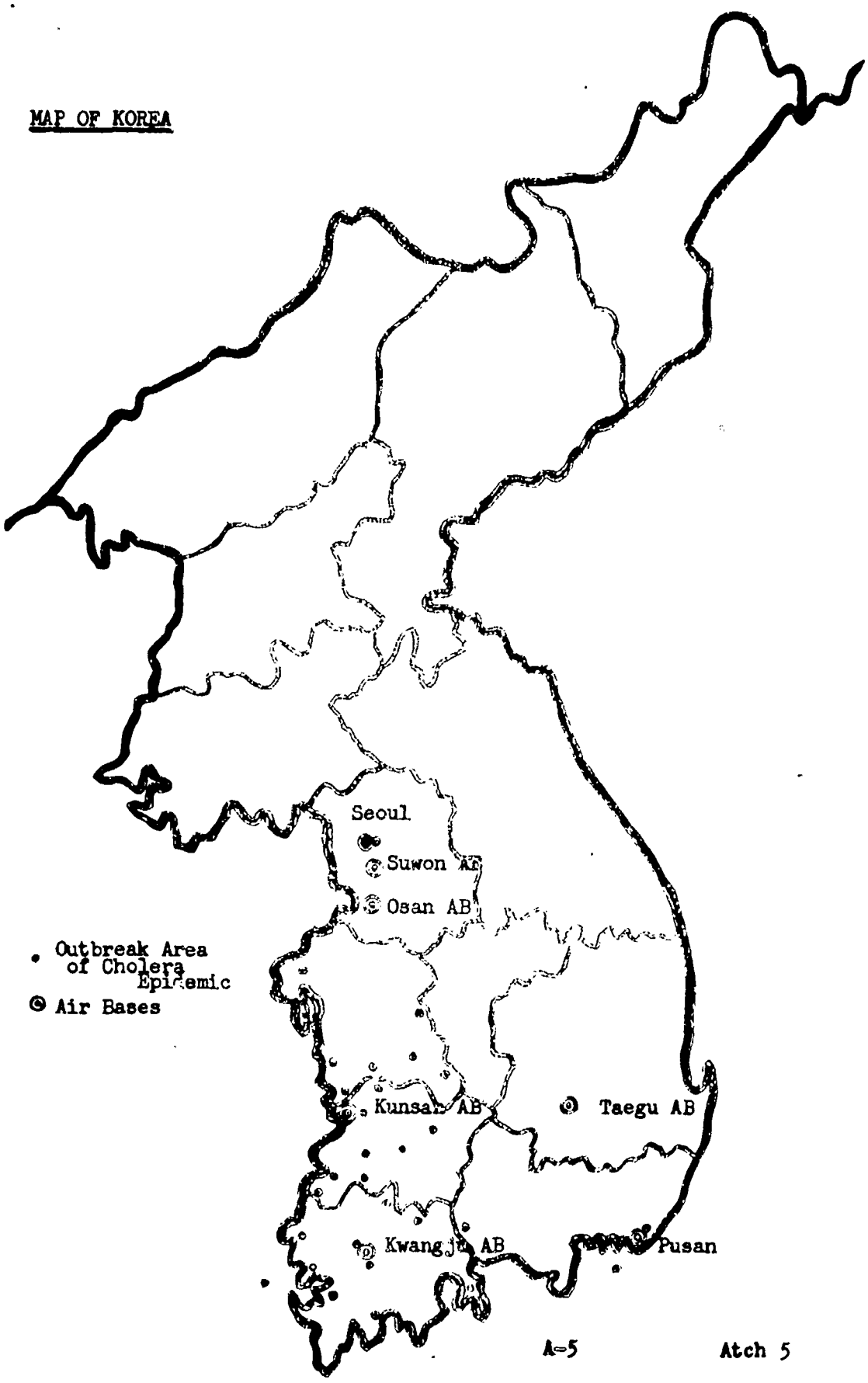
MILITARY PUBLIC HEALTH SAMPLING PROGRAM

1. Commencing on 12 September 1969, a schedule for monitoring the base water system was established by the Military Public Health Office. These samples were collected on and off base (including the reservoir); after which they were sampled using the millipore filter and cultured on T.C.B.S. media for a period of 48 hours. All samples were collected and their chlorine residuals obtained:

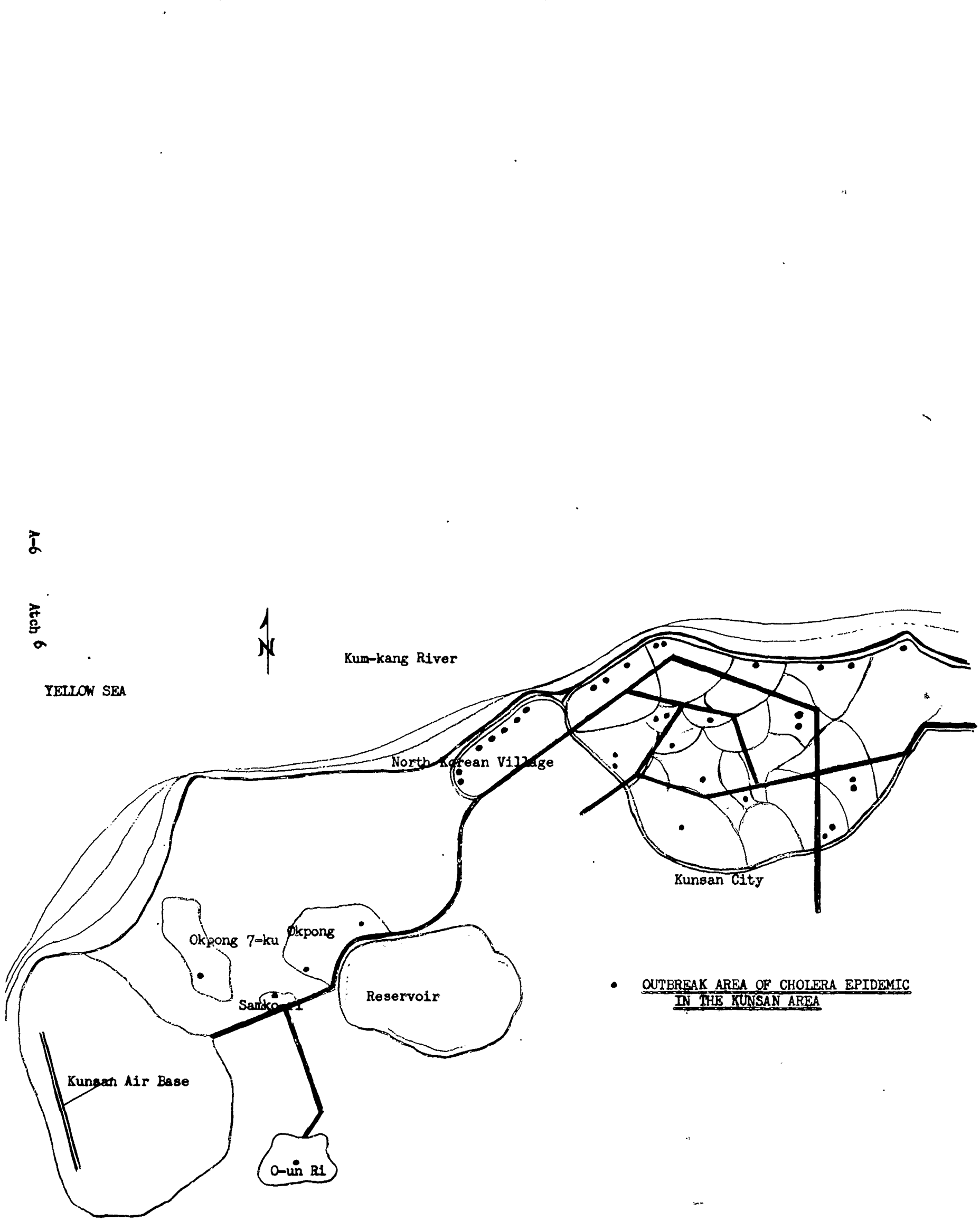
On base	172 Samples	5.00 PPM
Off base	25 Samples	0.00 open-wells
		2.70 PPM Kunsan Municipal water system
Reservoir	3 Samples	0.00

2. Rectal swabs were also taken from a representative number of food handlers. These swabs were cultured in T.C.B.S. media. Fifty-five cultures were taken and all fifty-five proved negative for the Vibrio cholera.

MAP OF KOREA


Seoul
Suwon AB
Osan AB
Outbreak Area of Cholera Epidemic
Air Bases
Kunsan AB
Taegu AB
Kwangju AB
Pusan

Atch 6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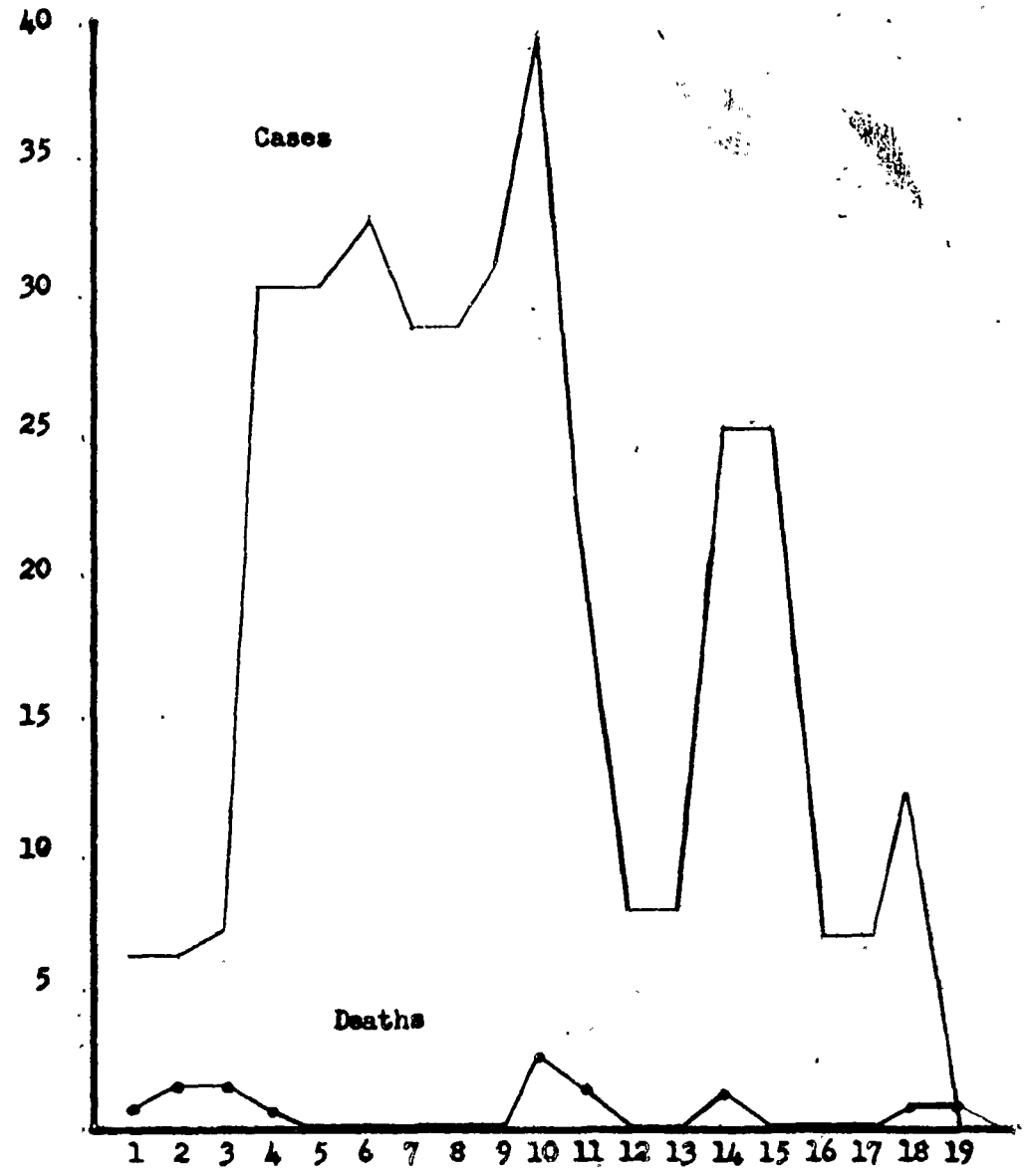
Kum-kang River
YELLOW SEA
North Korean Village
Kunsan City
Okpong 7=ku
Okpong
Reservoir
Kunsan Air Base
O-un Ri
OUTBREAK AREA OF CHOLERA EPIDEMIC
IN THE KUNSAN AREA

DAILY NUMBER OF CASES AND DEATHS IN KUMSAM AND OKKU

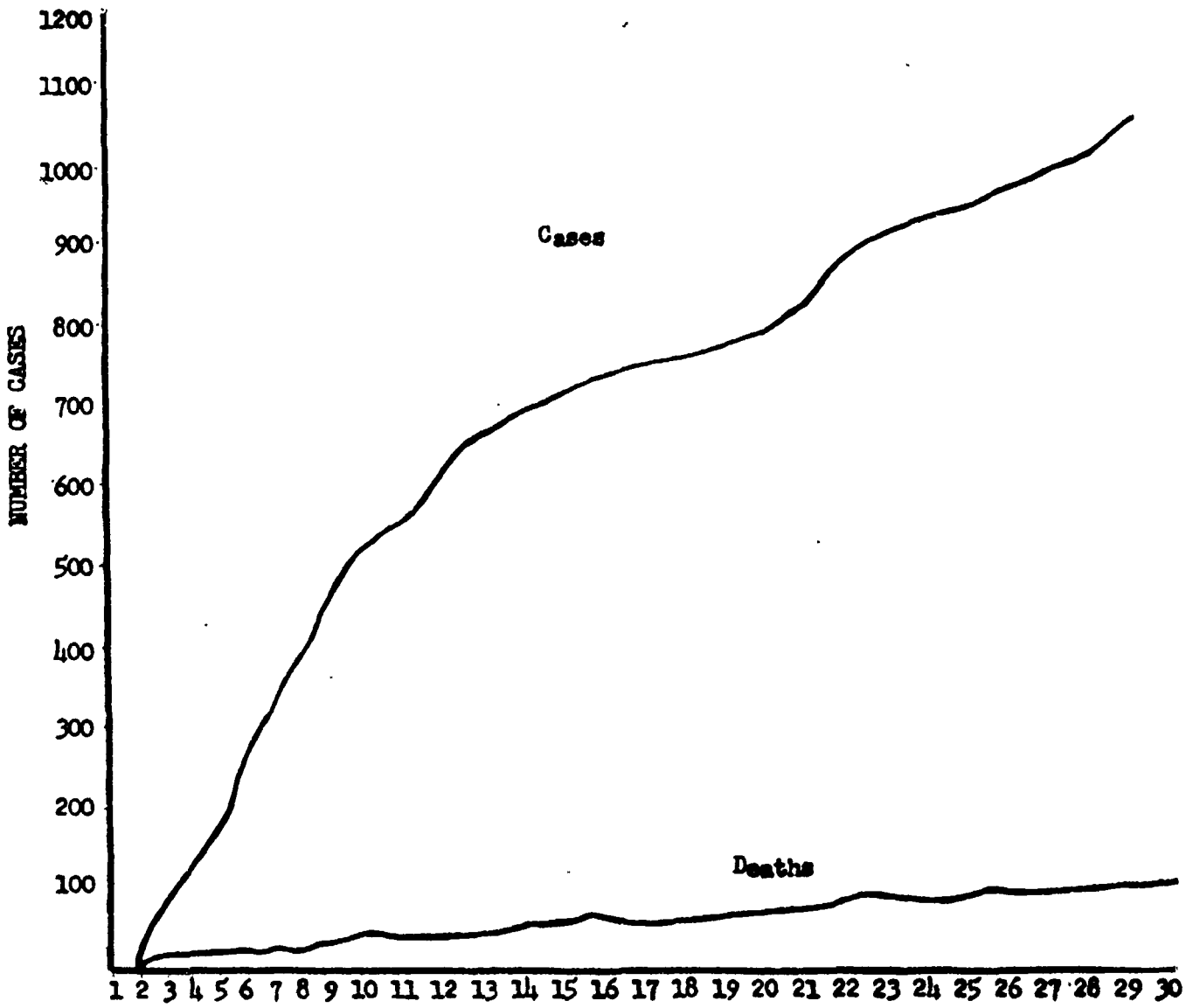


SEPTEMBER 1969

A-7

Atch 7

TOTAL NUMBER OF CASES AND DEATHS DUE TO CHOLERA IN KOREA



A-8

Atch 8

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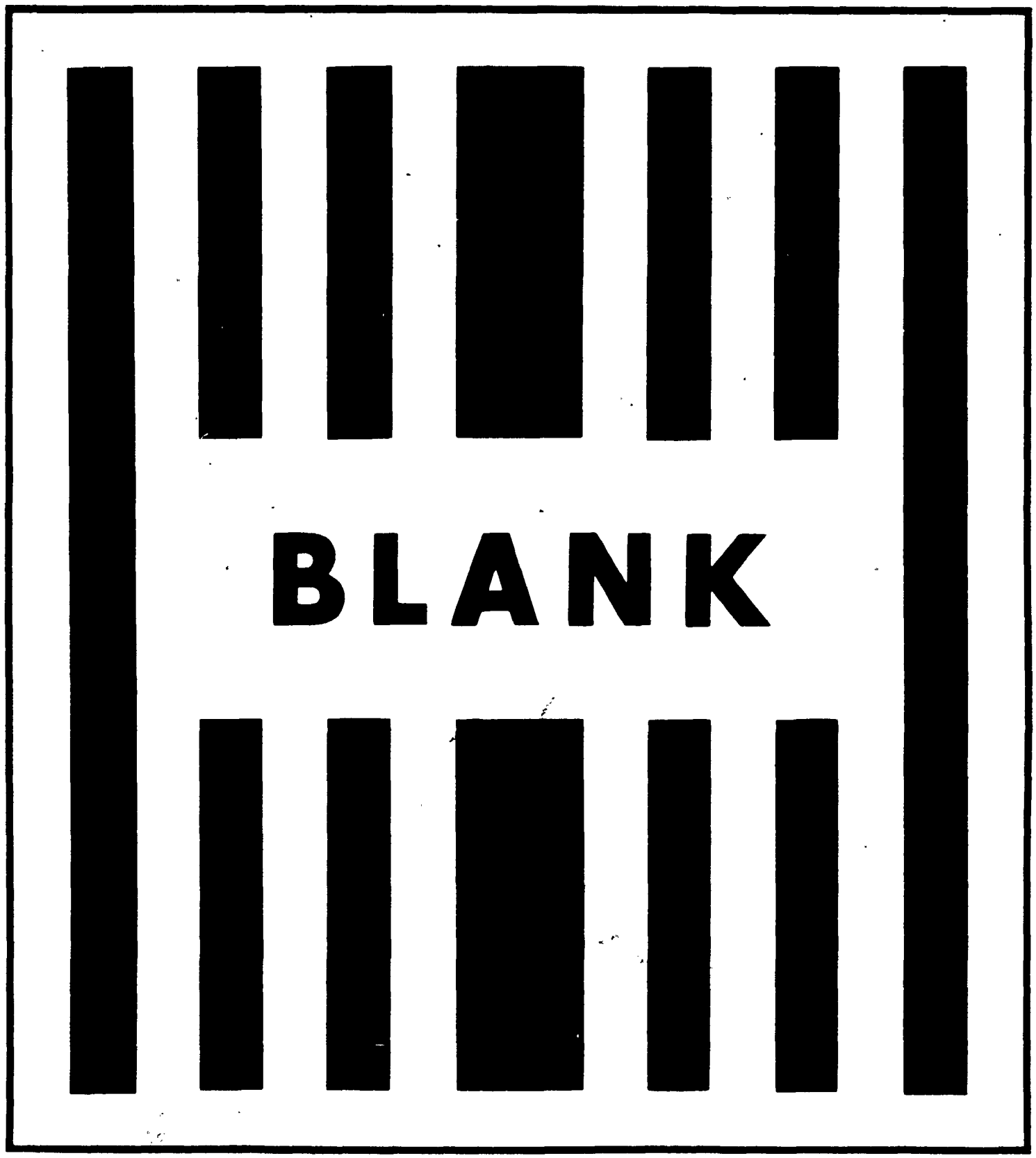
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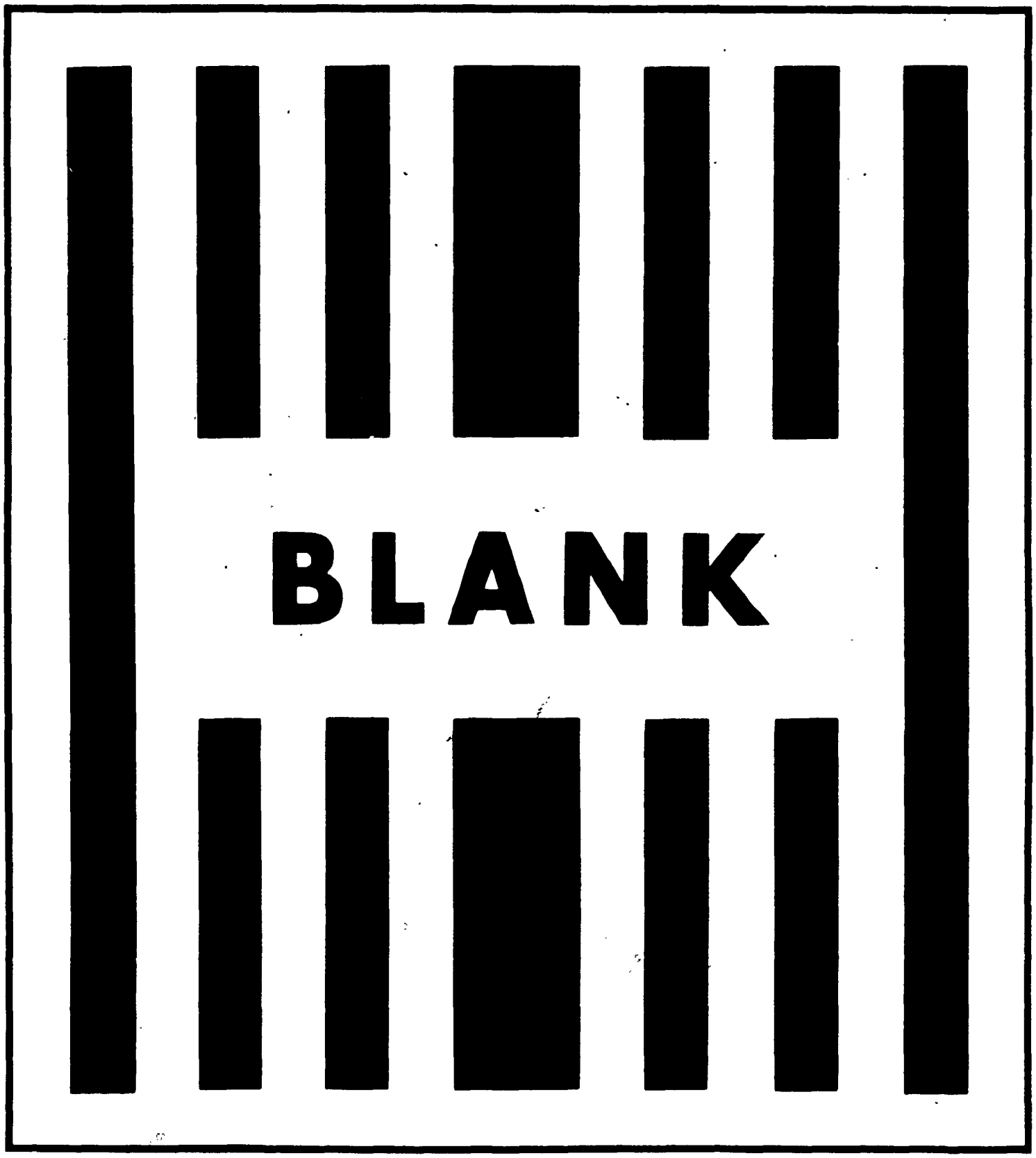
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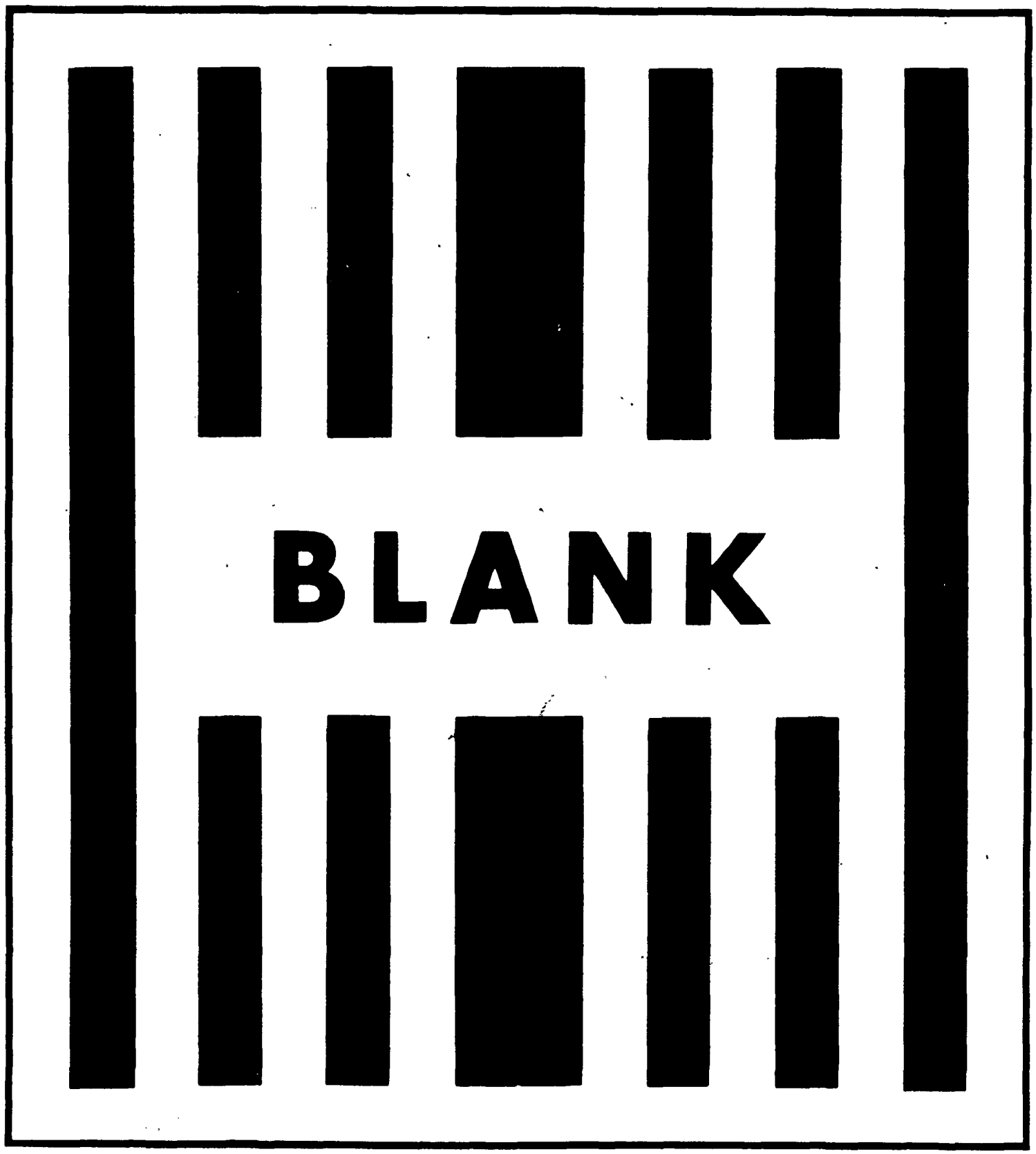
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MEDICAL HISTORY OF THE 6045TH USAF HOSPITAL

1 July 1969 - 30 June 1970

PREPARED FOR THE 6045TH USAF HOSPITAL

BY

JOHN R. WATSON, Major, USAF, MSC

314 AIR DIVISION/KOREA BASE COMMAND

FIFTH AIR FORCE

PACIFIC AIR FORCES

Osan AB Korea

01052438

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FORWARD

This History covers the period 1 July 1969 to 30 June 1970 for the 6045th USAF Hospital, APO San Francisco, 96570.

The History discusses and describes professional activities, administrative services and general health of the command.

JOHN R. WATSON, Major, USAF, MSC
Hospital Administrator

PHILIP T. WILLIAMS JR, Colonel, USAF, MC
Director, Base Medical Services

INTRODUCTION

The 6045th USAF Hospital, under the command of Philip T. Williams Jr, Colonel, USAF, MC, has continued functioning as a 20 bed operating facility with an expansion capability of 58 beds. The general health of the command has remained excellent with no major epidemics. All personnel of this base and throughout Korea were immunized against Cholera during September 1969 in response to an epidemic of the disease localized in the area of Kunsan but which produced scattered cases throughout the civilian population. No USAF personnel contracted the disease. During the months of May and June 1970 there was a marked increase in the incidence of Venereal Disease for which no one specific factor was apparent. Education of personnel was markedly stepped up, local club owners, the local women's association and the local public health authorities were enlisted in a multifront effort to reverse the trend. At the close of the Fiscal Year, it appears that the upward spiral of Venereal Disease incidence is reversing itself. The leading cause of non-effectiveness in FY 70 was Upper Respiratory Infection, followed by Injuries, and Hepatitis. Average beds occupied was 62.5%. Commander of this facility served in the additional role of 314th Air Division Surgeon. A staff for this function was instituted during this year and consists of one Lt Colonel MSC, two Senior Master Sergeants (AFSC's 906X0 and 915X0), and one Sergeant (AFSC 906X0). In addition to the full time Division Surgeon's staff, section chiefs of the hospital have been utilized for staff visits to other facilities and sites in Korea where their guidance can be utilized. These include Veterinary Medicine, Dentistry, Nursing Service, Medical Supply, Bioenvironmental Engineering, Business Office and Medical Equipment Repair. During the year the Division Surgeon has recommended and obtained concurrence in disestablishment of the 25th CSU at Taegu and the discontinuation of the active surgical capability at the 6045th USAF Hospital.

CHAPTER TWO

HOSPITAL SERVICES

SECTION I - General Therapy Clinic

In February 1970, the nine passenger carry-all was replaced by a Dodge Econo-Line. The new Econo-Line is used daily to transport patients to and from the 121st Evacuation Hospital, located at ASCOM, just a few miles south of Inchon. The round-trip is approximately 120 miles. On weekends, this vehicle is used to visit five local orphanages which are supported by medical assistance in support of Civic Action Programs.

The General Therapy clinic averages 3,000 patients a month, either by appointments or on a walk in basis. This department also makes on the average of 2 - 3 runs weekly to Seoul Military Hospital for Obstetrics and Gynecology problems for dependents. This hospital is located in Seoul, Korea, approximately 40 miles north of Osan Air Base.

The Immunization Clinic averages approximately 75 - 100 immunizations daily on a walk in basis.

The General Medical Officers with some of the subprofessional personnel of the 6045th USAF Hospital have often visited Missions on Friday afternoons to hold sick call for small villages in the area. They also take an active part in the Civic Action Program by providing medical care to approximately 550 children located at five Korean orphanages.

At present changes are being made in the General Therapy Clinic to try and remove some of the congestion during sick call hours. Contagious Disease Clinic has been move to the Immunization Clinic on a trial basis. We have established a dependent and civilian sick call from 0830 - 1100 hours daily.

SECTION II - Nursing Service

The Nursing Staff has been up to UDL strength, seven military nurses and two ROK civilian nurses for most of the past year. The chief nurse slot has been vacant since November 1969. The operating room nurse is functioning as Chief Nurse in addition to her 9736 duties. One nurse from the Taegu CSF augmented the nursing staff from November 1969 to May 1970. Surgical personnel continue to be called upon for manning assistance. One MD, one OR nurse and one surgical technician were TDY to Misawa for 30 days June through July 1969. The nurse anesthetist and one surgical technician went TDY to Tachikawa for 29 days in January and February 1970. Another surgical technician went TDY to Itazuke, Japan for 29 days in January and February and for 89 days, March to June 1970. This same surgical technician was transferred PCS to Itazuke in June 1970. The anesthetist was also TDY to Misawa, Japan for two weeks in April 1970. She was granted a six month curtailment due to the closing of the OR by PACAF and returned to CONUS 26 May 1970. One general duty nurse was separated from the Air Force in June 1970 and was replaced by one of three male nurses from Taegu CSF. The other two nurses from Taegu CSF were sent TDY to SEA in June 1970 for approximately 45 days after PCS to Osan.

A visit was made to the 121st Army Evacuation Hospital in October 1969 by Major Higgins, Major Wheeler and Capt Jackson. As a result, Capt Jackson arranged to give anesthesia on Fridays at the 121st Evac Hospital. This enabled her to keep current in anesthesia since major surgery was limited at this facility.

A 20 bed ward and operating room were maintained by this staff. The inpatient census dropped from last year, the peak period was 15.6 in February 1970. However, the out-patient visits have increased considerably.

The anesthetist was utilized as General Therapy Clinic nurse when her services were not required in surgery. It is felt that there is a need for a nurse in this area, especially now that the hospital is caring for approximately 450 dependents.

Two blood drives were conducted by the 121st Army Evac Hospital in April and June 1970. One nurse and one medical technician were called upon to assist with the program.

Major Higgins, Major Wheeler and Lt Zook attended the Far East Surgical Conference at Tachikawa in November 1969.

The 5th Air Force I.G. Team visited the 6045th USAF Hospital 3-4 November 1969, headed by Col Turner.

A two week training period at Tachikawa has been utilized by most of the nurses. This affords them the opportunity to obtain refresher training in the areas of nursing in which they are specifically trained.

The educational program in Disaster Control was conducted in July 1969. Periodically broken arrow, hospital and base wide alerts were carried out to test the capabilities of the facilities. A review of the Hospital Disaster Program is underway at the present time.

Various visits were made to this facility by medical personnel throughout the year. Col Juanity Fannin, Chief Nurse for PACAF and Lt Col Ragin, Chief Nurse at Tachikawa visited at the close of the last fiscal year. Col Turner and a group from 5th AF visited in July 1969 and June 1970. General Towner visited 3-4 November 1969, General Smith visited 20-21 March 1970. Col Hunter

from PACAF Aeromedical System gave a briefing and visited the 902nd Aeromedical Evacuation Squadron facilities 18-19 December 1969. Col White, 5th AF, made an inspection visit 13-15 April 1970. Col Bradley and Lt Col Peters from PACAF visited 28 May 1970.

The ward received a new coat of paint and the nurses station was renovated in May 1970. These projects enhanced the appearance of the ward considerably. One of the rooms on the ward was converted to a day room to afford the patients a place for recreation. This room can be reconverted for bed space without any problem if the need arises.

Staff Assistance visits were made to Kunsan, Suwon, Kimpo, Kwanju, Irwolsan, and Mangilsan during FY 70. Such visits are found to be very rewarding, both to the nursing staff and the medical personnel involved.

SECTION III - Surgery

The surgical department continued its function until closed by directive from PACAF and the early departure of the nurse anesthetist in May 1970. Minor cases requiring local anesthetics, the majority on an out-patient basis, are still scheduled twice a week. The emergency capability continued to be functional. All supplies and equipment were currently maintained.

The workload fluctuated with the number of personnel available in the department. The nurse anesthetist and surgical technicians were repeatedly called upon for manning assistance in Japan. One surgical technician was air evacuated to CONUS for medical reasons while TDY in Japan. Another surgical technician was reassigned to Itazuke, Japan, after a lengthy TDY at that facility.

The department continued its Central Nursing Supply capabilities. Approximately 50 physical therapy procedures were performed and [illegible] applied each month.

The NCOIC of Surgery took a refresher course at Tachikawa in physical therapy in July 1969.

A Fluotec Mark II has been added to the anesthesia machine. Fluothane anesthesia can be given in an emergency situation.

Through self help, Central Nursing Supply was divided into two rooms. The outer room is utilized as a physical therapy and cast room, the inner room continues to function as Central Nursing Supply. This division affords better control of contamination, traffic is cut to a minimum and plaster is isolated to a room outside of the surgical suite.

The cooling system is much improved, however, the heating system still leaves much to be desired. It is felt that the surgical department would require extensive and costly renovations to make it entirely adequate. On this basis, the surgical capabilities have been reduced to emergency cases only.

SECTION IV - X-RAY

Plans to renovate the X-Ray Department were formulated during FY 70. A request has been submitted and approved for a new automatic film processing unit. We want to relocate the X-Ray control office and waiting room. We also intend to expand and modify the film storage area.

The workload for this department averages 1,200 exposures per month. This is accomplished by an authorization of one Technical Sergeant, one Sergeant and one Korean National. Much of the time, we have had only one military assigned. The Korean National has contributed greatly to the operation, particularly when there was only one military assigned and in the treatment of KN employees and dependents.

SECTION V - Laboratory

During this reporting period, the laboratory service has continued to operate most satisfactorily. The workload for this department has remained fairly constant with an average of 3,500 specimens analyzed each month. We continue to have a well trained, highly motivated staff consisting of one TSgt, two SSgt's and Mr Pak, a registered medical technologist.

A new laboratory guide has been formulated and will be distributed to all sections utilizing the services of the laboratory. During this reporting period, the laboratory has implemented the new Clinical Laboratory Workload Reporting System. Monthly tabulating sheets have been printed and a daily count of all laboratory tests has proved very helpful in preparing AF Form 235.

A new toxicology kit has been ordered and we will take on this added capability in the near future.

Reagents have been ordered for a new Salicylate test procedure for the diagnosis of aspirin poisoning.

CHAPTER THREE

FLIGHT MEDICINE

SECTION I - AEROMEDICAL SERVICES

There has been a significant increase in permanently assigned personnel on flying status now that Forward Air Controllers are air borne. The loss of an ADC unit reduces the number of Medical Officers and Technicians.

The Aeromedical Technicians assigned at Osan now have the additional responsibility of local base rescue. Manning assistance is provided to the OLAC, 902 AES mostly for in-country Air Evacuation Flights, and to Det 9, 41 ARRSg for search and rescue missions.

During the past year, no aircraft accidents have been experienced involving permanently assigned aircraft. However, this office has supported the TDY units in response to and investigation of six (6) major aircraft accidents.

SECTION II - MILITARY PUBLIC HEALTH

During this period, venereal disease (VD) has become an acute problem. The VD rate for June 1969 was 0.87 cases/1000/day while for June 1970, the rate is 2.40 cases/1000/day. This rate is independent of the number of troops assigned. The primary cause of the high VD rate appears to be the inadequate treatment of business girls named as contacts. The Air Force has discontinued treatment of the girls and has taken over the contact card system (as of 20 June 1970) during this period. A concentrated effort is presently being undertaken to get the local club owners, local VD doctors and the Pyongtaek Public Health department to cooperate among themselves and with Osan AB to lower the VD rate.

A study of the environment inside hardened aircraft shelters was conducted during this period. Environmental considerations included noise level, exhaust gases, and temperature/humidity factors as well as a concern for interior lighting and heating. Tests were conducted with F-4C, F-102, F-105 and F-106 aircraft operating in the shelters. Properly designed exhaust ports and precise aircraft parking prevented significant temperature rise and dangerous accumulation of gases. Hazardous noise is present and adequate protective equipment must be used by personnel when working in and around shelters while aircraft and/or AGE are operating. AGE exhaust fumes present no problem as long as the aircraft engine is operating. Harmful concentrations of carbon monoxide accumulate from AGE if no aircraft is running. Plans are formulated for a system to completely eliminate all AGE exhaust from the shelter interiors. In the meantime, strict controls have been effected that allow operation of AGE only in those shelters that house alert aircraft and then only for 15 minutes per four hour period.

A program was initiated to give physical examinations to civilian and military personnel occupationally exposed to hazardous conditions. In conjunction with this, a program of periodic shop inspections was established. A hearing conservation program was established and hazardous noise areas designated.

A new base sewerage system was constructed during this period. The old system of septic tanks was destroyed and new sewer lines laid to two Imhoff tanks. The effluent from these tanks flows off-base in a ditch.

CHAPTER FOUR

VETERINARY SERVICES

SECTION I - MISSION

The mission of the Veterinary Service has several aspects. We provide a complete veterinary food inspection service. We provide a veterinary public health service which deals with food service sanitation, nutrition, and environmental health. Veterinary medical service for the care and treatment of government-owned animals is maintained. Veterinary Medical service pertaining to animals, including the public health aspects of animal diseases that may affect man is also maintained.

SECTION II - PERSONNEL

The UDL for this reporting period is as follows:

Authorized		Assigned	
1 Lt Col	9916	1 Major	9916
1 Capt	9926	1 Capt	9926
1 MSgt	90870	1 MSgt	90870
1 SSgt	90850	1 TSgt	90870
		1 Sgt	90850
1 AlC	90830	1 AlC	90830
1 Civilian	KGS-11	1 Civilian	KGS-11

The veterinary service was overmanned by one veterinary technician. This man was placed on TDY orders to the Veterinary Section at Kunsan AB to relieve a chronic manpower shortage there. Kunsan AB CBPO submitted a request, which has since been approved, to authorize another veterinary position. The man on TDY orders from Osan AB will fill this new position.

Dr Cho, Korean civilian veterinarian, was upgraded from a KGS-9 to KGS-11 effective 1 February 1970.

SECTION III - FOOD INSPECTION

During this period, a total of 43,851,846 pounds of food was inspected and passed. Rejections for the period totaled 130,035 pounds.

During this period the Veterinary Service recommended to the Korean Procurement Agency that the Osan AB Commissary receive deliveries of fresh produce directly from the vendors. The system previously being used was for fresh produce to be delivered to the depot at Pusan, and inspected and accepted for the Air Force by the Army Veterinary Service. The new system would allow the Air Force Veterinary Service to determine the quality of fresh produce and make appropriate recommendations for acceptance or rejections. This suggestion was adopted and direct deliveries to Osan were started in January 1970. Since the adoption of the new system of deliveries and inspection responsibility, the quality of fresh produce has greatly improved.

Prior to the onset of cold weather an all-out effort was made to reduce the rat population as much as possible. It was felt that if rats were killed at this time, they would not be able to recover their numbers during the winter months and that this would lower the amount of damage to subsistence in storage. With this in mind, commissary and CE personnel attempted to rat proof the commissary building. Insect and Rodent Control personnel stepped-up their poison bait program. Results were very gratifying in that there was a noticeable decline in numbers of rats seen around the commissary area. However, a large monetary loss was still being suffered each month, principally due to rodent damage to flour, cereals and dry dog food. Because of the vulnerability of these items to damage it was recommended that a room inside the commissary warehouse be ratproofed and that flour, cereals and similar products be stored in that area. A work order was submitted to CE for the ratproofing of such an area. Hopefully this will be accomplished soon.

SECTION IV - VETERINARY PUBLIC HEALTH SERVICE

There were 555 sanitary inspections conducted on 20 facilities on Osan AB. Of these inspections, 19 were marginal and 12 unsatisfactory.

At the beginning of this reporting period the overall level of sanitation in the local serving facilities was very low. Most of the facilities were in need of repair or remodeling, and the equipment was old or worn out. There was a general air of apathy on the part of supervisors and command personnel regarding recommendations to improve these facilities. In an effort to draw attention to the problems in the food service facilities, sanitary surveys were performed and forwarded to the command section. The surveys itemized everything wrong with the facility, accompanied by appropriate recommendations for correction. The response by the command section was immediate and complete backing was provided. Now, almost twelve months later, most of the facilities have been repainted, repaired and nearly 100% refitted with new modern equipment. Overall sanitation has greatly improved as well as the morale of food service personnel.

Dr Cho, Korean Civilian Veterinarian, made periodic visits to all major bases in Korea to conduct food handler training courses.

SECTION V - VETERINARY MEDICAL CARE FOR ANIMALS

Veterinary medical care was provided for USAF sentry dogs at the following locations having the indicated number of dogs:

(a)	Osan AB	51
(b)	Suwom AB	8
(c)	Kimpo AB	19
(d)	Kwang Ju AB	16
(e)	Taegu AB	13

Periodic visits were made to each location to perform routine treatment, physical examinations, scaling of teeth and administration of immunizations. Training sessions were held with dog handlers on the care and grooming of animals and first aid.

In addition to USAF owned sentry dogs, veterinary care was provided for approximately 91 US Army dogs stationed at Army missile sites in the area. The veterinary section also assisted the Republic of Korea Air Force Veterinary Service in the conduct of their sentry dog training program.

Privately-owned animals: One hundred fourteen privately owned pets were immunized or treated for diseases of animals transmissible to man.

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CHAPTER FIVE

DENTAL SERVICES

DENTAL SERVICES

During this Fiscal Year, the Osan AB Dental Service completed 55,063 clinical procedures on 13,958 patients. The average cost per procedure was a very creditable $6.79. Manning criteria of one dental officer and two enlisted personnel per 500 troop strength were never realized due to a zero balance status in effect. This actually placed our manning level at approximately 50% strength.

During the Fiscal Year, the Dental Service operated within budgetary estimates and targets. Stock levels were realistically adjusted and new items essential to the operation were requisitioned and established on supply shelves.

In October 1969, construction began on the new eight DTR dental facility. Due to priority four classification by the Facilities Utilization Board and troop labor shortages, frequent delays and work stoppages have occurred causing a prolonged construction time on the project. The building will contain 3000 square feet, and also house a reception room, two administrative offices, and a locker room. There will be 50% more DTR space than in the old clinic. The building was erected by troop labor (Red Horse). Construction is being undertaken by the Base Civil Engineering Squadron as Red Horse was deactivated 30 June 1970. All equipment, furnishings and supplies are programmed to be on base by September 1970, which hopefully will allow occupancy of the facility before the end of the calendar year.

Professional training programs were held on a continuing basis throughout the year. Military consultant visits from the Regional Hospital at Tachikawa AB, Japan were well received by the staff. TDY travel was afforded each of the dental officers to attend a brief period of professional training and indoctrination at the Tachikawa AB Dental Service. The staff welcomed the opportunity to attend the scientific sessions of the First Annual Pacific Dental Meeting at Yongsan, Seoul, Korea which was held in May 1970.

Highlighting the year, were visits by Lt General Towner, Surgeon General USAF, Major General Lightner, Assistant Surgeon General for Dental Services, and Major General Smith, PACAF Surgeon.

CHAPTER SIX

MEDICAL MATERIEL SERVICES

MEDICAL MATERIEL SERVICES

The past year has introduced noticeable improvments in the Medical Materiel Field. Increased concentration in the stock records, warehouse and medical equipment management office have provided satisfactory service to the using activities. An excellent medical equipment buy program was funded this year. Nearly $21,000 for medical expense equipment and $8,400 for non-medical was funded for equipment update for force program 8. Most of the equipment reordered was received this year, about $19,000 of Dental Equipment is still outstanding for the new modular dental clinic. Expected delivery date of this expense equipment is September. The other dispensaries and operating locations in Korea were given approximately $7,000 and $4,500 in medical and non-medical expense equipment. Except for a minimal amount of non-medical items, most all equipment ordered was received for these medical facilities.

The investment equipment program was also satisfactory this fiscal year. Two mobile dental units, $1,288 each were funded but not received at the close of the year. Several investment equipment items were received from excess.

Stock Records Control has improved considerably during this period. The average fill rate for the year was 95.5%, with 9,836 requests processed and 9,396 filled. Over 880 requisitions were processed each month. Medical Supply sales for the year totaled $246,289 and non-medical supplies were $14,694.

War Readiness Materiel levels were re-evaluated in December and funded shortages in MMPNC Phase II and BW/CW were ordered in March. The Warehouse was reworked in October with notable changes in shelving areas. This change provided better supply discipline, i.e., a more effective stock number sequence and additional space. A walk-in type refer was funded and received. This will provide additional space for refrigerated supplies. Upon subsequent receipt of a compressor, this unit will be operational.

Common Medical Support plans were initiated with expected conversion to start 1 July 1970. Hopefully this system should provide a shorter pipeline time from date of request until receipt. It also should negate the losses associated with pilferage and refrigerated supplies.

The Medical Equipment Repair Center has had a very busy year. This section accomplished 557 work orders during this period with the total expenditures of $2,444 in repair parts.

Overall improvements have been accomplished in each of the sections mentioned above. With present assigned personnel and anticipated assistance from the 314 Air Division Surgeon's Office, further enhancements of Medical Materiel are expected in FY 71.

CHAPTER SEVEN

RESOURCE MANAGEMENT OFFICE

RESOURCE MANAGEMENT OFFICE

The Medical Resource Management Office of the 6045 USAF Hospital has continued to serve as the focal point for the fiscal management functions for all USAF medical treatment facilities in the Republic of Korea. The personnel of this office have maintained a close working relationship with the 314 Air Division Surgeon's Office and has provided manpower to augment staff assistance team visits to the outlying dispensaries. In order to insure that the dispensaries are taking an active part in fiscal management, this office, through the 314AD(SG), has tasked each dispensary to submit detailed budget estimates for their particular operations for consideration and inclusion in the FY 71 operations operating budget. These submissions proved very beneficial and we plan to request similar inputs for future revisions and annual operating budgets. This office has continued to receive, review and distribute to cost center managers a series of management products generated by the local comptroller and base supply activites. The purpose is to allow individual managers within the hospital and dispensaries to better acquaint themselves with resource management and to accumulate factual financial usage data that will aid in preparing and defending future programs. Significant improvements in the data reflected in the Medical Expense Report (RCS: HAF C-169) have been realized during this fiscal year. Due to the short suspense this report is required to reach Major Command, it has been the task of this office to verify accuracy of this report as well as compute workload unit costs for all USAF medical facilities in Korea. During the forthcoming year, it is intended to furnish each dispensary with a verified copy of the Medical Expense Report and have the Resource Management Office at each facility compute and forward workload unit costs on a cumulative quarterly basis. In view of the fact that the local base accounting and finance office does not have the capability to formulate a Military Pay Expense Distribution List to be used as a source document in preparation of the Medical Expense Report, this office has continued to submit AF Forms 898, "Supervisor's Monthly Strength Report", and AF Forms 896, "Personnel Loaned and Borrowed by Cost Center" documents to verify military pay expense. Additionally, these documents from the dispensaries are forwarded to this office for review and posting to consolidated man-month data records and then forwarded to the local AFO for inclusion in the quarterly Medical Expense Report.

An internal inspection program has been initiated and is in effect at this facility that will insure that each section within the hospital is self-inspected three times a year (March, June and December) by a responsible individual within the section. The Hospital Resource Management Officer or his designated representative will inspect each operating section during the months of August and September and provide documentation as to his findings.

The Medical Service Account has operated as an integral function of the Resource Management Office. The balance of outstanding accounts receivable for medical service and subsistence sales at the end of FY 70 equals only $332.00 as compared to $2,586.00 outstanding at the end of FY 69.

CHAPTER EIGHT

MEDICAL SQUADRON SECTION

MEDICAL SQUADRON SECTION

Morale within the hospital squadron has remained high, although we have felt the absence of a full time First Sergeant ever since November 1969. Nevertheless, discipline within the hospital squadron has been no problem. Squadron activites have been well supported. Members of the squadron have continued to voluntarily visit several orphanages near the base. The hospital squadron won the third place award among base organizations for Christmas decorations. The determination of the men to get the job, any job, done has been demonstrated time and again during the past year.

The training functions under the Medical Squadron Section, have been consistently outstanding. The hospital squadron has consistently ranked at the top of the base standings in OJT and General Military Training.

CHAPTER NINE

REGISTRAR

REGISTRAR

The new coding system that became effective 1 January 1970 created a great many errors on our records. This was also compounded by the non-receipt of the coding information until March 1970. By the end of the year, personnel had become sufficiently trained that the error rate is now down to an acceptable rate.

A positive approach to the Medical Records Committee has been established. The committee meets each month and reviews those records required by the accreditation requirements and those records deemed necessary by the Registrar. The quality of the Medical Records has improved since the implementation of this approach.

A new in-processing system for checking all incoming medical records was established during this report period. The procedures requires that all medical records be reviewed with emphasis on checking the completeness of the records.

The manning for the Registrar function has not been 100%. As a result of this shortage of personnel, we have not been able to fully function in all the requirements of the office. Our shortage of manning would not permit the Registrar Office to operate the appointment system or outpatient record section.

Transfers and referrals constituted the largest portion of the workload. Transfers and referrals were made to the 121 Evacuation Hospital (Army) ASCOM, Korea and USAF Hospital Tachikawa AB, Japan, as follows:

Referrals	937
Transfers	173

Other pertinent workload data consisted of 860 admissions, 4,558 inpatient days, 50,789 outpatient visits, and 1,024 physical examinations.

CHAPTER TEN

FOOD SERVICE

FOOD SERVICE

The Food Service section of the hospital has continued to provide outstanding service to inpatients, outpatient and hospital personnel. This is evidenced by both written evaluations by patients and constant monitoring by the Food Service Officer.

During the year, a new clipper was installed and a meat slicer was procured from excess. The dining room was repainted late in the fiscal year and new milticolored fiber glass chairs were received in June. A request for approval to puchase a new serving cart was again submitted to 5th AF, to replace the present cart which is now fourteen years old.

A space utilization study done by the PACAF MCLO recommended minor changes in the structure of the dining room in an effect to make room for a serving line, however it has been decided that such a change would reduce the already limited space without improving the serving capability in particular.

Much discussion resulted late in the year, centered around the DOD directive prohibiting the use of personnel paid from non-appropriated funds in appropriated fund food service activities. It was decided in 1968 that three spaces would be added to the hospital UDL to make up for not having the serving line approved, however, as of the last few days of the fiscal year 1970, the spaces have not yet appeared and six employees (4 waitresses and 2 KP's) were advised on 15 June that their employment would be terminated on 30 June.

The daily rations served during this fiscal year increased from an average of 77.11 per day in FY 1969 to 79.0 per day in FY 1970.

CHAPTER ELEVEN

PROJECTS

PROJECTS

Early in the Fiscal Year, a project was approved for the installation of an additional 150 KW generator to augment the existing 150 KW unit. A survey of requirements however indicated that there was no need for this much power (over twice actual requirement) and the project was cancelled. A new automatic unit has been ordered however, and will replace the existing manual unit. This installation will not be performed as a project.

During the Fiscal Year, eight projects were forwarded for approval and six were on the K5 report at the close of the Fiscal Year. They include additional storage construction for medical supply and air conditioning for each of five areas of the hospital. Two projects, storm windows for the entire hospital and replacement of all electrical outlets were forwarded but not approved as of the end of the Fiscal Year.

Arrangements were made to repaint the interior of the hospital during the last quarter, and the Ward, Administrative Wing, Dining Room and Military Public Health wings were completed. Higher priority projects elsewhere on base caused delays in this work to the point that it was not completed prior to the end of the year.

A Space Utilization Survey was conducted during the year and recommendations were made for relocation of activities and some minor modifications were recommended. Several of the relocations were based upon completion of the new Dental Clinic, which as of the end of the year is still unfinished. Others were dependent on minor modifications which were disapproved by Base Civil Engineers.

CHAPTER TWELVE

PROJECTIONS

PROJECTIONS

Realignment of manpower spaces late in the Fiscal Year, to be effective during FY 71, should result in an overall improved effectiveness of the facility, within its structural capability. Minor modifications to the facility and relocation of certain functions within the facility, as recommended by the PACAF MCLO should also improve efficiency of operation, when effected. Unusually heavy demands on the Base Civil Engineers by all organizations on Osan AB have already delayed some of the proposed efforts which require CE support and further delays can be expected. Self help and internal programs will be used to a maximum to relieve immediate needs that cannot compete on a base wide priority basis.

It is anticipated that the 6045 USAF Hospital will continue to operate at the same or an increased work load level with less money during FY 71 which will require maximum management efforts if effectiveness is to be maintained.

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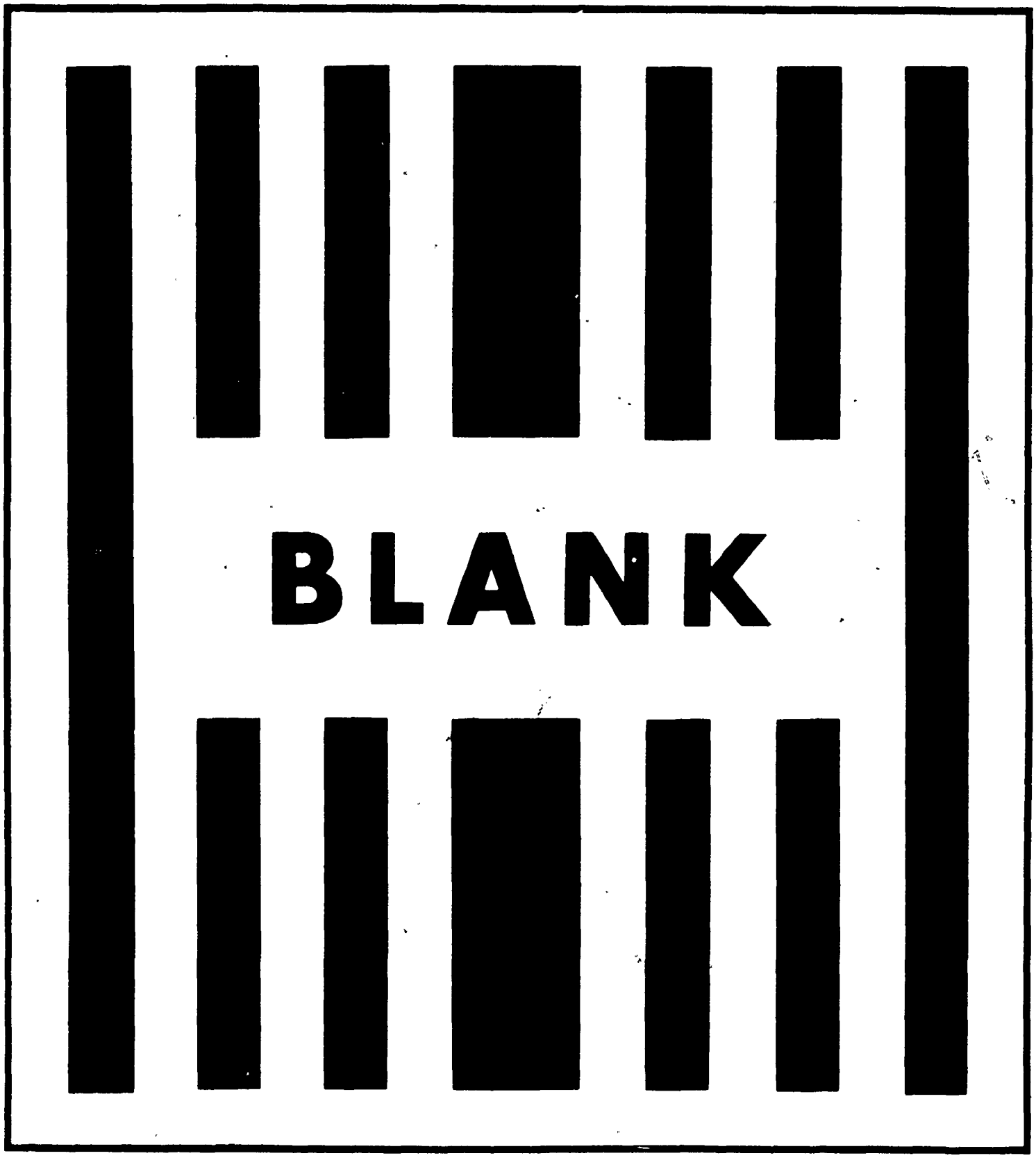
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026 OLD ACCESSION NUMBER (12AN)

018 MICROFILM REEL/FRAME NUMBER
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HISTORY OF THE 6135TH USAF DISPENSARY

(RCS: HAF-D49)

1 JULY 1970 - 30 JUNE 1971

Compiled by:

Thomas O. Boyd

THOMAS O. BOYD, Captain, USAF, MSC
Historian, 6135th USAF Dispensary

Reviewed by:

George H. Peacock

GEORGE H. PEACOCK, Major, USAF, MC, FS
Director of Base Medical Services

01052439

1 JULY 1970 - 30 JUNE 1971

I. INTRODUCTION

During this reporting period Naha Air Base began its announced programmed phase back of operations. Effective 31 May 1971 the 51st Fighter Interceptor Wing and 374th Tactical Airlift Wing were inactivated and replaced with the 6135th Air Base Group. Concurrent with the inactivation of the 51st Fighter Interceptor Wing, the 51st USAF Dispensary was inactivated and replaced by the 6135th USAF Dispensary which was activated under PACAF Special Order G-126, 31 May 1971. The 6135th USAF Dispensary thus became one of three squadrons under the new Air Base Group. Concurrent with the phase back of operations the base strength has dropped to approximately 1200 personnel and will eventually stabilize at approximately 800 military personnel. Strength of the dispensary was reduced from an authorization of 112 to 68 personnel. As could be expected with the cutback in base personnel strength the workload of the dispensary decreased proportionally.

The overall health of the command remained good with no significant fluctuations in disease incident experienced during this period. Hospitalization facilities and consultation services for all personnel served by this medical facility were provided by the U. S. Army Hospital, Ryukyu Islands and the USAF Hospital Tachikawa, Japan.

This organization proudly accepted several important awards for outstanding accomplishments during the past year.

II. NARRATIVE

A. Organization and Mission

The mission of the dispensary changed on 31 May 1971 from support of two flying wings to support of an Air Base Group. With the change of mission the Flight Medicine Section of Aeromedical Services was deleted from the organization structure. Also deleted from the organization structure were the Nursing Service and Registrar functions.

B. Personnel Changes

Lt Colonel Elmer R. Hermann, 9356, DBMS, departed PCS on 29 June 1971. Captain Stanley M. Nadel, 9351, assumed temporary command of the dispensary pending the arrival of Major George H. Peacock who is scheduled to report in early July 1971.

Lt Colonel Ann C. Carretto, 9716, departed PCS in August 1970 and was replaced by Major Joan E. Corbett. During the year Captains Patty J. Newton, Vinnie Johnston, and Dorris M. Strong, 9755's, departed PCS. First Lieutenent Dolores Ogonowski, 9751, arrived in June 1971, to bring our nurse strength to its authorized level of two.

Within the Medical Corps Captains James Mollenkamp, Milton Cox, William A. Smithson and Terry C. Bloom, 9351's, departed. Also departing were Captains Charles L. Clark and David U. Caster, 9326's. Arriving as replacements were Captains John R. Porter and Alan I.Brenner, 9326's. Against our authorized strength of six physicians we presently have four assigned with two forecasted gains in August 1971.

SMS James R. Huntsinger, 90690, arrived in March 1971 as a replacement for SMS Boyden and assumed duties as Sergeant Major/First Sergeant.

Captain John R. Rice, 9025, departed in September 1970 for separation at Travis AFB, California.

Our civilian manpower spaces were reduced from 17 to 2 following reduction in force action effective 15 May 1971. Our two remaining civilian positions consist of one GS-5 secretary and one LN direct hire in the transportation section.

Military manpower spaces were reduced by eight officers and twenty-one enlisted for a total reduction of 29 military spaces.

C. Engineering Construction Projects

Naha Air Base Project 87-8, Construct Addition to Base Dental Clinic, was terminated due to the phase back of Naha Air Base.

Naha Air Base Project 36-8, Construct Addition to Dispensary, was cancelled as a result of the Naha Air Base phase back.

D. Accomplishments/Awards

This organization was chosen to receive the 313th Air Division Quality Performance Support Award for 1970 with the award personally presented by the 313th Air Division Commander.

Locally, the dispensary took permanent possession of the 51st Fighter Interceptor Wing Commander's Achievement Award for 1970 by virtue of having won the award six times during the year.

III. GENERAL

The improvement within the dispensary and dental clinic continued with the purchase of rugs, drapes and music system for the dental clinic and replacement of the existing music system in the dispensary.

IV. SUPPORTING DOCUMENTS

None.

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MEDICAL HISTORY FY-71
6168th USAF Dispensary, Taegu AB, Korea

1. Personnel

Key personnel changes were as follows:

Major James F. Hatcher, DBMS, arrived 1 May 71.
Capt Duane C. Grummons, Dental Officer, arrived 12 Jul 70.
Capt Morris W. Hutcheson, Medical Physician, arrived 14 Oct 70.
MSgt Roy J. Peteet Jr., NCOIC, Disp Services, arrived 27 Sep 70.
Capt Charles J. Seigel, DBMS, departed 21 Oct 70.
Capt Richard B. Smith, Medical Physician, departed 1 May 71.

The total number of personnel assigned averaged 21 against an authorization of 26. All sections were manned during the reporting period. Adequate TDY support was furnished for personnel departing on leave. 902XO personnel shortages was our most critical personnel shortage area with an averaged assigned of 5 against an authorization of 12.

2. Mission:

The dispensary provided medical coverage for personnel of the 6168th Combat Support Squadron, and tenant units assigned to Taegu Air Base. We also provided support for personnel assigned to Palgongsan, a nearby radar site. Base strength averaged 908. This medical facility averaged 25 patients seen per day.

3. Facilities:

We are among the smallest medical facilities in PACAF. Available floor space was far short of our requirements. A Porta-Kamp trailer was acquired during this reporting period which housed the Administrative Section of the unit. This brought some relief to our problem of space congestion. Plans were submitted to build a new facility in early FY 72.

4. Medical Materiel:

Medical Materiel support was adequate. Lead time from requisition to procurement in obtaining needed items continued to be a problem.

5. Ancillary Support:

Laboratory, Pharmacy, and Radiology departments provided adequate support to meet mission requirements. No significant problems were experienced during this reporting period.

6. Problem Areas:

The small facility used to house the medical unit remains our chief problem. Approval of plans to build another facility should alleviate this problem.

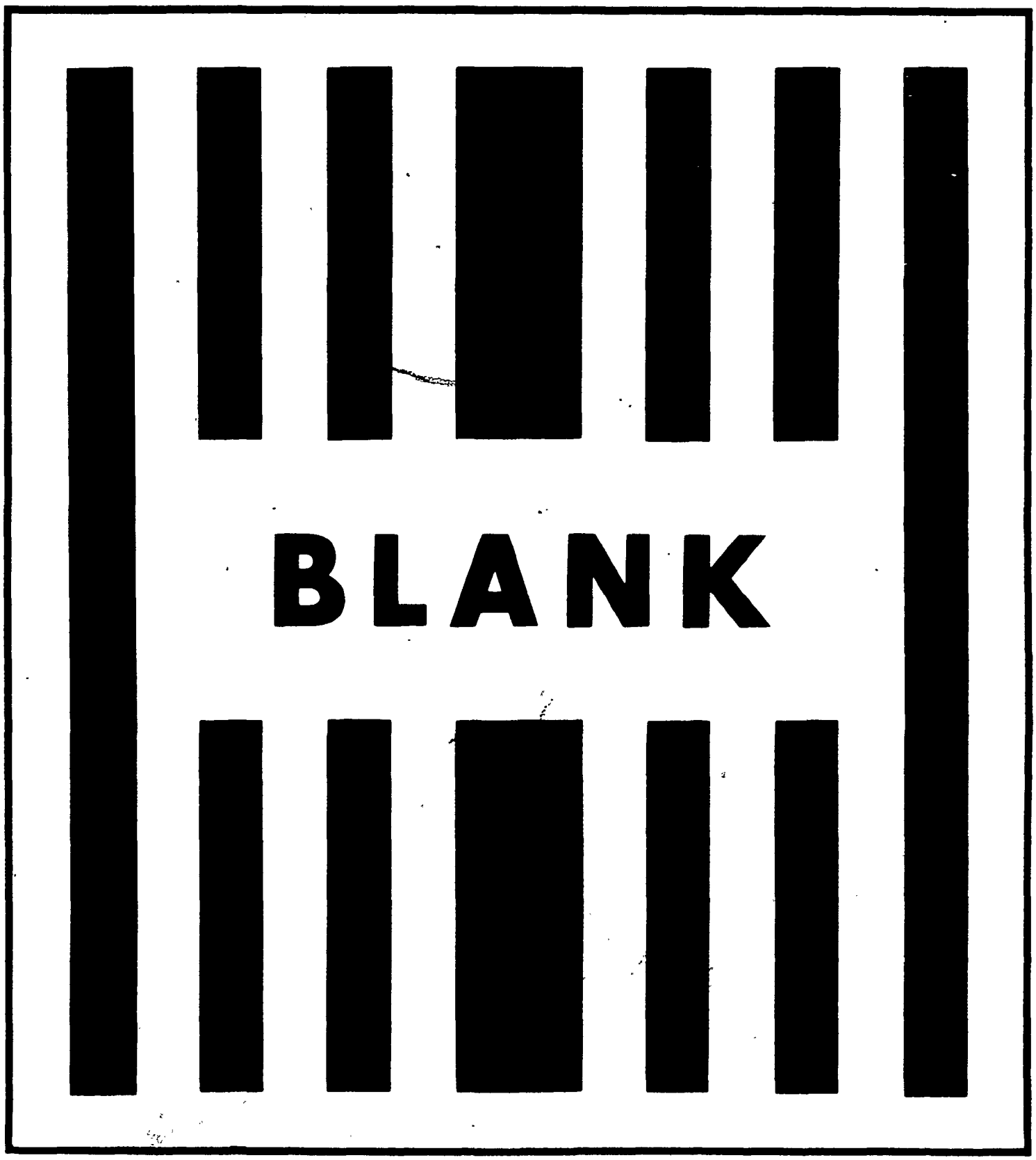
01052440

7. Other Comments:

The outbreak of Cholera in August 1970 in the village of Chongyong was expeditiously dealt with through a rapid program of mass immunization. No Air Force personnel from this base were effected by the outbreak. Close co-ordination and rapid supply of needed vaccine among base personnel were instrumental in preventing assigned personnel from becoming strickened with the disease.

James F Hatcher

JAMES F. HATCHER, Major, USAF, MC, FS
Director Base Medical Services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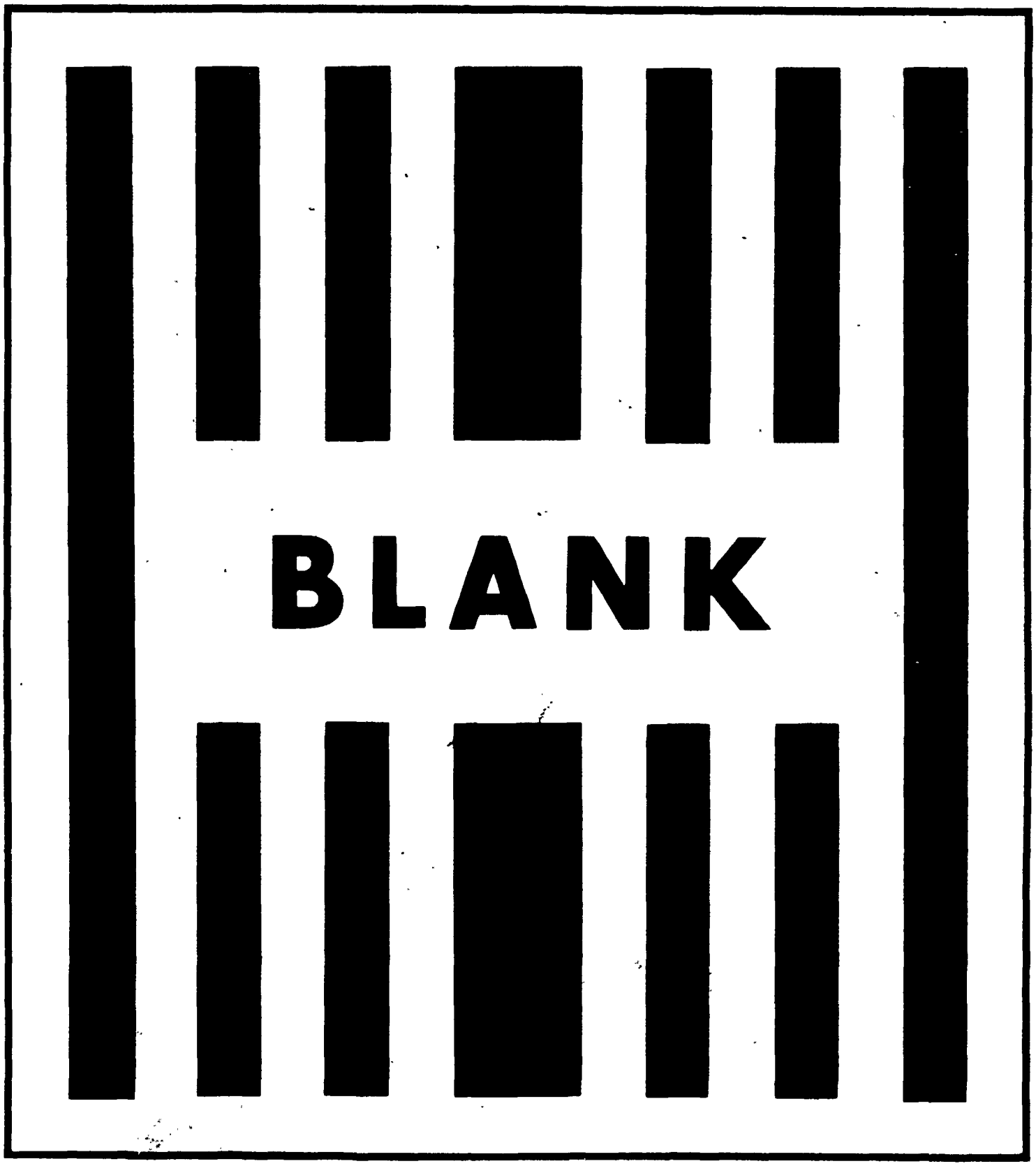
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MEDICAL HISTORY FY-70
6168th USAF Dispensary, Taegu AB, Korea

1. Personnel:

Key personnel were assigned as follows:

Capt Charles J. Seigel, DBMS, arrived 27 Sept 69.
Capt William D. Russell, Flight Medical Officer, arrived 6 Oct 69
Capt Frederick R. Stephen, Executive Officer, arrived 11 Oct 69.
SMSgt Elmer L. Slay, Sergeant Major, departed 15 May 70
MSgt Pedro J. Rivera, Sergeant Major, arrived 15 Jun 70.

The total number of personnel available to man this dispensary ranged from 20 to 50, the fluctuations due to the presence of the 25th Aeromedical Staging Flight.

2. Mission:

This base reverted from Air National Guard to normal USAF control in July 70. This dispensary has continued to provide normal medical support to Taegu Air Base. The base mission included support of TDY F4 fighter operations until March 70, when all flying missions were deleted from the base. Base strength ranged around 1300 while the flying mission was here, and dropped to about 800 since that time. Palgongsan, a nearby remote radar site, is supported by our staff and facilities. The 25th Aeromedical Staging Flight was activated on 1 Jul 69 and is discussed in a separate history. The 6168th USAF Dispensary supported the 25th Aeromedical Staging Flight.

3. Facilities:

This dispensary is the smallest in PACAF. The critical lack of space has severly hampered the operation and effectiveness of our personnel. The facility is in good condition for a 20 year old structure, and was painted on a self-help basis during the year. Maximum use is made of all space - for example audiograms are conducted in the X-ray room and the latrine is used as a treatment room for whirlpool, sitz baths, etc.

4. Medical Material:

A variety of new and used equipment was obtained during the year, including dental X-ray unit and dental chair, field sterilizer, various laboratory equipment, an audiometer and optometry equipment, Medical supplies remained at a good level all year. There were sometimes long delays in receiving supplies once ordered, and it was necessary to stockpile items as much as possible.

AD 1052744

5. Problem areas:

a. Personnel - Rotational lapes caused vacancies in our one man specialty sections, often limiting dispensary operations. Every specialty section was affected for periods up to several months.

b. Facilities - The critical lack of space was mentioned above. In addition the X-ray room is not lead-lined and creates a considerable hazard

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MICROMASTER

c. Base Facilities - There is no steam boiler in either the Base Dining Hall or the combined NCO/Officer Open Mess. This situation creates the possibility of a severe health problem since dishes, tableware, pots, etc cannot be properly cleaned. Command support in obtaining boilers has been requested.

CHARLES J. SEIGEL, Capt, USAF, MC
Director of Base Medical Services

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MEDICAL HISTORY FY-70
25th Aeromedical Staging Flight, Taegu AB, Korea

1. Personnel:

Key personnel were assigned as follows:

Capt Frederick R. Stephen, Commander, arrived 11 Oct 69.
1Lt Joseph E. Clark, Chief Nurse, arrived 10 Oct 69, departed 25 May 70.
TSgt Robert F. Kreis, NCOIC, arrived 7 Sep 69

A total of 25 personnel (4 officers and 21 enlisted) were authorized.

2. Mission:

The 25th Aeromedical Staging Flight was activated on 1 Jul 69 to perform a contingency mission. A skeleton force of personnel was assigned to plan in detail the contingency mission and to train a number of personnel to support this mission. A further peacetime mission was to provide support to ROKAF casualty staging operations at this base. As a Cost Reduction measure, the unit was deactivated effective 24 May 70 and the mission was given to TAC.

3. Facilities:

No facilities other than office space were ever established. Personnel of the 25th ASF worked with the 6168th USAF Dispensary or were employed to fill vacancies at other bases in Korea and Japan, therefore peacetime facilities were not a problem.

4. Material:

An ambulance bus and an ambulance supported this operation. In addition, a casualty staging assemblage was shipped to support the contingency mission.

5. Operations and Training:

All unit personnel were trained for 89 days in an active CSU environment at the 20th ASF, Yokota AB, Japan. Upon return to this unit, they were either attached to the dispensary on base or were used as a manpower pool for this unit. This unit also supported the ROKAF by training their men in patient movement and by using our ambulance bus to help move their patients.

Charles Seigel

CHARLES J. SEIGEL, Capt, USAF, MC.
Director of Base Medical Services

2 Atch: 1 Activation order
2 Copy of Training prospectus

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS PACIFIC AIR FORCES
APO SAN FRANCISCO 96553

MOVEMENT ORDER
19

18 June 1969

1. (C) Commander Seventh Air Force will take necessary action to move the 25th Casualty Staging Flight, Qui Nhon, Vietnam, without personnel and equipment (WOPE) to Taegu AB, Korea, on 1 July 69. Concurrent with move, the unit will be reassigned permanent change of station (PCS) to the 6168th USAF Dispensary, APO 96212.

2. (U) Dates of departure and arrival will be reported on the Air Force Organization Status Change Report RCS: HAF-01 IAW AFR 20-49.

3. (U) Authority: USAF PD 71-2.

4. (U) Declassification of this order is authorized 1 July 69.

FOR THE COMMANDER IN CHIEF

JOHN D. MACKLIN, JR., Colonel, USAF
Director of Administration

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5-USAFMPC Randolph AFB TX 78148
3-Vietnam Dist Off USAF PAC PCR APO 96243
3-Korea Dist Off USAF PAC PCR APO 96276
2-Hq USAF (AFOMO, AFOAPOC) 20330
2-US Embassy Korea APO 96301
66-PACAF Staff
2-File

MO-19

atch #1

TRAINING PROSPECTUS

FOR

CASUALTY STAGING FLIGHT

TAEGU AB, KOREA

atch 2

TRAINING PROSPECTUS FOR _____ CASUALTY STAGING FLIGHT, TAEGU AB, KOREA

1. This training prospectus outlines the minimum requirements necessary within each specialty area (AFSC) to provide personnel assigned to the _____CSF with the training and proficiency to function independently as a casualty staging unit.

2. This prospectus is a split level training program designed to function in the following manner:

a. Approximately 50% of assigned personnel will be attached to the 20th Casualty Staging Flight at Yokota AB, Japan on a rotational TDY basis each month for training as outlined in each specific specialty (AFSC).

b. The personnel remaining at Taegu each month will receive class room type instructions on injuries most common to casualty staging operations and the use and maintenance of emergency medical equipment to be utilized at Taegu.

3. Minimum training recommended at Yokota to attain proficiency in each specialty except supply is two 29 day TDY periods. Continued training at Yokota after this time is recommended to maintain individual proficiency and broaden the capabilities of personnel within specific areas of assignment.

4. To reflect the training received and proficiency of each airman, a training record (AF Form 623) on each individual will be established and maintained as a job proficiency guide. The NCOIC of each section will evaluate the performance of each airman on specific tasks and sign the job task list upon completion of each 29 day training period. These evaluations will be utilized in preparation of performance reports.

CASUALTY STAGING TRAINING

902X0

at Yokota (2 months)

A. General Knowledge Requriements

1. Orientation and familiarization to Baggage Procedures

2. Orientation and familiarization to Supply Procedures

3. Orientation and familiarization to Operations Procedures

4. Orientation and familiarization to AECC Procedures

B. Specific Tasks

	Individual Performance			
	Marginal	Satis-Factory	Good	Excellent
1. Transportation				
a. Loading and unloading of litter patients				
b. Preparation of litters				
c. Serves as medical attendant in vehicle during patient movement				
d. Prepares patient load plans for assigned vehicles				
e. Proficient in driving all assigned vehicles				
f. Operate all radio communication equipment in vehicles				
g. Operate all emergency medical equipment in vehicles				
h. Maintain record of vehicle movements and maintenance				
i. Cleaning and maintenance of vehicles				
j. Prepare administrative reports on all transportation activities				

Date and Signature of NCOIC trans

2. WARDS AND CENTRAL NURSING SUPPLY

	Marginal	Sat	Good	Exc
a. Admission of patients to casualty staging flight.				
b. Prepare patients for Air Evacuation				
c. On-load and off-load of patients				
d. Administration and use of intravenous fluids				
e. Preparation and use of litters				
f. Isolation techniques				
g. Surgical dressings				
h. Use of emergency medical equipment				
i. Assist medical officer in examination and treatment of patients				
j. Attends to general physical and mental needs of patients				
k. Performs general housekeeping duties				
l. Patient orientations				
m. Prepare emergency trays				
n. Central nursing supply procedures				
o. Administering medications				
p. Incident reporting				
q. Disposition of lost and found articles				
r. Special diets and patient feeding				
s. Requisitioning of ward supplies				
t. Annotation of patient records				
u. Reporting serious ill patients				
v. Preparation of nursing reports				

Date and Signature of NCOIC nursing service

CASUALTY STAGING TRAINING

906X0 (2 months)

A. General Knowledge Requirements

1. Orientation and familiarization to supply and baggage.
2. Orientation and familiarization to AECC.
3. Orientation and familiarization to transportation.
4. Orientation and familiarization to wards.

B. Specific Tasks

	Individual Performance				
	Marginal	Sat	Good	Excl	
1. Operations					
a. Meeting aircraft(triage & records)					
b. Annotation of MAC Form 155B and assortment of records.					
c. Annotating patient location					
d. Processing incoming patients					
(1) Orders (Hosp Reg)					
(2) ASMRO site & Hosp designation (Hosp Reg)					
(3) Passports and Z-cards					
(4) MAC travel authorizations					
e. Travel coordinating section					
(1) Manifesting of patients					
(2) Record preparation					
(3) Flight tags and special equipment					
(4) Aircraft load plans					
(5) Flight coordination with necessary activities					
f. Patient locator files					

	Marginal	Satis	Good	Excl
g. Patient valuables				
h. Driver training				
i. Maintenance of destination boards				
j. Reports				
(1) Daily activities report				
(2) Transient patient category report				
(3) Transient patient location report				
(4) Patient workload chart				
(5) CSF status report(RCS: PAF-M7)				
(6) Daily worksheet for report of patients(CINCPACAF Msg 290425Z Oct 68)				
(7) Patient workload report				
(8) Nurses ward census report				
(9) Report of patients(HAF-M26)				
(10) Professional activities report				
(11) Historical report				
k. Coding and abbreviations				
2. Administration				
a. Publication requirements				
b. Administrative supply procedures				
c. Blank form requirements				

Date and Signature of

CASUALTY STAGING TRAINING

915X0 (Supply) (2 weeks)

A. General Knowledge Requirements

1. Orientation and familiarization to operations
2. Orientation and familiarization to transportation
3. Orientation and familiarization to wards

B. Specific Tasks

	Marginal	Satis	Good	Excl
1. Supply				
a. Maintain accountability for medical equipment and supplies.				
b. Requisitions and issues, routine & special equipment required in casualty staging.				
c. Accountability of all property received and transferred with patients.				
d. Capable of performing all routine supply procedures.				
2. Baggage				
a. Accountability of patient baggage.				
b. Preparation of baggage manifests.				
c. Loads and unloads baggage from aircraft on all in and out bound patients.				

CASUALTY STAGING TRAINING

9754(Nurse) (2 months)

A. General Knowledge Requriements

1. Orientation and familiarization to operations.

2. Orientation and familiarization to supply and baggage.

3. Orientation and familiarization to AECC.

B. Proficiency Training

1. Admission and triage procedures

2. Coordinate patient care with allied agencies

3. Determine and initiate nursing needs of patients

4. Determine requirements for and requisition medications, supplies and equipment.

5. Performs therapeutic procedures prescribed by the medical officer.

6. Aseptic techniques of handling wounds.

7. Operation of emergency equipment.

8. Conduct patient orientations.

9. Isolation techniques.

10. Preparation of litters.

11. Sterile trays required and contents.

12. Diets and feeding procedures.

13. Reporting deaths, VSI and other incidents.

14. Evalaute work performance of subordinates.

15. Nursing reports and records.

16. Preparation of patients for air-evac.

TRAINING TO BE CONDUCTED AT TAEGU AB, KOREA

1. General training required by all personnel.

a. Complete orientation into casualty staging operations to include lectures, films (TF-601) and all other available information on casualty staging.

b. All personnel will be required to obtain a government drivers license and will receive training in driving all assigned vehicles.

c. All personnel will be subject to general training within their specific AFSC at various medical facilities within Korea as manpower shortages appear and manning assistance is directed.

2. Specialty Training Require:

a. 902X0 - (Medical Service Technicians). The senior medical service technician or chief nurse will establish a training program to review and/or train all medical technicians in the following areas:

(1) Care and treatment of diseases and wounds most prevelant in casualty staging.

(2) Familiarization and operational demonstration of equipment to be used.

(3) Content and preparation of special emergency trays.

(4) Review and demonstration of proper aseptic techniques.

(5) Review of general nursing procedures.

(6) Patient classification and coding used in air-evacuation.

(7) Training in support of the ROK staging units is a possibility.

b. 906X0 - Administrative Personnel.

(1) Establish administrative office and prepare training folders on all personnel assigned.

(2) Establish and maintain all necessary publications and blank forms necessary to operate the unit.

(3) Initiate local operating procedures.

(4) Coordinate support requirements with such agencies as communications, BCE and food service.

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(2) Establish and maintain all necessary publications and blank forms necessary to operate the unit.

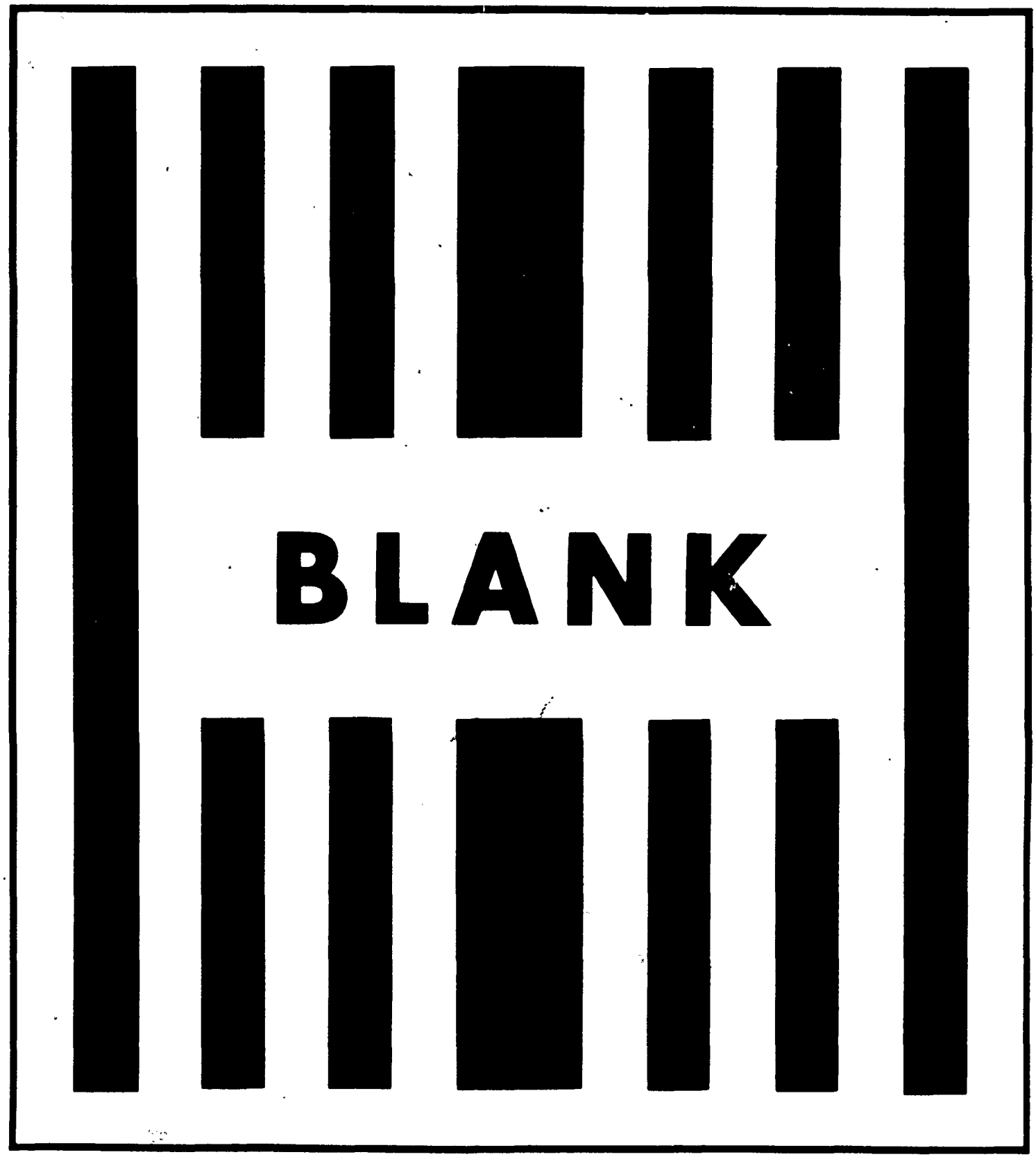
(3) Initiate local operating procedures.

(4) Coordinate support requirements with such agencies as communications, BCE and food service.

c. 915X0 - Supply

(1) Establish supply office and be responsible for storage and accountability of all supplies and equipment.

(2) Determine supply requirements, requisition and maintain all necessary supply records.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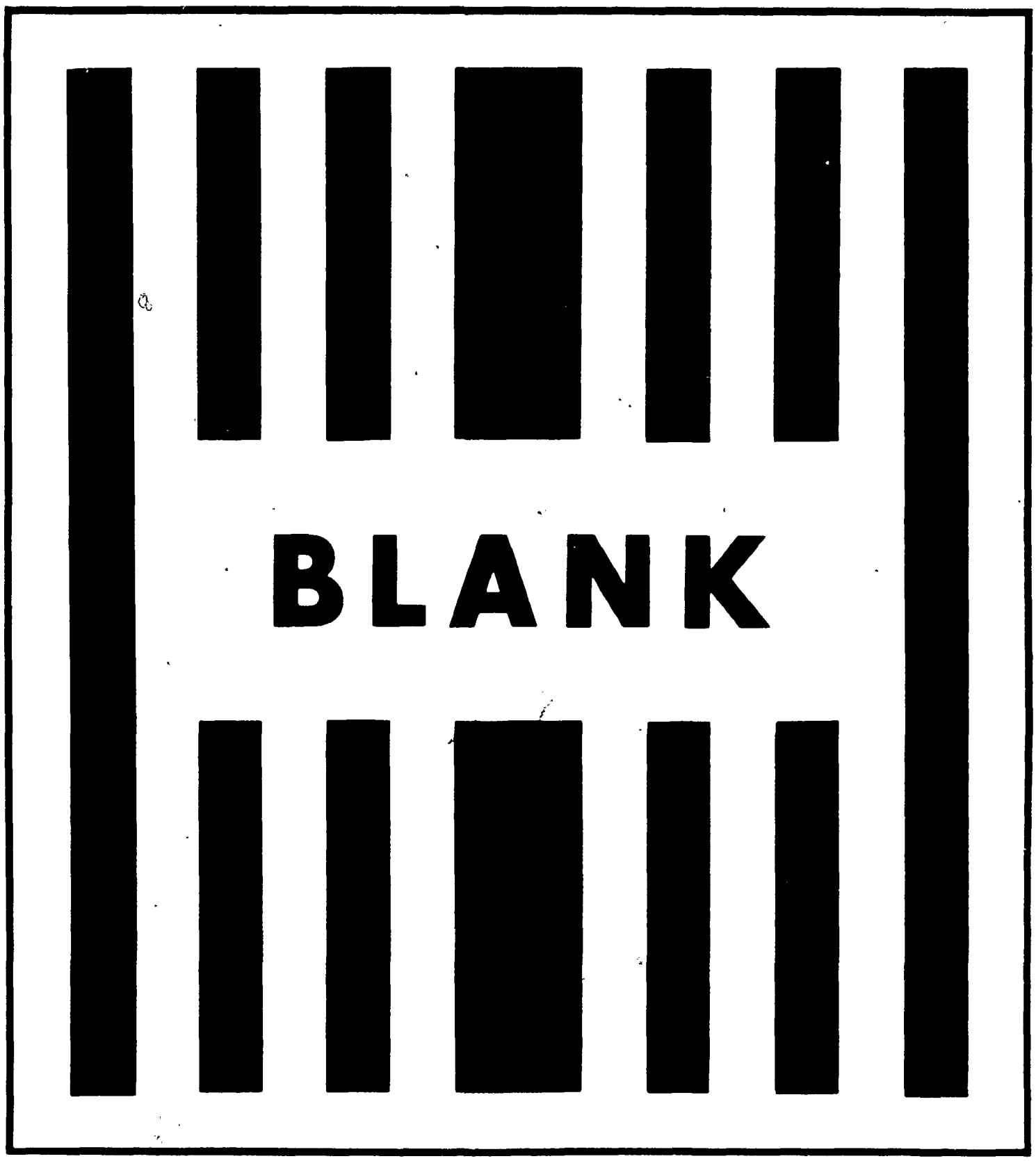
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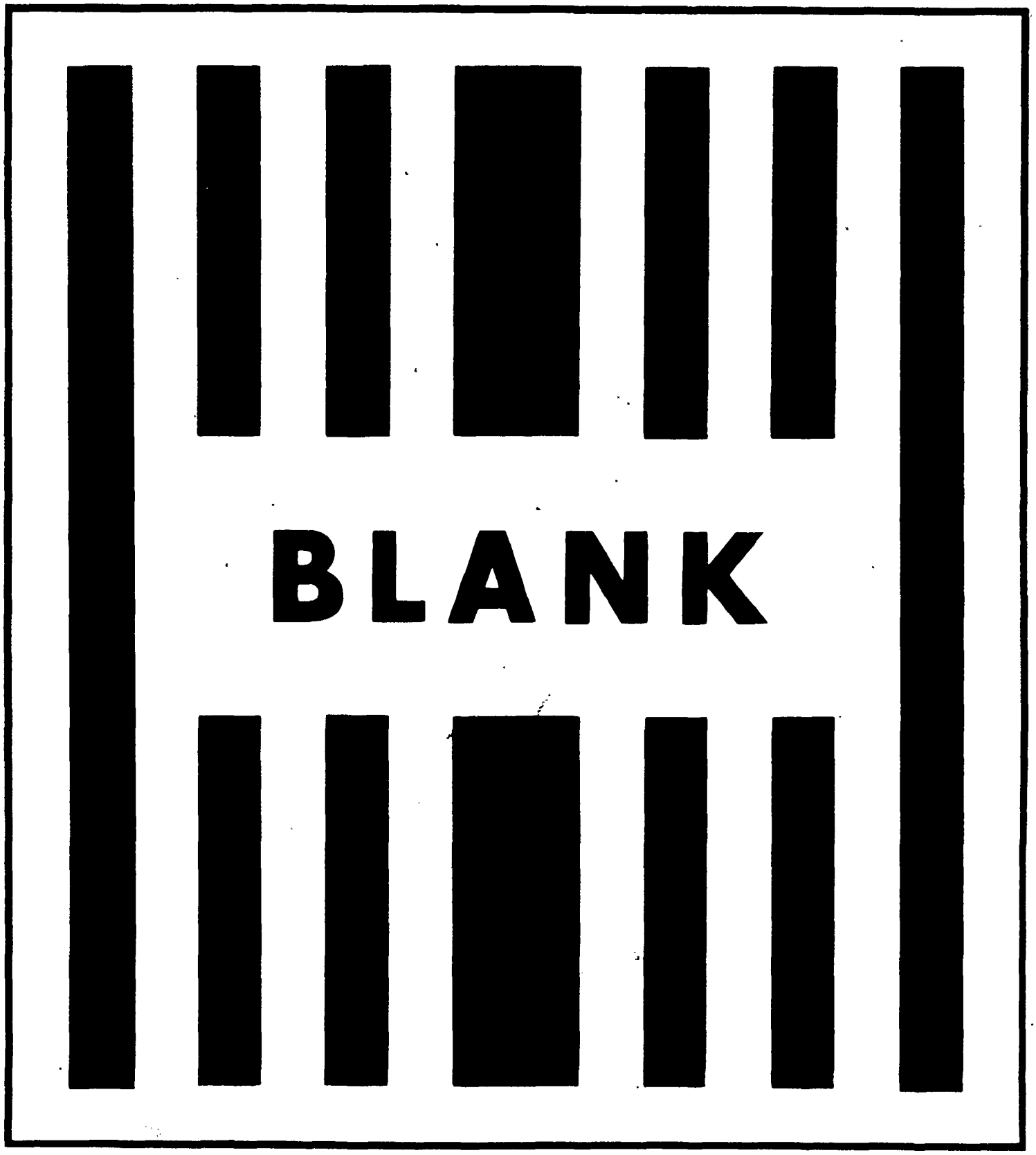
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HISTORY

OF

6170 USAF DISPENSARY

ASSIGNED TO:

314TH AIR DIVISION, 5TH AIR FORCE, PACAF

STATIONED AT:

SUWON AIR BASE, REPUBLIC OF KOREA

LAWRENCE E. WILLIAMS
SMSGT USAF
HISTORIAN

ALLEN S. GLUSHAKOW
CAPT, USAF, MC
COMMANDER

Jul 69 - Jun 70

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FORWARD

This history deals with activities of medical personnel during the period 1 July 1969 through 30 June 1970.

Personnel strength reached a desireable level during the second quarter and remained constant through the remainder of the fiscal year seventy. Throughout the year this organization showed its capabilities to complete the mission and maintain base personnel in the highest state of health and readiness.

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1 Personnel Roster	

CHRONOLOGY

6170 USAF Dispensary

1 July 1969 - 30 June 1970

MONTH	LOCATION	EVENT
July	Suwon Air Base, Korea	ROKAF Surgeon, Major Lee, saves the life of a USAF airman who took an overdose of thorazine. He was medevacuated to ASCOM. Drawing up of a disaster plan for hospital and the whole base.
August	"	Continued care to orphanages and use of ROKAF ward. Program for VD prevention continued.
September	"	Arrival of FMO, Captain Allen S. Glushakow. Loss of Preventive Medicine Technician and Laboratory Technician. Aerospace Medicine program was initiated.
October	"	Arrival of Aerospace Technician, Sergeant Cyr, Pharmacy Technician, Sergeant Helms, Veterinary Technician, Sergeant Taylor, and Medical Service Technician, Sergeant Carlson. Successful beginning and completion of operation "Focus Lens". Korean National was medevacuated to ASCOM for an L3 fracture following an auto accident involving a military vehicle. Dispensary Commander and Flight Medicine Officer interveiwed bar owners to crackdown on VD.
November	"	Arrival of SMSgt Lawrence E. Williams in administrative section. 5AF inspection by Col. Turner. Detection of water contaminated by paint found in the alert area. The water was placed off-limits.
December	"	Arrival of X-ray Technician, Sergeant Dougan. Initation of disaster preparedness excercises. Visit by Surgeon General Towner.

MONTH	LOCATION	EVENT
January	Suwon Air Base, Korea	Arrival of Laboratory Technician, Sergeant Bruhl. We move into a new facility which was a converted airman's dormitory. Obesity program was initiated administratively by Major Jackson with a formal weigh in for everyone on base. Detection of Glardellosis in the AFAG Commander by FMO.
February	"	Dr. Schwiesthal takes his leave and Dr. Glushakow assumes Command of Hospital. Treatment of a 15% burn case in a Korean wife of a USAF Sergeant. She was sent to ASCOM. Aerevac of a fireman for a bleeding duodenal ulcer. Sending of a psychotic airman to ASCOM who arrived TDY to Suwon. Aerevacuation of an airman with a skull fracture and a subdural hemorrhage. Arrival of a Preventive Medicine Technician from Kimpo, Sergeant Beasley, who would provide assistance twice a week.
March	"	Institution of comprehensive occupational medicine by Sergeant Beasely with the assistance of 314th AD Bio-enviromental engineer.
April	"	A full time Bio-enviromental Engineer Technician, Sergeant Kellner, arrives. FMO is TDY to Tachikawa. Helicopter squadron arrives at Suwon and alternates between Suwon and Osan. General Nazzaro, PACAF Commander and General Smith, PACAF Surgeon, inspect Suwon.
May	"	Detection of TB of spine in a five year old orphan. Detection of a VSD with pulmonary edema in a nine year old orphan. PACAF inspection.
June	"	Aerobics is instituted. Dr. Schweisthal leaves and Dr. Glushakow assumes Command of Hospital.

CHAPTER I

MISSION, ORGANIZATION AND ADMINISTRATION

Mission:

a. To provide Medical support necessary to maintain the highest state of health for all personnel assigned or attached to Suwon Air Base.

b. General: Support to be provided by the 6170 USAF Dispensary:

(1) Medical support for combat operations.

(2) Coordinate the aeromedical evacuation of sick and wounded.

(3) Advise Commander concerning medical aspects of chemical, biological and radiological hazards.

(4) Provide military public health and occupational medicine support.

(5) Provide Veterinary support.

(6) Provide medical materiel.

(7) Initiate medical records and reports as outlined in AFM 168-4 and AFM 168-420.

Organization:

This medical facility supported all base personnel to include:

6170 Conbat Support Squadron
82nd Fighter Interceptor Squadron
6146th Air Force Advisory Group, Detachment 2
2077th Communications Squadron
6170th Munitions Maintenance Squadron

Administration:

Captain Paul E. Schweisthal was the Commander until succeeded by Captain Allen S. Glushakow in June 1970 with the exception of being temporarily replaced by Captain Glushakow in February 1970.

SUMMARY

From July through December of 1970, 6170 USAF Dispensary used the old ROAF officer's ward, while aerospace personnel, E.O, x-ray, preventive medicine and administrative personnel were arriving. In January 1970 a new facility was utilized. Concurrently disaster preparedness, aerospace, preventive medicine and occupational medicine programs were instituted. The work at the orphanages were continued. In June 1970, Doctor Schweisthal, the able Hospital Commander of the 6170 USAF Dispensary left. During his tenure he improved the 6170 USAF Dispensary and changed a previous IG write-up of unsatisfactory to satisfactory. Doctor Glushakow took over as Commander in June 1970.

APPENDIX 1

PERSONNEL ROSTER
6170 USAF Dispensary
1 July 1969 - 30 June 1970

Title	Name & Rank	Month Assigned
Commander	Capt Allen S. Glushakow	June 1970
Administration	SMSgt Lawrence E. Williams	November 1969
	A1C David A. Anderson	September 1969
Clinical Services	MSgt Bobby M. Hogue	May 1970
Pharmacy	Sgt John D. Helms	September 1969
Flight Medicine	Capt Allen S. Glushakow	October 1969
	TSgt Frederick C. Cyr	October 1969
Medical Supply	MSgt James A. Henry	October 1969
Medical Laboratory	TSgt Robert J. MacDonald	May 1970
Radiology	TSgt James M. Dougan	December 1969
Veterinary Services	TSgt Herbert L. Taylor JR.	September 1969
Preventive Medicine	TSgt Theodore C. Kellner	April 1970
Medical Service	SSgt Thomas J. Hopewell	July 1969
	SSgt Wesley A. Carlson	October 1969
	SSgt Alexander G. Duff	June 1969
	SSgt Frank M. Hughes	August 1969
	Sgt Michael E. Robinson	April 1970

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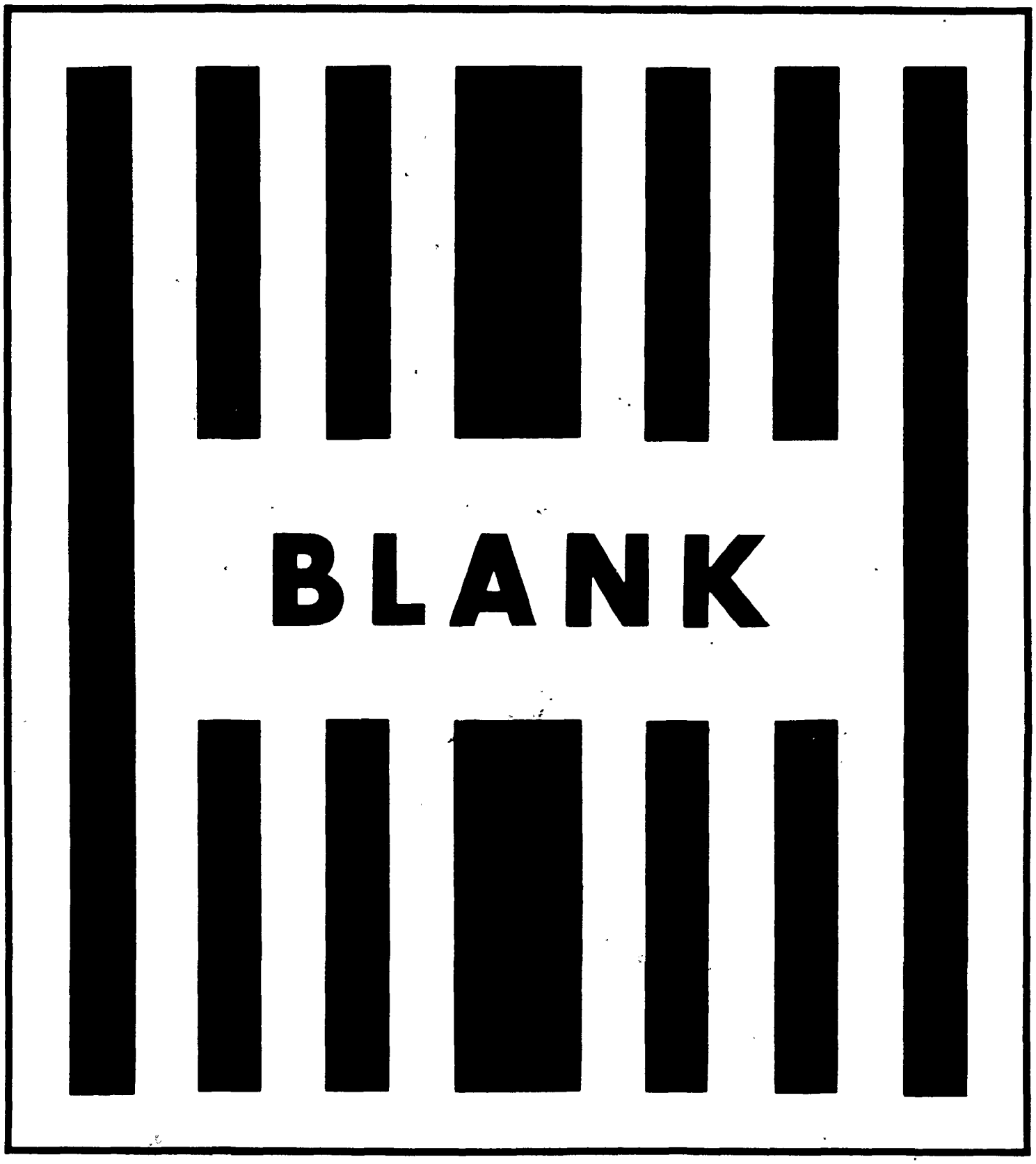
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MEDICAL HISTORICAL REPORT (RCS: HAF-DMS)

617LST USAF DISPENSARY (CLASS B)

APO 96324

1 JULY 1969 THRU 30 JUNE 1970

DTIC 52443

SECTION I INTRODUCTION

The status of the health of personnel for which the 6171 USAF Dispensary is responsible is excellent. The essential mission of the 6171 USAF Dispensary is to provide outpatient medical and dental care. This mission provides flight medicine, veterinary, military public health, medical administration, laboratory, pharmacy, roentgenology, and general dental service to approximately 800 US Forces personnel (flying & non-flying) in the Kwang Ju area of Korea. The 6171 USAF Dispensary is currently meeting all mission requirements. Medical support is provided by the 6086 USAF Hospital in Orthopedics, psychiatry and urology service. The 121 Evac Hospital and USAF Hospital Tachikawa provides medical support in all other services.

SECTION II MEDICAL

MANPOWER

The current UDL is considered adequate for the performance of unit mission. Currently we are short one (1) 91570, Medical Supply Supervisor.

MEDICAL SUPPLY

A medical storage warehouse facility (Project KOA-68-9) has been approved for construction adjacent to the Modular Dental/Dispensary, building 210. When, MHPEC Phase II, modular equipment and supplies are currently stored in building 520. On 8 May 1970 approximately $600.00 worth of supplies were stolen from the temporary storage area.

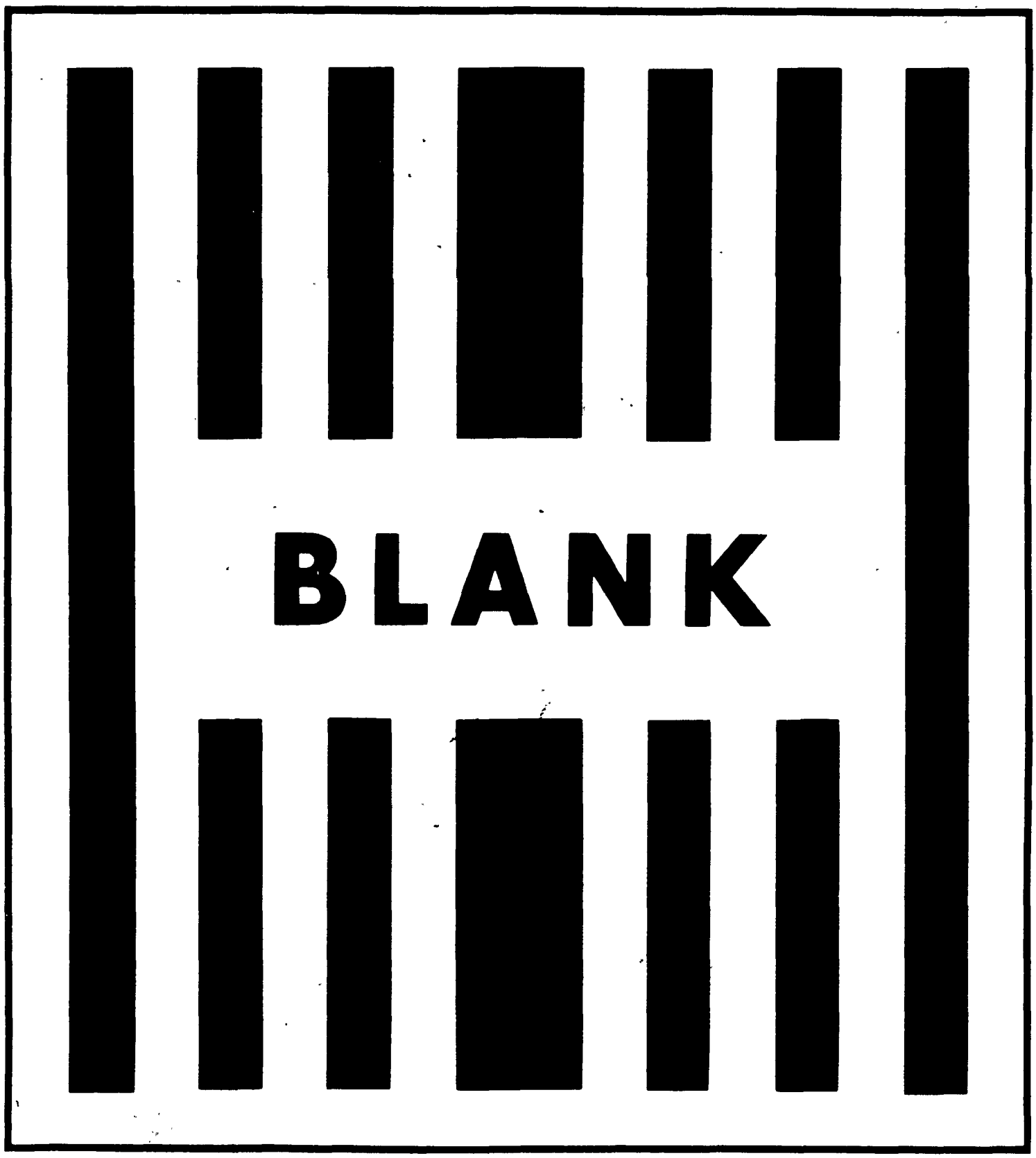
VETERINARY AND PREVENTIVE MEDICINE

Major problems have been encountered in these areas. With the establishment of the physical health program (occupational health, food handlers annual, pre-employment and termination) on Korean Nationals, the need for an interpreter has become evident. In addition the need for transportation has been critical since the loss of a vehicle in March. The only assigned vehicle (pickup) is utilized by the Commander, Administrative Section, Veterinary, Medical Supply, Military Public Health and for the myriad of miscellaneous needs which crop up during normal dispensary operations. A request fully justified was submitted to the Vehicle Utilization Board in April. A vehicle has been approved but there is no indication when it might be expected.

OTHER SECTIONS

All other sections functioned in a routine manner.

There are no supporting documents.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HISTORY OF THE 6251 USAF DISPENSARY

1 July 1970 to 30 June 1971

I. Introduction: The physical and mental health of personnel assigned to Bien Hoa Air Base, Republic of Vietnam, remained at a high level during the period under report. The capabilities of the 6251st USAF Dispensary to meet the requirements of the medical mission remained high.

II. Narrative:

A. Mission: The primary mission of the 6251 USAF Dispensary is to provide medical care for both inpatient and outpatient personnel who are assigned to military units on Bien Hoa Air Base; to provide an effective aeromedical program for all flying units; to furnish dental service for all assigned personnel and to operate an effective preventive medicine and veterinary service program.

B. Background Information: A six bed "Class A" dispensary was established at Bien Hoa on 1 October 1965 and was known as the 3 Tactical Dispensary. In 1968 when the present modular structure was completed, the dispensary was redesignated the 3rd Tactical USAF Dispensary and the bed capacity increased to 25 bes on 1 December 1969. On 1 November 1970 the 3rd Tactical Fighter Wing was transferred and the dispensary was redesignated the 6251st USAF Dispensary.

C. Personnel: The original authorization for the dispensary was nine (9) officers and forty-five (45) airmen. The authorization peaked in January 1970 when base strength reached the high point of 6500 personnel. At that time the authorization was for seventeen (17) officers and fifty-nine (59) airmen. With the change of base mission and the acceleration of the improvement and the moderization program, base strength has declined to 3000 personnel with a further reduction planned until it levels off at 2200 USAF personnel. Our present authorization is ten (10) officers and thirty-seven (37) airmen. During this period certain airman career fields have become critical and resulted in a great amount of temporary duty in different medical career fields. This problem has been especially felt in medical supply, medical administration, aeromedical technicians and medical specialists. Due to overmanning in other fields we were able to maintain operational capability.

D. Key Personnel: The present Commander, Major Ronald E. Rudd assumed command on 18 July 1970. His predecessor was Lt Col Martinez. The present Dispensary Administrator, Captain Richard J. A. Lewis replaced Major Harry MacConnell in November 1970. The present Director of Dental Services, Major Wilbur C. Skaer Jr., replaced Major Larry Green in June 1971. The present Chief of Aerospace Medicine, Captain John R. LaManna Jr., replaced Captain Raul M. Montemayor in June 1971.

III. Facilities: Recent modifications have been made in the facility as a result of the base drawdown. In December 1970, the original ward was converted into an enlisted quarters and the area where physical exam and military public health were located was converted into a ward. This only resulted in

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a net loss of four (4) beds. We presently have ten (10) active and an eleven (11) expansion bed capability which has proven quite satisfactory.

A. Pharmacy: The pharmacy is still rated as one of the busiest sections in the dispensary. During the last fiscal year 52,302 prescriptions were filled. This was an average of 4,358 per month or slightly more than one prescription per patient seen in the Air Force Clinic. The average cost still remained at $.66 per each prescription. The single month high was recorded in October 1970, with 6,880 prescriptions passing through our "drug store".

B. X-Ray: Utilizing the one unit available, 6,347 radiographs were taken. X-Ray procedures averaged 528 per month. The highest month was 847 in July 1970 and the lowest month was 518 in May 1971. The average cost per procedure was $1.43.

C. Laboratory: 18,139 procedures were accomplished during this period. This averaged out to 1,512 per month. The busiest month was in October 1970 with 1,955 requests. The cost per procedure averaged out to $.79 per request.

D. Immunizations: During this period 40,575 personnel received immunizations.

E. Transportation: At the present we are still continuing to have problems with our vehicles. We have 5 field ambulances, 1 pick-up truck and 1 jeep. We are providing transportation to the 24th Evac Hospital, Long Binh Army Post daily for consultations and transporting urine samples to the 9th Med Lab for Heroin testing. We have performed 940 crash calls, which average out to 78 per month.

F. Medical Supply: The medical supply area has continued to function without any major difficulty. At one time, medical supply was without a man due to an early DEROS and late arrival of the newly assigned man. Due to the overmanning in one AFSC another individual filled in for thirty days.

G. Dental Services: The total amount of procedures completed in the Dental Clinic was 93,575 which was an average of 7,797 per month. The Dental Services have been an active participant in the Medical Civic Action Program since its inception. At present it is working with the Bien Hoa Provincial Hospital and is active in the Ben San Leprosarium program.

H. Veterinary Service: Our big problem in the Veterinary Service is the large number of stray dogs on the base, but with the assistance of the Security Police this problem is gradually being solved. We are still conducting lectures on the care and emergency first aid to be given to USAF Sentry Dogs with their handlers. In this period 12 individuals were exposed to rabid dogs. All received prophylactic treatments. 38 animals were destroyed to reduce the number of strays on base. 83 dogs were vaccinated or received booster shots for rabies.

I. Military Public Health: The BEE'S position authorized in March 1970 is still vacant. Entomological activities of Base Civil Engineers for fogging was turned over to Philco-Ford and 12th SOS has continued with aerial spraying.

Occupational health examinations continued to be accomplished on personnel working in potentially hazardous areas. A total of 512 Occupational Health Surveys were taken during this time period. Presently we have 7 persons on the film badge program with no one to this date receiving an over-dose. The program involving monitoring of retro-grade cargo is still being monitored which requires two to four hours to complete on each aircraft.

J. Flight Medicine Service: The Flight Medicine Service is authorized 1 Flight Surgeon and 5 901X0's. The manning is below the present authorization in the 901X0 field due to the added responsibility of covering PEDRO rescue operations.

IV. Patient Care:

A. Inpatient care: The overall average of inpatient care for the year was 38 patients per month. There were 461 patients admitted. The highest number was 59 during the month of March. It might be noted that this is the month the local Limited Privileged Communications Drug Program was at its height.

B. Outpatient care: The Outpatient Clinic treated 25,991 patients for the fiscal year. This was an average of 2,165 per month. The highest month was in the month of July 1970, when 3,700 were treated.

V. MEDCAP: The Medical Civic Action Program is an integral and important part of the lives of the personnel of the dispensary. One of the main problems is limiting the number of volunteers.

VI. Major Goals:

A. Primary: Provide only the best services available in professional care for assigned personnel.

B. Secondary: Actively participate in Vietnamese - U. S. activities by providing professional care to Vietnamese seen on routine and emergency visits and help in the improvement and modernization of the VNAF Medical Service.

VII. Hostile Action: The 6251 USAF Dispensary was not damaged in any hostile attacks occuring during the period of this history. The dispensary was able to function in an outstanding manner following rocket and mortar attacks of the base. Patients were received, treated, and those requiring further treatment were transferred via air evac to the 24th Evac Hospital, Long Binh AP. No problems were encountered with supply support following hostile actions on the base.

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HISTORY OF THE C 54 AIR BASE SQUADRON MEDICAL AID STATION
APO SAN FRA CISCO 96293

(RCS: HAF-DS)

1 JULY 1970 THROUGH 30 JUNE 1971

AFSHRC
MAXWELL AFB AL 36112

Prepared by: William S. Mullen

WILLIAM S. MULLEN, [illegible], [illegible], [illegible], Medical Aid Station

Approved by: Allan V. Abbott

ALLAN V. ABBOTT, [illegible], [illegible], [illegible], [illegible], Medical Aid Station

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I. Introduction. [illegible] (3) cases [illegible] active [illegible] to be [illegible] with [illegible]

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3. [illegible]

b. Civic Action Accomplishments. [illegible] timely. Recently at the request of the Base [illegible] Wending [illegible] adt, [illegible].

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Medical
Exhibit

HISTORY OF THE 6254 AIR BASE SQUADRON MEDICAL AID STATION
APO SAN FRANCISCO 96295

(RCS: HAF-D49)

1 JULY 1969 THROUGH 30 JUNE 1970

MAXWELL AFB, ALA. 36112

Prepared By:

ROY J. DILL, MSGT, USAF, Medical Aid Station Administrator

Approved By:

MICHAEL H. GORDON, CAPT, USAF, MC, FMO, OIC, Medical Aid Station

U6254s

I. Introduction. The status of health of all personnel at Pleiku Air Base was excellent during this period. This is particularly noteworthy considering a portion of the base population was subjected to the rigors of combat flying and considering the ground support necessary to maintain a rigorous schedule of combat flying. As the base population has decreased, due to our phasing down proportionately, our outpatient load has decreased. No insolvable problems were encountered to limit our accomplishing the medical mission.

II Narrative.

1. Organization and Location. The medical facility consists of two buildings, one modular medical facility and one warehouse located on Pleiku AB in the Central Highlands of the Republic of Vietnam.

a. The 633 USAF Disp (Class B) was inactivated 15 March 1970, per SO G-35, HQ PACAF, 23 March 1970, as amended by SO 6-49, HQ PACAF, 13 March 1970.

b. The 6254 Air Base Squadron Medical Aid Station was established 15 March 1970 by Ltr, HQ PACAF (SGABB) Subject: Designation of Medical Aid Station Pleiku Airport, Vietnam dated 27 March 1970.

c. Hostile Actions. During this period Pleiku Air Base came under rocket attack 7 times with a total of 2 battle casualties with injuries of a minor nature.

d. Civic Action Accomplishments. Medical civic actions were performed on a weekly basis at two Catholic Orphanages in Pleiku City and nine villages. The most significant accomplishment was the immunization of approximately 1800 people against Plague in the 68th Regional Forces Camp abd surrounding Hamlets. All of the civilian employees working on Pleiku Air Base were immunized against Plague. This was approximately 850 people. Medical civic actions terminated on 1 June 1970 by time phased essential action listed in 7AF PAD 70-104.

ROSTER OF COMMANDERS

Dispensary Commander 1968-3 July 1969
MAJOR RONALD S. GREEN

Dispensary Commander 3 July 1969-30 July 1969
CAPTAIN MIKE J. BROWN

Dispensary Commander 30 July 1969-15 March 1970
MAJOR AMOS R. TOWNSEND

OIC Medical Aid Station 15 March 1970-30 June 1970
LT COL AMOS R. TOWNSEND

Commander Medical Squadron Section July 1969-21 May 1970
1LT STEVEN ALMEN

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SUBJECT: Air Force Historical Program RCS: HAF-CHO(A) 7102
Report Period: 1 Jul 73 - 30 Jun 74

TO: MAC/SG

1. Major Mission changes: None.

2. New Facilities:

A. The new Dental facility constructed during FY 73 was completed and occupied early in FY 74.

B. The Hospital Dental Clinic was renovated and converted into a Surgery Clinic providing space for two physicians offices and a cast and treatment room. The location is well located near the Surgery Suite.

C. The Hospital Newborn Nursery was renovated, adding approximately 300 square feet of floor space. Oxygen, vacuum and electrical outlets were installed, making the nursery truly functional.

D. Aluminum storm windows were installed on the hospital and the veterinary building to conserve utilities.

E. A project was completed to insure properly grounded electrical receptacles throughout the hospital.

F. The Medical Unit purchased two new 14' X 54' mobile trailers. One trailer is being utilized as a Squadron Orderly Room with additional office space for the Squadron Commander and First Sergeant. It also accommodates the Unit Training Section. The other trailer is utilized as an Environmental Health Office and Laboratory. This expansion has allowed us space in the main facility to plan a much needed Pediatric Clinic.

3. Medical Advances:

A. The hospital was surveyed on 25 April 1974 and subsequently accredited by the Joint Commission and Accreditation of Hospitals. This accreditation was awarded for a two year period.

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B. A new van type ambulance was assigned in December 1973 under field test, (Project Number AJ/0/R 73-15F). This vehicle receives nothing but praise from all that have been associated with it, both patients and staff. It provides increased space for patient care and storage of supplies. Road maneuverability and load capacity are each greater than in the metro series.

C. Several items of special equipment were purchased during this fiscal year.

(1) Ohio neonatal Intensive Care Center
(2) Transport self contained battery powered incubator
(3) Fetal Heart Monitor
(4) Life Pac II, Monitor and Defibrillator
(5) Profex 300MA X-ray unit at a cost of $23,850.00
(6) Becton/Dickinson Syringe Destruction Oven to dispose of plastic syringes.

D. Captain Andrew W. Sisk of this Medical Corp was ~~awarded~~ Nominated the Malcolm C. Grow Flight Surgeon of the Year Award in May 1974.

James A. Haaland
JAMES A. HAALAND, LT COL, USAF, MC,FS
Hospital Commander

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DEPARTMENT OF THE AIR FORCE
USAF HOSPITAL ALTUS, (MAC)
ALTUS AIR FORCE BASE, OKLAHOMA 73521

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REPLY TO ATTN OF SG

3 October 1973

SUBJECT Air Force Historical Program RCS: HAF-CHO(A) 7102
Report Pediod: 1 Jul 72 - 30 Jun 73

TO: MAC/SG

1. Major Mission changes: None.

2. New Facilities:

A. A carpeting project of major proportions was undertaken to improve interior appearance and reduce maintenance costs. This project was substituted to replace a project for floor tile in all corridors and other designated areas.

Carpeting substituted for the tile project allowed us to remain operable with minimum inconvenience to patients and staff. The project was completed 3 Apr 73.

B. The interior and exterior of the hospital was painted. Completion of this project was 23 May 73.

C. A new Dental facility was started during FY 73; however, due to minor discrepancies noted on the preacceptance inspection and because the contract for a central oral evacuation system had not been let, the project failed to meet the projected FY 73 completion.

3. Medical Advances:

A. OB Nurse Practitioner. We sent Capt Cleveland TDY to the University of Kansas Medical Center Jan-Mar-73 for didactic study. She returned here for her preceptorship; learning to do pelvics, family planning, prenatal exams, postpartum checks and home visits. Since then she has provided immeasurable assistance to our staff by continuing to perform the functions for which she trained. She works under the guidance of our two OB-GYN physicians and refers problem cases to them.

B. Pediatric Nurse Practitioner. We sent Mrs. Mary Potts, Civil Service nurse to Tulsa, Ok, for didactic study with the City/County Public Health Department during May and Jun 73. She returned in Jul to begin 6 months Air Force preceptorship working with our staff pediatricians. She will assist with well baby visits, parental counselling, physical examinations, history interviews, and growth and development screening.

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James A. Haaland

JAMES A. HAALAND, LT COLONEL, USAF, MC
Hospital Commander

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AIR FORCE HISTORICAL PROGRAM RCS: HAF D-49

REPORTING FACILITY - USAF Hospital, Altus, Altus AFB, Ok 73521

Reporting Period: 1 July 1971 - 30 June 1972

I. PURPOSE: The Historical Program of the USAF Hospital, Altus, seeks to provide the Military Airlift Command with a summary of experience data and achievements that may be of assistance in future years.

II. BACKGROUND: Build in early 1956 and designated as the 4037th USAF Hospital, this 35 bed cantonment type facility, which has served and supported numerous activities of the Strategic Air Command; initially known as the 4037th USAF Hospital and later became the 816th Medical Group until 1 July 1968. At that time the Strategic Air Command relinquished ownership of the hospital to the Military Airlift Command and it was redesignated as the 1707th USAF Hospital until October 1970 at which time it became the USAF Hospital, Altus. Clinical capabilities of this facility include: General Medicine, Internal Medicine, Pediatrics, Obstetrics and Gynecology, General Surgery, Aeromedical Medicine and supporting ancillary services. Also, provided are capabilities in Dentistry, Military Public Health, and Veterinary Medicine. Lt Colonel Jose A. Martinez assumed command responsibilities in November 1970 and continued as this facility's seventh commander during the entire reporting period. During March 1972 USAF Hospital, Altus, was again awarded full accreditation for two years by the Joint Commission on Accreditation of Hospitals.

III. BUDGET EXPENDITURES AND PATIENT WORKLOAD: There were no significant changes in mission or patient work load during FY 1972. The total annual composite work units for FY 1972 was 49,870 compared to 50,582 for FY 1971. Annual expenditures totaled $2,228,166 in fiscal year 1972 compared to $2,041,049 in FY 1971. The comparative breakdown is as follows:

Total FY 1971 Expenses:	Military Personnel	$1,380,529.00
	Civilian Personnel	310,728.89
	Other	349,799.66
		$2,041,049.55
FY 1972 Expenses:	Military Personnel	$1,459,634.00
	Civilian Personnel	328,173.40
	Other	440,358.60
		$2,228,166.00

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IV. MANPOWER AUTHORIZATIONS: Manpower authorizations remained stable during 1972. The MPAD authorized: 127 Airmen, 55 Officers, and 40 Civilians.

V. STAFFING: Although within the MAC and Air Force average assigned rate, this facility continued to experience shortages of 902X0 and 906X0 personnel. Of even greater significance to this mission was the continued erosion of experienced 902X0 and 906X0 personnel through reassignments, separations and retirements. The resulting lack of supervisory personnel placed an extraordinary amount of responsibility on the young inexperienced personnel assigned to these sections. It also placed an extremely heavy burden on the few supervisors that were available to meet daily commitments, provide intensive training for these young personnel with prompt followup to insure that training was comprehended and to answer the numerous questions that arose during the course of the day.

VI. MAJOR EQUIPMENT ACQUISITIONS: During Fiscal Year 1972 USAF Hospital, Altus, acquired several items of equipment to replace or upgrade the capabilities of the facility. The following major equipment items were purchased:

350 MA X-Ray Apparatus	$38,400.00
Food Cart - "Meals on Wheels"	1,900.00
Thermoregulators	1,800.00
Blood Bank, Jewett, Cylindrical	1,200.00
Hemoglobinometer Coulter	1,500.00
Resuscitator, Inhalator Aspirator	1,300.00
Dental Clinic Equipment (to furnish new Clinic)	48,900.00

In addition to the above noted equipment, the hospital also received a new 1972 Oldsmobile Metro Ambulance to enhance the reliability of the fleet.

VII. FACILITY PROJECTS: Extensive repair projects have been necessary to maintain this old cantonment facility. The maintenance projects completed in Fiscal Year 1972 are as follows: (1) Repair Air Handling Units ($15,600), (2) Repair Heating Controls ($40,400), (3) Construction of Additional Parking Lot ($19,200), (4) Repair Steam Valves and Water Lines ($9,500), (5) Re-rood Hospital ($20,000), (6) Clean Exhaust Ducts ($2,200). Other required maintenance projects such as interior and exterior painting, floor repairs, and replacement of exhaust ducts have been submitted for approval utilizing Fiscal Year 1973 funds. A very aggressive and expensive maintenance program must be followed if this facility is to remain in an uncondemned state of repair.

VIII. OTHER MILESTONES:

a. A general inspection of the USAF Hospital, Altus, was conducted by personnel of the MAC Surgeon's Office during the period 25-29 July 1971. Each hospital section received a satisfactory rating.

b. In October 1971, the Flight Surgeon's office was recognized for its modification of the hospital crash ambulances by the Headquarters USAF Publication,

Medical Service Digest. Slight modification of the ambulance allowed increased medical equipment and supplies to be utilized without reducing the patient treatment area in the vehicle.

c. The squadron has made various noteworthy contributions to the local community. Some of the more outstanding efforts included: (1) The support of two local families during Christmas 1971 in which over $200 plus numerous donations enabled 14 children to have a merrier holiday; (2) The co-sponsorship of many intramural football and basketball games between November 1971 and January 1972 with the local community hospital which helped raise funds for that health facility; and (3) The processing of over 225 individual physical examinations for local dependent Girl and Boy Scouts in support of the various community youth activities.

d. In January 1972 the Altus Dental Clinic was surveyed by the American Dental Association and granted continued accreditation for the next seven years.

B. H. Brown

B. H. BROWN, COLONEL, USAF, MC
Hospital Commander

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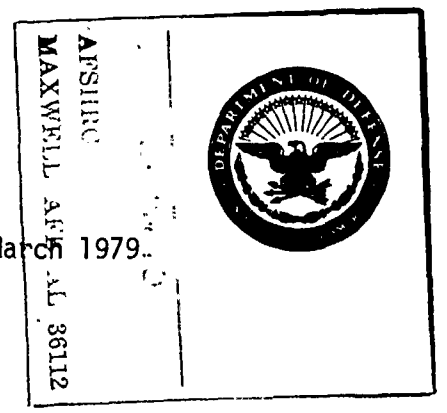

REPLY TO ATTN OF: SG

29 March 1979

SUBJECT: Medical Historical Data

TO: HQ MAC/SGAA

In response to your letter of 8 February 1979, subject as above, the following summary is provided.

a. The Clinic was selected for the Pharmacy Pilot Test Site for a computerized pharmacy system conducted by the TRIMIS office beginning May 1978 and continuing thru 1982. Other DOD Medical Facilities in Charleston are also participating. To date over 100,000 individuals have been registered in the data base.

b. In June 1978 the clinic laboratory received a Gildord V automated chemistry analyzer. This is believed to be the first such unit in any military clinical lab.

c. The Modified Family Practice Clinic was fully implemented in August 1978, with the obstetrics program initiated in September. With three family practice physicians participating in the OB program, and credentialed at the Naval Regional Medical Center Charleston, the 15 OB slots were rapidly filled.

d. Dr. Hessert, DBMS, unexpectedly died of natural causes on 9 Nov 1978.

e. During the period of 18 Nov thru 28 Nov 1978, Col Bargatze, DBMS, was instrumental in the evacuation of Congressman Ryan's party and the victims of the Georgetown, Guyana incident. Col Bargatze was awarded the Meritorious Service Medal for his actions.

f. In response to a critical review of the existing clinic emergency room potential, the emergency room was closed, effective 20 Nov 1978. The area is now designated as the Medical Control Center and is primarily available for fire-crash and disaster response during non-duty hours and on weekends. The base population was very successfully educated about the change and impact on the NRMC Charleston has been minimal.

FRED O. BARGATZE, Colonel, USAF, MC, FS
Director, Base Medical Services

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USAF CLINIC, CHARLESTON (MAC)
CHARLESTON AIR FORCE BASE, SOUTH CAROLINA 29404

REPLY TO ATTN OF: SGA

24 September 1973

SUBJECT: Clinic History, 1 July 1972 thru 30 June 1973

TO: MAC/SG

The following events at USAF Clinic, Charleston during the period of 1 July 1972 through 30 June 1973 are submitted for inclusion in the MAC Medical Service history:

a. USAF Dispensary, Charleston was redesignated as USAF Clinic, Charleston effective 1 Sep 1972 by Special Order G 425, Hq Military Airlift Command, dated 22 Aug 72.

b. A redesignation from Dispensary to Clinic was accompanied by the deletion of all authorized beds at USAF Clinic, Charleston.

c. The base military population served decreased by approximately 1,000 members during this period.

d. A reduction in base operation coupled with a significant decrease in assigned physicians resulting from termination of the draft appears to be having a significant influence in terms of a decreasing workload in the Outpatient Clinic. However, since this trend was observed only in the last month of this reporting cycle, the validity of this trend would have to be substantiated at a later period.

FOR THE COMMANDER

JAMES R. MADORE, Capt, USAF, MSC
Administrator

1 Atch
Special Order G-425, Hq MAC, 22 Aug 72

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Atch 5

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS MILITARY AIRLIFT COMMAND
SCOTT AIR FORCE BASE, ILLINOIS 62225

SPECIAL ORDER
G-425

22 August 1972

1. By order of the Secretary of the Air Force, the following USAF Dispensaries are redesignated as USAF Clinics effective 1 September 1972:

From	To
USAF Dispensary, Charleston	USAF Clinic, Charleston
USAF Dispensary, McChord	USAF Clinic, McChord
USAF Dispensary, McGuire	USAF Clinic, McGuire
USAF Dispensary, Norton	USAF Clinic, Norton

Organization documentation will be processed in accordance with AFM 12-50. Organization funds will be processed in accordance with AFR 176-2. Personnel data changes will be required in accordance with AFM 30-3. Action will be reported in accordance with AFR 20-49. Authority: HQ USAF Ltr, DAF/PRM 613p, 15 August 1972, Redesignation of Military Airlift Command Units and AFM 26-2.

2. OL A, USAF Dispensary, McGuire, St. Albans Naval Hospital, NY is redesignated as OL A, USAF Clinic, McGuire effective 1 September 1972. Organization documentation will be processed in accordance with AFM 12-50. Organization funds will be processed in accordance with AFR 176-2. Personnel data changes will be required in accordance with AFM 30-3. Action will be reported in accordance with AFR 20-49. Authority: AFM 26-2.

FOR THE COMMANDER

U.S. AIR FORCE OFFICIAL MILITARY AIRLIFT COMMAND

HAL R. MONTAGUE, Colonel, USAF
Director of Administration

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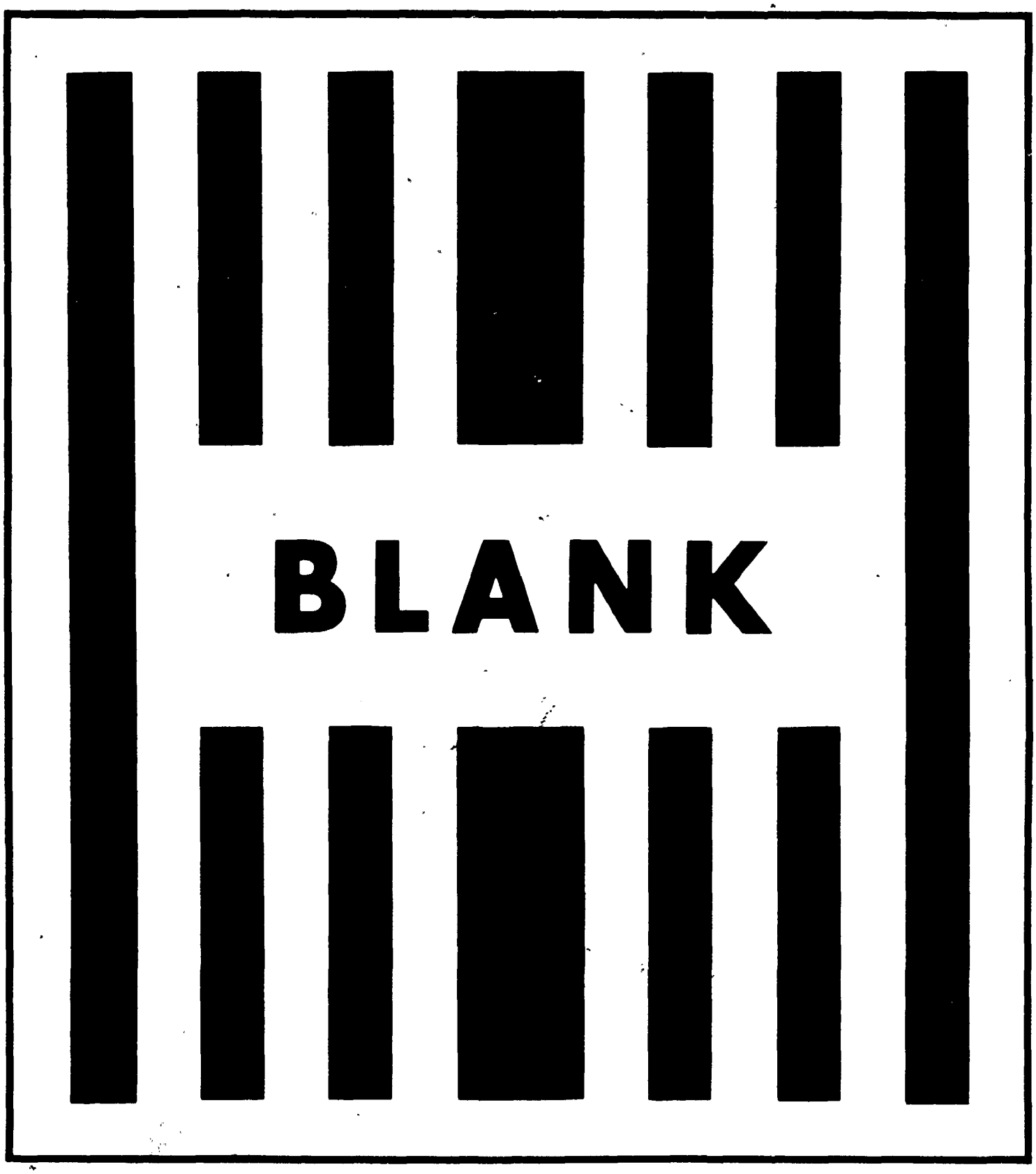
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HISTORY

OF THE

USAF DISPENSARY, CHARLESTON (CLASS A)

CHARLESTON AIR FORCE BASE, SOUTH CAROLINA

1 July 1971 - 30 June 1972

01052455

APPROVED:

ARTHUR W. MAGNUSON, Lt Col, USAF, MC
Commander

Tech 4

CHAPTER 1 - GENERAL MEDICAL OBSERVATIONS

Health of the Command: The health of the command remains good. No unusual medical problems were encountered during the period of this report. The USAF Dispensary, Charleston continued to fulfill its mission in support of the 437th Military Airlift Wing; keeping the aircrews effective from a medical standpoint, thereby enabling the wing to accomplish its mission. Relationships with the 437th Military Airlift Wing staff, our supporting regional hospital, USAF Regional Hospital, Shaw, our area medical center, USAF Medical Center, Keesler, and the nearby U. S. Naval Hospital here at Charleston, have continued to prevail in a harmonious atmosphere.

CHAPTER 2 - PLANS AND HOSPITALIZATION

1. Medical Organization:

a. No major changes were made in the physical arrangement of offices and clinics during this period. Physician staffing has been up to or near authorized level during the greater portion of the past fiscal year.

b. A self-help painting project of the entire interior of the dispensary building was completed in the fall of 1971.

2. Funds:

Adequate funds were provided to procure essential supplies and services. Funds were generally not available for attendance at professional meetings as covered in the following Chapter 3.

3. Medical Materiel:

The Medical Materiel function operated without major problems this period. Fill rates were well within the desired range throughout this period.

4. Registrar:

Registrar activities were accomplished adequately during this period. Although most of the gained personnel were relatively inexperienced, considerable improvement is evident in the out-patient record section. During the mid-point of this period, the assumption of duties previously accomplished by the Air Force Liaison Detachment at the U.S. Navy Hospital, caused some concern to us. Increased staffing in the 906X0 area in the last months of this period has enabled this unit to better support this additional mission.

CHAPTER 3 - MEDICAL STAFFING AND EDUCATION

1. Staffing:

a. The beginning of this period found us grossly understaffed expecially in physicians. Although gains were projected in, the usual summer shortage of physicians generated some dissatisfaction due to inability to get a medical appointment within a reasonable time. This shortage of physicians did not occur during the closing half of this period, as only a small number of physicians completed their term of service this year.

b. Airmen staffing was adequate in numbers but less than desirable in experience. Losses due to retirements have been the major factor in the loss of supervisory personnel. Our first term airmen reenlistment rate was 7.7%, one out of 13. Our second term reenlistment rate was 100%, two out of two, and our career airmen reenlistment rate was 100%, two out of two. Our cumulative rate of all categories was 29.4% for fiscal year 1972.

2. Education:

This dispensary was fortunate in receiving quotas for a good number of short training courses for physicians and dentists and other officer personnel for which we submitted nominations. Requested quotas for airman school spaces were also generally obtained without difficulty. We were, however, unable to fund but one trip for an officer to attend a professional meeting at government expense. This lack of temporary duty funds at base level has had a detrimental effect in our

career motivation program. When duty assignments permitted, our professional personnel were generally authorized to attend meetings on permissive temporary duty, at no expense to the government.

CHAPTER 4 - PROFESSIONAL SERVICES

1. Aeromedical Services:

a. The general and mental health of the flying members remained excellent. The manning of flight surgeons and/or flight medical officers at the beginning of this period and several months thereafter consisted of one Flight Surgeon plus the Commander who was also rated.

2. Professional Services:

a. Specialists were assigned in pediatrics and internal medicine. One physician had a special short course in allergy procedures which proved to be quite beneficial to the base population.

b. Military Consultants from the USAF Regional Hospital, Shaw and the USAF Medical Center, Keesler visited the dispensary during this period.

3. Laboratory Services:

Losses of experienced personnel have been our biggest problem in this area. Recently directed additional work in the random sampling of urine in the Drug Abuse Program will compound the problem.

CHAPTER 5 - VETERINARY SERVICES

The Veterinary Service has continued to perform its mission in portecting the health of the command. The two senior NCOs assigned to the Veterinary Service are within a month of retirement and additional supervisory personnel are required as soon as possible.

CHAPTER 6 - DENTAL SERVICES

1. The Dental Services continue to operate two clinics. The main Dental Clinic is located in a separate structure, Bldg 500. The Dental Annex is located within the main Dispensary Bldg 1000.

2. A Children's Preventive Dentistry Program is being conducted in accordance with current directives.

3. Staffing in the Dental Service is up to authorized levels. The loss of several key NCO technicians due to retirement had somewhat hindered our Dental Laboratory capability for a time.

CHAPTER 7 - NURSING SERVICE

1. This department provided nursing and related support to all areas of the dispensary involved in the care and treatment of patients.

2. Losses in senior technicians due to retirements and re-assignments have been a problem throughout this period. Recent arrivals have greatly alleviated this problem.

3. The Red Cross volunteer support in the Dispensary has continued to be outstanding.

CHAPTER 8 - SPECIAL TOPICS

1. Women's Health Day Program - Atch 1
2. Patients' Opinionnaire - Atch 2
3. Dispensary Newsletter - Atch 3
4. Patient Handout--Schedules - Atch 4
5. Methods Improvement - Atch 5
6. Roster of Key Personnel - Atch 6

In September 1971, the staff of USAF Dispensary, Charleston decided that several innovative projects should be instituted to foster an increased appreciation and acceptability of military medicine among the patient population utilizing this facility. Several programs were discussed at length and it was finally decided to embark upon a program that was aimed primarily at the wives of active duty, retired and deceased personnel. This course was followed since it was believed that if a wife were enthusiastic about the services she received, a significant reduction in complaints from wives and husbands alike would be experienced.

After reviewing the available data on the annual Women's Health Week that was being held at several facilities, this basic idea was adopted. However, several changes to past programs were made. Rather than concentrate efforts in a massive one week program, it was decided to conduct a Ladies Health Day on a weekly basis. This was done for two reasons. First, it would allow all women an opportunity to participate. At other installations, many women did not participate in the Health Week since they were unable to attend for any of several reasons during the one week

period. The expanded schedule overcame this problem. The second reason for the change was one of public relations. It was noted that there was an extremely favorable response to the annual program held at other facilities. However, this favorable publicity was limited to one week a year. By conducting the program on a single afternoon on a weekly basis, maximum advantage was gained from continuing favorable publicity.

Since improved public relations was a major part of the objective, each person in the medical facility was briefed on the structure of the Ladies Health Day and indoctrinated in a positive attitude. Each was shown how a single curt reply or negative manner could destroy the entire program. Emphasis was placed on the personal approach.

A patient's participation in the program begins when she obtains a Health Day packet. This envelope, which contains all of the necessary forms and instructions, contains a welcoming letter from the facility commander. The envelope is marked with the name of the physician the patient will see and the time and date of her appointment. On the appointed day, the patient reports to the Pediatric Clinic where she is

welcomed and where forms for various tests are completed. She is then taken to a dressing room to disrobe and don the housecoat she has been instructed to bring. Her height, weight, and blood pressure is then taken and recorded. At this point, the patient is escorted to a physician's office for a complete physical examination. A one-half hour period with a physician is allocated during which time the patient is encouraged to discuss any problems she might wish to discuss. After this, the patient is taken to Lab, X-Ray, EKG, and Optometry for routine physical examination procedures as well as for other tests requested by the physician she has seen. After this, the patient departs.

Each physician is scheduled for eight patients on Ladies Health Day. After completion of all eight patients, he reviews all lab and X-ray data together with the patients' records and signs a personal letter to each patient. These letters are mailed within 24 hours providing quick results and a final personal touch to the physical process.

The program has been an overwhelming success. Opinion surveys have taken a dramatic positive turn since the inception of this program. Aside from these benefits, a significant amount of pathology has been discovered.

From among 450 patients, the following conditions have been noted:

CONDITION	FREQUENCY NOTED
a. Abdominal Mass	1
b. Arthritis	3
c. Breast Mass	5
d. Bronchitis	1
e. Cervical Polyp	5
f. Cervicitis/Vaginitis	19
g. Chorioretinitis	2
h. Cystocele	2
i. Diabetes	2
j. Endometritis	1
k. Heart Murmur	3
l. Hemorrhoids	2
m. Hypertension	5
n. Hyperthyroidism	1
o. Hypoglycemia	1
p. Hypothyroidism	3

q.	Obesity	10
r.	Ovarian Mass	3
s.	Pneumonitis	2
t.	Pulmonary Mass	1
u.	Scoliosis	2
v.	Skin Lesions	5
w.	Uterine Fibroids	1
x.	UTI	20

Additionally, of the 400 pap smears accomplished, the following results were obtained:

Minor Atypia	5
Class I	4
Class II	24
Class III	6
Class IV	0

During the summer months, the demand for Ladies Day Physicals has decreased. Consequently, the progrm has been reduced to a single afternoon on each alternate week. It is anticipated that the demand will once

again increase in the Fall when personnel return from vacations. If this occurs, we are considering the adoption of a Men's Health Day on a one afternoon a week basis for retired males.

In retrospect, the thesis that good public relations and good medical practice complement each other appears totally valid. A concerted effort in the public relations field will help educate our patient to appreciate a fact that we already know; that they are receiving the finest medical care available.

USAF DISPENSARY CHARLESTON

PATIENT OPINIONNAIRE

THIS IS YOUR OPPORTUNITY TO HELP US HELP YOU - OUR PATIENT.

OUR GOAL IS YOUR GOOD HEALTH. PLEASE CHECK APPROPRIATE BOXES.

IF YOU WISH TO ADD COMMENTS PLEASE DO DO. THESE COMMENTS SHOULD BE SPECIFIC SO THAT THEY MAY BE PROPERLY EVALUATED.

PLEASE PLACE THE COMPLETED OPINIONNAIRE IN THE BOX THAT HAS BEEN PLACED AT THE RECORDS DESK.

ACTIVE DUTY

RETIREE

DEPENDENT

	STRONGLY AGREE	AGREE	UNCERTAIN	DISAGREE	STRONGLY DISAGREE
APPOINTMENT CLERKS WERE COURTEOUS					
PERSONNEL AT FRONT DESK WERE COURTEOUS & EFFICIENT					
I DON'T FEEL THAT I HAD TO WAIT TOO LONG TO SEE A DOCTOR.					
MY VISIT WAS HANDLED WELL AND I WAS MADE TO FEEL WELCOME					
I HAD ADEQUATE INSTRUCTIONS ON DISPENSARY PROCEDURES					
DISPENSARY RULES ARE FAIR AND UNDERSTANDABLE					
THE DISPENSARY BUILDING IS CLEAN					

(over)

Atch 2

	STRONGLY AGREE	AGREE	UNCERTAIN	DISAGREE	STRONGLY DISAGREE
NURSES AND TECHNICIANS SEEMED INTERESTED IN MY WELFARE					
PHYSICIANS SEEMED INTERESTED IN MY WELFARE.					
LABORATORY PERSONNEL SEEMED COURTEOUS AND EFFICIENT					
X-RAY PERSONNEL SEEMED COURTEOUS AND EFFICIENT					
PHARMACY PERSONNEL SEEMED COURTEOUS AND EFFICIENT					
IN GENERAL, I HAD VERY GOOD CARE AT THE DISPENSARY					

COMMENTS AND RECOMMENDATIONS:

THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS OPINIONNAIRE. THE RESULTS WILL ENABLE US TO PROVIDE BETTER SERVICE TO YOU: OUR PATIENT.

USAF DISPENSARY, CHARLESTON

NEWSLETTER

OPR: SG

DATE: 1 Jun 72

Ladies Day Physicals

Several women have recently asked the question, "How often should I have a complete physical examination"? As a general rule, a yearly physical should be sufficient in order to insure that your good health is maintained and that no undetected problems have arisen. Each lady over age 40 should have a pap smear done twice a year. The first pap smear is normally done as a part of the annual physical, while the second one should be done approximately six months later. Appointments can be made strictly for the purpose of having a pap smear by calling the appointment desk and requesting an appointment for this test. During the summer months, we are limiting the Ladies Health Day to the second and fourth Wednesday of each month since requests have decreased. However, we plan to resume weekly exams if the demand indicates in the fall.

Lead Poisoning Possible From Ceramic Pottery

Many ceramic hobbyists are unaware of the dangers of toxic glazes to themselves and their families. While some dangers do exist, some common sense rules can eliminate any harmful side effects and allow our personnel to enjoy a pleasurable hobby. Some suggestions are: (a) Design and fire purely decorative pieces only. (b) If you must make food and beverage containers, use only lead-less glazes. (c) Use only highly acid resistant lead glazes for food and beverage contact surfaces and insure that these are fired properly. If you desire further information on this subject, a free pamphlet entitled "Facts about lead glazes for art potters and hobbyists" is available without charge from the Lead Industries Association, Inc., 292 Madison Avenue, New York, New York 10017.

Change in MOD Location

Effective 1 June 1972, the Medical Officer of the Day will be located in the Emergency Room at the Dispensary. This move has been designed to allow the physician on duty to handle patients more rapidly, to insure that a physician is present at the Emergency entrance in the event that an actual lifesaving emergency occurs, and to provide for better building security at the Dispensary. Between the hours of 1630 and 0700 each weekday and all day on Saturday, Sunday, and holidays, patients should come to the rear of the Dispensary and enter through the Emergency Room door. Ample parking should be available behind the Dispensary to accommodate all patients during these hours. Patients coming to the Dispensary should remember to bring their ID cards or those of their dependents when seeking treatment other than an actual lifesaving emergency. We are required to verify your status prior to providing care. Normally, this would be done [illegible]

Atch 3

the Records Desk when your records are obtained prior to your visit with the physician. Along these lines, many patients ask why a record must be obtained prior to the patient being treated. Except in a lifesaving emergency, it is extremely important for the physician to know of any past medical problems that you might have experienced before he decides on a course of treatment for your present illness. For example, a physician would certainly not wish to prescribe penicillin to a patient whose medical record indicates a history of allergic reactions to that drug. Obtaining the medical record prior to treatment is primarily for your protection. Regarding your medical records, on your next visit to the Dispensary, please take a minute to verify the information that is contained on the Personnel Data Sheet on the inside cover of your medical record. Many times we may wish to contact you for followup treatment and find this quite difficult since the information in the medical record containing your telephone number or address is out of date. A quick check of this information will help us provide you with better care.

School Physicals

The time of year is here during which most of our children are thinking of the summer vacation and the new term to begin in the fall is the furtherest thing from their minds. Many parents, however, have already begun counting the days of the summer vacation and have raised the question of school physicals for the fall term. As in the past, we will attempt to perform all school physicals for children under 10 years of age on a single day. This day, September 9th, has been coordinated with local schools and further information concerning the time and place will be published as the date approaches. Children over 10 years of age can have their school physical performed merely by calling the appointment desk and making an appointment for them.

Authorization to Treat a Minor

Many times, minor dependents, under 21, come to the Dispensary for treatment without a parent. Except in a lifesaving emergency we are prohibited from treating your child without your consent. If you plan to leave your children in the care of a relative or neighbor while away, you should make a visit to the Base Legal Office and execute a Special Power of Attorney authorizing that person to authorize care.

Speakers Available

We're not looking for additional business, but we are certainly interested in the best informed patients in the Air Force. In order to achieve this aim, we will be happy to make a speaker available to any group to cover such topics as various medical problems, CHAMPUS, Dispensary policies and procedures, or practically any other subject in which you might be interested concerning the operation of your Dispensary. Arrangements can be made simply by calling Ext 2304. We also continue to encourage and seek your advice and suggestions on how service at the Dispensary can be improved.

JAMES R. MADORY, Capt, USAF, MSC
Dispensary Administrator

437 MAW RP 160-1

DEPARTMENT OF THE AIR FORCE
USAF DISPENSARY, CHARLESTON, CLASS A (MAC)
CHARLESTON AIR FORCE BASE, SOUTH CAROLINA 29404

1 May 1972

SUBJECT: SG

SUBJECT: Dispensary Newsletter Number I

TO: All Dispensary Patients

1. As mentioned in last month's newsletter, several questions have been submitted by patients in the dispensary opinionnaire in recent months concerning the pharmacy. Several of these questions have dealt with the amount of time that a patient has to wait for a prescription, the rule that not all drugs can be refilled automatically, and the fact that a prescription is necessary for each drug, even aspirin and cough syrup. Some patients have complained that the amount of drugs that a doctor has prescribed is not always the amount that the pharmacy provides. Others have asked why we cannot substitute one drug for another to fill a prescription when written by a civilian physician. Finally, many people want to know why prescriptions are not filled after 1630 hours. Perhaps it is best to attempt to look at each area one at a time, and to see if there really is a problem or if the pharmacist is merely complying with Federal Law or Air Force Regulations. If there is a problem, let's see what we are doing or can do about it.

2. For the past year, the pharmacy has been authorized eight technicians to assist in preparing your prescriptions. Unfortunately, only three or four have been assigned to us during this period. We have recently gained two additional technicians who will help us speed up service to you. A second bottleneck has been the typing of labels on each prescription. If you will look at one of your prescription bottles, you will notice that the type is extremely small. Only one typewriter has been available with this small type, but a second one is now on order and should be here this month. These two improvements should enable us to give you much faster service.

3. Drugs are not automatically refilled for many reasons. While a patient may need a particular drug for an extended period, several years for example, a physician should check the patient periodically to insure that the drug is still effective and to see that the patient is not developing any side effects. Federal laws prohibit us from giving refills on certain type drugs such as narcotics. Air Force regulations require us to have a prescription for each item that is dispensed by the pharmacy. We realize that some of these policies may cause some inconvenience to you since you must see a physician to receive a prescription in such cases. In order to minimize this inconvenience, we have established a "refill clinic" from 1500-1600 hours each day, Monday through Friday. During this time, you will be able to see a physician quickly without an appointment and receive your prescription. You may then have this prescription filled at the pharmacy any time during normal duty hours. There is one restriction, however. Federal Law requires that prescriptions for narcotics must be filled on the day they are written. We have set a rule locally that all prescriptions must be filled within 72 hours of the day they are written. This has been done since we feel that

from a medical standpoint, if a drug is needed, it should be started within three days of the time it is prescribed. Your pharmacy fills about 12,000 prescriptions a month and spends about $15,000.00 each month for drugs. Each year we receive a certain amount of money from the base to buy drugs. When this money is gone we must either stop buying drugs or obtain more money by asking the Wing Commander to take it from another organization on this base; possibly yours. As a result we must make every effort to use our money to provide the best service to the most patients. To achieve this end we have placed certain limits on the amount of drugs that can be given at one time. Normally, these amounts are sufficient to cover the period of your illness. If they are not, you need only return to see a doctor or to the "refill clinic" to obtain additional medicine.

4. Sometimes, it is necessary for the pharmacy to reduce the amount of drugs that the doctor has ordered. This could happen when one of our doctors forgets about the limits on a particular drug or when a doctor who is not on our staff, is unaware of these limits. In any case, our pharmacy technicians have been asked to give you an explanation any time they reduce a prescription. We are happy to fill prescriptions for you that are written by civilian doctors if we stock this drug. However, we cannot special purchase drugs that have been prescribed by civilian physicians. Additionally, we cannot, by Federal Law, substitute a drug that we stock for a drug that the physician has ordered, without his permission. If your civilian doctor is unsure as to whether or not we stock a particular drug, he can call us and check (Ext 2462) if he desires, before writing your prescription.

5. Finally, we do not have the manpower to keep the pharmacy open on a 24-hour basis. As a result, we have an emergency stock of drugs available to the doctor who is on duty on evenings and weekends. Since this is an emergency supply, he will normally only give you enough of a particular drug to treat you until the pharmacy is open and you can obtain your full supply. Each of the areas that we have discussed has been given careful attention to provide a system that will give you the best service while allowing us to remain within Air Force and Federal Regulations. You may have suggestions to improve these areas. If you do, let us know and we will attempt to implement them.

6. Finally, a word of caution. Ours has become a drug oriented society. Each of us has seen the wondrous results that some drugs have in providing cures to suffering and pain. However, instead of disposing of unused drugs once they have served their purpose, many of us will put them away in a cabinet or closet where they may become a dangerous and fatal tool to a child. Two or three times a week, a child is brought to the Emergency Room with an accidental overdose of drugs. Contrary to what many people believe, many teenagers' first trouble with drugs begins in the family medicine cabinet. We ask you merely to destroy your unused drugs when you are done with them and to move all medications out of the reach of children. Do it now. Tomorrow may be too late.

JAMES R. MADORY, Capt, USAF, MSC
Dispensary Administrator

DEPARTMENT OF THE AIR FORCE
USAF DISPENSARY, CHARLESTON, CLASS A (MAC)
CHARLESTON AIR FORCE BASE, SOUTH CAROLINA 29404

REPLY TO ATTN OF: SG

1 March 1972

SUBJECT: Dispensary Newsletter

TO: All Dispensary Patients

1. In this, the second of our newsletters, we have attempted to address several areas about which patients have asked questions on our dispensary questionnaire. Additionally, we have provided a complete listing of all of our services together with times and phone numbers. We suggest that you keep this list near your phone as a ready reference to the clinics at your dispensary.

2. Perhaps the most aggravating situation that patients often encounter is attempting to obtain an appointment. We use an appointment system in order that we might make maximum use of the physicians' time and in order that you can make arrangements for your visit to the dispensary. Appointments are normally available within 48 hours in both Pediatrics and General Medicine. However, we will make an appointment as far as five days in the future if you desire. When you call, please ask the clerk for an appointment with the doctor of your choice. If he has any open appointments, we will be glad to accommodate your request. If not, it may be necessary to give you an appointment with another physician. At times, the dispensary experiences large increases in the number of patients. When this happens, all appointments may be taken for several days. If you feel that your medical problem cannot wait until the next available appointment, you may come to the Emergency Room. While you may have to wait a short while longer, you will be seen. However, certain priorities must be observed in the Emergency Room. Obviously, life saving and true emergencies will be seen first. Active duty personnel, in uniform, will be seen second, since our first commitment is to active duty personnel. All other patients will be seen in the order in which they arrive. One final comment about appointments. If you cannot keep your appointment, please call and cancel. This way another patient can be given this time.

3. A second area that has given rise to many comments is the system of having to call to make appointments. Many people would rather make their appointment in person since they are already in the dispensary. The problem we face is one of the limitations of the physical plant. There simply is not enough room at the records desk for patients wishing to make appointments and for those who are picking up their records to take to physicians. In order to help the situation, we have placed a direct line to the appointment desk in the main lobby. Simply pick up the phone and an appointment clerk will answer. Since the appointment numbers are off base lines, we are also attempting to add an on base extension so that patients who do not have access to a Class A phone will be able to make appointments more easily.

4. Many patients have experienced some difficulty in the last month in attempting to obtain an appointment for an eye examination. With two optometrists assigned to provide care to all of our patients, there are times when only active duty personnel can be accommodated in addition to the workload that occurs as a part of physical examinations. We are presently at that time of year in which we are experiencing an extremely large amount of physical examinations for advanced officer training programs. We expect that this workload will diminish during this month and that we will soon be back to normal with appointments available for all that desire them.

5. In next month's letter we plan to discuss several items relating to our Pharmacy and Emergency Room. If you have any particular items that you would like to see addressed in the newsletter, make a note of it on one of the questionnaires available in the lobby. By incorporating your ideas and questions, we hope to make the newsletter a permanent part of your dispensary.

James G Ward Jr. M.D.

JAMES G. WARD, JR., Major, USAF, MC
Director, Base Medical Services

DEPARTMENT OF THE AIR FORCE
USAF DISPENSARY, CHARLESTON, CLASS A (MAC)
CHARLESTON AIR FORCE BASE, SOUTH CAROLINA 29404

1 February 1972

SG

Dispensary Newsletter

All Dispensary Patients

1. In an effort to better serve our patients and to avoid inconveniencing them with long delays, the following changes have been implemented at the Dispensary:

a. Since we are aware that appointments are not always available within the time limit that a patient feels he must see a physician, we have established a policy which allows a patient, for whom no appointment is available, to come to the Emergency Room and be seen on a walk-in basis. We have placed a physician in the Emergency Room on a full-time basis during normal duty hours to provide treatment for these patients. While this program will continue, walk-in patients other than actual emergencies will not be seen in the Emergency Room prior to 0900 hours each day. This will eliminate much of the congestion and overcrowding that occurs during the early hours because of military sick call.

b. Much of the time of the physician in the Emergency Room is spent in handling routine situations that can easily be scheduled. If these situations can be concentrated at one time during the day, the amount of time a physician has to spend with each patient can be improved significantly. As a result, all patients requesting only prescription refills will be accommodated from 1500 hours to 1600 hours each day, Monday through Friday in the Emergency Room. Adherence to this time will expedite processing of these refills and should save you additional waiting time.

c. Realizing that many parents often would merely like to ask the physician a question about their child rather than bringing their child to the Dispensary, we are attempting to initiate a new program that will allow you to call a Pediatrician with your questions. This program, which will begin on the 14th of February, will be conducted on a trial basis to determine how it is received by you, our patient, and how effective it will be in helping us provide you better medical care. As with any such program, several ground rules must be followed. A Pediatrician will be available at Extension 2165 each day from 1000 to 1100 hours, Monday thru Friday. While he will offer advice as to what you might do to alleviate some discomfort for your child, he will not be able to prescribe medication over the phone. In order that this service might be available to as many people as possible, we ask that you keep the time of each call to a minimum. Additionally, we ask that this program be kept primarily for the child who has become ill over night rather than for some longstanding problem that may require detailed discussion with a physician.

2. The Dispensary Staff is making these changes in order that we might improve our service to you. We certainly welcome your comments and suggestions in any areas in which you feel that we might further improve our services. If you would like to comment; on your next visit to the Dispensary, fill out one of the green questionnaires available in the Main Lobby. If you would like an answer to a particular problem, please give us your name and address in order that we might reply to you.

3. If we work together and understand each other's problems, I am sure that we will have continued progress in achieving quality patient care.

James G. Ward Jr. M.D.

JAMES G. WARD, Major, USAF, MC
Dispensary Commander

Atch 4

CLINICS	DAY, TIME, & HOW TO MAKE APPOINTMENT
PEDIATRICS	
1. Sick Children	Monday - Friday, 0930 - 1630 Call 552-1340 for appointment
2. Well Baby Clinic	Tuesday 1300 - 1515 and Thursday 1300 - 1500 Call 552-1340 for appointment
3. Ped. Call-in Line	Monday - Friday 1000 - 1100 Call 747-4111, Ext 2165 to speak to doctor
4. Follow-up Visits	As requested by the physician - Appointments made in Pediatric Clinic in person
GENERAL THERAPY	
1. Military Sick Call	Monday - Friday 0730 - 0830 No previous appointment necessary
2. Routine Appts.	Monday - Friday (except Wednesday Afternoon) 0930 - 1630 Call 552-1340 for appointment
3. Allergy Clinic	Tuesday 0730 - 1630 and Wednesday 0730 - 1200 - Appointments by doctor referral
4. Internal Medicine	Monday - Friday 0930 - 1200 Appointment by doctor referral
5. Pap Smear Clinic	Tuesday - 0930 - 1630 and Wednesday - 0930 - 1200 Call 552-1340 for appointment
6. Weight Control Clinic (Military)	Tuesday - 0730 - 0930 By Squadron Commander's referral
7. Ladies Health Day	Wednesday - 1230 - 1630 Appointment and instructions may be obtained at the outpatient records desk at any time during normal duty hours (Monday - Friday, 0730 - 1630) after 0730 of the preceding Thursday.
8. Optometry Clinic	Monday - Friday 0730 - 1030 and 1300 - 1630 Call 747-4111 Ext 2920 for appointment
EMERGENCY ROOM	
1. Cast Clinic	Tuesday 1300 - 1500 Appointment by doctor referral
2. Minor Surgery	Thursday 0800 - 1030 Appointment by doctor referral
3. Prescription Refill	Monday - Friday 1500 - 1600 Please bring your records to the Emergency Room
4. Emergency Room	Monday - Friday 0730 - 1630 Call 747-4111 Ext 2144; at all other times, call Ext 2163
5. Emergency Line (Actual LIFESAVING EMERGENCIES)	AT ANY TIME - CALL 552-2611 This line is to be utilized only for actual lifesaving emergencies. When called on this line, we will cease other care except for emergencies and respond immediately
6. EKG	Tuesday 1300 - 1530 (Men) Thursday 1300 - 1530 (Ladies & Children) By doctor referral
IMMUNIZATIONS	
1. Military	Monday - Friday 0730 - 1600 No appointment needed
2. Dependents	Monday - Friday 1300 - 1600 No appointment needed
DENTAL CLINIC	
1. Mil. Sick Call	Monday - Friday 0730 and 1300 - No appointment needed
2. Routine Appts. (Military)	Monday - Friday 0730 - 1530 Appointment made in Dental Clinic after examination.
3. Emergency	Monday - Friday 0730 - 1630 (Call 747-4111 Ext 3773; at all other times call Ext 2163
4. Preventive Dent.	Monday - Friday 0730 - 1530 - Appts. made in Dental Clinic after examination.

DEPARTMENT OF THE AIR FORCE
USAF DISPENSARY, CHARLESTON, CLASS A (MAC)
CHARLESTON AIR FORCE BASE, SOUTH CAROLINA 29404

30 June 1972

REPLY TO ATTN OF: SGB/Mrs. Bridges

SUBJECT: Methods Improvement for April Through June 1972

TO: SGA/Capt Madory

1. In accordance with the responsibilities of the Resource Management Office to maintain and supervise an active Methods Improvement Program, the following items are listed for your information and review:

a. During the month of April, the problem of instituting an effective and workable weight control program was addressed. As a result of the efforts of the Wing Commander, Squadron Commanders, and the Dispensary, a Wing policy was developed that places the basic responsibility for weighing each individual identified as overweight, on a monthly basis, on the individual squadron to which a man is assigned. This policy requires a medical evaluation upon identification of an overweight individual and after the individual has been participating in the program for a period of 60 days if he fails to lose weight. It also provides for an annual re-check of overweight individuals. Each squadron will annotate the weight, height, and age of each individual and forward this information to the Dispensary on a monthly basis in order that it might be entered in the individual's medical record. The program has the support of the Wing Commander and consequently is progressing without problems.

b. In May, a second problem area of administrative-medical nature was attacked and a local policy formulated. The receipt of a MAC message involving personal grooming/haircuts and Air Force Reg 30-1 Standards precipitated this action. As a result of this message, all shaving excuses for pseudo-folliculitis Barbae were negated and each individual was to report to the Dispensary to have his condition re-evaluated. Personnel were informed that they would be given a shaving excuse for not more than 30 days after they demonstrated that a problem existed requiring this excuse. This necessitated presenting themselves at the Dispensary in a clean-shaven condition in order that the physician might observe whether the pseudo-folliculitis Barbae actually existed or whether the individual was attempting to manipulate the Medical Officer in order to obtain a shaving excuse. If the condition actually existed, the individual was given a 30-day excuse to allow the condition to clear and was also given instructions in the proper method of shaving to avoid the problem in the future. A letter was dispatched to MAC/SGP in order to clarify certain points of the program. An answer was received to this letter on 2 Jun 72 and has clarified several problem areas. While some minor problems still exist in this area, most commanders and individuals feel satisfied with the program as it now exists.

c. During the month of June, in order to provide better building security and more rapid response to patient needs, the MOD and his staff during nights and weekends were relocated from the General Therapy Clinic to the Emergency Room. Work orders were submitted to BCE to secure all other entrances to the building and to install panic hardware in order that fire regulations might be met. Although many of the staff were opposed to this change, a 30-day experience factor has shown that most members are now convinced that the move has helped resolve some of the problems that existed in the past. The panic hardware has not yet been installed.

2. All these improvements, instituted in the final quarter of fiscal year 1972 are envisioned as a permanent part of our operation. In addition to providing better service to our patients, they will be a means of increasing productivity, reducing complaints, and reducing costs.

Doris C. Bridges

DORIS C. BRIDGES, DAFC
MSA Officer

DEPARTMENT OF THE AIR FORCE
USAF DISPENSARY, CHARLESTON, CLASS A (MAC)
CHARLESTON AIR FORCE BASE, SOUTH CAROLINA 2940[illegible]

[illegible] TO
ATTN OF [illegible]

31 March 1972

[illegible] Methods Improvements for January - March 1972

[illegible]

[illegible] In accordance with the responsibility of the Resource Management Office to maintain and supervise an active Methods Improvement Program, the following items are listed for your information and review:

a. A quarterly report of methods improvements made within the dispensary is to be furnished the Administrator at the end of each quarterly period. This is the first of these reports. In order to make this a viable program and to concentrate an adequate amount of time in this area, it was decided to concentrate the efforts of this office on one improvement area each month. In a facility of this size, 12 significant improvements during a fiscal year should bring about substantial results.

b. In January, the staff in the Emergency Room noticed [illegible] physicians assigned to this area was spending considerable time [illegible] routine prescription refills. In addition to the time of the physician, the patients experienced considerable delays and inconvenience since they were required to wait their turn along with other patients. As a result, a period of time from 1[illegible]00 through 1[illegible]00 hours each day has been set aside for prescription refills. During this time, the physician will write [illegible] the required refills and the patient should be able to complete [illegible] within several minutes. As of this date, approximately 50% of the [illegible] refills are accomplished during this time period. However, as [illegible] reached our other patients, we anticipate that almost all refill prescriptions will be handled in this manner.

[illegible] In February, a Pediatric Call-in Line was established to permit a parent telephone access to a physician. This program, which was initially conducted on a trial basis, has been enthusiastically received by out patients. In order to control the Pediatric line, several [illegible] rules were established. The Pediatrician is available each day [illegible] through Friday from 1000 to 1100 hours. While he offers advice [illegible] that a parent might do to alleviate some discomfort for their [illegible] does not prescribe medication over the phone. In order that [illegible] might be available to as many people as possible, we have asked [illegible] parents should keep the time of each call to a minimum. Additionally, [illegible] have asked that this program be kept primarily for the child who has become ill over night rather than for the child who has some long [illegible]

problem that might require detailed discussion with a physician. As previously mentioned, the program has been enthusiastically received and approximately 25 calls are handled each day.

d. In March, the Dispensary Newsletter became a permanent part of our operation. This newsletter was designed to assist us in communicating with our patients. Issued each month, it attempts to answer questions that patients frequently pose at the dispensary. Those questions that most frequently appear on our dispensary questionnaire are addressed in the newsletter. Additionally, it is utilized to pass on changes of policy and new programs as they occur. Distribution is made through the dispensary, commissary, Base Exchange, Wives' Clubs, and Open Messes. Additionally, the Youth Center has volunteered to make distribution of the Newsletter to all on-base housing areas.

2. All of these improvements, instituted in the first three months of FY 1972 are envisioned as a permanent part of our operation. Hopefully, in addition to providing better service to our patients, they will be a means of increasing productivity and reducing costs.

Louis C. Bridges

LOUIS C. BRIDGES, DAF CIV
MSA Officer

ROSTER OF KEY PERSONNEL

COMMANDER
Lt Colonel Arthur W. Magnuson, USAF, MC

ADMINISTRATOR
Captain James R. Madory, USAF, MSC

BASE DENTAL SURGEON
Lt Colonel John M. Hewson, USAF, DC

CHIEF, DISPENSARY SERVICES
Major James G. Ward, USAF, MC

CHIEF NURSE
Major Johnnie Lomax, USAF, NC

CHIEF, AEROMEDICAL SERVICES
Major Arthur P. Copek, USAF, MC

BASE VETERINARIAN
Captain Marc E. Miller, USAF, VC

BIO-ENVIRONMENTAL ENGINEER
1st Lt Gerhard Ille

REGISTRAR & COMMANDER, MEDICAL SQUADRON SECTION
1st Lt Terry D. Mitts, USAF, MSC

CHIEF, MEDICAL MATERIEL
2d Lt Robert H. Myers, USAF, MSC

ADMINISTRATIVE OFFICER
CMSgt Raymond E. Steffen

FIRST SERGEANT
MSgt Jon Craighead

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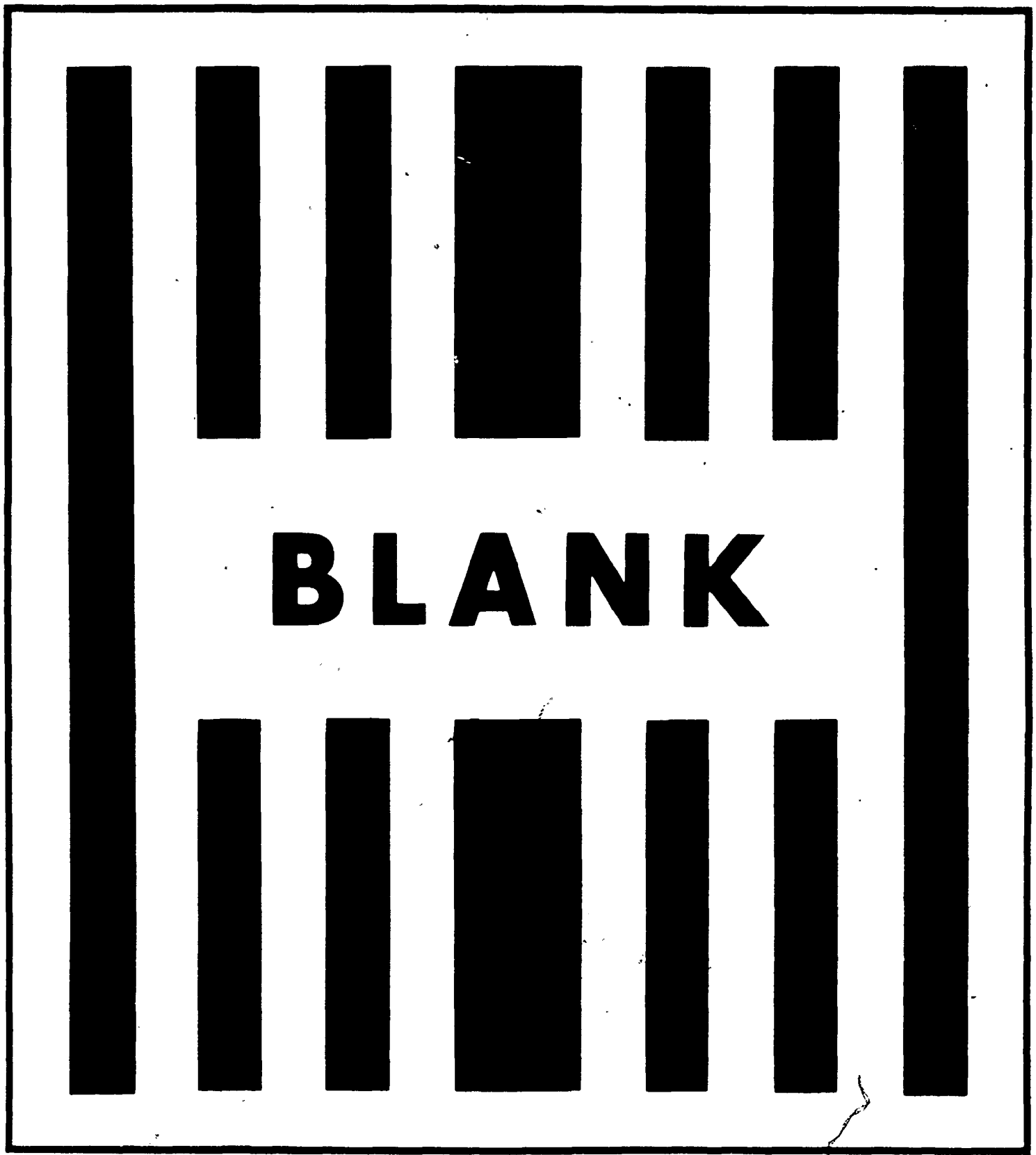
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DAVID GRANT USAF MEDICAL CENTER

HISTORICAL REPORT

1 JANUARY 1978 - 31 DECEMBER 1978

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I. COMMAND AND ADMINISTRATION

A. Command. David Grant USAF Medical Center continues to serve as the largest medical facility in the Military Airlift Command (MAC) and as an Area Medical Center for 21 Air Force medical facilities in eight Western states.

As one of four major teaching centers in the Air Force we continue to offer postgraduate physician programs in General Surgery, Pediatrics, Obstetrics-Gynecology and Radiology. In June 1978 the Internal Medicine residency was terminated and a Family Practice residency program was initiated. The Oral Surgery residency and General Practice Dentistry programs have continued. Phase II Laboratory and Radiology technician programs have been maintained and a new cardiopulmonary technician course has been formulated and is to be initiated in January 1979. A one year extension of our accreditation by the Joint Commission on Accreditation of Hospitals was granted following a resurvey of previous life-safety code deficiencies which are inherent in a thirty year old structure.

Colonel Vernon Chong assumed command of David Grant USAF Medical Center upon the retirement of Colonel William L. Lee, Jr., on 1 November 1978. Colonel William E. Barry was selected as the Deputy Commander and Director of Hospital Services replacing Colonel Chong. David Grant continues to be an active member of the West Coast Military Medical Region-2 and has fully supported the concepts of regionalization. All three Regional Review Committee co-chairmen of the WCMMR-2 changed with BGen Floyd Baker replacing BGen Woodard at Letterman AMC, RAdm J. William Cox replacing RAdm Brown at the Naval Regional Medical Center, San Diego and Colonel Chong replacing Col Lee at David Grant USAF Medical Center.

The Medical Service Corps continuing health education program, first held on 9 Dec 77, met quarterly during CY 78. The title "Hospital Executive Development Program" was used and was certified by Air Force Military Personnel Center. It provides health care administrators with new concepts and trends in the field of management techniques for more effective utilization of personnel, labor-management issues and health facility design and construction.

A new intercom system in the Medical Control Center enhanced the disaster preparedness communication system. DGMC participation was excellent in the World-Wide Exercise, "Nifty Nugget," a MAC ORI, and Community Appreciation Day.

Decorations approved included 45 Air Force Commendation Medals and 17 Meritorious Service Medals. Awards recognizing outstanding individuals during 1978 were:

a. Outstanding AFRES Mobilization Augmentee for the Medical Service Corps - Maj Charles R. Laird.

b. Air Force Social Worker of the Year - Capt Robert C. Anderson.

c. Junior Officer of the Year, DGMC - 1Lt Don C. Brown.

d. Travis AFB NCO of the Quarter - SSgt Betty J. Slade

e. Travis AFB Airman of the Quarter - AlC Michael R. McDonald.

B. Chaplain Services. A David Grant USAF Medical Center clergy day was conducted in March to instruct and orient the local ministers, priests and rabbis to the mission and purpose of the medical center. Thirty-four ministers and chaplains attended. Child Abuse lectures were presented to the Concerned Parent Association and the Protestant Sunday School Teachers, and Chaplain James R. Palmer (Major) delivered a Child Abuse paper to the HQ MAC Hospital Chaplains Conference at Malcolm Grow Medical Center, Andrews AFB and Walter Reed Army Medical Center, Washington, D. C.

C. Forensic Medicine. Calendar Year 1978 exhibited the continued effort by the office of Forensic Medicine to offer greater expansion of services to hospital staff and patients as well as to Western region satellite bases. Of note was the physical relocation of this office in March 1978 to the main hospital complex and closer proximity to the Command Section. Committee involvement continued with the addition of HEX Subcommittee and Hospital Safety, specifically incident reports as potential claims. The FMCA initiated a program in July 1978 with the newly formed Family Practice Clinic for selected medical residents to inform them of medical-legal activities and provide guidance for the better performace of their mission. In September, HQ USAF/JACC confirmed the addition of Alaska into our geographic area of responsibility for consultant visits and review of malpractice claims. Consultant visits were made to fifteen satellite bases during 1978, including Luke, Williams, Davis-Monthan, Edwards, George, Norton, March, Castle, Vandenberg, Hill, Mt. Home, McChord, Fairchild, Malmstrom and McClellan. CY 78 ended with the resignation from the Air Force in December of Major Ronald A. Frederick in order to pursue a medico-legal private practice with the American Hospital Association in Chicago, IL. The new FMCA advisor, Capt Hervy A. Hotchkiss was expected to arrive in Jan 1979.

D. Resource Management Office. This was an excellent financial year for DGMC with a total FY 78 Operation and Maintenance Budget of $9,537,039. Of this, $304,100 was used to buy new and replacement Expense Equipment, and $212,079 was obligated for repair and maintenance projects for this facility:

Paint Ext Hosp	$87.995
Construct Parking Lot	57,782
Elevator Alteration	26,585

Install Vacuum and Oxygen Outlets	23,949
Replace Glass Window Panes	7,000
Alter Family Practice Clinic	8,878

In addition, $14,617,044 was expensed for Military Pay. Civilian Manning was maintained at 93 percent of authorized strength. Application of new medical manpower standards was a challenging project during the last quarter of CY 1978.

E. Patient Affairs. Medical Records for families enrolled in the Family Practice Program were relocated from the Outpatient Records Section to the Family Practice Clinic (Bldg 383). This move was necessary due to the increased enrollment of families in the program and to centralize all Family Practice functions. Relocation of the Admission and Disposition office to the main lobby adjacent to the Information Desk provided better visibility to patients and less congestion. Consolidation of the administration functions of the 2nd Aeromedical Staging Flight with the Admission and Disposition Office as well as after duty hour coverage of the Information Desk improved the utilization of available manpower and permitted us to discontinue a night duty NCO roster. Also, relocation of the Medical Board and Patient Squadron Section to Rooms D102 and D103 enhanced the overall streamlining of operations of the Department of Patient Affairs. The Unit Manager Program, under the direction of the Department of Patient Affairs, was discontinued, and the nursing service assumed this responsibility. The two unit managers were reassigned to the Outpatient Records Section and the Patient Control Office.

F. Medical Squadron Section. Renovation of dormitories continued during the year with installation of new carpeting and modern modular furniture in one building and drapes in the other building. Logistical support was provided the 44th MSS and 349th Medical Element, Travis AFB, and training was provided for 13 Reserve Units.

G. Medical Food Service. New additions to the staff were Major Bernice M. Kaylin, Department Chairwoman, Capt Judith C. Johnson, Chief, Clinical Dietetics, and 2Lt Judith A. DeLaGarza, Clinical Dietitian. A totally new seasonal selective cycle menu was implemented and many new food items and specialty meals were introduced. New equipment to upgrade worn and outdated items such as stack ovens, ranges and refrigerators were purchased and installed.

H. Facilities and Projects. The following items were accomplished during CY 1978:

TVS 78-0062 Tempered glass window panes were installed in Mental Health Ward.

TVS 77-0099 Modification to Building 380A for the Family Practice Clinic completed.

TVS 77-0048 Repair of various pumps and replacement of some ventilation fans was completed.

TVS 77-0055 The interior of buildings 117 and 121 were painted.

TVS 76-0067 Miscellaneous modifications to Bldg 117 were completed, including installation of new cabinetry.

TVS 74-223 Cool screens were installed on Bldgs 380, 383, 121 and additional cool screens were installed on Bldg 381.

TVS 76-0072 Thermostatic water control valves in all patient showers were replaced.

TVS 75-0088 Construction of another parking lot east of Bldg 381 was started.

TVS 74-0042 Installation of oxygen and vacuum outlets in Hospital Dental Clinic was begun.

78-1637 Contracts were negotiated to provide a Seismic survey and a Fire Safety survey of both Bldgs 381 and 380B.

II. HOSPITAL SERVICES

A. General. Many of the uncertainies of the future were resolved when the new USAF Surgeon General stated his continued support for the postgraduate medical education training mission of David Grant USAF Medical Center. In addition, the decision was made to restart the Internal Medicine Residency in the summer of 1980. Residents will be selected during the fall of 1979 pending approval by the American Medical Association Committee on Graduate Education. 1978 was an outstanding year for the Medical Center in terms of refurbishing both plant and equipment. HQ USAF and MAC support for the funding of new and replacement equipment resulted in significant improvement in care to our beneficiary populations. X-ray equipment, including a computerized Axial Tomography (CAT) scanner was funded, which will add a new dimension to the range of diagnostic imaging provided. The success of graduated residents

from all departments on national board examinations continues to attest to the academic excellence of the Medical Center. Research, education, and outstanding patient care continue to be the hallmark of David Grant. All of the staff look forward with anticipation to the challenge of future mission excellence.

B. Department of Mental Health.

1. The Department of Mental Health has expanded and improved its services considerably. The workload generated the previous year resulted in an increase in two additional psychiatrists being assigned. In addition, this department has received a high quality, complete line of biofeedback equipment and is in the process of establishing a Relaxation/Biofeedback Service for inpatients as well as outpatients.

2. The Alcohol Rehabilitation Service now has a 12-bed capability and in addition to the Chief being a Social Worker, they have a full time and a part time psychiatric nurse. An additional psychiatric technician was assigned and works evening shifts to facilitate the evening therapy programs. An NCO was authorized and assigned to act as the Social Actions Liaison Officer for the Medical Center to improve communications and assist our referring facilities. During CY 78, the Alcohol Rehabilitation Service graduated 121 individuals which is a record since the program's inception in 1972.

3. The Social Work Service instituted a weekly seminar for the Society of Military Widows and provides training and supervision on death, dying, and the grief process. The Child Advocacy Committee was supplemented by an additional Social Worker and has expanded in membership to include the local school personnel and the Commander of Mare Island Naval Station. In addition, the Social Work Service established a parental stress line to deal with and support individuals who call for advice and emotional support. A Social Worker is actively involved working with the Department of Pediatrics, using a team approach to work with children and the families of children with chronic and/or terminal illnesses. He also works with the intensive care nursery staff and the parents of children receiving intensive medical therapy.

4. The Mental Health Clinic now conducts regular treatment for sexual dysfunctions in the Masters and Johnson's format. They are now working in conjunction with the OB/GYN and Urology staff personnel and have established a format for training and treatment of patients with mutual problems.

5. This Department purchased the Halstead-Reitan Neurological Testing equipment and psychologist was trained to administer and interpret the results. The Department of Psychology is now accomplishing Neuropsychological assessments for our own department as well as Neurology and Neurosurgery.

6. The Occupational Therapy Service developed a pediatric developmental program and provides an occupational therapist to facilitate activities which encourages growth and development for children on the Pediatric Ward. Special education evaluations at the local elementary schools are being accomplished to provide for developmental delays in growth and fine motor strength and coordination, as well as the visual motor perceptual skills. Home visits were begun for the physically disabled, both adult and pediatric, and suggestions for adaptive equipment and techniques of work are explained and simplified to promote optimal independence. In addition, a physical dysfunction splinting program was developed. Since March 1978, one therapist averaged five splints per week on patients referred from Orthopedics, Neurology, Podiatry, Pediatrics, Rheumatology, Medicine and ICU Services. Letterman Army Medical Center also referred patients for splints. The local Elks Club, BPOE 1976, donated a complete electric kiln to the Occupational Therapy Service which is a great benefit to the program.

C. Pediatrics. There were 18 pediatric residents in training at the end of CY 78, including five PL-1, seven PL-2 and six PL-3. A youth clinic (Adolescent Medicine) was implemented, operating 5 half days per week and providing services for approximately 500-600 patients, between 12-18 years old, each month. A Breastfeeding Clinic was organized to instruct and assist mothers in successfully nursing their infants. Two self-contained Infant Care Systems were acquired to improve care in the Intensive Care Nursery and a number of oxygen monitoring devices have been added to better insure that infants are receiving safe amounts of oxygen. New cardiac and respiratory monitoring devices for the Pediatric Ward were also obtained. All residency program graduates achieved excellent passing scores on their National Boards. Supervisory responsibilities for PL-3 residents have been increased to meet requirements imposed by the American Board of Pediatrics.

D. Department of Family Practice. The Family Practice Residency Training Program (FPRTP) officially began on 1 July 1978 when the first class of residents began their tour at this facility. The Family Practice Clinic was formally opened on 3 July 1978. Official approval of the residency was obtained on 15 June 1978 from the Liaison Committee for

Graduate Medical Education of the American Medical Association. Following an intense public information program involving the military as well as the retired population served by DGMC, enrollment of families begun and will continue until the program is saturated which should occur by the end of June 1981. From July 1978 until December 1978 five hundred families were enrolled. Five staff physicians were responsible for the teaching of residents. This staff will be augmented by one additional Family Physician in 1979. In November 1978, nine physicians were selected to be the second class of residents for our program. They will commence on 1 July 1979. Continued facility improvements are anticipated in 1979.

E. Department of Primary Care. The Emergency Room, which was transferred to Family Practice in September 1977 was returned to the supervision of the Primary Care Clinic in June 1978. In spite of enormous increases of patients seen monthly in Primary Care Clinic (from 4000 to 7000), the staff of Primary Care Clinic has remained the same as two years ago - three physicians (two military and on civilian), four physician assistants and one nurse practitioner. This productivity is due to efficient improvements in five areas: (1) Appointment System, (2) Organization of Emergency Room, (3) Staff Education, (4) Intercommunication with Patient Affairs, and (5) Supervision of the Record Section.

(a) The improved Appointment System provides complete utilization of practitioners in Primary Care Module and also reduces the overflow of patients who plague the Emergency Room.

(b) Critical Emergency Room equipment such as defibrillators, endotracheal tubes, ventillation masks and bags are now available. A new Altrabrush instrument, used to remove foreign body from the eye, was recently introduced. Lumbar puncture has been taught in the Emergency Room to PG-1's for specific indications and is only recently considered an Emergency Room procedure.

(c) Staff Education - Each practitioner, after each return of TDY, is requested to summarize his educational experiences which provides a good learning system for all other staff members. Regular monthly meetings in Primary Care Clinic (sometimes two) with appropriate topics by different specialties, has been instituted for the same professional purpose. The concept of training and supervising residents in the Emergency Room has been extremely effective and has become a permanent part of the training plan. The rotation of PG-1's into the Emergency Room two years ago was purely elective; this policy was changed and now each PG-1 must stay on a compulsory basis one month for regular residents and two months for FLEX. Thus

there are three PG-1's scheduled on duty in three different shifts four days out of seven.

(d) Intercommunication with Patient Affairs. There has been marked improvement in rapport with the Patient Affairs and Nursing Supervising Departments. Meetings are held every two weeks to ensure effective communication for patient care.

(e) Supervision of Record Section. Each patient in transit must have attached to AF Form 600 a copy of his PCS or TDY order so that he may be located in the event of an infectious disease, namely VD. Careful checks of ID cards for valid care dates are practiced daily. A simple skillful method of getting the patient's record from the Reception Desk to the Practitioner's office was initiated with great success; this reduced both the patient's waiting time and prompt physician service.

F. Department of Pathology. The medical center was designated as a Cytopathology Center by the Surgeon General. In this capacity the Cytopathology Center will screen all cytologic material from PACAF, Alaskan Air Command and most of the the western United States. The Cytopathology Center is now completely manned and operational. Additionally, the Hematology Section acquired an automatic differential counter which will automatically do differentials on approximately 40 slides per hour. Finally, the Phase II Laboratory Technicians Training Program was rated outstanding by inspectors from ATC. This was a significant improvement from previous inspections.

G. Department of Medicine. During this reporting period, the directed loss of our excellent internal medicine training program took place. This has resulted in several significant changes in the standard and delivery of care. With the loss of the training program, two key subspecialists--a cardiologist and a rheumatiologist--elected to move PCS to another teaching hospital which has an internal medicine residency training program. This left a large active rheumatology patient population without subspecialty direction, a situation that continues and hopefully will be corrected in the near future. The cardiology situation is more critical as this section has had a dynamic cardiology staff that had built up a large local and referred clinic population. This population and an excellent group of cardiology technicians generate a large number of procedures including exercise stress tests, stress tests using thallium, echocardiograms, ambulatory EKG monitoring, as well as standard EKG's. These procedures require monitoring and interpretation by the cardiologist, which our current staffing cannot keep up with. It is critical

that at least two full time cardiologists support this medical center and its mission. With the loss of intermediate level internal medicine residents on the ward services, the teaching interface is from the staff internist, often a subspecialist, to a PG-1 level resident whose career interest is other than internal medicine. This gap has at times been detrimental to a good teaching relationship. With the advancement of Family Practice residents to the PG-II level in July, this problem should be improved. The loss of certain extra sub-specialists other than cardiology and rheumatology has allowed the addition of several excellent general internists to the staff with the opening of primary care general internal medicine clinics. Strong staff interest in teaching led to the formation of the Ad hoc committee to reinstitute the internal medicine residency program. With much effort, this committee prepared a detailed proposal for the Surgeon General USAF which resulted in approval to seek accreditation for a Primary Care General Internal Medicine Residency program to begin in July 1980. This recognition and approval from the Surgeon General has resulted in improved morale and a positive look to the future among the staff of the Department of Medicine with anticipation that the level of inpatient care will once again attain the high standards of quality of the recent past.

H. Department of Nursing. WARSKIL's training program was instituted in May 1978. To date, 16 enlisted personnel have reached 90230 level; an additional 29 persons have received didactic theory and are projected for clinical upgrade training in 1979. Reserve training commitments have increased markedly. The summer active duty training schedule is constantly full. The summer ROTC program for Bachelor of Science in Nursing (BSN) students has also expanded significantly. A new standardized course for CPR Refresher Training has been established that directs emphasis on local response to Code 4 crises. Coronary Care Nurse/Technician Training program has been developed as a pilot project by the CCU nursing staff; this excellent training packet will be refined prior to proposing it for use outside this facility. Continuing education offerings continue to be a vital component of staff development programs. New course additions include: (1) Leadership and Management Seminar for Charge Nurses and NCOIC's, (2) Assertiveness Training for nurses and medical technicians, and (3) Co-sponsored programs with specialty and/or community agencies, e.g., Corometrics Antepartal Monitoring Medical Systems, Solano County Continuing Education Committee and Tri-Service military agencies. The BSN program from University of California, Chico, has discontinued its affiliation, effective 12 December 1978; cost effectiveness and distance constraints necessitated this move after a 14-year mutually satisfactory agreement. The AA Nursing Program at Solano Community College has initiated

affiliation proceedings with DGMC; the contract proposal has been submitted. Captain Joan Gesch had a double distinction of Distinguished Graduate of Squadron Officer's School, class 78C, and Honor Graduate of the Flight Nurse Course, class 78-01-06.

I. Department of Pharmacy. A Unit Dose, Intravenous Additive Service was established. This was accomplished by modifying the pharmacy storage room adjacent to the Hospital Barber Shop. Fixtures were installed to store and dispense unit dose medications. Portable unit dose dispensing carts were obtained for each nursing unit in the hospital. An automatic packaging machine was purchased to individually package tablets and capsules not available in unit dose form from the manufacturer. A program was established to train pharmacy technicians to prepare sterile products. The program consists of a review of sterile products procedures, definitions of technical terms, and common abbreviations. Oral and written examinations were prepared to determine the progress of the technicians. Technicians completing the program are qualified to prepare sterile products under the supervision of a pharmacist. A public address system was installed in the clinic and hospital pharmacies, which allows patients to use waiting areas adjacent to the pharmacies.

J. Department of Physical Therapy. Joint mobilization is a new treatment method added to our list of physical therapy modalities. All assigned officers have completed postgraduate courses in joint mobilization. A contractual agreement with Vanden High School will allow senior students to receive an introductory program in Physical Therapy at this facility.

K. Department of Radiology and Nuclear Medicine. The Department of Radiology was selected as a TRIMIS test site for a computerized Radiology Information System that will control five basic functions: registration, scheduling, reporting, film file control, and data gathering. This department was also selected to test the Norland Bond Mineral Analyzer and gather statistics about the value of bone mineral analysis in the dialysis and chemotherapy patient. A Quality Assurance Program was implemented that addresses both the technical and administrative functions of radiology and achieved the following results: (1) An appointment system that handles STAT cases, provides same-day appointments, and affords the patient the opportunity to select a convenient appointment time; it also reduced patient waiting times and reduced the congestion in the waiting areas. (2) Consolidation of the film libraries into one secure file area was accomplished. (3) Concise quality control procedures were established which reduced the repeat rate and supply costs. Two new automatic film processors were installed as well as two new viewing alternators, providing a more efficient method of film handling and interpretation. The ultrasound upgrade package was completed. A mobile CT Scanner visits the department

twice a week. There were 20 radiology residents assigned. Three residents completed their residencies and passed their certification board exams. During this same period five technologists were certified by the American Registry of Radiologic Technologists.

L. Department of Surgery.

1. Anesthesia Service. The following equipment was added to the Anesthesia Service inventory: Datascope three channel EKG monitor, two Roche Arteriosonde BP monitors, disposable Ohio breathing circuits for routine use, an American Optical fiberoptic laryngoscope, a Harlake Cyprane heated humidifier, and two new replacement anesthesia machines. Ongoing bi-weekly inservice anesthesia educational seminars were begun.

2. Otolaryngology Service. A Grason Stadler 1701 Audiometer and double testing booth have arrived and have been installed this year. The ENG equipment has been upgraded to include an Optokinetic Stimulator and Velocity Computer.

3. Ophthalmology Service. The Ophthalmology Service has received the following equipment which has enhanced patient care: Two Haag-Streit Slit Lamps, Acuity Systems Auto-Refractor, Ziess FF-3 Fundus Photo Unit with Fluorescein Angiography capabilities, Fibra-Sonics Lens Fragmentor/Aspirator Unit, Ziess OPMI-6 Operation Microscope, a Wet-Field Coagulator, and automated lens analyzer. The Optometry Clinic and Visual Screening Clinic were consolidated in Building 383. This effective utilization of manpower has increased our ability to provide better and more efficient patient care. A third year resident in Ophthalmology from Oak Knoll Naval Hospital is here full time. We are actively involved in teaching him medical and surgical skills in the field of Ophthalmology. The resident shares an equal load of patients with each of the two full-time staff Ophthalmologists.

4. Plastic Surgery Service. Implementation of an ongoing filing system was concluded to allow continuous records to be kept on each patient. Improved capability resulted from the acquisition of two Stryker air driven dermatomes.

III. DENTAL SERVICES

A total of 16 new dental units and lights were installed during 1978, seven at the Base Dental Clinic, four at the Preventive Dentistry Clinic and five at the Hospital Dental Clinic. Nineteen new dental chairs were installed, including three specifically designed for Oral Surgery. Also received were 50 operator and assistant stools. New drapery was installed throughout the Dental Clinics. A new compressor with metal shed was installed in April 1978 at the Base Dental Clinic.

A TAB Spacefinder Record Storage unit add-on, Cycloptic microscope, three oral surgery air drill systems, a 16mm movie projector and 35mm slide projector, three Gomco suction units and two x-ray duplicators were received. In addition, waiting room furniture was installed in the Base Dental Clinic in 1978. One new boil-out unit, two new burn-out ovens and one porcelain furnace were installed in the Base Dental Laboratory in August 1978. Installation of piped in oxygen and suction in the Hospital Dental Clinic was essentially completed in December 1978.

The American Red Cross Volunteer Dental Assistant Program summer short course was initiated in June 1978. The traditional long term Dental Assistant course for Red Cross volunteers was started in September 1978. These courses provided the Dental Service with chairside dental assistants alleviating critical and continuing enlisted personnel shortages. The volunteers were committed to a six-month training period prior to acceptance into this course.

A new preventive program was initiated which includes specific measures to protect and monitor pregnant female personnel when duty environment involves taking x-rays and handling mercury. 3-M respirator masks were purchased for use by these personnel; in addition, 12 Mercury Vapor controllers were purchased and installed in September 1978. A MerVac mercury vacuum cleaner was purchased during September 1978 as part of the mercury control program. Mercury detecting sensi-discs were obtained to periodically screen dental treatment room mercury vapor levels.

An audit of the Dental Services by the AFAA Area Audit office was conducted during the month of October 1978. The audit covered areas of control of precious metals and controlled drugs, silver-bearing scrap reclamation, tooth inventory management, clinic operating stock levels and the annual dental examination program. As a result of this audit, a comprehensive check of the dental records was conducted during the months of November and December to provide CBPO with current information for a new data base. The control, safeguarding, and accountability for precious metals and alloys and controlled drugs were being effectively and efficiently accomplished.

IV. PROFESSIONAL EDUCATION

A. Training.

1. Resident Training. At the beginning of 1978, 85 residents were in training in the following specialties:

Specialty	Number of Residents
Internal Medicine	19
Pediatrics	17
OB-Gyn	14
Radiology	14
General Surgery	14
Oral Surgery	3
Dental General Practice	4

Of this number, 26 completed their programs and 22 completed the first year of postgraduate medical education at the medical center during 1978 and were awarded diplomas on 16 June 1978 at the 16th Annual Resident Graduation Ceremony. The guest speaker was Maj Gen Max B. Bralliar, Strategic Air Command Surgeon. The Dr. Helene Thorpe Award was presented to Major Max A. Clark, an OB-Gyn Resident, for the best written case report submitted by a house staff member.

The Professional Education Directorate processed 41 new house staff members who began training on 1 Jul 78. A formal, comprehensive orientation program was conducted for these new arrivals during the last week in June.

A new Family Practice Residency Program, with 12 residents accepted at the first year level, began in July 1978. Lt Col John T. Reppart was assigned as Department Chairman and Program Director.

This year also saw the iniation of the FLEX-1 Program (rotating internship) with six residents assigned to the Director of Professional Education. At the close of the year there were 91 residents in training at the medical center. HQ USAF decision to phase out the Internal Medicine Program was reversed in December 1978, and plans are now under way to submit application for re-approval of the training program.

2. Clerkship/Externship Training. During 1978, 37 Air Force sponsored medical students served clerkships in a variety of specialties at the medical center. The average length of tour was 45 days. Academic Evaluation Report, AF Form 494, continued to be rendered on each student and the report forwarded to AFMPC/SGE and AFIT for information and use by the Residency Selection Board.

3. Training Affiliations. Affiliation agreements were revised during the year to conform with the new regulation AFR 169-8. Difficulty in obtaining approval for the general UCD/DGMC affiliation agreement continued. The rotation of Chico students through David Grant for clinical experience was discontinued in December 1978. An affiliation with Solano Community College Department of Nursing is being explored.

4. Other Training. The Directorate of Professional Education continued to be the office of responsibility for all officers attending educational courses with other than local monies. Over fifty applications for AFIT funding were processed as well as 134 for service schools. The pilot study in which David Grant participated by gathering continuing medical education (CME) credits for input into a computer bank was discontinued at the decision of AFMPC/SGE; however, plans are under way to initiate the practice Air Force wide after preparation of a regulation on the procedure.

B. Special Programs.

1. Military Consultant Program. No more visits than were specifically requested were performed during the year. At the close of the period, nine physician visits had been made and thirty-nine dental visits.

2. National Consultant Program. Funding limitations curtailed full benefit of the National Consultant program.

3. Local Consultant Program. The Local Consultant program again provided much needed support in the form of guest lecturers. It was agreed by the UCD/DGMC Joint Coordinating Committee that consultants from UCD, heretofore unpaid for their services, would receive payment when their visit involved patient care.

4. Clinical Research Program. Twenty-four protocols were reviewed by the Institutional Review Committee and forwarded to the Surgeon General's Office for approval. At the close of the year there were 42 current clinical investigations being pursued at the medical center. Twenty-three professional papers by medical center physician and dental authors, representing all major specialties, were reviewed and cleared for publication.

5. Audiovisual. During 1978, the medical center received three new video tape recorders. Although these recorders are permanently assigned to the using department's supply account, we were requested by the Medical Center Commander to develop a program for coordinating the use of the tape systems throughout the medical center. To comply with this request, Medical Center Regulation 168-26 (Medical Photography/ Illustrations and Audio Visual Services) was revised to include procedures for the use of these systems.

6. Personnel. Colonel Ralph D. Reynolds succeeded Lt Colonel James H. Shirley and Colonel William E. Barry as Director of Professional Education in Nov 78.

V. AEROMEDICAL SERVICES

A. Flight Medicine. The aeromedical staff continued their efforts to implement and maintain an active Aircrew Effectiveness Program. The Aerospace Medicine Reports submitted reflected many realistic problems dealing with flying safety hazards, health, welfare and morale items. Some of the programs conducted and topics reported are as follows:

1. Aeromedical personnel participated in many Wing-Base programs, among them the Wing Safety Board, Disaster Preparedness Planning Board, Wing Review and Certification Board, Wing Staff meetings, and Wing Squadron flying safety meetings.

2. Topics reviewed by the Aerospace Medicine Council included fatigue factors in aircrew duty, tuberculosis detection and control, hearing conservation program, inflight feeding of aircrews and passengers, the Special Airborne Medical Care Unit (SAMCU), drugs and the flyer, crash ambulance operation and equipment, venereal disease prevention and control, rapid decompression and oxygen discipline and other interesting topics presented by guest speakers and staff. Some of the significant developments derived from these topical discussions were better control and treatment of venereal diseases, administering the tuberculosis program establishing better control of patients receiving medication, closer coordination between the Dental Service and Aeromedical Service regarding prompt dental treatment of flyers, and better controling of dental grounding and returns of flyers for dental operative procedures.

3. Aeromedical Service continued to support base agencies in Operational Plans and Disaster Preparedness Training Programs.

4. Flight Medicine personnel provided the necessary supervision and guidance for an effective Weight Control Program for all base assigned and attached personnel both flying and non-flying.

5. During this period, flight medicine was instructed in the operation of Crash Ambulance emergency equipment and the use of crash grid maps. A tour of the flight line including proper crash rescue response positions and flight line safety procedures is conducted for all newly assigned aeromedical personnel. Additionally, personnel attended a periodic cardiovascular pulmonary resuscitation course conducted by an aeromedical technician certified as a CPR instructor.

B. Physical Examination Center. This section is responsible for approximately 2500 aircrew members, both active and reserve. Since this base is a major port of embarkation/debarkation and an aircrew examining center, the Physical Examination Center provided an expanded service in physical examinations. These included: Service Academy and four-year scholarship applicants, Air Force ROTC, Pilot, Navigator and Primary Course Aerospace Medicine applicants, enlisted initial flying and commissioning physicals, separation and retirement examinations. Such physicals placed an exceptional workload on the professional staff, technicians, and administrative staff.

1. The Aeromedical Service continues to be responsible for all physical examinations for three AFROTC units, two recruiting detachments, five radar sites, and one ANG unit. Additionally, outpatient treatment and physical examinations are provided reserve unit personnel on active duty not in conjunction with UTA training.

2. Physical Examination Center continues to accomplish all food handler and driver physical examinations at this station.

C. Environmental Health.

1. Ongoing USAF short course training, funded through MAC, has provided all eligible technicians with required training. Examples of courses attended include Environmental Protection, Industrial Hygiene Field Measurements, and Respiratory Protection.

2. A "block appointment" system was completed to actively involve squadrons with the scheduling of their personnel for Hearing Conservation and Occupational Physical examinations. The net results have been a smoothing out of daily work loads, a reduction in missed appointments, and a more comprehensive follow-up program.

3. A new station wagon was obtained, replacing the old one on hand. Having a dependable vehicle has aided in accomplishing base-wide surveys efficiently and traveling off base to radar sites supported by AFR 11-4 agreements.

4. Expansion of the Industrial Hygiene Program has corrected several long standing industrial hygiene problems such as inadequate ventilation, improper handling of toxic chemicals and utilization of proper disposal techniques.

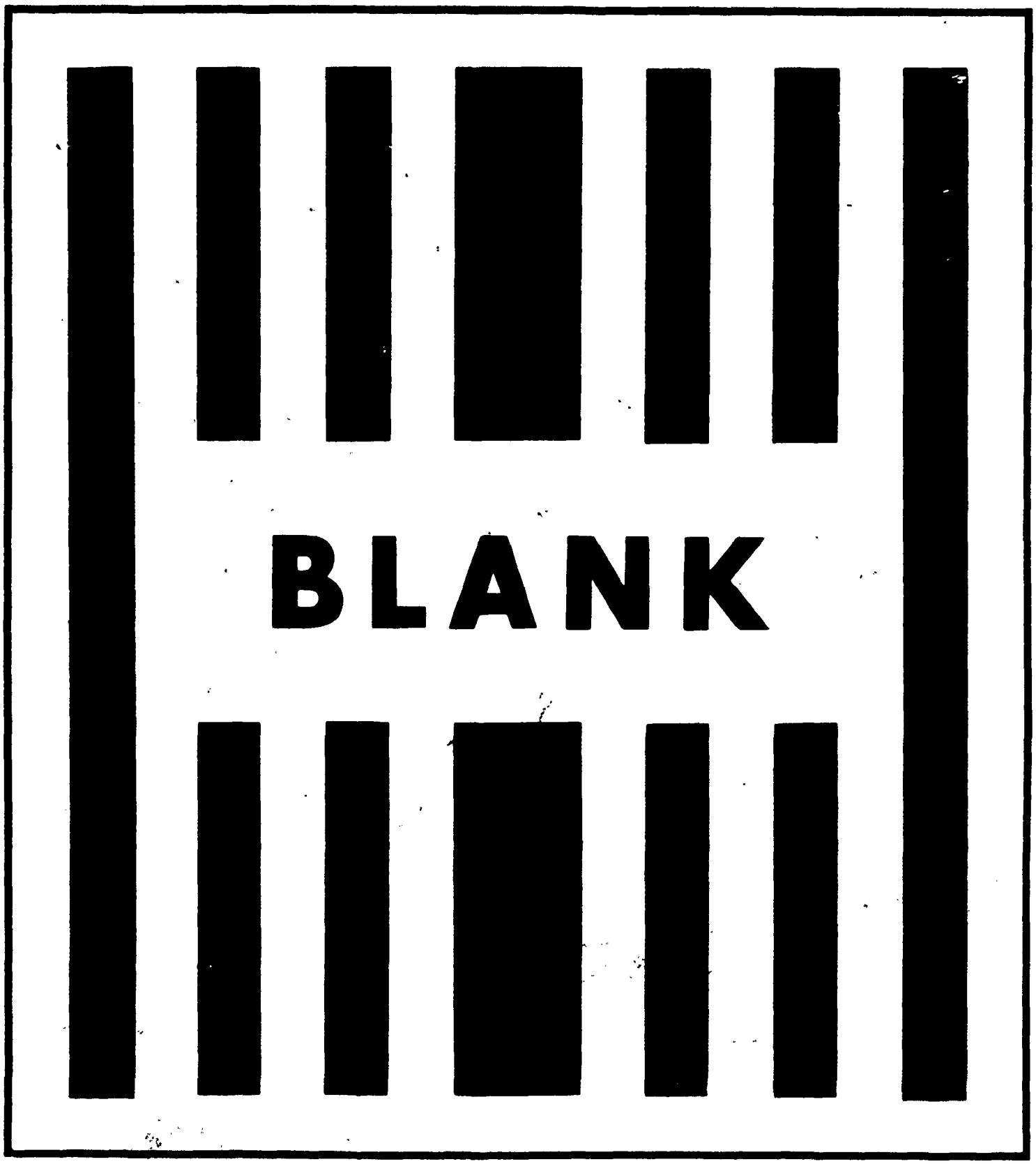
5. A new audio booth has improved the quality of hearing examinations. A third phone line was added to the existing two lines to enhance communications and speed daily operations.

6. The creation of an occupational examination form has improved physician response and patient follow-up on occupational disease cases. This, together with an improved shop folder format, has created a stronger correlation between cause-affect relationships.

VI. VETERINARY SERVICES

A. General. Veterinary Services provided a comprehensive food inspection program, sanitary surveillance of on-base food facilities, sanitary inspection of military and contract aircraft galleys, a comprehensive food handler training program, a zoonotic control clinic, complete medical care for the military working dog and a plague surveillance program.

B. Cost Reduction. This office participated in a transportation survey utilizing a compact pickup truck. This economical transportation met all the needs of the Veterinary Service.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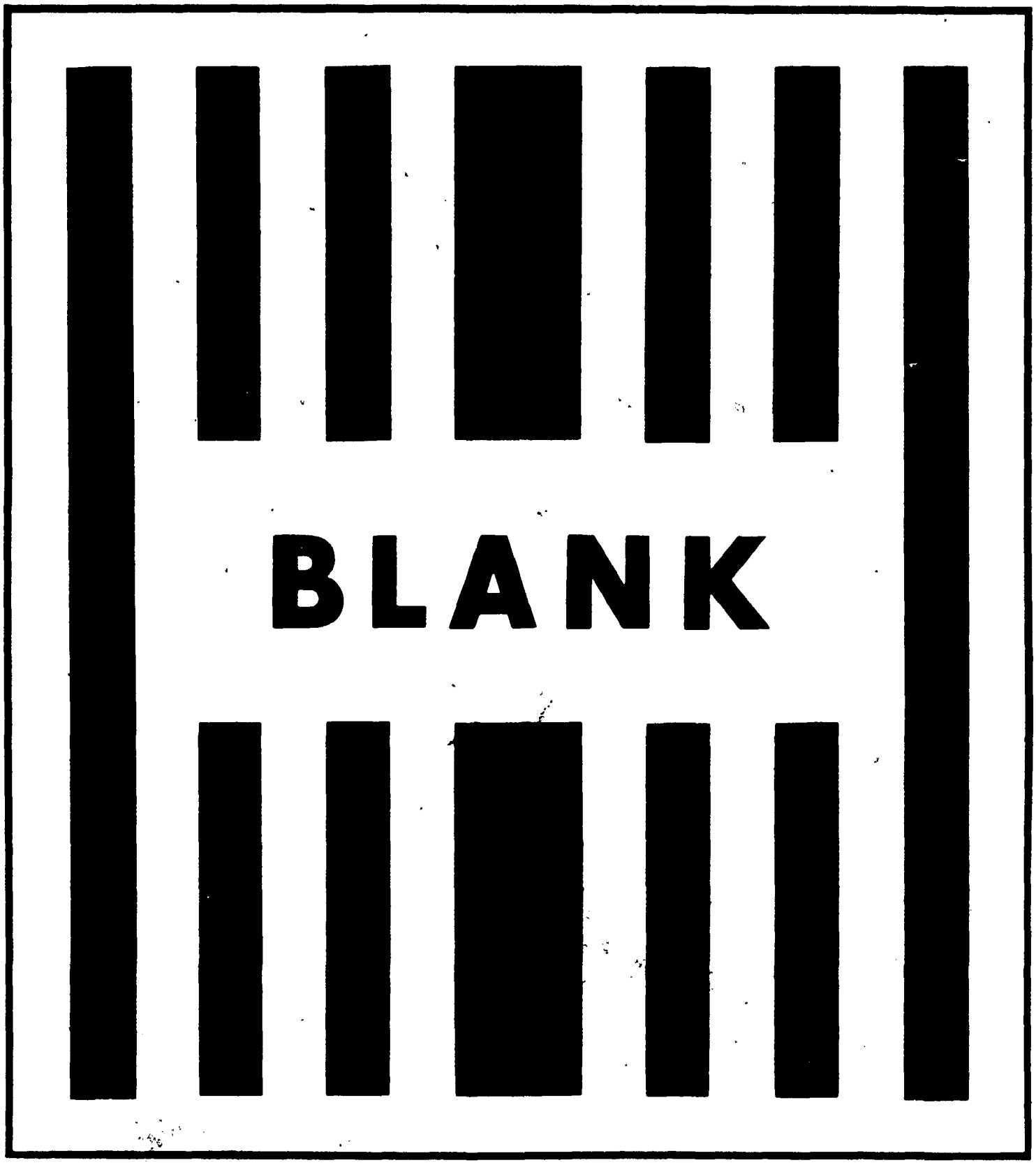
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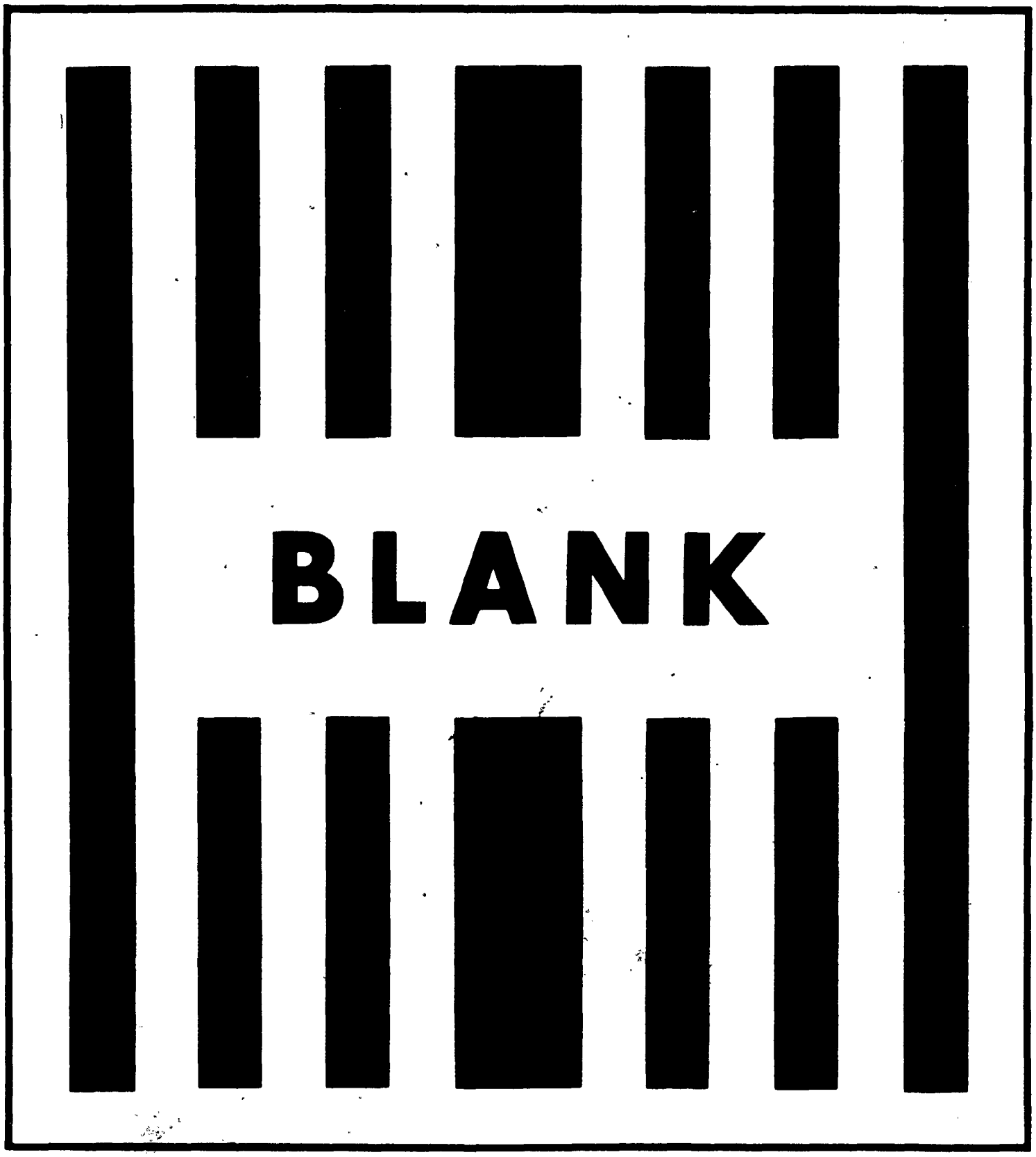
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DAVID GRANT USAF MEDICAL CENTER

HISTORICAL REPORT

1 JANUARY 1977 - 31 DECEMBER 1977

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I. COMMAND AND ADMINISTRATION

A. Command. David Grant USAF Medical Center continues to serve as the largest medical facility in the Military Airlift Command (MAC), and as an Area Medical Center for 21 Air Force medical facilities in eight western states. Despite manpower shortages and financial restraints, there have not been any significant reductions in the quality of care or denial of services to the population it serves. Colonel William L. Lee, Jr., became Commander of David Grant USAF Medical Center on 15 August 1977 upon the transfer of Colonel Monte B. Miller to Norton AFB. Also, Lieutenant Colonel John F. Riley became Medical Center Administrator upon the retirement of Colonel Bruce Jones on 1 August 1977. Effective 1 October 1977, the DOD Health Care Regions were reduced from thirteen to nine. The West Coast Military Medical Region, Region 2, was expanded to include southern California. The Naval Regional Medical Center, San Diego, became the lead Navy hospital in Region 2. Letterman Army Medical Center and David Grant USAF Medical Center continued as the Army and Air Force lead hospitals respectively. A satisfactory rating was received from the Health Services Management Inspection Team during their visit in February 1977. The Joint Commission for the Accreditation of Hospitals conducted a survey on 20-21 October 1977. A one-year accreditation was received due to life-safety code deficiencies. The first Medical Service Corps Conference on Health Care Administration was held on 9 December 1977. This conference began a series of continuing health education programs to broaden the professional background of administrators assigned to the Medical Center.

B. Chaplain Services. A briefing on the Medical Center ministry was given to the thirty ministers, priests and rabbis attending the Travis AFB Clergy Day on 9 May 1977.

C. Forensic Medicine. In July 1977, Captain David Bloomer ended his tour of duty at the Medical Center and departed for Reese AFB, Texas. Major Ronald A. Frederick reported for duty and is presently serving as Forensic Medicine Advisor. Calendar year 1977 witnessed the continuing expansion of the functions and parameters of the office of Forensic Medicine Advisor. The Forensic Medicine Advisor became actively involved in the Hospital Recovery Program by reviewing all correspondence to members of the civilian bar engaged in protecting government interests. New procedures were initiated to investigate potential claims at the Medical Center in a more thorough and timely manner. Legal assistance was expanded to provide more services to Medical Center staff and patients. During the year, committee involvement increased. The Forensic Medicine Advisor continued to serve as the legal advisor to the Child Advocacy Committee. Involvement in the Medical Records Review Committee increased through comments upon medical-legal

issues in random reviews of records. Seven consultant visits were made to Edwards AFB, George AFB, Norton AFB, March AFB, Mather AFB, and Beale AFB during 1977. In addition, forensic medicine briefings have been presented to the Departments of Surgery, Pediatrics, Radiology, and Nursing.

D. Resource Management Office. During 1977, the Medical Center experienced austere funding and many unprogrammed funding requirements occurred. Total expenses, including O&M and military salaries, amounted to $22,298,900. Through a special congressional appropriation, the Medical Center received an additional $220,000 at the end of fiscal year 1977 which decreased supply costs in the early part of the next fiscal year. The fiscal year 1978 Annual Budget Authorization was $7,648,200. Civilian pay was limited to 93 percent of the Medical Center's authorized manning. Also, the Medical Center was directed to spend 16 percent less for medical supplies than in fiscal year 1977. Finally, the Medical Center achieved 92 percent of its goal in the Air Force Suggestion Program.

E. Patient Affairs. Several improvements were made to the Central Appointment System. It was moved to an expanded working area in Building 380 which improved the working environment. A new Centrac rotary filing system for appointment records was installed providing quick and easy access to the appointment books by each clerk. A new automatic call distributing system was incorporated to permit easier access to the system by the patients. Patient Affairs also hosted the USAF Registrar Workshop in October.

F. Medical Squadron Section. The dormitories received new furniture, carpeting, and drapes.

G. Facilities and Projects. The Medical Center achieved an overall score of 98.3 percent in the MAC Commander's Facilities Inspection held at Travis AFB on 27 July 1977. The following items of modification were completed during 1977:

(a) TVS 77-0019 - Improved ventilation to the Department of Radiology and Laboratory.

(b) TVS 75-0171 - Remodeled shower rooms in the Aeromedical Staging Flight Building to provide tile surfaces throughout.

(c) TVS 75-0103 - Re-roofed Buildings 383, 386, 382 and portions of roofs on Buildings 380 and 381.

(d) Installed wireways for telephone line supports in corridors of Building 380.

(e) Cleaned and adjusted the main electric circuit breakers.

(f) Moved the Appointment Desk from Building 383 to Building 380 and installed an improved carousel and rotary telephone system.

II. HOSPITAL SERVICES

A. General. The hopes and desires of most of the staff were realized when it was announced that David Grant would continue as a Medical Center and would retain its training mission in postgraduate medical education. However, the Internal Medicine Residency will be terminated in the summer of 1978 and a Family Practice Residency will begin in July 1978. In spite of the uncertainties of the future and the constraints of limited monies and supplies, the staff continued to provide the outstanding medical care to beneficiaries which has been the hallmark of the Medical Center. Budgetary constraints have increased and have become a way of life; however, with the cooperation of all members of the Medical Center we can look forward to not only mission accomplishment but mission excellence.

B. Department of Family Practice. The Department of Family Practice was begun at Travis AFB in August 1977 with the arrival of the Chairman of the Department and two other Family Practice specialists. Their goal was to organize and establish the Family Practice Department and proposed Family Practice Residency Training Program (FPRTP). The first objective was to establish goals for the FPRTP and make formal application to the American Medical Association (AMA) for approval of the program. This application was accomplished on 23 September 1977. Formal onsite review was performed by Dr. Thomas Hardgrove, a representative from the AMA Residency Review Committee, on 18 October 1977. The results of the meeting of the full Residency Review Committee were unknown at the end of the year. Following submission of the application, work was begun on developing a curriculum for the program. In addition, the Emergency Medicine Section was transferred under the control of the Department of Family Practice. All three Family Physicians have manned the Emergency Room since that time because there were no other physical facilities available for them to use.

In October 1977, the Medical Center learned that higher headquarters had not budgeted for renovation of the existing Aeromedical Staging Flight Building to house the Family Practice Program. This necessitated re-evaluation of the project and a reduced budget was subsequently approved. This reduction meant no physical renovation of the building and the deletion of carpets and downgrading of several expense equipment items.

Due to the loss of the Internal Medicine Residency Program, the projected plan for eight residents at each level was revised to twelve residents at each level. This change was expected to provide more teaching exposure at each level of training.

C. Department of Medicine.

1. Allergy Service. The utilization of a consultant clinic at McClellan AFB staffed by a General Medical Officer previously trained in the Medical Center Allergy Clinic enabled a reduction in the waiting times for patient appointments. The increased participation of pediatric and medical residents in the allergy teaching and training program also enable a reduction in waiting times. The institution of a satellite allergy clinic at McClellan AFB reduced significantly travel expenditures and CHAMPUS costs.

2. Gastroenterology Service. Endoscopic output fluctuated with the availability of support personnel and professional staffing and was evidenced by significant increase in workload since the assignment of a second technician.

D. Department of Mental Health. The offices of the Department of Mental Health were moved from Building 381 to Building 380.

E. Department of Nursing. Management by objectives was continued and updated by the Department of Nursing and all nursing units. 89-day rotational on-the-job training was reinstituted for all qualified medical technicians to expedite requirements for upgrading. Problem-oriented medical charting was initiated throughout all nursing units. Workshops and unit inservice training expedited the process with follow through by the Clinical Nursing and Nursing Education Coordinators. All speciality care areas developed expanded orientation programs more accurately depicting skill levels of individual nurses and medical technicians. The following continuing education programs earned the distinction of being awarded Air Force Nurse Corps Continuing Education Approval and Recognition Program sponsorship:

(a) Stress Survival
(b) Basic EKG Interpretation
(c) Nursing Intervention for the Patient in Pain
(d) Critical Care Nursing Seminar

The Cardiopulmonary Resuscitation (CPR) training program was expanded far beyond the biweekly CPR review classes to include:

(a) Monthly, a six-hour Basic Life Support (BLS) course for all new active duty military nurses and medical technicians.

(b) Quarterly, a six-hour BLS Instructor Course to produce a core of CPR instructors in the Medical Center.

(c) A 24-hour Advanced Cardiac Life Support course focused on management of Code 4 calls within the Medical Center.

The Critical Care Nursing Course was developed into a 140-hour self-study workshop taught by three Cardiac Care Unit nurses. The Tri-Service Inservice Education Committee conducted a Leadership and Management Workshop for beginning charge nurses.

F. Department of Obstetrics-Gynecology. The evaluation of pregnant patients was enhanced by the addition of Real-Time Ultrasound capability.

G. Department of Orthopedics. The Problem Orthopedic Pediatric Clinic, which is staffed by Navy orthopedists from the Naval Regional Medical Center Oakland, was scheduled separately for surgical and nonsurgical treatments. The Orthotic Section added a new sand blaster for greater work capacity and increased use of plastics in orthotic works. A new arc welder for all metals and a new plastic welder was also added.

H. Department of Pathology. A Certificate of Accreditation was presented to the Department of Pathology after being approved by the Commission on Inspection and Accreditation of the College of American Pathologists.

I. Department of Pharmacy. The partition between rooms E001B and E001C in the Medical Center pharmacy were removed. This renovation increased the space in the outpatient dispensing area by approximately 200 percent. The change greatly improved the work flow and provided space for additional personnel to perform a final check on the medication before it is handed out to the patient. These changes decreased the potential for committing errors and reduced patient waiting time. The increased efficiency in the Medical Center pharmacy enabled it to process a part of the clinic pharmacy's workload during peak demand periods. Also, the partition between room E001 and E001A was removed to provide space for a larger laminar flow hood. The larger hood reduced the time required to prepare daily hyperailmentation solutions. This hood is also capable of supporting an IV additive program for the Medical Center.

J. Department of Physical Therapy. The Physical Therapy Section became a department, directly responsible to the Chairman of Hospital Services, on 2 May 1977.

K. Department of Primary Care. In September 1977, the Emergency Room was transferred to the Department of Family Practice. The Departments of Family Practice and Primary Care therefore have separate responsibilities with the latter focusing on chronic care and the Emergency Room becoming a provider for acute illnesses. Tighter controls on Physician Assistants' prescriptions and on the Physician Assistants' profile were started. Pharmacy utilization among both physicians and Physician Assistants was frequently monitored.

L. Department of Radiology and Nuclear Medicine.

1. General. The Nuclear Medicine Section was reunited with the Department of Radiology as the Department of Radiology and Nuclear Medicine. An ultrasound service featuring physician examination and consultation, xeroradiography for mammography with improved interpreability of mammograms, conversion of a daylight processor to a dual darkroom-daylight system and decentralization of film reading stations for closer, more coordinated functional use within the department were instituted. Many new modalities and techniques, which resulted in enhanced decision making through diagnostic imagery consultation, were initiated.

2. Equipment. Installation and acceptance of a third fluoroscopic room and the programming of a fourth in the future modernized the department and upgraded it to the current state of the art. Additional mechanized alternators were approved for further efficient film handling and interpretation.

3. Training. During the year, an affiliation with the Martinez Veteran's Administration Hospital was established.

M. Department of Surgery.

1. Anesthesia Service. The following equipment was added to the Anesthesia Service inventory: Arteriosond B/P monitors, Ohio inline oxygen monitors, Gorman Rupp blood warmers and Hewlett Packard 4-channel physiological monitor. A continuing anesthesia audit was also instituted.

2. Ophthalmology Service. The Ophthalmology Service received a Haag-Streit Goldmann Hemispheric Perimeter with static and kinetic capabilities. During the year the Opthalmology Service improved the tangent screen system and expanded the visual field capability.

3. Otolaryngology Service. A new Madsen Electroacoustic Bridge was received. This enabled the Clinic to perform audiological studies on children with serous otitis media.

A requirement was identified for a double room booth for hearing testing, a Grason Stadler Automatic Audiometer, and an Optokinetic Measurement System for performing ENG testing.

4. Urology Service. A complete set of pediatric endoscopic instruments and an updated urodynamics system were received. New adult endoscopic instruments which will fully update urology instruments on hand were approved.

III. DENTAL SERVICES

A survey of all Air Force active duty dental treatment records was performed during the month of January 1977. The survey was conducted for the purpose of updating CBPO annual dental examination information. It was very successful in eliminating many of the errors that caused problems for unit scheduling officers and the administrative section of Dental Services.

In early January 1977, the local MACMET office initiated a survey of manning in Dental Services, in conjunction with an Air Force-wide AFMEDMET study. This study was conducted in two phases. Phase One which lasted January through March consisted of measurement technicians becoming familiar with the work centers and the personnel manning those work centers insuring that task definitions were accurate. The second phase consisted of time and motion studies of preselected tasks. The complete study was concluded in May 1977.

A DOD audit of dental treatment provided by Dental Services to all categories of authorized personnel was conducted from 13 February through 12 March 1977. Three weeks following the completion of this study the DOD Auditor's Office performed an on-site review. One month's administrative support of three NCO's was required for this audit.

The Base Dental Clinic received several new units of equipment in 1977. A General Electric 1000 wall mounted X-Ray unit replaced an outdated unit and a Cephalometric X-Ray unit became a new addition. An S.S. White Panorex unit also replaced an outdated unit. New dental units and customized cabinetry were installed in the Base Dental Clinic. New equipment was also installed in the Medical Center Dental Clinic. Outdated units were replaced by a General Electric 1000 X-Ray unit and an S.S. White Panorex unit.

A Dental Assistant Course was started for Red Cross volunteers in September 1977. This course provided volunteers with a marketable skill as dental assistants and, at the same time, provided Dental Services with dental assistants during periods of military personnel shortages. The volunteers were committed to a six-month training period prior to acceptance into this course.

A local system for identifying patients who require treatment was initiated in May 1977. Colored dots were placed in an area of the dental treatment record folder that could be easily viewed by all personnel. These dots identified the specialty treatment a patient required. This system of identification is used to select patients for treatment, especially flying personnel, who may have had their treatment interrupted for some reason. This system also enables Dental Services to identify the uncompleted workload in any specialty. At the same time this system was implemented, all dental treatment records of active duty military personnel were cleared of extraneous material. This project was completed in two months and required the attention of all members of the Dental Services.

A three-day short course in endodontics was established to provide endodontic capability when required to nearby bases which Dental Services serve as a regional hospital.

IV. PROFESSIONAL EDUCATION

A. Training.

1. Resident Training. At the beginning of 1977, 82 residents were in training in the following specialties:

Specialty	Number of Residents
Internal Medicine	22
Pediatrics	13
Ob-Gyn	15
Radiology	10
General Surgery	15
Oral Surgery	3
General Practice Dentistry	4

Of these 82 residents, 48 completed their training at the Medical Center during 1977.

On 17 June 1977, the fifteenth annual Resident Graduation Ceremony was held to honor these graduates. The guest speaker was Brigadier General Joseph E. Wesp, ATC Surgeon, and former Medical Center Deputy Commander. The Dr. Helene Smith Thorpe Award was presented to Captain Merle R. Sogge, a resident in Internal Medicine, and Captain John L. Griffith, a resident in Radiology, for the best written case report submitted by a house staff member. This was the first year that two house staff members were recipients of the award.

The Professional Education Directorate also administratively processed 33 new house staff members who began their training on 1 July 1977. A formal, comprehensive orientation program was conducted for these new arrivals during the last week of June.

At the close of the calendar year there were 85 residents in the following specialties:

Specialty	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total
Internal Medicine	7	5	7			19
Pediatrics	6	6	5			17
Ob-Gyn	3	4	4	3		14
Radiology		8	3	3		14
General Surgery	6	2	2	2	2	14
Oral Surgery	1	1	1			3
General Practice Dentistry	4					4

Decisions by higher headquarters on the closure of the Medical Center's residency programs and reversed decisions had a major impact on the residency programs and the Directorate of Professional Education during 1977. The final decision at the end of 1977 was to discontinue the Internal Medicine Residency Program and to institute a Family Practice Residency Program and a Flexible Internship Program on 1 July 1978. All other programs were expected to remain with a small reduction in the number of authorized student positions.

2. Clerkship/Externship Training. During 1977, eighteen Air Force sponsored medical students served clerkships in a variety of specialties at the Medical Center. The average length of tour was 45 days. Of these eighteen students, fourteen were fully sponsored students. It was made mandatory in 1977 that each student be evaluated on a new academic evaluation form, AF Form 494. These evaluations were completed for each student and forwarded to AFIT and AFMPC. This allowed AFIT to observe the performance of the students. These evaluations will be retained by AFMPC as additional information for use by the Residency Selection Board.

3. Training Affiliations. At the close of 1977, fourteen active affiliation agreements were in effect between the Medical Center and other military and civilian institutions. Thirty medical students from the University of California Davis (UCD) rotated through the Medical Center under a general agreement with that institution. Also, the Medical Center's agreement with UCD allowed for an excellent exchange of staff and services and its residents continued to rotate through that institution. Over a hundred Chico State nursing students trained at the Medical Center during 1977. The remaining agreements allowed Medical Center residents to rotate through various institutions for enhancement of their training experiences.

4. Other Training. The Directorate of Professional Education continued to be the focal point for all officers attending educational courses with other than local monies. The following reflects the increase in processing and administratively controlling this responsibility:

AFIT (Courses at civilian institutions)	51 attendees
ATC (Courses at Service Schools)	70 attendees

A new process for screening the Medical Center for future Service School training needs was instituted by MAC in 1977. This process saw an increase in workload, but after being fully implemented, it saved time. This process involved screening all Service School needs two years in advance. The processing of AFIT course applications was simplified in 1977 due to the initiation of AF Form 1983. This form was developed by Staff Sergeant Dennis L. Alsup, NCOIC of the Directorate of Education, and approved for use Air Force-wide under the Air Force Suggestion Program.

The Medical Center was selected for a pilot study in which Continuing Medical Education (CME) credits were collected on health care personnel and then fed into a computer bank. The Directorate of Professional Education was tasked with collecting this data locally and submitting quarterly reports to AFMPC. This study was instituted in October 1977 with a planned termination in June 1978. If this study proves feasible it will be initiated Air Force wide. This system would result in easier input of earned CME credits into an individual's field personnel records. At the present time there is no way an individual can enter his earned CME credits into his field personnel records.

B. Special Programs.

1. Military Consultant Program. During 1977 the Military Consultant Program changed drastically. A complete revision to AFR 160-22 was received and the following changes were implemented and made effective for the program beginning 1 October 1977:

(a) Change of scope of Consultant visits to provide specialty support instead of overall professional evaluation.

(b) Elimination of the position of Military Regional Consultant and the title of Senior Medical Service Consultant.

(c) Deletion of the requirement for a specific number of visits to each regional medical facility.

The new requirements were quite extensive, and at the close of the calendar year the program was being held in abeyance due to austere funding until further guidance was received.

At the close of fiscal year 1977 on 30 September 1977, the old program was phased out with 37 Medical Corps and 32 Dental Corps regular consultant visits accomplished. Also, nine Medical Corps and one Dental Corps special visits were made in specialty support areas not classified as Military Consultant visits.

2. National Consultant Program. Due to austere funding the National Consultant Program was reduced drastically during 1977. The Medical Center was not allotted any quotas from the Surgeon General's Office as in years past. Only strongly justified requests submitted to the Surgeon General's Office were approved. This reduction was reflected in the small number of visits to the Medical Center by National Consultants.

3. Clinical Research Program. With approval for participation of the Medical Center in the Northern Cancer Oncology Group, the Western Cancer Study Group, and the Children's Cancer Study Group, the workload of the Institutional Review Committee and its subcommittee, the Human Experimentation Committee, was greatly increased. Thirty protocols were reviewed by these committees and sent forward to the Surgeon General's Office for approval. At the close of the year, there were 23 current clinical investigations being pursued at the Medical Center. Twenty professional papers by Medical Center physician authors, representing all major specialties, were reviewed and cleared for publication.

V. VETERINARY SERVICES

A. General. Veterinary Services provided a comprehensive food inspection program, sanitary inspection of all food facilities, sanitary inspection of military and contract aircraft galleys, pre-employment and formal quarterly training of all food handlers, a zoonotic control clinic and complete care to military working dogs. A Plague Surveillance Program, consisting of periodic field counts of ground squirrels, was initiated during 1977.

B. Cost Reduction. In the interest of manpower and fuel economy, the support agreement with Almaden Naval Air Station was changed from a required quarterly visit to visits on an as needed basis.

C. Facilities. The Veterinary Food Inspection Service moved into a permanent office at the Commissary Warehouse. The small food inspection office at Cold Storage in Building 572 was vacated and used as a Commissary Administrative Office.

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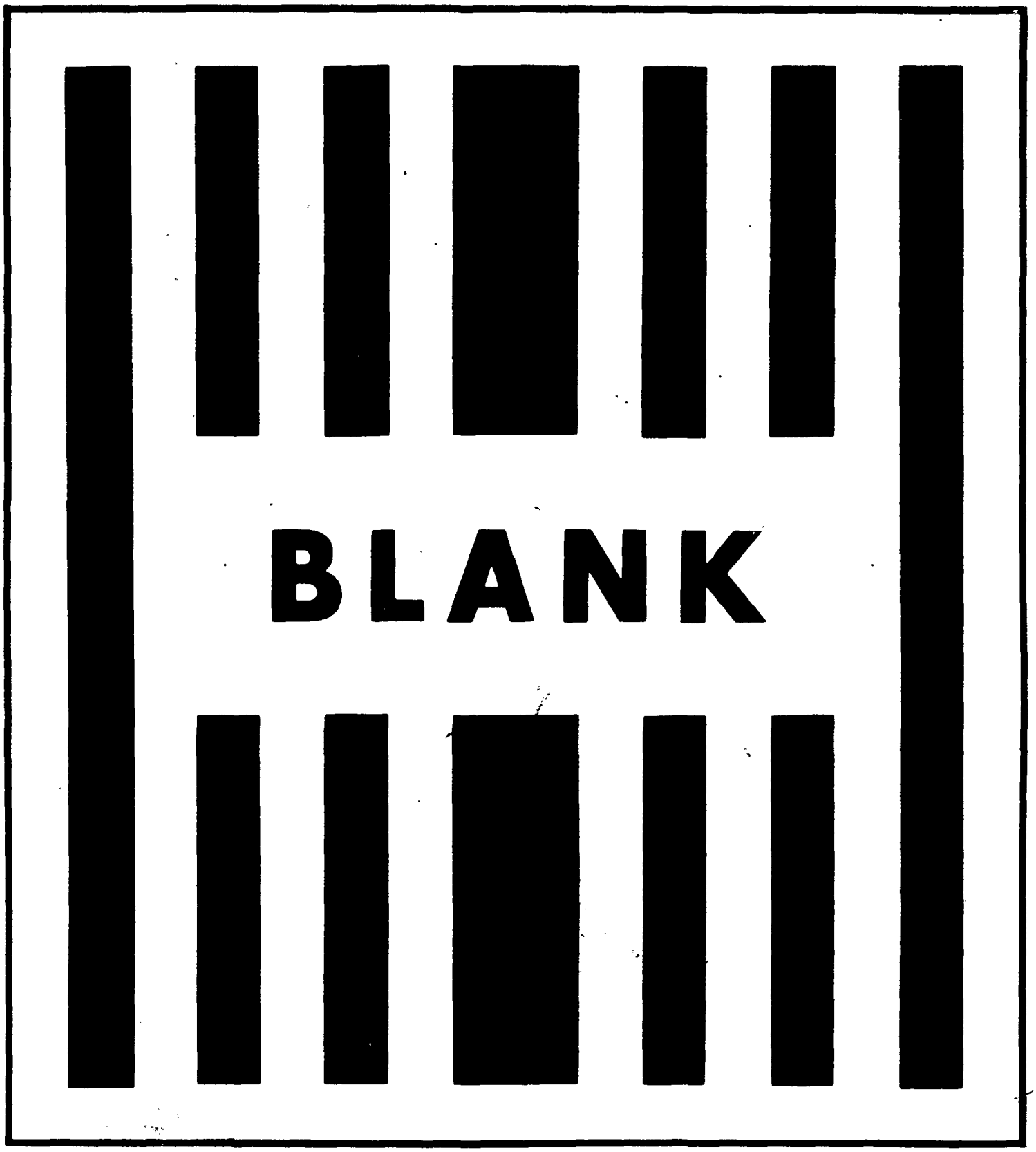
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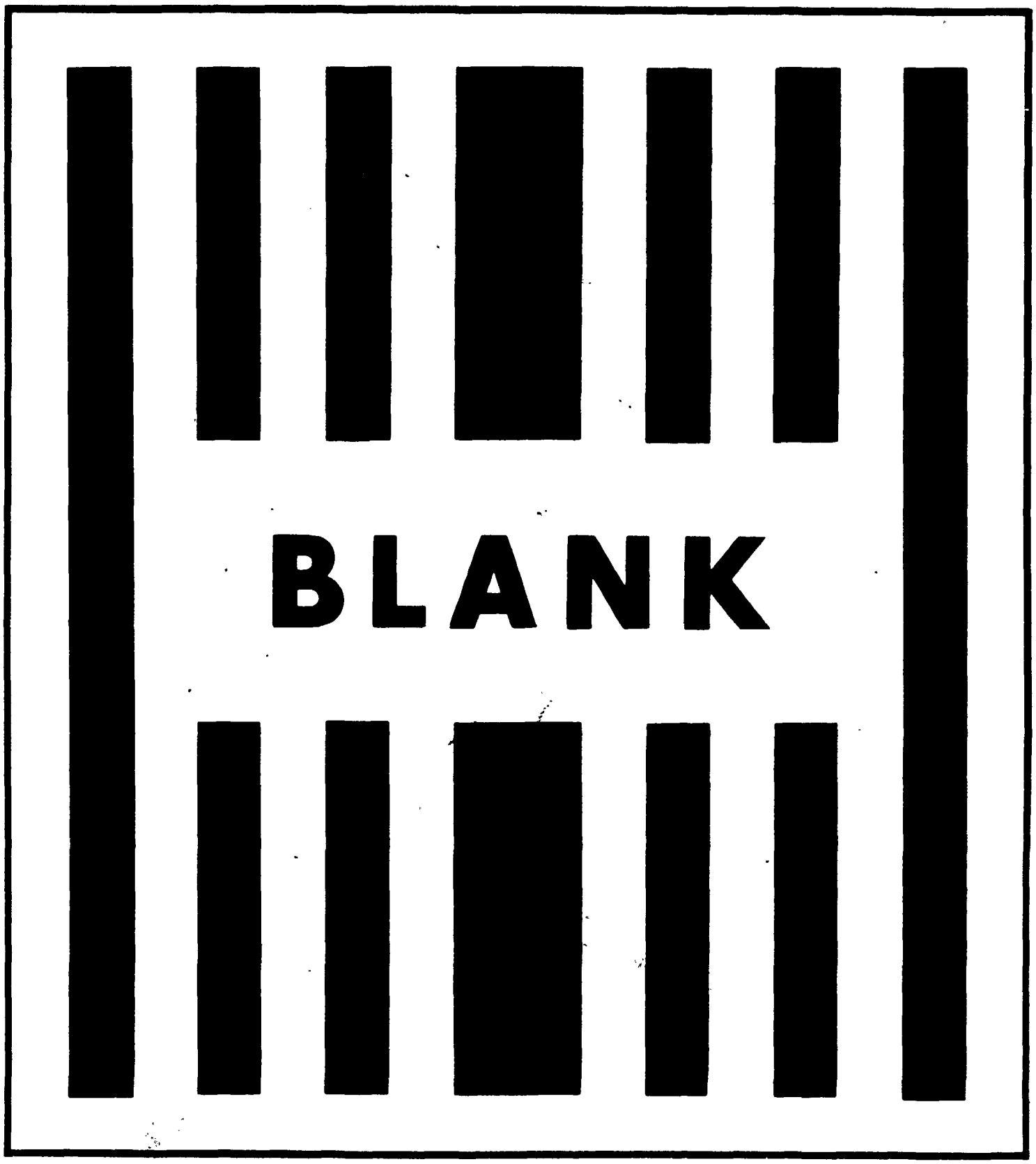
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HISTORY OF THE
DAVID GRANT USAF MEDICAL CENTER
1 JULY 1976 - 30 SEPT 1976

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I. COMMAND AND ADMINISTRATION

I. COMMAND AND ADMINISTRATION

A. Command David Grant USAF Medical Center continues as the largest medical facility in the Military Airlift Command, and as a USAF Area Medical Center for 21 Air Force medical facilities in eight western states. Despite manpower shortages and financial restraints there have been no reductions in the quality of care or denial of services to the population we serve. There have been no major mission changes and Colonel Monte B. Miller, Medical Center Commander, continues to provide leadership in the Tri-Service Regionalization Program with Letterman Army Medical Center and Naval Regional Medical Center (Oakland).

B. Administration The duties and titles of the two Associate Administrators were realigned as follows:

1. Associate Administrator for Resources and Support:

(a) Responsibilities include all those functions for which the Associate Administrator for Support was responsible.

(b) Additional responsibilities:

(1) Medical Materiel.

(2) Resources Management.

(3) Civilian Personnel Monitor.

2. Associate Administrator for Facilities and Projects:

(a) Responsibility for plant management, safety, housekeeping, space utilization and facilities projects.

(b) Additional responsibility: Military Construction Program (MCP) Liaison.

These changes were made to enable the Associate Administrator for Facilities and Projects to devote full time to these critical duties. We expect this to result in better services from Base Civil Engineering,

better grounds maintenance, more expeditious completion of much needed facilities improvement projects, and closer monitoring of the Military Construction Program (MCP). Also, the Resources Management and Medical Materiel officers working directly for the Administrator will expedite routine business and improve the decision-making process. A measurable increase in efficiency has resulted from this reorganization.

C. Funding Total FY 7T funding (including military salaries) amounted to $5,416,500. The AF Suggestion Program received 117 suggestions which constituted 50 percent of the Medical Center goal. This is a commendable achievement considering the time frame within which they could be submitted.

D. Medical Construction Program and Facilities Utilization

1. Purchased and installed supplementary air conditioning units in both X-Ray Room IV and Bacteriology Laboratory. ($5,000)

2. TVS 187-2 - Completed installation of fluorescent lighting fixtures in Bldg 380A. ($6,300)

3. TVS 62-4 - Completed installation of additional fluorescent lighting fixtures in Base Dental Clinic, Bldg 117. ($3,900)

E. Medical Squadron Section

1. Barracks 1306 was renovated, completing the dormitory room-upgrade project for males.

2. CFI on 23 August 1976 had an overall Orderly Room/Dormitory rating of Outstanding.

3. Partly as a result of the CFI, MAC will enter Travis into a 3-year project to upgrade all dormitory rooms, TV lounges, and game rooms with modular furniture. The estimated dormitory room cost is $1500.00,

TV lounge is $1500.00, and game room is $1000.00. Barracks 1306, 1307 and 122 will be among the first to be completed. The project should start in the Second Quarter of FY 78.

F. Food Service

1. A "Recognition of Excellence in Medical Food Service" incentive program was initiated 3 September 1976. A committee of three Food Service members was selected by the military and civilian staff at the regular monthly meeting in August. The purpose of the program is to give recognition to Food Service workers demonstrating excellence and pride of workmanship in individual daily performance. The committee consists of one person from each of the three operating sections within the department. Membership of this committee changes by rotating one member each month with the recipient of the award for the month. Written criteria for the selection process was established by the committee. Credit is given for, but not limited to, these points: appearance and grooming; courtesy; job knowledge; willingness to accept responsibility; ability to resolve problems; quality and timeliness of work, and attitude toward assigned job, patients, fellow workers, and supervisors. The award consists of one day off in conjunction with regularly scheduled days off, a Letter of Commendation from the Chief of Medical Food Service, and membership on the selection committee for the succeeding month. A picture of the winner is displayed in a prominent place in the Dining Room. This recognition program increased morale and contributed to the maintenance of high performance standards.

2. The appearance of the dining room was improved by the replacement of tables and chairs, the acquisition of four high-chairs for pediatric patients, and a cashier's chair. Food Service personnel received help from other departments to install this property, boosting interest, pride, morale, and interdepartmental rapport.

G. Forensic Medicine During FY 7T, one tort claim and 13 medical malpractice claims were reviewed for medico-legal implications. Activities of the Forensic Medicine Consultant/Advisor included: (1) a Forensic Medicine Newsletter for hospital management and a similar letter for Staff Judge Advocates and Claims Officers; (2) a talk to nurse practitioners and physician assistants at David Grant; (3) an active legal assistance program; (4) participation in a variety of Medical Center committees.

II. MEDICAL SERVICES

II. MEDICAL SERVICES

A. General Despite numerous changes in personnel during this short period of time, all professional areas of the Medical Center continued to function in an outstanding manner. There is a continuing shortage in ENT, Ophthalmology, and Primary Care. These areas have provided exceptional medical care despite the large workload. The morale of the professional personnel has been good with an exceptionally cooperative effort displayed by all. Several key members of the professional staff have recently retired and their contributions to the overall management of this Medical Center will be missed. Colonel Thomas G. Daniel, Director of Hospital Services and Deputy Commander retired and entered private practice in Phoenix, Arizona. Colonel Charles J. Beauchamp and Colonel Richard P. Hill retired and are affiliated with the University of California at Davis School of Medicine. Colonel Edwin M. Bradley retired and entered the private practice of medicine in the local community. Lt Colonel Val G. Hemming has assumed responsibility for the Department of Pediatrics. Colonel Robert M. Allman is the new Chairman of the Department of Radiology, Colonel Ronald L. McGowan is the Chairman of Department of Medicine. Colonel Vernon Chong assumed the duties of Director of Hospital Services and Deputy Commander.

B. Department of Medicine

1. Colonel McGowan attended the residency selection committee meeting at Randolph AFB during the last week of September. A full complement of residents in internal medicine was selected to begin their training at this medical facility beginning 1 July 1977.

2. A major renovation of the cardiac catheterization laboratory was accomplished resulting in a dramatic improvement in the quality of studies obtained. This much needed improvement in facilities has already proven to be of considerable benefit to heart patients. The better than expected quality increase reemphasizes David Grant's need for a new cardiac catheterization laboratory.

3. Morale of the staff and residents is lower than normal because of the planned downgrade of the David Grant USAF Medical Center and termination of David Grant's outstanding training program in internal medicine. Patient care and the quality of the current training program have continued at a high level--a tribute to the professionalism of this outstanding staff.

C. Department of Mental Health

1. The staff psychiatrist assigned in July 1976 fulfills our psychiatrist staffing requirements. In civilian practice for over ten years prior to joining the United States Air Force, his main interests are in group and family therapy which complements our staff.

2. We are in the process of creating more common inpatient living areas in order to provide adequate places on the ward to eat, play games, plus provide another lounge, TV room, visiting area, and group therapy room. D-Bay is being converted, and should be completed in a few months. Furniture is being ordered (tables, couches, chairs, end tables, TVs, lamps and other items) to make the common living areas more comfortable.

D. Department of Nuclear Medicine

1. Professional and technical staff attended continuing education and registry review programs sponsored by the Northern California, Southern California, Pacific Northwest and Hawaii Chapters of the Society of Nuclear Medicine.

2. Physician staff presented lectures at the University of California at Davis and at Sacramento hospitals.

3. Clinical research for Gallium 67 and Indium 111 DPTA has been successfully completed.

4. Continuing education within the department for technologists and physicians is now conducted three hours per week.

5. With the addition of the Magna Scanner 1000, we have increased our daily bone scan capability twofold, without an increase in technologists.

6. Clinical research using Thallium Chloride TI 201 for myocardial imaging has been approved.

E. Department of Nursing

1. Captain Regina Aune was chosen to receive the Cheney Award for Heroism on 14 Sep 76 after a plane carrying Viet Nam refugees crashed near Tan Son Nhut Air Base.

2. Five nurses attended a special Marriott Workshop in electrocardiology in Santa Rosa, California on 25-28 August 1976.

F. Department of OB/GYN

1. On 1 July 1976 four first year residents began their training in Obstetrics and Gynecology, bringing the total number of residents in training to 15.

2. The second year of the resident rotation through the OB-Gyn Service at the USAF Hospital, Mather AFB, began on 1 July 1976. This continues to be of mutual benefit to both health care facilities by increasing the OB-Gyn capability at Mather and contributing to the training of our residents.

3. On 3 August 1976, Major Arnold Cohen assumed his duties as Chief, Obstetrical Service. He replaced Major Mark Villard who was granted career reserve status and transferred to the OB-Gyn Service, USAF Hospital, Mather AFB.

4. At the meeting of the residents selection board at Randolph AFB during the week of 26 September, preparations were made for the eventual termination of David Grant's OB-Gyn Residency Training Program. Two residents were selected to begin the first year of the program in July 1977, and of the current first-year residents, only two of the four were selected to continue. Arrangements were made to transfer the four residents in their second year of training to other military programs for the completion of their training.

5. In late September, Colonel Norman L. Stahl, a senior member of the teaching staff of this department, applied for retirement from the USAF, effective 1 October 1977.

G. Department of Pediatrics A committee has been organized to review the current pediatric curriculum and to recommend possible changes in teaching format and curriculum in the continuing efforts to improve the DGMC pediatric training program.

III. DENTAL SERVICES

III. DENTAL SERVICES

A. Conversion of the dental record filing system from the alpha to the terminal digit system began in July 1976. Completion of this project will be during FY 77.

B. New lighting was installed in 22 DTR's and a portion of the Dental Laboratory in Bldg 117 during this period.

IV. AEROMEDICAL SERVICES

IV. AEROMEDICAL SERVICES

A. Flight Medicine Section

1. Aeromedical Services (SGP) participated in base safety and accident investigation board activities. The bonds between the Dental Service and SGP were strengthened regarding procedures grounding flyers for dental operative procedures.

2. Aeromedical personnel continued to function as the primary medical Disaster Response Force (DRF). The many medical responses to actual inflight and ground emergencies at Travis plus participation in base exercises has resulted in a highly responsive and well-trained medical capability.

B. Environmental Health Section

1. Investigation by a David Grant flight surgeon in cooperation with the National Center for Disease Control (CDC) resulted in a remarkable discovery: a gonococcal veneral disease organism which is resistant to penicillin treatment. Assistance in the David Grant USAF Medical Center investigation was provided by the following agencies: CDC (Atlanta, GA) sent two doctors who specialize in veneral disease; CDC (Sacramento, CA) sent one professional field investigator; Solano County, CA sent one professional field investigator. Environmental Health Service was tasked to locate all personnel who had been TDY to SEA since 1 January 1976. Medical records of these personnel had to be screened for the possibility of treatment failure. If treatment failure was suspected, all of these people had to be located and reinterviewed. Patients who had departed Travis AFB

on PCS orders had to be located and advised to report to Environmental Health Services at their duty stations. Due to the extensive field investigation and cross reference of contacts, three overseas night clubs were identified as the central locale of the infections. During the investigation, twelve people were positively identified as treatment failures. All twelve were located by Environmental Health Services, and treatment with a different drug proved successful.

2. Environmental Health Services assisted a Los Angeles firm, Bolt, Beralek and Newman, re-evaluate the ACUIZ (noise level survey) Program on Travis during 4-24 August 76. It entailed the placing and monitoring of four modules containing a mini-computer and sound recording equipment. Modules were placed in each of the following sites: middle marker (near field monitoring on center line of approach); Nike site (for field monitoring off center line); old radio bunker (for field monitoring off center line); outer marker (on center line of approach). Units were serviced daily by our personnel, including calibration of the recorder, programming of the computer, changing of the tape and battery, and completing required maintenance. As a result of several days of unplanned rain, the microphones were temporarily out of service, but after drying out and a minimum amount of repair the units were returned to normal.

3. For the first time, civilians are now protected by the same followup system for occupational physicals and audiograms that military personnel have enjoyed. The computerized system of followup notices was instituted in conjunction with CBPO. Higher quality care should result as examinations become more timely and the incidence of omitted examinations is reduced.

4. Cross-training of all Veterinary personnel in personnel, vehicle and equipment decontamination and monitoring procedures was conducted by Environmental Health Services.

C. Physical Examination Section

1. Normally responsible for approximately 2500 aircrew members, both active and reserve, the Physical Examination Center provided an expanded service in physical examinations, including Air Force Academy, SMSO, ROTC, and retirement physicals. These physicals placed an exceptional workload on the professional staff, technicians, and administrative staff, due to the numerous medical evaluations, consultations, and high priority assigned these examinations.

2. Due to the shortage of Army Flight Surgeons this service continues to perform Army flying physical examinations for this area as required.

V. STAFFING AND EDUCATION

V. STAFFING AND EDUCATION

A. Educational Programs

1. From 1 July to 30 September 1976, the Department of Professional Education placed twelve Health Professional Scholarship students from our eight state area of responsibility in clerkships here. No fully sponsored medical students were trained during this period.

2. On 1 July 1976 thirty-one new house staff officially started their training. None were assigned due to the planned relocation of our training programs to Wright-Patterson AFB, Ohio in 1978.

3. Fifty-one Chico State University nurses started their training on 7 September 1976, and will conclude their semester on 10 December 1976.

B. Special Program Fourteen Officer course applications were processed during FY 7T:

AFIT - 4

AFIP - 2

ATC - 8

C. New Equipment and Physical Improvements

1. A total of 486 books from the Boston Collection were salvaged in July. All books in the Medical Library are now under the National Library of Medicine Classification Scheme. All catalog cards for the Boston Collection have now been removed from the card catalog.

2. In August, six shelves were installed in the Library office to make space for reference books.

D. Manpower Changes An Apprentice Photographer (232X0) was assigned to the Medical Photography Section during July 1976.

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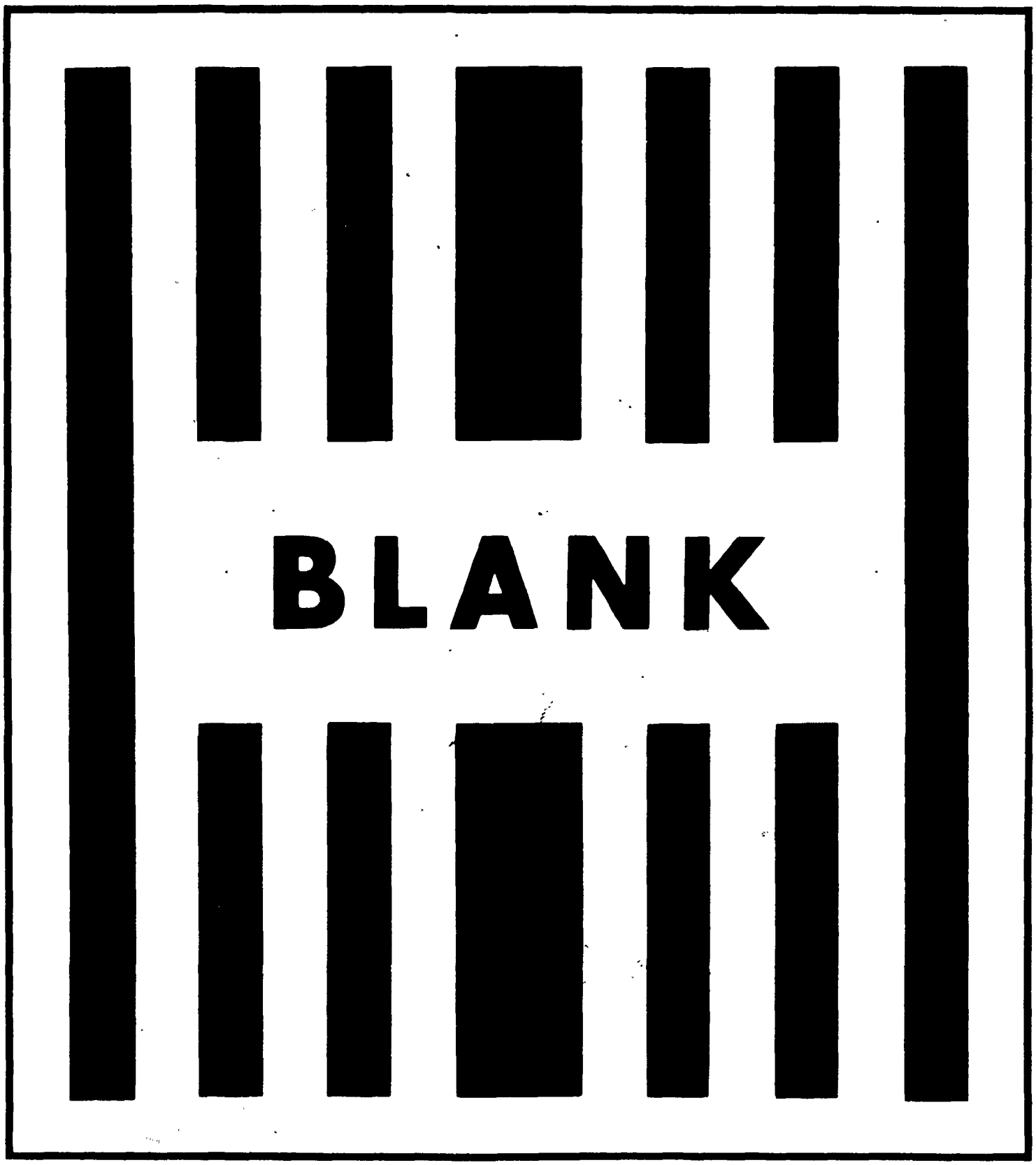
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HISTORY OF THE

DAVID GRANT USAF MEDICAL CENTER

1 July 1975 - 30 June 1976

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I. COMMAND AND ADMINISTRATION

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A. Command. David Grant USAF Medical Center continues to serve as the largest medical facility in the Military Airlift Command, and as a USAF Area Medical Center for 21 Air Force medical facilities in eight western states. Despite manpower shortages and financial restraints there have not been any significant reductions in the quality of care or denial of services to the population we serve. Colonel Bruce Jones became Administrator of David Grant USAF Medical Center effective 23 July 1975, upon the PCS of Colonel Dominic C. Scolaro. There have been no major mission changes and Colonel Monte B. Miller, Medical Center Commander, continues to provide leadership in the Tri-Service Regionalization Program with Letterman Army Medical Center and Naval Regional Medical Center Oakland.

B. Chaplain Services. The Chaplains' offices were again moved to facilitate general counseling and consolation of patients' families. The Catholic Chaplain was moved from Room F-130 to Room G-106 and the Protestant Chaplain was moved from Room F-129 to Room G-108. Catholic Mass and Protestant Worship continue to be held every Sunday in the Medical Center Auditorium.

On 28 May 1976 a Patient Visitation Seminar was conducted for the laity of the Chapel in an effort to improve the quality of the visitation program. The seminar consisted of a command briefing; a walk through of facilities with briefings at the nursing stations; a seminar on "Death and Dying"; a Red Cross briefing; a presentation

on the special needs of female patients; short briefings from various helping agencies such as public health, mental health, CHAP, child advocacy, etc.; a demonstration of communicative skills; and presentations of role definitions and chapel visitation procedures.

C. Forensic Medicine. In May 1976, in conjunction with the Forensic Medicine Course at Andrews Air Force Base, Maryland, all six of the Forensic Medicine Consultant Advisors (FMCA) from the Air Force medical centers attended the second Air Force Forensic Medicine Conference intended to focus on the role of the FMCA and his problems. The major results of the conference were the following: 1) An agreement was made to begin a task-oriented reporting system to enable evaluation of the frequency and type of work the FMCA is involved in. Reports will be submitted at six-month intervals to the Chief of Torts Litigation. 2) An arrangement was made in which the Chief of Torts Litigation will provide a input of performance of FMCA's to their reporting officials before their Officer Efficiency Reports are due using the crossfeed information, six months reports, and his knowledge of the FMCA's activities. 3) Efforts to initiate a Continuing Legal Education Program in Forensic Medicine were undertaken as a project. 4) Involvement of Reservists in the Forensic Medicine Program was encouraged and the support of higher headquarters for this effort was promised. 5) The need to improve the FMCA course was recognized and further efforts to provide guidance to the field on handling of medical malpractice claims was also considered as needing attention.

6) It was agreed that the results of litigation would be reported to all FMCA's. 7) A study of a filing system for FMCA offices was to be considered.

A suggestion for a change in administrative handling of third party liability claims paid through CHAMPUS was submitted in January 1975 by the FMCA and was finally implemented Air Force wide in February of 1976. This change was significant for the FMCA function because it eliminated FMCA involvement in CHAMPUS third party liability claims.

During fiscal year 1976, 34 medical malpractice claims and five tort claims were reviewed for medico-legal implications. Additional activities of the FMCA have included 1) a Forensic Medicine Newsletter for hospitals and a similar letter for Staff Judge Advocates and Claims Officers, 2) consultant trips, 3) talks to personnel within the hospital, 4) an active Legal Assistance Program, 5) participation in a variety of hospital committees, and 6) membership of the FMCA in the American Bar Association, Texas Bar Association, Solano County Bar Association, The American Society of Law and Medicine, American Bar Association, and the Medicine and Law committee of the Section of Insurance, Negligence, and Compensation Law of the American Bar Association.

D. Funding. Total FY 76 funding (including military salaries) amounted to $21,172,800. The RECON (Resources Conservation) Program goal for David Grant USAF Medical Center in FY 76 was $484,400. The

Medical Center achieved a savings of $1,172,800 or 242% of assigned goal. The current year benefits represent almost 6% of the operating budget.

The Management Improvement Program was enhanced by the formal establishment of a Medical Center Management Inspection System effective 1 June 1976. This system serves as a good management tool for the Commander by insuring that each department receives an internal management inspection semi-annually.

E. Medical Construction Program and Facilities Utilization. The following projects and items of interest were funded (obligated) during FY 76:

1. TVS 83-4 - Completed construction of Flammable Gas and Acid Storage Building for Medical Supply. ($26,000)

2. TVS 21-6 - Completed construction on enclosing a terrace to provide an area for the vending machines and Pharmacy IV solution preparation. This also provided an air lock on Wing D-1 entry. ($26,600)

3. TVS 76-0046 - Replaced the Freon condenser for the air conditioning system to Air Force Clinic. ($7,700)

4. TVS 80-3 - Redecorated the Dining Hall by panelling all walls and columns and installing improved lighting fixtures. ($22,600)

5. TVS 75-0194 - Replaced electric motor driven controllers to air conditioning compressors for Building 381. ($66,900)

6. TVS 22-6 - Completed repair of air conditioning compressors, compressor motor drivers, and reduction gears in the air conditioning system of Building 381. ($13,700)

7. TVS 198-0 - Completed replacement of three boilers and their auxiliaries which provide steam to Buildings 380, 381, 382 and 383. ($185,900)

8. TVS 131-2 - Completed installation of air conditioning plant to Building 380A (old section of 380). ($40,000)

F. Food Service.

1. Intensive training actions to maintain mission effectiveness have been a continuing activity within the department. Because of the high turnover of civilian and military persons at all levels assigned to the Medical Food Service, training has been a "must". There continues to be a serious shortage of skills and experience in key positions. Therefore, training is formal and informal in approach to achieve maximum benefits in job performance. Some examples are:

a. Diet Therapy Specialists (first term military technicians) needed familiarization with the diet manual and new medical knowledge of diet therapy. This need was met with increased exposure to patients with close supervision by the Clinical Dietitian. Both formal classes and "coaching" type techniques were used to develop self-confidence and self-sufficiency in handling problems in patient service functions

b. A Quality Review of Production Board (QURP) was formed whose members are the NCOIC of Production, Shift Leaders, a representative for Procurement of Subsistence, Meat Cutter, Baker, a representative

from Patient Services, and the Food Service Manager. Its purpose is to review menus which were served over the past week and the menus to be prepared for the following week, noting any problems experienced or anticipated in preparation and service. The results of this inter-communication are less waste of food and man-hours in meal production, better utilization of available monies with increased variety, and more diner satisfaction through improved quality.

c. Dietetics Staff Meetings were held weekly for the officers to exchange information in individual areas of responsibility and plan and or act on improved methods which ensure the economy and quality of dietetic services. The Medical Food Service was operated on principles of participative management and achievement by objectives. This has proven to be the most effective means of working in a department void of fully trained, skilled, and experienced individuals, particularly supervisors, which has been a problem compounded by high personnel turnover and the result of current Air Force civilian and military personnel management actions.

2. A full time Nutrition Clinic is staffed by one Registered Dietitian. It was possible to obtain space to operate this clinic separate from the dining area where patients could be provided the privacy and quality of professional consultation of a medical specialty without the interference of high traffic and the noise associated with the preparation, service, and sanitation of serving trays and cafeteria meals. From 1 January to 30 June 1976 a monthly average

of 40 inpatients and 215 outpatient referrals to the Nutrition Clinic were reported. In addition, the Registered Dietitian participated in three group therapy sessions per week to provide normal nutrition information, pre-natal weight reduction, and alcohol rehabilitation. These sessions were reaching out to approximately 50 additional patients.

3. All Registered Dietitians actively participated in Community Nutrition Education Programs. Local chapters of the American Diabetes and Heart Associations as well as various civic, professional, and social services were actively supported in off-duty time. During National Nutrition Week a poster contest was sponsored in the local district schools to advance knowledge of good nutrition practices by children while at school and at home.

4. The overall facilities maintenance and improvement program advanced with the completion of the goal of upgrading the appearance of the Dining Room. Wood and vinyl panelling of the walls was completed and new draperies were installed. Efforts for advancing facility improvements were measured by cost effectiveness determinations with consideration given to the ongoing plans for the entire medical facility.

II. STAFFING AND EDUCATION

II. STAFFING AND EDUCATION

A. Educational Programs.

1. The new system by which the Director of Professional Education approves clerkship requests instead of AFIT/CIM was fully implemented. The Professional Education Department monitored an eight-state area of responsibility. Sixteen Health Professions Scholarship Program students were approved and performed 45-day active duty tours at the Medical Center. Six fully sponsored students also trained in clerkships here during FY 76.

2. The Medical Center had a total of 81 medical and dental residents and fellows in training during FY 76. Twenty-six of those residents completed their training on 30 June 1976 and were recognized on 18 June 1976 at a formal graduation exercise. The guest speaker at that ceremony was Brig Gen H.V. Swindell, MAC Surgeon. The Annual Case Report Prize was awarded to Capt Anthony C. Arnold. The Case Report Prize was subsequently redesignated "The Dr. Helen Smith Thorpe Award" and presented in her memory. Dr. James Thorpe, the former Director of Professional Education at David Grant USAF Medical Center, made the presentation. The Professional Education Department administratively processed and established training files for 31 new house staff members. A formal orientation for the new staff was conducted 21-30 June 1976.

3. Fifty-one University of California, Davis students rotated through the Medical Center under our General Affiliation Agreement

with that institution. The main areas of rotation were with the Pediatrics and OB-Gyn Department. Also, 106 Chico State student nurses were trained at the Medical Center during FY 76.

B. Special Programs.

1. During this period the continued increase in course applications was significant. The following statistics reflect the number of course applications processed by the Professional Education Department during FY 76:

AFIT - 37
AFIP - 7
ATC - 112

The above are courses, as opposed to meetings, and include both teaching and house staff.

2. During this period fifteen Medical/Surgical and eight Dental National Consultants visited the Medical Center. The planned National Consultant quotas were drastically reduced and over half of the planned visits were not made. This reduction was a result of Command instructions due to austere budgeting. Only visits on an individual basis were allotted and then only after strong justification. This greatly limited the Medical Center on its National Consultant Program.

3. Seventy-nine Military Consultant visits were performed during FY 76. These visits included Medical, Dental, and Legal Consultant visits to the twenty medical facilities which the Medical Center serves both as an Area and Regional Hospital. These visits fulfilled our obligation to the Military Consultant Program as set forth in AFR 160-22.

4. Late in FY 76 USAF Headquarters issued new directives outlining affiliation agreement formats and requirements. This was the first time that directions had been given when drafting an agreement. The Professional Education Department initiated a complete review and update of the Medical Center's affiliation agreements, and this project should be completed early in FY 77.

5. Five research protocols were approved during this period which brought the total number of research protocols that were active at the close of FY 76 to eight.

C. New Equipment and Physical Improvements.

1. In July 1975 a journal bindery contract for the fiscal year was set up with Milford and Sons Binders, Inc., Hayward. A total of 779 journal volumes were bound during this period. Missing issues were sought from Brooks AFB and other Air Force, military, and community medical libraries. Cooperation was excellent. Because of the contract, issues were bound as quickly as possible resulting in less theft and a more intact journal collection.

2. A new Saxon B-12 Book Photocopier was installed in the journal stack area in March 1976. Supplies and service are provided through a MAC contract.

3. In FY 75 a Diazo Printer and Bowens Illumitran Slide Duplicator were purchased. This equipment was fully utilized in FY 76. The Diazo Printer increased capability to produce varied colored slides for education and administrative briefings. The Bowens Illumitran

increased the capability to reduce 4X5 color slides to 35mm. This is a faster and more accurate technique than previously used.

D. Manpower Changes.

1. Dr. Ronald McGowan, Director of Professional Education, was assigned as Chairman, Department of Medicine on 1 June 1976.

2. A 90650 was assigned to the Professional Education Department for a short period in FY 76. She separated from the service in June 1976 and a replacement was not assigned.

3. The Medical Photography Section expanded its utilization of Red Cross Volunteers. In past years volunteers were used mostly for administrative help. In FY 76 a program was initiated to train these volunteers in the basic techniques of photography and this proved to be valuable in providing technical assistance to the Medical Photography Section during FY 76. Special recognition should be given to Mrs. Terry Dorman who provided most of the technical assistance to the photographers during this period.

III. HOSPITAL SERVICES

III. HOSPITAL SERVICES

A. General. Due to the excellent cooperation of the various clinical and nursing departments of the hospital, the Medical Center has continued to provide the highest quality of medical care possible to all beneficiaries. Despite the feeling of uncertainty of the future mission of this hospital, all areas of professional services have strived for mission accomplishment, that of quality patient care. Capabilities of various services have changed due to personnel and equipment gains and losses. Fortunately any shortages did not significantly affect management goals. A viable regionalization program with the other military hospitals in the area have contributed greatly to the overall provision of care.

B. Department of Medicine.

1. As in previous reports, the inpatient census has continued to decline. This has had an effect on the teaching program since we have had too few admissions to support the training of residents at the level previously established. Because of this, we made a decision to decrease the number of residents in training for the 76-77 year.

2. There are several factors that appear to us to have contributed to the declining caseload.

a. Nearby Air Force medical facilities are not well staffed with internists, as a consequence more of their patients are being referred to civilian hospitals rather than being referred to us.

b. There are fewer referrals from more distant hospitals which are referring their patients to nearby Army and Navy medical facilities under the direction of the Tri-Service agreement.

3. Some Air Force hospitals apparently misconstrued the directive of the Tri-Service agreement and had continued to refer active duty patients to us after the active duty patient had been completely evaluated and treated in a nearby military medical facility. The reasons for these referrals were for administrative handling of medical board cases. In these cases, it is obvious that we failed to comply with the intent of the Tri-Service agreements since the active duty patients were ultimately transported over long distances simply for administrative reasons. Correspondence between our Registrar and the other referring hospitals eventually solved this problem and the active duty military member is being boarded at the nearby military facility even when this medical facility belongs to another service.

4. In our outpatient operations, the long waiting times previously reported seem to have been largely resolved with the arrangements reported last year and with a declining workload. Adequate paramedical staffing in the Outpatient operations remains a problem in all of our clinics. Basically, the only assistance provided for physicians is chaperonage which is limited.

5. Filing of laboratory and x-ray reports in the outpatient records has improved significantly. Plastic name cards are still not being

used to label lab and x-ray slips in our clinics for various administrative reasons but in spite of this, the lab slips seem to be adequately managed.

6. We have been able to provide guidance for physician assistants at referral bases by making consultations on patients the physician assistants have seen. Most of the patients so referred are retired or dependents of retired military personnel.

7. During this reporting period, it was formally announced that we would discontinue our training program in Internal Medicine, Pediatrics, Obstetrics and Gynecology, General Surgery and Radiology in July 1978. Initial response among physicians was emotional and, to some degree, inappropriate. After some time, the reaction became more rational as the physicians began to accomodate to the change. A few residents elected to apply to other institutions for completion of their training. A few staff physicians made overtures toward reassignment but as of this writing the announcement has had very little real effect on our training program.

8. Funds for continuing education were made available during this reporting period and were well handled and well received. All eligible physicians were able to participate in needed continuing education programs in contrast to the first prior year.

9. Research efforts in the Department of Medicine continue at about the same level despite of the difficulties reported in last year's history. These difficulties appear to have been surmounted

or the investigators found other means of continuing with their research. There appears to be less emphasis on Cardiology and Oncology and more emphasis on metabolic investigation.

10. The status of the oncology program and participation in group protocol studies has become clouded, largely because of loss of status of the Western Cancer Study Group. Our response to these changes has been to continue to provide chemotherapy on a non-protocol basis. This does not appear to have had any adverse effect.

C. Department of Mental Health. The Department of Mental Health has made several significant changes and improvements during this reporting period that contributes to a more comprehensive and complete support to the hospital, base personnel and surrounding communities.

A Department of Psychology and Social Work was established within the main hospital area that gives more efficient and direct support to the various hospital departments and has proved extremely valuable. This also facilitates the psychological testing for the psychiatric inpatients in that they do not have to be transported to the Mental Health Clinic which is located a considerable distance from the main hospital.

The Mental Health Clinic, by use of consultants and all assigned psychiatrists, has developed more comprehensive and efficient individual, family, couples and group therapies. The Mental Health Clinic continues to offer a psychiatric technician training program. Also there is an affiliation with Sacramento State University School of

Social Work for training of their students to complement their academic work with professional patient contacts under supervision of our staff. Chico State student nurses also contine having their psychiatric nursing training on the psychiatric ward as well as the Mental Health Clinic.

The Inpatient Psychiatric Service was converted to a therapeutic community milieu system. By use of this modality the patients undergo a more realistic approach to therapy and are better prepared for their return to work, social and family life and general integration into society after discharge from the hospital. In addition, the inpatient services have been made more available to dependents of active duty and retired personnel than previously, and a wider variety of patients are treated. There are occasional referrals under CHAMPUS to local resources particularly for children under 18 years of age.

The Alcohol Rehabilitation Program was made distinct and separated from the psychiatric inpatient program and continues to do an outstanding job in their rehabilitative processes.

D. Department of Nuclear Medicine.

Three personnel have been fully trained as nuclear medicine technologists. Several have obtained college credits through the school at Bethesda in conjunction with the on-the-job training at David Grant.

Clinical research using Rb81 has been an ongoing project for the past 30 months. Several papers have been published in national medical journals concerning this research.

The RIA capability of the laboratory has been increased with the addition of the following studies:

HGH
LG
FSH
T-4 RIA
T-3 RIA
CPK-Banding

Both the number and variety of scanning procedures have increased.

Professional education for the technologists and physicians in the department amounts to three hours per week.

A member of the technical staff presented a paper on the technical aspects of Rb81 scan at a national meeting.

Physician staff presented lectures at University of California at Davis and local Sacramento hospitals.

Professional and technical staff attended continuing education programs sponsored by the California Society of Nuclear Medicine.

E. Department of Nursing.

1. Management by Objectives was established by the Department of Nursing and implemented on all nursing units in July 1975.

2. One officer completed Phase I of the Primary Care Nurse Practitioner Program at the School of Health Care Sciences. Following assignment to Travis AFB, Phase II was completed. Another officer completed Phase II at Travis AFB.

3. An Infection Control Nurse was assigned 3 November 1975 in order to provide improved surveillance of nosocomial infections.

4. Leadership and Management Classes for Charge Nurses began January 1976. Classes have continued on a monthly basis for these middle managers.

5. Management classes for wardmasters was implemented in April 1976. These classes will continue to be held monthly.

6. Performance standards have been developed for various levels of personnel. Significant advancement has been accomplished although they are not completed.

7. Retrospective Nursing Audit Committee completed outcome criteria for five disease entities.

8. Four officers presented papers and/or published articles:

a. Lt Anne Marie Rossiter presented "Hypertension Health Care Delivery; the Role of the Nurse", to the American College of Physicians, San Antonio, Texas, 3 February 1976.

b. Captain Nancy Elliott presented "Change, Nursing Implications", Behavioral Science Symposium, Brooks AFB, Texas, 26 January 1976.

c. Major Carol Robertson was co-author of a Medical Service Digest article, "On Behalf of Children", VOL XXVII, No. 3, May-June 1976.

d. Lt Colonel Phyllis Luttman was author of an American Operating Room Nurse Journal article, "O.R. Recovery Room Nursing Records Improves Care", VOL XXII, No. 6, December 1975.

9. Six nurses completed a six-month self-study program for Critical Care Nurse Certification. Recent testing results are not

available for two of the officers as they have been assigned PCS. The other four nurses have received notification of National Certification.

10. Mrs. Julie Portz, RN, was the guest speaker at the Nursing Sub-Committee of the American Cancer Society on 20 May 1976 at Solano Community College. Topic: "The Role of the Nurse in Radiation Therapy".

11. Two civilian GS-9, Registered Nurse positions, were obtained 31 August 1975. One each was obtained in ICU and NBN Intensive Care.

12. Six nurses are currently enrolled in the on-base Pepperdine program to obtain a BS in Nursing.

13. Captain Regina Aune has been selected to be the recipient of the Cheney Award for heroism. Receipt of this award is scheduled 26 October 1976, Washington, D.C.

14. Five nurses attended a Marriott Workshop in electrocardiology in Santa Rosa, California, 25-28 August 1976.

15. One nurse attended a critical care educational course at Sacred Heart General Hospital Medical Center, Eugene, Oregon, 2-21 May 1976.

16. Rotational on-the-job training was reinstituted for all 90203 personnel in order to expedite the requirements for upgrading.

F. Department of Obstetrics and Gynecology.

1. On 1 July 1975, four first-year residents began their training in Obstetrics and Gynecology, thus bringing the total number of residents in training to 14.

2. On 1 July 1975, three residents, one each from the second, third and fourth year level of training, began a three month rotation through the Obstetrics and Gynecological Service at USAF Hospital, Mather AFB. The training benefits and professional satisfaction associated with this rotation have been exceptional. USAF Hospital at Mather has markedly increased its Ob-Gyn capability as a result of this rotation as well.

3. Colonel William P. Singleton returned from his tour at Torrejon, Spain in September 1975 and resumed his duties as Assistant Chairman and Training Officer, as well as Chief of the Gyncology and the Gyn-Oncology Services.

4. Major Daniel A. Rightmire joined the teaching staff in September 1975. Dr. Rightmire not only completed his residency training in Obstetrics and Gynecology at the University of Minnesota, but has had additional experience in Human Sexuality. Major Rightmire is also a candidate for Ph.D in Pharmacology. He has been a valuable addition to the teaching staff.

G. Department of Orthopedics.

1. There was an increase in the number of operating room days for scheduled cases due to the increase in the orthopedic staff and with the additional workload of the podiatrists.

2. There was an increase in the number of surgical procedures performed annually, also an increase in the number of outpatient surgeries performed in the Podiatry and Orthopedic Clinics. There was a slight increase in the total number of outpatient visits annually.

3. There was an increase in the number of assigned personnel (para-professional) in the Orthopedic Clinic.

4. The Orthopedic Scoliosis Clinic is now scheduled separately for surgical and nonsurgical treatments, staffed by US Navy orthopedists from Oak Knoll Naval Hospital in Oakland, under the supervision of Commander (Dr) Walter Huurmann.

5. Technicians' Clinics were set up separately in order to see and follow patients selected by both podiatry and orthopedic staff with minor problems in order to give the staff more time with major problem patients.

6. Podiatry staff members consolidated clinic and office space into one unit due to lack of office space.

7. A separate Hand Clinic for new patients was set up for assigned Major (Dr) William L. Green, orthopedic hand surgeon.

8. The Orthopedic Department now has total knee replacement capabilities

H. Department of Pathology.

1. The Department of Pathology and the Clinical Laboratory was again inspected and accredited by the College of American Pathologists

for a period of two years. The Blood Donor Center retained its approval by the Federal Drug Administraiton and the Cancer Registry continued in its status of approval by the American College of Surgeons.

2. The Pathology Service performed 136 autopsies for the Medical Center and its Regional Hospitals. Pathologists were dispatched to Nellis AFB on three different occasions (11 August and 10 October 1975, and 18 February 1976) in support of three different aircraft accidents involving five fatalities. Surgical pathology case load has increased to 15,000 cases per annum since the Histopathology Section was properly manned. Three Air Force cytology technicians are screening 25,000 smears per annum.

3. The Clinical Laboratory is approaching 2 million procedures per year. The greatest gain was in the field of radioimmunoassay. Due to the assistance of Dr. Steven Leichter, an endocrinologist, the Laboratory acquired another technologist in the field and programmed for a $25,000 well-counter with a paper tape for raw data which will be in line with the Wang Calculator for data reduction. In conjunction with Oakland Naval Medical Center and Letterman General Hospital, the military hospitals have the widest selection of immunoassay tests in the Bay area. They are: T3, T4, TSH, FSH, LH, T3 uptake, cortisols, HGH, compound S, menins, gastrin, HAA, prolactin, CEA, digoxin, B12, folate estriols and L-5 ratios. We contemplate doing

testosterone, ACTH, HLAW-27, Anti-DNS and DHEA. We are providing this service to area USAF Hospitals and also Wilford Hall Medical Center, Lackland AFB, Texas.

4. Several new pieces of automated equipment have been programmed for different sections in the Chemical Laboratory. These include a Hycel Mark 17 Chemistry analyzer, an ABA 100 Abbott analyzer, a Hycel platelet counter, a cell washer for the Blood Bank and a new Coulter Counter. These instruments should compensate for a projected reduction in manning in the 904X0 field.

5. Twenty Phase II Medical Laboratory Specialists were graduated. Two civilian technologists volunteered for practical training for California licensures. A number of officers and enlisted men attended laboratory courses at CDC in Atlanta, Georgia. The regular Pathologists attended both the Spring and Fall meetings of the College of American Pathologists.

I. Department of Pediatrics. No significant change in manpower occurred during this fiscal year with twelve trainees and eight staff pediatricians in place.

1. Services.

a. A major emphasis on improvement in the overall quality of outpatient care was underlined with the hiring of a full-time Pediatric Nurse Practitioner. She functioned prominently in our attempt to deal with broader aspects of maternal care for children from the social and personal standpoint in addition to general health matters.

b. Members of the Pediatric Staff played a significant role in the maturation of the Child Advocacy Committee with a doubling of the case load over the previous year.

c. Pediatrics continued to provide physical examination screening programs for multiple school and athletic organizations throughout the year. An increase in such support was necessitated by the recently imposed State requirements of a comprehensive evaluation and examination for every child entering the first grade in the State of California. We are proud of our successful participation and organization of this program in its initial year of implementation.

2. Equipment. No major additional equipment arrived during this fiscal year.

3. Training Program. Improved organization for teaching and efficient supervision of house officers occurred through the development of the role for a chief resident selected from the PL-3 trainees. The chief resident was also able to assist the attending staff pediatrician in the teaching program for junior students from U.C. Davis Medical School serving clerkships. The success of our continuity clinics for residents initiated in the previous year was realized through improved follow-up patient care provided by the house staff.

4. Professional Participation. The Pediatric Staff continued its association through clinical staff appointments with the U.C. Davis-Sacramento Medical Center. This provided a forum for exchange

of lecturers by both groups to the benefit of the training program. Our consultation role to outlying military medical facilities was expanded to include additional visits by members of the Pediatric Staff. An enthusiastic professional posture persisted among members of the teaching staff throughout the year.

J. Department of Pharmacy.

1. A "Baker-103" Hospital Automated Prescription System consisting of 30 drug cells has been installed in the clinic pharmacy. This dispensing system has greatly improved the efficiency in that area where the space is extremely limited. It is estimated that this new system saves about 50 man hours per month, has significantly reduced patient waiting time and improved prescription filling accuracy.

2. The pharmacy has acquired an additional room which will be utilized to expand the intravenous admixtures program. The additional space will allow the pharmacy to upgrade many of the services provided.

3. A Vietnamese refugee was assigned to the pharmacy for a six month training period. The trainee (a Vietnames pharmacist) was assigned here through an agreement with the North Bay Human Development Corporation. The pharmacy provided on-the-job training and experience which will aid the trainee in finding employment in the civilian community. This program was mutually beneficial to the trainee and the pharmacy.

K. Department of Primary Care.

1. With emphasis on the physician extender concept, both nurse practitioner and physician assistant, the role of the Department continues to be that of provision of acute episodic health care delivery. Patients are seen in return visits when appropriate to maintain continuity of care, but referral to specialty clinics is emphasized for all medical problems requiring long-term therapy or complex evaluation.

2. The Emergency Room is staffed on a full-time basis by a physician whose practice is limited to emergency medicine. Assistance is provided by a physician extender where appropriate. Due to the continuing heavy load of "routine" problems seen in the Primary Care Clinic, the Emergency Room has functioned as a source of health care for a large number of those patients for whom care could not be provided in the Clinic due to limited practitioner staffing.

3. The continuing exceptional performance of the physician extenders in the Clinic has permitted avoidance of the mandatory rotation of specialty-trained physicians from other departments through the Clinic and Emergency Room, with the exception of a three month period during the summer when staffing was below critical levels.

4. Emphasis continues to be placed on patient participation in the individual's own health care provision, where appropriate. This has resulted in a savings of time for personnel in areas such as completion of patient identification data on laboratory slips and

x-ray requests. Prepared patient instruction forms are in use for education and instruction for home care for several conditions which are more commonly encountered in the Emergency Room and Clinic, resulting in more dependable patient instructions and more patient cooperation in home care for those conditions. Studies are underway to evaluate the utility in this setting of patient intake questionnaires, designed to speed the triaging of patients seen as walk-ins.

5. The unique nature of the patient population served, being affected in a large part by the varying ability of other military facilities in the area to provide health care to their population, has increased the number of walk-ins significantly. As a major MAC base, there are a large number of non-resident patients who use this health care facility while in delay status here. It is impossible to provide a workable appointment system for these categories of patients, and similarly impossible to educate them in the use of such a system if it existed. This has required the provision of walk-in care to the extent that routine advance appointments in the various specialty clinics has further increased this demand for "walk-in" availability by the local population. It is hoped that this can be corrected by the provision of scheduled advance appointments in the future for at least a portion of the patients seen in this clinic, to aid in the management and control of patient flow for more effective utilization of the services available here.

L. Department of Radiology.

1. General. The number of patients increased during the year but the number of films exposed decreased representing a decreased films per study during the year. The workload was in a constant state of flux while the department modernization program was implemented.

2. Equipment.

a. The efficiency of the Department was improved by the addition of a daylight film system which eliminates the need for the second dark room.

b. As part of the modernization program new x-ray equipment was installed and accepted in Rooms 1, 4, 6, 8 and 9.

3. Teaching. The residency program had two residents graduate last year. There are now ten residents registered in the diagnostic radiology residency.

M. Department of Surgery.

1. We have received a new Ohio 2000 series anesthesia machine, 3 datascope cardioscopes, 1 datascope battery operated defibrillator, and 2 Ohio ventilators.

2. A formal agreement was signed by the Commander of David Grant USAF Medical Center and the 41st Pararescue Squadron, McClellan AFB CA, delegating responsibility to this Anesthesia Service for monitoring a program giving clinical experience to the pararescue personnel.

3. The Ophthalmology Service has ordered and received a number of steep fitting hard contact lenses, giving us the capability of fitting keratoconus patients and certain other unusual refractive problems.

4. A Madsen Electroacoustic Bridge was approved and purchased for the Otolaryngology Service. This equipment, when it is received, will allow this Department to perform audiological studies on children with serous otitis media.

5. New adult endoscopic equipment has been received and is being utilized in operative adult endoscopy. Pediatric endoscopic instruments and an updated cystometer have been requested and should insure full capability for the Urology Service.

6. Both Urology staff men have published scientific articles in major Urology journals in the last year.

IV. DENTAL SERVICES

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A. Research Project #552, involving the administration of Coenzyme Q has been terminated with highly significant results, and has been published in appropriate literature. Research Project #553, concerning the use of Woven Ceramic Implants has been assigned to a new principal investigator, and this project is still continuing with generally successful and beneficial results.

B. Another class of American Red Cross Volunteers successfully completed a six month dental assisting course. This training program serves two purposes: it provides the dental services with clinical technicians during perennial shortages of personnel, and it provides these Air Force dependents with valuable and marketable skills.

C. During the few weeks in fiscal year 76 when enough assistants were assigned to support such an endeavor, a special Dental Assistant Rapid Treatment (DART) team was in action. This team, consisting of 2 each general dentists 9826, dental assistants 983X0, and dental technicians 981X0, operated a vastly improved treatment schedule which treated many more military patients.

D. A special team to treat flying personnel was established, and functioned in a highly successful manner. This central system enables flyers to directly contact the person who will be delivering treatment, and assures that rapid, prompt, same-day definitive care is available to the flyer.

E. During this period, 7 dental treatment rooms were upgraded with new units and chairs as the first pahse of a 5 year modernization program. Plans have been made to replace obsolete equipemtn in 8 treatment rooms during FY 77.

F. A contract was negotiated to install adequate overhead lighting in the 22 treatment rooms of the base facility providing much needed basic illumination for treatment of patients.

V. VETERINARY SERVICES

V. VETERINARY SERVICES

A. General. The Veterinary Service provided a comprehensive food inspection program, sanitary inspection of all food facilities, sanitary inspection of military and contract aircraft galleys, pre-employment and formal quarterly training to all food handlers, a zoonotic control clinic and complete care to military working dogs.

B. Cost Reduction. In the interest of manpower and fuel economy, the 11-4 Support Agreement with two sites were changed from DGMC/SGV to military facilities located in close proximity to the sites.

C. Facilities. The Veterinary Food Inspection Service has moved to the new commissary warehouse. The facilities provided are of a temporary nature pending installation of a fixed facility. The project to expand the existing veterinary administrative facility, Bldg 543, has been set back to FY 78 due to a lower priority of limited funds.

VI. AEROMEDICAL SERVICES

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A. General. The Directorate of Aeromedical Service is directly responsible to the Commander, David Grant USAF Medical Center for the functions of the Flight Medicine Section, Military Public Health and Occupational Medicine and Physical Examination Center. The Director of Aeromedical Sercice is assigned additional duty as Director of Base Medical SErvices. Director of Aeromedical Service and Aeromedical physicians:

1. Render professional and technical assistance to the Second Aeromedical Staging Flight, examining patients processed through the unit and frequently flying air evacuation missions in the system.

2. Advises the Commander of Travis AFB, and the 60th Military Airlift Wing on the health of the Command and military medical mission requirements.

3. Supervises activities pertaining to aeromedical testing and aeromedical aspects of flight, aircrew effectiveness, physical examinations and immunizations for military and civilian personnel.

4. Provides medical support to the Human Reliability Program, Personnel Reliability Program, and Physical Profile Program.

5. Monitors USAF Fitness and Weight Control Program in accordance with AFR 50-49 and AFM 160-43.

6. Monitors USAF Random Drug Testing Program.

7. Insures proper medical procedures in the operation and functions of the Air Crew and Physical Examining Center.

8. Conducts the Aeromedical SErvice Program in accordance with AFM 161-33.

B. Flight Medicine. The aeromedical staff continued their efforts to implement and maintain an active Aircrew Effectiveness Program. The Aerospace Medicine Reports submitted during this report period reflected many realistic problems dealing with flying safety hazards, health, welfare and morale items. Some of the programs conducted and topics reported are as follows:

1. Aeromedical personnel participated in many Wing-Base programs, amonth them, the Wing Review and Certification Board, the Wing Safety Board, the Air Traffic Control Board, Wing Staff meetings, and Wing-Squadron flying safety meetings.

2. Aerospace Medicine Council meets the first Tuesday of each month under the direction of the Chief, Aeromedical Services in accordance with AFM 161-33. Some topics reviewed by the council included fatigue factors in aircrew duty, hearing conservation program, the Special Airborne Medical Care Unit (SAMCU), drugs and the flyer, crash ambulance operation and equipment, dental service and the aircrew member, rapid decompression and oxygen discipline and other interesting topics presented by guest speakers. One of the most significant developments derived from these topical discussions

was a closer coordination between the Dental Service and Aeromedical Service regarding grounding of flyers for dental operative procedures.

3. Aeromedical Service continued to support base agencies in Operational Plans and Disaster Preparedness Training Programs. Primary response to potential aircraft accidents, Broken Arrow exercises and Mass Casualty Exercises or situations were provided as well as advise to the Base and Wing Commanders on the health of the command. Further support was provided by participating on base safety and accident investigation boards.

4. Flight Medicine personnel provided the necessary supervision and guidance for an effective Weight Control Program for all base assigned and attached personnel both flying and non-flying. When an individual is identified as being overweight he is referred to this service for initial evaluation and counselled by a physician regarding dieting, food values, food preparation and particiaption in physical exercise. Periodic re-evaluations and progress reports were prepared and forwarded to unit commanders. In the case of flyers they are processed in accordance with AFM 160-43.

5. Flight Medicine provides aeromedical technicians to support the Executive Physical Program for General Officers, as required.

6. During this period, flight medicine was instructed in the operation of Crash Ambulance emergency equipment and the use of crash ambulance emergency equipment and the use of crash grid maps.

A tour of the flight line including proper crash rescue response positions and flight line safety procedures is conducted for all newly assigned aeromedical personnel. Additionally, personnel attended a periodic cardiovascular pulmonary resuscitation course conducted by the Medical Center.

C. Physical Examination Center. Normally responsible for approximately 2500 aircrew members, both active and reserve, and since Travis AFB is a major port of embarkation/debarkation, an aircrew examining center, the Physical Examination Center provided an expanded service in physical examinations, these included Air Force Academy, SMSO, ROTC, and retirement physicals. These type physicals placed an exceptional workload on both the professional staff, technicians, and administrative staff, due to the numerous medical evaluations, consultations, and high priority assigned these type examinations.

1. The Aeromedical SErvice is assigned the responsibility for monitoring and collection of all urine samples under the Air Force Mandatory Random Drug Testing Program. The collection of urines are accomplished by the Physical Examination Center and delivered to the Medical Center laboratory each day.

2. Aeromedical Service continues the responsibility for all physical examinations for three AFROTC units, two recruiting detachments, and five radar sites, picked up with the closure of Hamilton AFB during the last report period.

3. Due to the shortage of Army Flight Surgeons this service continues to perform Army flying physical examinations for this area as required.

D. Environmental Health.

1. Misuse of lead based paints. An occupational health survey in August 1975 revealed that lead based paints were being used in the base Dorm Up-grade Program in violation of Public Law and Air Force policy. Lead based paints had been substitued for paints ordered under authorized federal specifications. Use of lead based paints was halted. In addition, we advised that barracks already painted be clearly identified and should never be used to house minor dependents without first removing all lead based paints.

2. Base Comprehensive Plan. We have closely coordinated with the Base Environmental Pollution Monitor concerning the preparation of the Travis AFB Comprehensive Plan (Phase II).

3. Carbon Monoxide Overexposure. An airman on sick call was diagnosed as carbon monoxide overexposure. The MOD referred this case to Environmental Health Services. Our investigation revealed that the airman worked in AGE driving a farm type tractor equipped with an add on cab. A check of the cab revealed that 250 ppm CO existed in the cab when the vehicle was parked and 90ppm CO existed during normal vehicle operation. A check of all tractors showed that the reason for the high readings in this and other tractors was that the exhaust pipe ended underneath the cab. The exhaust

systems on the tractors had been modified to install spark arresters and some had been cut short. Action was taken to have these exhaust systems extended beyond the cab. This action was incorporated base wide. All base tractors were then checked adn none exceeded permissible CO units. Our report of this incident in the December 1975 Aerospace Medicine Report contributed to a directed fix Air Force wide.

4. Ethylene Oxide Residual After Sterilization. This office became concerned about the residual of ethylene oxide left in hospital equipment/instruments by sterilization techniques utilizing this gas. Our preliminary investigation showed that a potential existed for some pieces of equipment to contain up to 50 parts per million of ethylene oxide following sterilization and aeration. The amounts varied with packing procedures (in the aerator), aeration time and time after aeration. Our initial study showed a possible problem with ambu bags, IPPB's and catheters. A change in aerator packing procedures initiated by nursing services eliminated any problems with these items.

5. A Narda 8100 microwave survey instrument was acquired for this office. This replaced our outdated microlite instrument and provided us with the capability of performing microwave oven surveys in accordance with AFR 161-42.

6. Baggage X-Ray. A baggage x-ray inspection system, Dennis and Miller Engineering Incorporated, Model C-2, Serial #2649, was

installed at our air passenger terminal on 17 February 1976. The unit was surveyed by SMSgt James W. Beavers of the USAF Radiological Health Laboratory. The results of the survey were within required limits. Air passenger specialists were issued personal film dosimeters as requested by the USAF Radiological Health Laboratory. These individuals were instructed on the proper wearing and storage techniques of the film badge.

7. Corrosion Control of Air Transportable Dock (ATD). The ATD system is peculiar to the C-5A aircraft. Its purpose is to rapidly unload the aircraft cargo onto a portable roller platform. In January 1976, representatives from this office and base Ground Safety attended a planning meeting concerning an extensive project to remove and treat the corrosion which had accumulated under the omni-directional rollers. As briefed, the project involved the sand blastin, abrasive grinding, treating, sealing, and painting of 644 aluminum planks containing several omnidirectional rollers each. Initial discussions with the project monitor identified potential health safe problems that would be encountered in an operation of this magnitude. A hangar had been designated as the work site. Recommendations were made concerning the use of an air supplied respirator and protective clothing for the individual performing the sand blasting in an enclosed room within the hangar. Personnel who carried the work in/out were equipped with dust respirators, safety goggles, and coveralls. In addition, a window was placed in the door leading to the room to allow constant monitoring of the individual performing the sandblasting. Dust respirators, safety

glasses, and ear protection were recommended for those involved in the grinding operation. Also, proper protective equipment was recommended for personnel who hand swabbed the planks with alodine as well as those individuals applying paint. As all personnel assigned to this project were from Aerial Port Squadron, each individual received and occupational physical tailored to the job he was to perform prior to beginning work. This project was accomplished in a safe and timely manner while adhering to all recommendation for health safe practices. There were no man days lost on this project due to an occupational illness or injury. It was a most rewarding experience wo work in an atmosphere of mutual cooperation.

8. Venereal Disease Interviewer's Course. Through close coordination with Solano County Health Department, we were able to arrange for a representative from the Center for Disease Control (CDC), Atlanta, Georgia, to teach a Venereal Disease Interviewer's Course in this area. The course was taught from 19-23 January 1976 at the lcoal County Health Department. Five personnel from this office attended. Invitations were extended to other MAC bases as well as bases in this area. Norton AFB and McClellan AFB sent one individual each.

9. Pollution Abatement. On 12 February 1976, personnel of Environmental Health Services and Civil Engineering traced the flow

of a sewer in hangar #810. Questions had arisen about a drain in this hangar which was being used as a wash rack. The user was of the opinion that the drain led to the sanitary sewer. We thought that it led to a storm drain and eventually into Union Creek (which crosses the base). Aircraft dye markers were used to follow the flow. Several hours after releasing the dye, it found its way, untreated, into Union Creek. Personnel assigned to the AGE shop located in that hangar were instructed by the chairman of the Base Environmental Protection Committee not to utilize the sewer drain for a wash rack. Several approved wash racks are located in the area which can be used by the AGE Shop.

10. Chlordane in Family HOusing. An occupant of inadequate base housing applied undiluted 45% Chlordane to the kitchen cabinets in his quarters. Over a month had passed before his actions were discovered. Base Entomology personnel were to spray the house for cockroaches when they detected a chemical odor. When they questioned the occupant he stated he did not remember what he had sprayed. The Entomologist contacted this office for assistance on 15 March 1976. AFter some prompting, the occupant revealed that he had sprayed Chlordane. The kitchen was placed off-limits and on the 17th of March 1976, air sampling was performed using Chlorasorb tubes provided by the Environmental Health Laboratory at McClellan AFB, California. On 18 March 1976, blood samples were collected from the occupants and analyzed for Chlordane. On 23 March 1976, results

of the air and blood analysis were known. The air contained up to 0.05 mg/M3 of Chlordane and the blood was suspected of having some Chlordane. At the recommendation of our servicing laboratory, the Environmental Protection Agency, Human Resources Laboratory in Washington, D.C., was contacted for support. They agreed to provide (free of charge), an analysis of the occupant's blood and urine. They mailed pesticide free specimen bottles and a mailing container. On 26 March 1976, the occupants were given a physical exam including some laboratory procedures. No significant results were noted. The Base Commander and Civil Engineering were informed of the findings of our investigation and recommendations were made to remove the cupboards from the residence. This recommendation was approved and action is completed on this matter. Removal of the cupboards was considered to be a conservative action, but feasible since this was an isolated incident.

11. Water Sampling. In accordance with Hq MAC/SGPE letter, Subject: Environmental Quality Monitoring Program for Surface Streams, all tests were completed and forwarded with the exception of the fecal coliform test.

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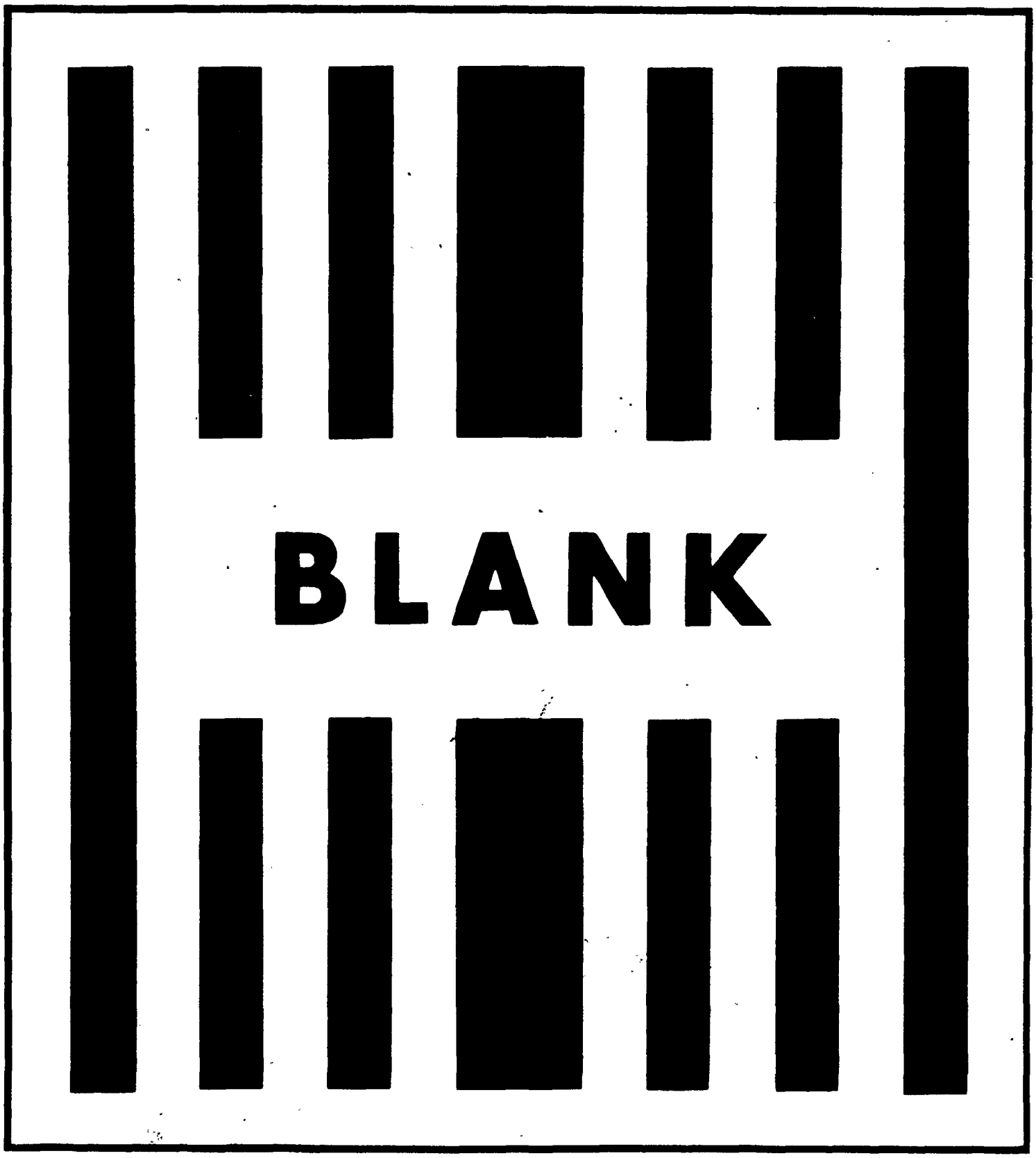
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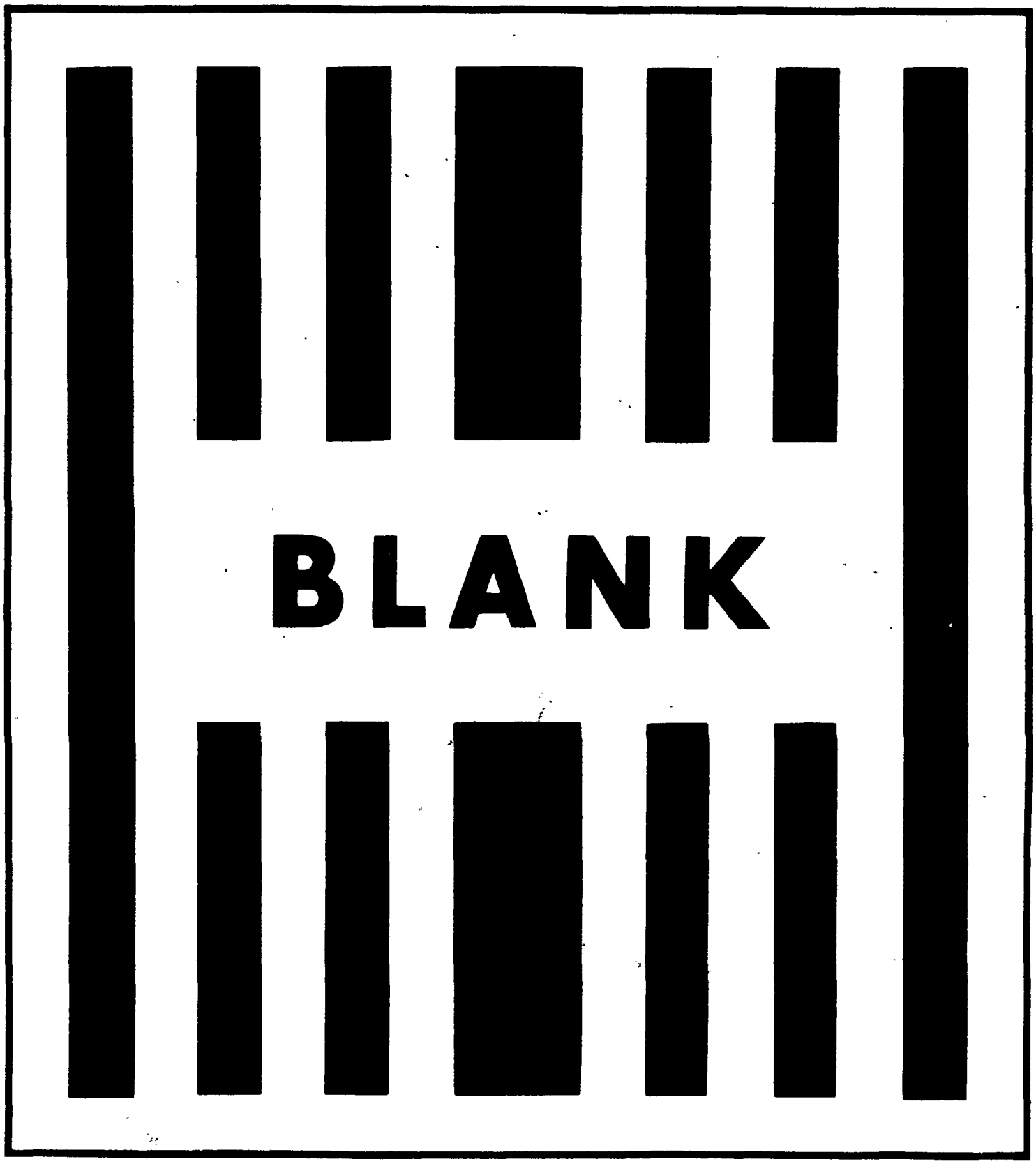
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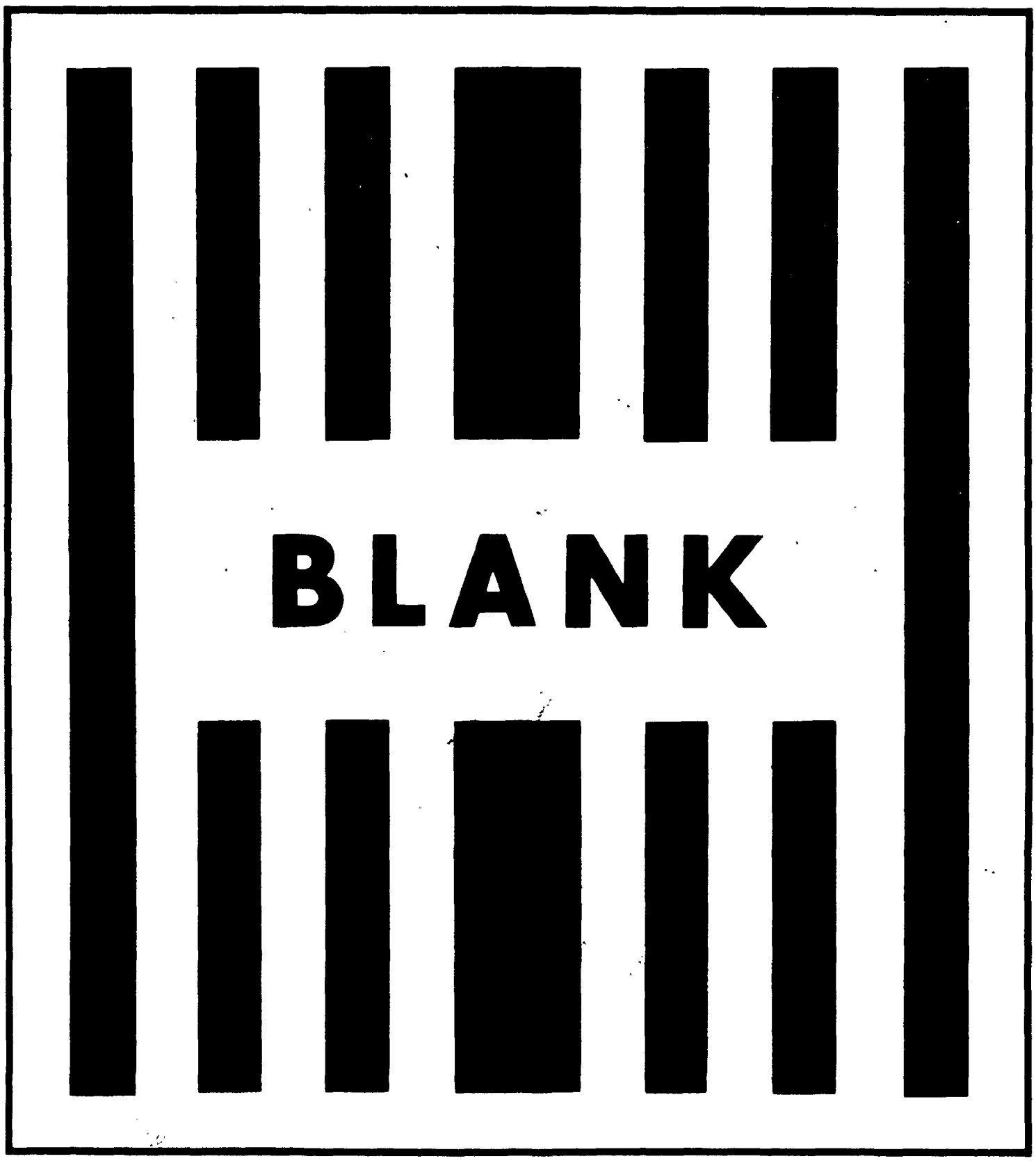
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HISTORY OF THE

USAF

DAVID GRANT USAF MEDICAL CENTER

1 July 1974 - 30 June 1975

I. COMMAND AND ADMINISTRATION

I. COMMAND AND ADMINISTRATION

A. Command. David Grant USAF Medical Center continues to serve as the second largest medical facility in the Air Force Medical Service and the largest in the Military Airlift Command, supporting 21 Air Force Medical facilities encompassing the eight western states. Despite manpower shortages and financial restraints there has not been any significant reduction in the quality of care or cancellation of services to the population we serve.

Colonel Monte B. Miller assumed command of David Grant USAF Medical Center effective 1 May 1975, upon the retirement of Brigadier General Evan W. Schear. There have been no major mission changes and Dr. Miller continues to provide leadership in the Tri-Service Regionalization Program with Letterman Army Medical Center and Naval Regional Medical Center Oakland.

B. Chaplain Services. The relocation of the Chaplains' Offices was accomplished which enabled the Catholic and Protestant Chaplain to have their own private rooms for general counseling and consolation of patients' families. The Catholic Chaplain was moved from Room E-110 to Room F-130 and the Protestant Chaplain from Room E-110 to Room F-129. Catholic Mass and Protestant Worship continue to be held every Sunday in the Hospital Auditorium.

C. Forensic Medicine. Since its inception in July 1969, the role of the Forensic Medicine Consultant Advisor has grown and become an intregal function within United States Air Force Medical Centers. In October 1974, in conjunction with the Forensic Medicine Course at

Andrews Air Force Base, Maryland, all six of the Forensic Medicine Consultants from the Air Force Medical Centers attended a conference intended to focus on the role of the Forensic Medicine Consultant Advisor and his problems. The primary concern of the Forensic Medicine Consultant Advisors was the lack of supervision at Hq USAF level in the Judge Advocate area. An extensive discussion of the job description of the Forensic Medicine Consultant Advisor was undertaken. One of the primary considerations in this regard was the role of the Forensic Medicine Consultant Advisor as a Consultant to area hospitals. The lack of TDY funding for the Forensic Medicine Consultant Advisor has been a continuing problem. The importance of giving recognition to the Forensic Medicine Consultant Advisor as a Consultant under Air Force Regulations was stressed. This was also seen as a means of providing regularly budgeted TDY funding for the Forensic Medicine Consultant Advisor. A significant outcome of the conference was a recommendation for a cross-feed policy wherein opinions of Forensic Medicine Consultants would be exchanged with other Consultants and with the higher headquarters. As a result of the conference report to the Judge Advocate General, several significant developments have occurred. First, the Judge Advocate General has reviewed the program and determined that he feels the program is of significant importance to the Air Force and should continue. In a letter from the Judge Advocate General dated 3 December 1974, General Vague reported that he had decided to appoint a former Forensic Medicine Consultant Advisor now in charge of the Torts Litigation Division of the Judge

Advocate General's Office as supervisor for the Forensic Medicine Consultants in claims matters. Policy and Civil Law decisions would be supervised by Mr. Jack Matthews who is the Legal Advisor to the Surgeon General. General Vague also indicated that he had directed that a new chapter to Air Force Manual 112-1 be written to provide further guidance on the processing and handling of medical professional negligence claims. Subsequently a new Air Force Regulation has also been created defining the role of the Forensic Medicine Consultant Advisor, AFR 110-30.

Local activities of the Forensic Medicine Consultant Advisor have included five talks to personnel within the hospital during the past year, an active Legal Assistance program, and membership of the Forensic Medicine Consultant Advisor in the American Bar Association, Texas Bar Association, Solano County Bar Association, The American Society of Law and Medicine, and as a member of the Section of Negligence Law of the American Bar Association.

D. Funding. Total FY 75 funding (including military salaries) amounted to $20,221,000. The RECON Program (Resources Conservation) goal for David Grant USAF Medical Center in FY 75 was $458,400. The Medical Center achieved a savings of $1,602,600 or 350% of assigned goal. The current year benefits represents almost 8% of the operating budget.

In recognition for this significant savings both Captain L. B. Bona RECON Program Manager, and SSgt M. C. Feeser received Certificates of Merit signed by Generals Carlton and Gonge. The Medical Center

was awarded an engraved plaque as a testament to this outstanding accomplishment.

Mrs. Mary Hogan, GS-9 Budget Analyst, attended Resources Management 90670 School at Sheppard AFB, 1 - 14 March 1975.

Captain L. B. Bona, Resource Management Office, was honored by his invitation to visit Headquarters Military Airlift Command, naming him to be a winner of "Operation High Flight", 3 - 5 December 1974.

SSgt M. C. Feeser, NCOIC, Resource Management Office, attended the Air Force NCO Academy at Norton AFB, 15 February - 30 March 1975.

On 1 January 1975, Mr. Keith Siprelle, Engineering Technician, retired from Federal Civil Service after 30 years, the last 27 years being here at David Grant Medical Center in the Plant Management Section.

E. Medical Construction Program and Facilities Utilization. The following projects and items of interest were funded (obligated) during FY 75:

1. Project TVS 55-4 - Installation of vacuum pump at David Grant Medical Center. ($11,745)

2. Project TVS 131-2 - Installation, repair and adjustment of new and existing air conditioning equipment. ($39,990)

3. Project TVS 76-46 - Remove and replace evaporative condenser, Bldg 383, Outpatient Clinic. ($7,700)

4. Project TVS 75-0194 - Remove and replace motor controllers for two 150 air conditioning compressors. ($61,500)

5. Project TVS 225-4 - Install Cool Screens in Bldgs 380, 381, 121 and 383. ($35,400)

6. Project TVS 77-3 - Extended Emergency Power in Laboratory.

7. Project TVS 76-3 - Alter heating system, Bldg 121. ($32,490)

8. Project TVS 22-6 - Repair compressors in Bldg 382. ($15,800)

9. Project TVS 198-0 - Repair of boiler plant and replacement of three bricked boilers with packaged boilers, stacks, etc. ($183,043)

10. Project TVS 74-29 - Paint interior of hospital building. ($33,000)

II. STAFFING AND EDUCATION

II. STAFFING AND EDUCATION

A. Educational Programs.

1. The Health Professions Scholarship students (HPSP Students) formerly known as the "HR-2" scholarship students are being assigned to the David Grant USAF Medical Center by a new procedure this year. Because of an Air Force wide program which provides for formal indoctrination into the Air Force Medical Service in the summer prior to entering medical school and also between the first and second years of medical school, the students are assigned for clinical rotations only. HPSP students, therefore, apply for externships and clinical clerkships through the Directorate of Professional Education which coordinates consideration for assignment between students, a training service, and AFIT which manages their administrative processing. These students can also negotiate a formal active duty rotation which can be credited to their medical school training, a situation which has become increasingly popular. In addition, we continue to have fully sponsored medical students who have elected the David Grant USAF Medical Center as a site for their summer externship. Although there is a planned reduction in the number of fully sponsored students beginning this year, we continue to have a significant number of these Academy graduates during fiscal year 1975.

2. Our affiliation agreements between this medical center and the University of California, Davis Medical School; University of California, San Francisco Medical School; and the Chico State School of Nursing have continued to be highly successful in the exchange of teaching staff and trainees. In addition, the affiliation with the Bryman School of medical technicians has been revised and these charming and intelligent young

ladies are now serving an internship in the outpatient clinics where their services have been invaluable.

3. There were a total of 69 residents and fellows in training this fiscal year in the departments of general surgery, medicine, pediatrics, OB/Gyn, and radiology. A formal graduation for 29 residents and fellows was held 20 June 1975. We were pleased to have the Deputy Surgeon General, USAF, Major General George E. Schafer, as the graduation speaker. The following week saw the arrival of 31 new residents, who after a week of required orientation would begin their clinical duties 1 July 1975. There were no new cardiology fellows accepted for this fiscal year, and the hematology fellowship has remained vacant. We have, however, had an internist assigned as a fellow in gastroenterology for this coming fiscal year.

B. Special Programs

1. There was a meeting of the Residency Selection Board at Randolph AFB TX, 1 - 3 October 1974, which was attended by the departmental chairmen, and the Director of Medical Education, Col Ronald McGowan. After brief comments from representatives of the Office of the Surgeon General, USAF, and representatives from the directorates of medical education of the United States Army and United States Navy, selections were made for residency appointments for the forthcoming year. This year saw a dramatic reduction in the authorizations for civilian sponsorship with the requirement that all Air Force programs must be filled before considering an application for a civilian program and only those specialties in dire need by the Air Force would be approved for civilian training under Air Force sponsorship.

2. The second Joint Meeting of the Directors of Professional Education of the USAF was held at Randolph AFB in March of 1975. This program was highly productive permitting an exchange of ideas concerned with providing the best in professional education in the various centers. This year the Surgeon General's Office, USAF, was represented by Deputy Surgeon General, Maj Gen George E. Schafer, and the Surgeon for USAFMPC was not only represented by his director of professional education, Colonel Kemmerer, but also by his entire administrative staff, who provided a great deal of important information to the center directors of professional education. In addition, a special briefing concerning the Health Professions Scholarship Students was provided by joint action of USAFMPC/SGE and the Surgeon's Office USAF.

3. Twenty-four national consultants in various specialties visited the medical center in FY 75, and over 80 medical and dental consultant visits were made to 20 area and regional health facilities under the military consultant program. This year we provided 100% of the military consultant visits required in the David Grant area.

4. Of interest is the amount of professional papers and presentations prepared by the teaching and house staff of David Grant Medical Center. Forty papers were submitted for publication and over thirty papers presented at national and local meetings.

C. New Equipment and Physical Improvements:

1. No new major equipment was procured.

2. General: A contract was initiated and videocassette programs from the Network of Continuing Education were received on a monthly loan basis. These films have been utilized extensively by both individuals and in departmental conferences. Also the Army's master Videocassette Library has been utilized to reproduce programs they have on file on blank videocassettes which we provide them. We now have on file a limited videocassette library of our own which has been a success and has been utilized quite frequently.

D. Manpower Changes:

1. SGE: An administrative assistant was provided for two months to help with a peak administrative workload.

2. Library: A fully trained librarian, Miss Kay Hafner, replaced Mrs. Ann Robertson, library technician. Mrs. Peggy Rief completed a temporary assignment in the library, after which Miss Robin Holloway was assigned on a permanent basis.

3. Photography: Medical Photography continued to utilize Red Cross Volunteers to help in their area. Special note should be given to Mrs. Eleanor Watkins who volunteered her services as a capable photographer for all of last year. She is now departed and her services will be greatly missed in the medical photography section.

III. HOSPITAL SERVICES

III. HOSPITAL SERVICES

A. General. Hospital services continues to ensure in a variety of ways the provision of first quality care to a broad spectrum of eligible active and retired members and their dependents. Maximum flexibility must be maintained to permit adjustment of capability and emphasis to an ever changing demand. Assumption of more supporting functions for the clinical departments has permitted more effective clinical application of professional talent.

B. Department of Medicine.

1. For the second straight year we have been able to maintain two of our wards in full operation because we don't have the nursing coverage to operate three wards. As this operation went into effect, we encountered a fairly constant shortage of beds for female patients. According to our calculations, 26% of our bed days were being occupied by females and we had allocated 26% of our beds. What we failed to realize was that we required a buffer for female patients as well as male patients and to solve this problem we designated more female beds by assigning females to two of the bays on C-2. This did not solve the bathroom problem previously reported but it provided us with a buffer for female patients and it also gave us more freedom to use private rooms for seriously ill male patients.

2. Our statistics for our inpatient operations declined somewhat from our 60 month average. During this period, we averaged about 2200 bed days per month with about 200 admissions. Our 60 month average is about 2500 bed days per month with 197 admissions. For this reporting

period, the average duration stay was 10.7 days as opposed to 12.5 days on the 60 month average. It is clear that we are discharging patients more rapidly than in former periods. In spite of our decrease in census, our proportion of the total medical center inpatient workload has remained fairly constant with about 22% of the admissions and about 26% of the bed days. During the end of this reporting period, our census was increasing and by the end of this reporting period we had equaled our 60 month average for days occupied and had exceeded the 60 month average for numbers of admissions. As a consequence, our proportion of the admissions to the hospital increased to about 36% and our proportion of the bed days increased to about 33%.

3. In our inpatient operations, we discovered that we were facing increasingly long waiting lists for new patient appointments. During the year, we analyzed this situation on several occasions with the findings that we had several administrative problems in arranging for new patient appointments, some of which have been solved. In spite of the fact that our reported visits seem to be decreasing, part of this decrease was due to a major change in reporting other medical visits. Analysis of individual clinic workloads revealed that some of our clinics with the longest waiting lists were becoming saturated while other clinics had decreasing demand and decreasing workload. Some of these problems were solved near the end of the reporting period by increasing the number of new patient appointments available in our general internal medicine clinics, by increasing the

number of clinics in the critical subspecialty areas, and by diverting some requests for new patient appointments in the critical specialties to our general internal medicine clinic. Toward the end of the reporting period, the critical waiting list had decreased in some of the clinics but the waiting list in neurology remains as it was. We were also able to see more patients in our clinics and at the end of the reporting period we were achieving levels comparable to our 60 month average even not counting those other medical visits. By subspecialty areas, two of our clinics maintain about the same workload as our 60 month average, five have increased the number of patients, one has decreased the number of patients, and the last, the other medical clinics, cannot be interpreted because of the change in reporting procedures.

4. Our staff was unable to participate in the Society of Air Force Internists meeting because of lack of funds. This same lack of funds also interfered with our continuing medical education program for members of our full time staff. Most of the staff were unable to attend medical meetings because of this lack of funds although some members attended medical meetings at their own expense.

5. Our research efforts have continued in the areas previously described. Unfortunately, our efforts in these areas are being stymied because the techniques of myocardial imaging are now regarded by the Surgeon General's office as no longer investigational and therefore not eligible for research funds. By the same token, there is insufficient money from the O&M budget to support our additional requirements in this area.

6. We have continued to provide coverage in the primary care clinic where we have continued to assign an intern. In addition, we have assigned one staff man full time to this area but rather than have all of our staff rotate on an assignment to this clinic, we have designated a general internist who joined our staff after returning from a remote tour.

C. Department of Mental Health. Inpatient treatment services were limited to active duty personnel; however, dependents of active duty personnel, dependents of retired personnel and retired personnel who required hospitalization were admitted at nights and on the weekends for evaluation and referral to local hospitals or the DGMC Mental Health Clinic. The DGMC Mental Health Clinic treated active duty, retired personnel and dependents during this period with a minimal number of referrals under CHAMPUS to local resources. A child guidance clinic is operational and has been coordinated with the New Child Advocacy Regulation. The unofficial psychiatric technician training program continued to produce excellent graduates and Sacramento State University social work students had their formal training complemented by academic work and professional patient contact in our clinic. Chico State student nurses had their psychiatric nursing affiliation on the Mental Health ward as well as in the Mental Health Clinic.

D. Department of Nursing.

1. David Grant Medical Center Department of Nursing hosted a "Primary Nursing Care Planning" workshop, 16 November 1974, at the

Officers' Club. The speaker was Dr. Loretta C. Ford, Dean at the University of Rochester School of Nursing, N.Y., and Nursing Consultant to the Air Force Nurse Corps. A total of 55 nurses participated including several from Castle AFB, California, and Oaknoll Naval Hospital, California.

2. One nurse was four months TDY at the Nursing Service Management Course, Sheppard AFB, Texas, in November 1974.

3. One nurse graduated from the Pediatric Nurse Practitioner Course, Sheppard AFB, Texas, in November 1974.

4. The Public Health Nurse, Major Robertson, has extended her patient care services by assisting with the Child Advocacy Program, the Diabetic Discussion Group, and the Living with Life Threatening Disease Group.

5. Major Thompson was a delegate to the California Nurses Association Convention in Los Angeles, 8 - 12 March 1975.

6. The Civilian GS grade structure was revised. Individual LVN's in the clinics were upgraded to GS-5 positions. Several Civilian RN positions were approved for GS-9 ratings.

7. Two officers attended a Primary Care Nurse Practitioner Program. One officer completed Phase I at the University of Arizona. Following completion of Phase II at Travis AFB, the officer was certified as a Primary Care Nurse Practitioner. One nurse completed Phase I at the School of Health Care Sciences, Sheppard AFB, Texas, and is currently in Phase II.

8. Major Lorene Mosher presented a paper on current ASF nursing problems to the Operational Aeromedical Nursing Course, Brooks AFB, Texas, 13 February 1975.

9. Nursing support was received for Operation Babylift, April-May 1975, from the 44th Air Evacuation Squadron.

10. Colonel Mary L. Jones retired 1 June 1975. Lt Colonel Margaret Marabito became Chairman, Department of Nursing.

11. Retrospective Nursing Audit Committee is in the process of developing outcome criteria for 6 disease entities which upon completion will be submitted to Hq USAF.

12. A 15 hour nursing assistant course for Red Cross volunteers was conducted in September 1974 and March 1975.

13. A separate monthly Medical Technician In-Service Program was initiated in September 1974.

14. To provide better utilization of Medical Technicians, the Seinor Medical Technician/AOD night supervisor rotational system was discontinued in March 1975.

15. Five nurses attended a Patient Care Audit Workshop in Sacramento, California, 4 - 5 June 1975.

16. One officer attended a JCAH sponsored nursing Retrospective Audit Workshop in Sacramento, California, 19 - 20 June 1975.

17. Two nurses are currently attending a 30 hour Basic Coronary Care Course at Woodland, California.

18. Ten nurses are currently enrolled in the on base Pepperdine program to obtain a BS in Nursing.

E. Department of Obstetrics-Gynecology.

1. On 1 July 1974, four first-year residents were selected into the residency program in anticipation of the rotation of residents through the OB-Gyn Service at USAF Hospital, Mather AFB, Sacramento, California, beginning 1 July 1975.

2. Two new obstetrician-gynecologists joined the teaching staff of this department in July 1974. Dr. (Major) John Arpels completed his training at U. California at San Francisco and was assigned as Chief, Family Health Services. Dr. (Major) Mark Villard completed his training in obstetrics and gynecology at the University of Southern California and was assigned as Chief, Obstetrics Service. Both men have made significant contributions to resident training and patient care.

3. In June 1975, Dr. (Major) Howard Homesley completed a two-year tour as Gynecological Oncologist and Chief, Gyneoology Service He filled the void in our Oncology capability created by the transfer of Colonel William P. Singleton. He was an outstanding physician, surgeon and teacher and his contributions to the program are numerous.

F. Department of Pathology.

1. The Department of Pathology and the Clinical Laboratory completed all necessary paperwork in anticipation of an on-site inspection by the College of American Pathologists. The Blood Donor Center was inspected and approved by the Federál Drug Administration and the David Grant USAF Medical Center Cancer Registry was inspected and approved for three years by the American College of Surgeons.

2. The Pathology Service performed 143 autopsies for the Medical Center and its Regional Hospitals. A Pathologist was sent to Williams AFB, Arizona, in support of an aircraft accident with two fatalities. Surgical pathology is at 12,000 per annum. For four months (Nov 74 - Mar 75), The Medical Center could not do surgical pathology for other bases due to a lack of Histotechnicians. This has been corrected. Four pathologists are assigned, and besides the Chairman, one each is in charge of the Clinical Laboratory, Surgical Pathology and Cytology. Cytologic examinations are at 25,000 per annum.

3. The Clinical Laboratory is still only authorized two Clinical Laboratory Officers, so they split the six major sections administratively. New procedures by sections were:

a. Hematology: Radial immunodifusion techniques were improved. Factor assays were instituted.

b. Blood Bank: An autologous transfusion service was instituted with the Department of Surgery. Some 15-20 units per month were drawn on surgical patients at two weeks and one week prior to admission.

c. Microbiology: Several new techniques in TB/Mycology were instituted. The technician position was upgraded to GS-11.

d. Chemistry: A Dupont ACA was purchased by the Surgeons General's office (for $83,000), and was inoperable for four months due to a lack of funds to buy the reagents for it. Regionalization of the RIA program has progressed satisfactorily.

4. Training: Phase II students (22) were graduated. Two civilians volunteered for practical training for California licensure. A number of officers and enlisted men attended Laboratory Courses at CDC in Atlanta. The regular Pathologists attended both the Spring and Fall meetings of the College of American Pathologists.

G. Department of Pediatrics. Growth and improvement in the training program continue with twelve trainees for this fiscal year.

1. Services: No significant change in outpatient or inpatient statistics except for a slight decrease in the number of newborns.

a. There has been continuing improvement in relations and cooperation with the local schools.

b. Much needed steps were finally accomplished to increase liaison between the Department and local social agencies. A well organized, efficient Child Abuse Committee has been very active and effective.

2. Equipment: No major additions were made, but a number of pieces of equipment were replaced with newer models.

3. Training Program: A total of 12 trainees were in the program, which represents a 20% increase in the past year and a 20% increase in the past four years. The entire sophomore class of 100 students from UC Davis Medical School received training in physical examination, while 32 juniors served inpatient clerkships. Full implementation and supervision of continuity clinics for each trainee led to better patient care as well as greater patient and physician satisfaction. A number of physician assistants were trained for varying periods.

4. Professional Participation: The Pediatric Staff in addition to its primary care mission, effectively conducted the postgraduate training program and above-mentioned training of students. They participated in numerous local and national meetings. The visiting consultant program continues to provide ongoing staff education and contributes to better patient care as well as optimal professional rapport. All staff members held clinical staff appointments at the UC Davis-Sacramento Medical Center. Furthermore, staff members continued an "outreach program" by sending consultants to the surrounding medical facilities and participated in UC Davis Grand Rounds.

H. Department of Pharmacy.

1. One of the major areas of concern during this year was the minimization of the pharmacy budget without compromising patient care. Two measures that were undertaken are of significance to mention:

a. Medications that were being locally purchased and were available for procurement through the Veterans Administration Depot, now are being procured through the VA Depot. An estimated savings of $35,000 per year resulted.

b. A review of the formulary was performed by the Members of the Pharmacy and Therapeutics Committee. Unnecessary and/or duplicative drugs were eliminated from the formulary to achieve the goal of stocking drugs that cost the least per course of treatment while maintaining the ability to adequately treat patients seen at DGMC.

2. The goal of 100% manning was achieved. The proper manning structure enabled the pharmacy to be more responsive to the needs of patients and the medical staff. Ward drug delivery was expanded from a three day per week service to a daily service. The hours of operation of the pharmacy were expanded from 0800-1700 hours to 0800-2100 hours.

I. Department of Surgery.

1. Ophthalmology Service.

a. A second year resident in Ophthalmology from University of California at Davis is here full-time. We are actively involved in teaching him medical and surgical skills in the field of Ophthalmology. He shares an equal load of patients with each of the two full-time Staff Ophthalmologists.

b. We have received a Soflens fitting set and are fitting soft contact lenses in indicated cases. These lenses are valuable in certain patients with corneal disease and unusual refractive problems.

c. New equipment includes a Nikon photo slit-lamp. This replaces an outdated slit-lamp and allows us to document anterior segment lesions with photography. We are performing photographic studies on patients referred from other USAF bases.

d. Both staff men have published scientific and clinical work in major journals and textbooks in the past year.

e. We are developing a technique for 32P uptake studies on patients with suspected intraocular tumors (using instrumentation from University of California, Davis).

2. General Surgery Service.

a. The General Surgery Service has established specialty clinics to handle increased loads of patients with breast and proctologic problems.

b. The Clinical Investigation Facility still awaits funding necessary for its establishment.

3. Urology Service.

a. With the closing of Urology Services at several bases, the Urology Service at David Grant USAF Medical Center experienced a dramatic increase in in- and outpatient workload during this period.

b. A purchase program has been instituted by the Urology Service to update the endoscopic equipment and other clinic equipment.

J. Department of Orthopedics.

1. There was an increase of the number of operating room days for scheduled cases due to the increase in the orthopedic staff and the workload.

2. There was an increase in the number of surgical procedures performed annually; also an increase in the total number of outpatient visits annually; an increase in the number of outpatient surgeries performed in the clinic environment; but a decrease in the number of assigned personnel (para-professional) in the Orthopedic Clinic.

3. The Orthopedic Pediatric Clinic is now scheduled separately

for surgical and nonsurgical treatments.

4. Technicians' clinics were set up separately in order to follow patients selected by staff with minor problems in order for the staff to have more time with major problem patients.

K. Department of Primary Care.

1. The health care delivery system within the Department is being aligned toward the concept of episodic care for the patient population. A "Family Practice" concept for this Department is not compatible with the programmed staffing and facilities. Follow-up care is provided as indicated, with definitive care on an initial basis being the subject of emphasis.

2. Over-referral of patients to specialty clinics by Primary Care professionals due to lack of training and self-confidence is recognized. The great majority of patients seen in the Department could be effectively and properly managed there. This would significantly relieve the patient load on virtually all specialty clinics. The continued lack of physicians with sufficient training or experience to offer such definitive care has prompted institution of a continuing education program for physicians and other health care professionals within the Department. Effectiveness of the limited program has already been demonstrated. This program is to be expanded, with tangible benefits predictable for both the Air Force and for the patients.

3. Design of a course for technicians to provide an understanding of the pathophysiology, and therefore rational management, of

conditions commonly seen in the Department is underway. This should extend the effectiveness of the technicians in a role of physician extenders, permitting more effective utilization of physician time while still retaining direct responsibility for patient care with the physician.

4. Reliance continues to be made on physician extenders in the forms of Physician Assistants and Primary Care Nurse Practitioners. This has permitted avoidance of the necessity to utilize specialty-trained physicians to relieve the continuing shortage of primary care physicians.

5. Greater emphasis is being placed on patient education and information, involving all Department personnel. This is expected to result in more effective participation by the patient in his own medical management due to understanding of his disease and its treatment. The benefits derived from better public relations alone is well worth the investment of time by the personnel involved in this effort.

IV. DENTAL SERVICES

IV. DENTAL SERVICES

A. Research Project #552 involving the administration of coenzyme Q and Research Project #553 - use of ceramic implants, have yielded positive results and are nearing completion.

B. One group of volunteer dental assistants completed training, and another group commenced training under sponsorship by the American Red Cross. This six month course prepares potential dental assistants in the fundamentals of dental technology.

C. The dental services was assigned three Dental Assistants (983X0) for the first time. These expanded duty technicians very capably perform many reversible procedures formerly done only by dental officers. The presence of these valuable treatment team members has greatly expanded the capability of the dental services to deliver more care to military patients.

D. The base water supply was finally fluoridated to a concentration of one part per million. Fluoridation equipment is operating full time, and monitored monthly.

E. Plans were made, and funds approved at Hq MAC/SGD to remodel the obsolete dental equipment in the Base Clinic. During FY 76, seven Dental Treatment Rooms will be modernized.

V. VETERINARY SERVICES

V. VETERINARY SERVICES

A. General. The Veterinary Service routinely provides food inspection, sanitary inspection of all food service facilities, assists in training food handlers working on Travis AFB, sanitary inspection of aircraft galleys, zoonosis control clinic and complete care of military working dogs.

B. Animal Laboratory Project. This project was shelved because construction costs had exceeded the appropriated money. It was impossible to scale the project down to fall within the monies which had been approved.

C. Facilities: The Veterinary Food Inspection Service is continuing to work in the small space provided by the Commissary Sales Store. Allotted space was incorporated into the Commissary Warehouse plans for the Veterinary Food Inspection Service. The contract has been let for this building with a completion date of Spring 1976. Plans have been approved locally and submitted to MAC for an addition to our Veterinary Administration, Bldg 543. This will add approximately 300 square feet and will separate the clinic operation from the administrative section.

VI. AEROSPACE MEDICINE

VI. AEROSPACE MEDICINE

A. General. The Directorate of Aeromedical Service is directly responsible to the Commander, David Grant USAF Medical Center for the functions of the Flight Medicine Section, Military Public Health and Occupational Medicine, Physical Examination Center and the Immunization Center. The Director of Aeromedical Service is assigned additional duty as Director of Base Medical Services. Director of Aeromedical Service and Aeromedical physicians:

1. Render professional and technical assistance to the Second Aeromedical Staging Flight, examining patients processed through the unit and frequently flying air evacuation missions in the system.

2. Advises the Commander of Travis AFB, and the 60th Military Airlift Wing on the health of the Command and military medical mission requirements.

3. Supervises activities pertaining to aeromedical testing and aeromedical aspects of flight, aircrew effectiveness, physical examinations and immunizations for military and civilian personnel.

4. Provides medical support to the Human Reliability Program, Personnel Reliability Program, and Physical Profile Program.

5. Monitors USAF Fitness and Weight Control Program in accordance with AFR 50-49 and AFM 160-1.

6. Monitors USAF Random Drug Testing Program.

7. Insures proper medical procedures in the operation and functions of the Air Crew and Physical Examining Center.

8. Conducts the Aeromedical Service Program in accordance with AFM 161-33.

B. Flight Medicine. The aeromedical staff continued their efforts to implement and maintain an active Aircrew Effectiveness Program. The Aeropace Medicine Reports submitted during this report period reflected many realistic problems dealing with flying safety hazards, health, welfare and morale items. Some of the programs conducted and topics reported are as follows:

1. Aeromedical personnel participated in many Wing-Base programs, among them, the Wing Review and Certification Board, the Wing Safety Board, the Air Traffic Control Board, Wing Staff meetings, and Wing-Squadron flying safety meetings.

2. Aerospace Medicine Council meets the first Tuesday of each month under the direction of the Chief, Aeromedical Services in accordance with AFM 161-33. Some topics reviewed by the council included fatigue factors in aircrew duty, hearing conservation program, the Special Airborne Medical Care Unit (SAMCU), drugs and the flyer, crash ambulance operation and equipment, dental service and the aircrew member, rapid decompression and oxygen discipline and other interesting topics presented by guest speakers. One of the most significant developments derived from these topical discussions was a closer coordination between the Dental Service and Aeromedical Service regarding grounding of flyers for dental operative procedures.

3. Aeromedical Service continued to support base agencies in Operational Plans and Disaster Preparedness Training Programs. Primary response to potential aircraft accidents, Broken Arrow exercises and Mass Casualty Exercises or situations were provided as well as advise to the Base and Wing Commanders on the health of the command. Further support was provided by participating on base safety and accident investigation boards.

4. Flight Medicine personnel provided the necessary supervision and guidance for an effective Weight Control Program for all base assigned and attached personnel both flying and non-flying. When an individual is identified as being overweight he is referred to this service for initial evaluation and counselled by a physician regarding the mechanic of dieting, food values, food preparation and participation in physical exercise. Periodic re-evaluations and progress reports were prepared and forwarded to unit commanders. In the case of flyers they are processed in accordance with AFM 160-1.

5. Flight Medicine provides aeromedical technicians to support the Executive Physical Program for General Officers, as required.

6. During this period, flight medicine was instructed in the operation of Crash Ambulance emergency equipment and the use of crash ambulance emergency equipment and the use of crash and grid maps. A tour of the flight line including proper crash rescue response positions and flight line safety procedures is conducted for all newly assigned aeromedical personnel. Additionally, personnel attended a periodic cardiovascular pulmonary resuscitation course conducted by the Medical Center.

C. Physical Examination Center: Normally responsible for approximately 2500 aircrew members, both active and reserve, and since Travis AFB is a major port of embarkation/debarkation, an aircrew examining center, the Physical Examination Center provided an expanded service in physical examinations, these included Air Force Academy, SMSO, ROTC, and retirement physicals. These type physicals placed an exceptional workload on both the professional staff, technicians, and administrative staff, due to the numerous medical evaluations, consultations, and high priority assigned these type examinations.

1. The Aeromedical Service is assigned the responsibility for monitoring and collection of all urine samples under the Air Force Mandatory Random Drug Testing Program. The collection of urines are accomplished by the Physical Examination Center and delivered to the Medical Center laboratory each day.

2. With the closure of Hamilton AFB the Physical Examination Center picked up the responsibility for all physical examinations for three AFROTC units, two additional recruiting detachments, and five radar sites.

3. Due to the shortage of Army flight surgeons this service is committed to perform Army flying physical examinations for this area. Total expected should be approximately 150 - 200 yearly.

D. Immunization Center.

1. Immunization Center personnel provide immunizations to all military, their dependents, retired members and their dependents, and to transit personnel and their dependents, from all services. We continue to have an overwhelming number of transit personnel from all services that are processing through the passenger terminal without the required immunizations for overseas departures. This is because personnel at other military installations are signing the immunization clearance forms without insuring that personnel, destined for overseas areas other than Western Europe, should have at the minimum a smallpox vaccination and PHS Form 731, Personal Immunization Record. Other bases from all services continue to misinterpret the regulation and do not give smallpox at all. Smallpox is not required for stateside travel or its territories, but it is required for West bound traffic past CONUS and its territories.

2. The Immunization Center is still involved in contingency operation plans requiring them to process personnel for CONUS and overseas deployments. These plans require immunization personnel to be on 24 hour recall operation.

3. During this period the Immunization Center lost all of its experienced technicians and is presently manned by one Sgt who is cross training to the Allergy/Immunology field and one A1C on eighty-nine day TDY loan who has applied for crosstraining to the field. The Center is only authorized three slots. Having only three slots causes a problem during simulated deployments, ORI's, other alerts, influenza programs, and when someone departs PCS or requests leave.

4. We continue to meet the mandatory requirements of the Northern California school systems, and this causes an increase of dependent children during the school registration months. Now, the base nursery requires that children brought there be up to-date on their immunizations. This has also caused an increase in dependent children to come in for immunizations.

E. Environmental Health Services.

1. A temperature survey of the Air Traffic Control Tower's observation deck was performed during the month of Jan 75. The controllers had complained about the inefficiency of the existing heating system. A hygrothermograph was utilized to record the dry bulb temperature. Temperatures as low as $40^{\circ}F$ were recorded during the early morning hours. Recommendations were made to increase the heating capability so that a temperature of at least $68^{\circ}F$ could be maintained.

2. Hazardous Aircraft Noise: Noise generated by KC-135 aircraft operating above 80% power while parked adjacent to maintenance hangars has been the subject of many complaints received by this office. Sound level measurements during an aircraft run-up, without water injection, produced levels of up to 106 dbA in adjacent hangars. Considering the frequency and duration of these sound levels, we do not feel that an auditory risk is created if ear defenders are worn. However, recent increases in hearing loss claims by civilian employees demonstrates a need to curtail as much as possible sources of "possible hazardous" noise exposure. In addition, noise levels inside the hangars during run-ups make it impossible to communicate at distances greater than one foot. Sounding an audiable alarm would be impossible if an emergency arose. These noise levels and resulting vibrations have also been responsible for causing the globes on lighting fixtures to fall. To alleviate this situation, we recommended that KC-135 aircraft not be run-up above 80% in spots adjacent to hangars. Alternate locations for aircraft run-ups were given.

3. An occupational health survey of the Histopathology Room, Gross Room and Cryogenitics Room of the hospital laboratory revealed a potentially hazardous condition. The laboratory procedures accomplished in these rooms utilize numerous chemicals, amongst them, hydrochloricacid, formaldehyde, nitric acid, formic acid, zylene and acid acetic glacial. No protective equipment is available for personnel in these rooms. Only one room has exhaust ventilation and it is inadequate. These conditions were brought to the attention of hospital safety and laboratory personnel. Corrective actions are being taken to change this situation.

4. This office responded to two large fuel spills during this period. The first spill was approximately 2,180 gallons of JP-4 and occurred when an above ground storage tank ruptured during filling. The second occurred when a coupling on a fuel line failed. This spill was estimated to be 22,000 gallons of JP-4. Neither spill left the confines of Travis AFB. Both were absorbed into the ground in the area of the spill. Both areas have been identified and are being monitored.

5. Environmental Health personnel monitored the health safe aspects of many contracted jobs on base. We found it necessary to recommend to Base Safety that two jobs be stopped because they were not being performed in compliance with OSHA and AFM 127-101. Through coordination with Base Safety and Base Procurement, plus our own efforts, we have been able to monitor base contractors. One of the two operations we recommended stopping involved the use of concrete slab breaking vehicle (consisting of a pile driving type of bit mounted on a $2\frac{1}{2}$ ton truck). The noise levels emitted by the operation were as high as 125 dbA. Contract personnel working with the equipment were not wearing ear defenders. Our personnel talked with and tried to educate

the contractor to the need for ear defenders. We contacted Base Safety and Procurement who eventually cited the contractor with non-compliance with the agreed contract. A letter was sent to the contractor from the Chief of Procurement informing him that he must comply with health safe standards or the contract would be terminated. The contractor complied. The other operation which we recommended be stopped involved the sand blasting of both the inside and outside of a new fuel storage tank in preparation for coating. The following health safe violations were noted: personnel who were sandblasting were not wearing dust respirators, and noise levels were in excess of 90dbA and no ear protectors were being worn; in addition, a check of the air-supplied respirators revealed that one of the two had a broken air line hose and was unserviceable. Here too, Base Safety and Procurement were contacted and informed of the contractor's non-compliance. An investigation was made by Procurement and corrective action taken by the contractor.

6. K-Loader Painting: A special project was recently levied on our vehicle maintenance shop to paint all of the K-loaders on base. The basic problem involved in accomplishing this task was that the existing vehicle spray paint booth was not large enough to paint the loaders. Therefore, the project was moved to a small hangar. As this environment was not suited for painting, appropriate recommendations were made for theprotection of the workers. These included: respirators equipped with paint particulate filters, goggles, gloves, coveralls, head hoods, and supervision of the job to insure health safe practices were observed in performing the task. Also, this office reviewed the physical standards of personnel who where painting and performed some occupational physicals during the project. All personnel involved in the painting of the loaders will receive physicals after the

job is completed and medical surveillance is being maintained until that time. This operation demonstrates the definite need for a corrosion control facility that is large enough to accommodate oversized equipment (such as the large K-loaders).

7. Two more cases of asymptomatic gonorrhea in male-airmen were diagnosed and treated during this period. Both individuals contracted their disease from the same female. The female contact was a civilian living in the local area. This re-emphasizes the need to follow-up on male contacts in gonorrhea cases. A case of syphilis and a case of lympho granuloma venereum were also diagnosed and treated this period.

8. The Vanden High School faculty serving Travis AFB requested a venereal disease seminar from Environmental Health. Capt Richard C. Carmichael and TSgt Tyler Gammon, Jr., presented a dual lecture and showed the film "Name Your Contact". This program was received extremely well by students and faculty.

9. Environmental Health received an influx of calls concerning insect bites. This was attributed by the bi-annual intrusion of the Valley Black Gnats which are endemic to the Travis AFB area. These fierce biters surface in large numbers in May and June. Research has been unable to develop adequate insecticides or control methods for these pests. The best protection is avoidance. News bulletins and warnings were published and widely disseminated to alert the public of possible protective measures.

10. On Tuesday, 18 Feb 75, personnel of this office conducted an inspection of all attendants and children for head lice (pediculus humanus capitis). In all, seven children and no attendants were positively identified

as being infected. (One attendant and two children had been previously identified as being infected). The parents of all infected children were notified to return and pick up their children. The parents of infected children were briefed and treatment in the form of Kwell Cream was prescribed and issued to the parents. Base Entomology was contacted and the effected rooms were sprayed that evening when no children were present. The rooms were later cleaned and inspected and found to be suitable for occupancy. Infected children were inspected after the course of treatment and were permitted to enter the nursery.

11. The Tuberculin Detection Program for David Grant USAF Medical Center personnel assigned duties involving patient contact is conducted on a semi-annual basis. During this year, 954 personnel were tine-tested. Of these 49 individuals were identified as being reactors. All personnel identified were referred to the Internal Medicine Section for evaluation and/or chemo-prophylaxis therapy.

12. This office continues to provide bioenvironmental medicine support to Mill Valley, Almaden, Sunnyvale, and Point Arena Air Force Stations in California, on a quarterly basis. No major problems were identified during this period.

VII. AEROMEDICAL EVACUATION

VII AEROMEDICAL EVACUATION

A. The aeromedical evacuation of patients has continued at a stabalized rate with very little fluctuation. The 2nd Aeromedical Staging Flight averaged approximately 721 patients per month during FY 75.

1. The regular scheduled aeromedical evacuation flights which originated in the Pacific Theater decreased to 105 for FY 75 compared to 121 in FY 74.

2. During FY 75 the percentage of drug abuse patients received from the Pacific dropped drastically from FY 74. The total patients now received represent approximately 20% of the total patients originating in the Pacific.

3. The present overseas aeromedical evacuation flights are regularly scheduled two times a week. They originate at Clark AB, Philippines and are routed through Andersen AFB, Guam, Hickam AFB, Hawaii and terminate at Travis AFB, California. An additional mission serves Alaska on alternate weeks, terminating at Travis. All aeromedical evacuation patients are moved from Travis AFB on regularly scheduled C-9 missions to onward destination hospitals in CONUS. During the period FY 75 there were 8,655 patients moved into Travis AFB as compared to 10,281 for FY 74.

PATIENT ARRIVALS	
From Pacific	4,124
From Domestic	4,531
Total	8,655

PATIENT CATEGORY	
Air Force	25%
Army	19%
Navy/Marine	31%
Other	25%

B. During FY 75 there were a few overseas aeromedical evacuation missions diverted to other local military bases because of adverse weather conditions which prevailed at Travis AFB. These diversions created few problems for personnel assigned to this organization, but were inconvenient to the patients being transported by ambus to Travis AFB.

C. This unit was directly involved with Operation Baby Lift. Approximately 26 infants were processed here. Onward transportation was arranged by various sponsoring organizations.

D. The 44th Medical Service Squadron (Air Force Reserves) continued to perform its monthly unit training, assemblies and summer encampments at the 2nd Aeromedical Staging Flight and augmented wards and ancillary services in David Grant USAF Medical Center.

E. The 39th Medical Service Squadron (Air Force Reserves) from McChord AFB, Washington performed its first summer encampment here. The unit was given an accelerated training session and performed superbly.

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HISTORY OF THE

USAF

DAVID GRANT USAF MEDICAL CENTER

1 July 1973 - 30 June 1974

U1052491

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I. GENERAL MEDICAL OBSERVATIONS

I. GENERAL MEDICAL OBSERVATIONS

A. David Grant USAF Medical Center is the second largest Air Force Medical facility. It serves as the area medical center for 21 Air Force medical facilities in the eight western states. During the period 1 July 1973 through 30 June 1974, David Grant USAF Medical Center made significant contributions to the Air Force in the areas of medicine and administration. The accomplishments made by the personnel of David Grant USAF Medical Center indicate the great spirit of this unit toward the good of the Air Force and the welfare of mankind.

B. Mission responsibilities lie in many areas:

1. Regular.
    a. Base Health and Aeromedical Services.
    b. Regional Hospital.
    c. Area Medical Center.
    d. USAF Hospital (World Wide Referrals).
    e. Aeromedical Staging Facility.
    f. Education and Training.
2. Special.
    a. Military Consultant Program.
    b. West Coast Blood Donor Center.

c. Forensic Medicine Consultation Service.

d. Medical Board Processing.

e. Physical Evaluation Board Referral Hospital.

f. Cancer Registry.

g. Border Clearance and Quarantine.

h. Member, Western Cancer Study Group.

C. In the field of medicine, great strides were made in providing better care despite increased workloads. With an increasing population to serve (Northern California is now the most populated retired military area in the nation) this installation made and implemented innovative proposals to provide better trained paramedical personnel to free the physician for the duties for which only he is qualified. Such innovations have permitted more emphasis on health maintenance and yet preserved the quality of care. These accomplishments are noted in this history.

D. David Grant continues to meet quarterly with the Commanders of Letterman Army Medical Center and Naval Regional Medical Center to give emphasis to the regionalization program that already is in existence. Certain chemistry procedures that are now only performed by David Grant USAF Medical Center, is an example of the success of this program.

E. All services at David Grant USAF Medical Center were maintained despite the personnel shortage in certain areas and increased workload. There continues to be emphasis on the use of physician extenders, specifically our own Family Health Nurses and OB/GYN Nurse Practioner. At the end of FY 74 David Grant USAF Medical Center was slated to receive two physician assistants.

II. COMMAND AND ADMINISTRATION

II. COMMAND AND ADMINISTRATION

A. Command. Brigadier General Evan W. Schear continued to add quality leadership and direction to David Grant USAF Medical Center during the entire FY 74 reporting period. Colonel Monte B. Miller, Director of Hospital Services, and the rest of the entire Medical Center staff continually provided excellent medical care to the base and surrounding military communities.

Important events for David Grant USAF Medical Center and for personnel worthy of note are listed chronologically:

26 November 1973 - Eminent Cardiologists, Colonel Neil D. Martin and Lieutenant Colonel Melvin D. Flamm Jr., received the 1973 Casimar Funk Award from the Association of Military Surgeons for their outstanding work in the field of cardiovascular disease, specifically for their procedure called the "potassium - 43 myocardial imaging technique".

23 January 1974 - David Grant was one of 15 Air Force Hospitals furnished with the new van type ambulance on a test basis. The essential feature of more working space is designed to improve the enroute treatment of patients.

18 March - 31 July 1974 - The Department of Defense directed David Grant USAF Medical Center along with all other military medical facilities in Military Medical Service Region Two to participate in a joint study of present health care delivery system. DOD, HEW, and OMB devised the study to determine the ability of the present military health care system to meet the future needs of the Armed Forces and to recommend modifications necessary to provide quality care for all eligible DOD personnel. Data gathering techniques included a household user survey and an outpatient encounter survey whereby each and every patient filled out a questionnaire (DD 1935).

1 April 1974 - David Grant USAF Medical Center admitted its 200,000th patient, MSgt Nathaniel D. Morgan from the 4629 ADS at Hamilton AFB, CA.

16 June 1974 - The 2nd ASF patio was formally dedicated by Brigadier General Schear with the Military Order of the Purple Heart, USA, Chapter #15, Travis OWC, Travis NCOWC, and Solano County Bowling Association participating.

1 July 1974 - 25th Anniversary of Air Force Medical Service.

B. Forensic Medicine. One Judge Advocate was assigned to the Medical Center as a Forensic Medicine Consultant, responsible for medico-legal advice for the 21 regionally affiliated Air Force bases and David Grant USAF Medical Center. Only five similar positions exist within Air Force medical facilities, thus the program offers a unique service. The three major areas of endeavor were medical malpractice claims, hospital recovery claims, and medico-legal consultation.

1. Twenty-one malpractice claims were opened.

2. Hospital recovery claims processed under CHAMPUS amounted to 2,613 for a monthly average of 218.

3. Throughout the year, most of the regionally affiliated Air Force medical facilities in eight western states were visited. Consultation was provided to medical staff members and base legal officers. Also, the medical center staff was advised concerning various medico-legal topics. This advice was given through personal consultations and group presentations.

4. A continuing effort was made to improve community understanding of medico-legal issues. Formal

presentations were made to a number of civic and professional groups. A course in Law and Medicine was planned and presented to medical students and law students at the University of California at Davis. The Forensic Medicine Consultant also participated as a member of the Solano County Bar Association, the American Society of Hospital Attorneys and the American Bar Association.

C. Funding.

1. Total FY 74 funding (including military salaries) amounted to $18,821,000. The RECON program (Resources Conservation) goal for David Grant Medical Center in FY 74 was $70,500. The Medical Center achieved a savings of $1,245,800 or 1,767% of assigned goal. This success was recognized by the Commander of 22 Air Force.

2. Mrs. Edna M. Yaroshak, GS-7, Budget Analyst, attended the Resource Management 90670 school at Sheppard AFB 5-18 September 1973 and was upgraded in October 1973.

3. Capt L.B. Bona, RMO, attended the Medical Administrative Management Systems (MAMS) Work Group meeting on 30-31 October 1973 at Gunter AFB, Alabama. The purpose of the meeting was to gather data from the responsible people in the field of Resources Management in an effort to create a cost effective management system which is responsible to base-level management needs. Resource managers from all over the Air Force at all levels attended the seminar. This data-base is being formulated to be used in the New Generation Hospital Concept.

4. On 28 June 1974 Mattie E. Miller, GS-11, was retired with 30 years of Civil Service. Mrs. Miller was a devoted employee for over 12 years at this organization and spent her last several years as Budget Officer responsible for the multi-million dollar budget.

D. Medical Construction Program and Facilities Utilization. The following projects and items of interest were accomplished during FY 74:

1. Project TVS 204-3 - Replaced roofing on F Wing of Bldg 381, an area that had been especially troublesome in past years with leakage problems.

2. Project TVS 162-4 - Provided a sidewalk from the dormitory area to the Air Force Clinic. Heretofore, walking up this steep incline in inclimate weather was a chore.

3. Project TVS 123-2 - Replaced two large storage water heaters with instantaneous type heaters. These heaters furnished hot water for the main medical center building (Bldg 381) except for the F wing.

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4. Projects TVS 120-4 and 73-2 - Provided 100 additional auto parking spaces, plus an access roadway from Hospital Drive to Parking Lot #7. These projects tremendously assist in alleviating critical parking problems.

5. Project TVS 80-2 - Six evaporative water coolers were installed in the medical warehouse, Bldg 387. With this installation, the work environment improved significantly.

6. Project TVS 79-3 - Supplemental air conditioning was provided to the Cardiac Care Unit.

7. Project TVS 70-3 - Approximately one-half of Buildings 380 and 381 were interiorally painted. The balance of painting will occur in FY 75.

8. A spacious section of Building 373 was prepared for functional use by the Medical Equipment Repair Center (MERC). This allowed the MERC to move from Building 381, an area they previously shared with the BCE office and Carpenter Shop. The vacated area allowed BCE additional storage space for supplies. Additionally, space was freed for the Custodial Contractor as well as for clean linen handling.

9. A new pot and pan washer was installed by BCE in the kitchen work area. As a result, sanitation was improved as well as freeing mess attendants from manual washing so that their productivity could be increased.

10. New carpeting was installed to replace worn carpeting. Approximately 2,400 yards of carpet was laid in Buildings 381, 383, and 117.

11. An enclosed patio room (24' X 24') was constructed at the 2nd ASF. The entire project was funded through donated resources provided by civic and fraternal groups.

12. Project TVS 82-1 - This project consisted of extension of the Medical Library, providing a separate reading room and additional book shelves allowing for extending the stacks within the former combined reading and stack room.

III. STAFFING AND EDUCATION

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A. Education Programs.

1.. The initial group of "HR-2" scholarship students were received here at David Grant USAF Medical Center. This new program is the first of its kind and the Air Force was the first of the armed services to institute this program. These students are partially sponsored by the Air Force through medical school and are in a reserve status. They have a forty-five day active duty tour obligation each year where by they can come to an Air Force medical facility to gain knowledge in Air Force medicine. The Directorate of Education supervised the orientation and administration of 11 medical and 3 dental scholarship students from 7 July - 20 August 1973.

2. Air Force fully sponsored medical students continued to elect David Grant USAF Medical Center as the site for their summer externships. Fourteen of these students observed procedures, attended medical conferences, etc., in various departments and services throughout our facility during FY 1974.

3. Our affiliation agreements continued to be a success with the exchange of staff and house staff. Also, numerous medical students were received for rotations under these agreements for their 2nd, 3rd, and 4th year electives.

4. FY 1974 saw the phase out of the old medical internship concept and progressed into the Graduate Medical Education System, whereby internships were coordinated with residency programs. David Grant USAF Medical Center readily adapted to this new concept with a minimum of difficulty.

a. Residency Training: A total of 57 residents were in training during this fiscal year in General Surgery, Medicine, Pediatrics, OB/GYN and Radiology. Of these 57 residents, 25 were newly assigned as of 1 July 1973 and 12 completed training in June 1974.

b. Fellowship Training: Our Cardiology Fellowship entered two physicians for training. These physicians were the initial entries into this sub-specialty program. Two gastroenterology fellows were trained this FY with one completing training 30 June 1974. The Hematology Fellowship remained vacant.

c. Dental Graduate Training: Four dental interns entered and completed training this fiscal year. All three years of the Oral Surgery Residency were filled with one at each year level of training. One completed training in this residency on 21 June 1974 and one entered at the first year level on 1 July 1973.

B. Special Programs.

1. The residency selection board met at Randolph AFB, Texas, 1-3 October 1973, and was attended by the Director of Medical Education and all program directors. Col McGowan presented a status report on professional education programs at this Medical Center. Prior to making the selections, the program directors from all the USAF Medical Centers participated in roundtable discussions on mutual problem areas.

2. Col McGowan attended the first "Joint Meeting of the Directors of Professional Education of the USAF" held at Randolph AFB, Texas during May 1974. This highly productive meeting allowed for the identification of mutual problem areas with proposals for remedial action. All were encouraged by this opportunity for communication; not only between the centers, but also with USAFMPC and USAF/SG.

3. An extensive house staff orientation was held on 24-27 June 1973 for 20 medical residents; 2 fellows and 6 dental residents who are scheduled to begin training 1 July 1974.

4. Over 22 national consultants in various specialties, visited David Grant during FY 74.

5. Over 57 medical and dental consultant visits were made to 23 area and regional health facilities under the military consultant program.

C. New Equipment and Physical Improvements.

1. General. A new videocassette tape deck was received in June 1973. This tape deck should be installed and fully operational by the early part of FY 75. Plans were initiated to obtain the NCME programs in cassette tapes and to procure other educational tapes so a permanent tape library can be established.

2. Medical Library.

a. A Medline computer was installed this FY and the medical librarian was fully trained in its operation. This system allows for quick and complete bibliographic researchs, from SUNY University, N.Y. and the National Library of Medicine. This system provides bibliographies in minutes which normally would take a trained librarian hours to accomplish.

b. FY 74 saw the physical expansion of the Medical Library with the completion of the new reading room. This room has proven to be a tremendous success by allowing a quite comfortable area for study and relaxation. It has been used extensively since its completion.

3. Medical Photography.

a. Because of the increased demand for teaching slides, two new items were added to the medical photograph inventory, The Bowens Illumtran duplicator and the Diazo Printer. These units have increased capabilities by offering a wide variety of photographic application in copying originals and has enabled the Photo Lab to cope with the increasing demand for producing high quality teaching slides.

b. Two 35mm projectors and one 16mm projector were procured as replacement items to enhance the audio-visual capabilities of this Medical Center.

c. To keep on top of current developments and techniques in Medical Photography, our medical photographers attended various seminars sponsored by Kodak throughout this fiscal year. One medical photographer attended a one week workshop for biological photographers.

4. Medical Illustrations. The medical illustration section continued excellent rapport with the base graphics section and has helped to accomplish projects in this area that required special supplies and equipment not available in our own Medical Center Illustration Section.

D. Manpower Changes.

1. Col Ronald L. McGowan replaced Col Thorpe as Director of Professional Education on 1 August 1974. Dr. Thorpe retired and is now the Director of Medical Education for the Sutter Memorial Hospitals, Sacramento, California.

2. SSgt Dennis L. Alsup was assigned in June 1974 as NCOIC of the Directorate of Professional Education, to replace TSgt James Cross who is scheduled for retirement in FY 75.

IV. HOSPITAL SERVICES

A. General. Professional Services continued to provide a wide spectrum of health care to Travis based military families, their sponsors, retired and referral patients from 20 outlying Air Force medical facilities. By virtue of David Grant USAF Medical Center's multiple missions, several unique services were offered through the various departments within the facility which included equipment and affiliations with civilian health care workers.

B. Department of Medicine.

1. During this reporting period, one of our wards, B-2, was shut down for active patient care because of lack of nursing personnel. The patients which were formerly housed on B-2 were shifted to Ward C-2. This has caused some complications because of the lack of bathroom facilities on Ward C-2. The bathroom on this ward is now being shared on a scheduled basis by both males and females. Ward B-2 is now being used for medical board evaluations under the direction of an airman licensed practical nurse. Even with these changes, nursing coverage on our two active wards is marginal and as a consequence sick

patients have to be cared for in the ICU. In essence we have instituted a plan of progressive patient care which in the long run may turn out to be an efficient and desirable system.

2. We have made several major modifications in our teaching program. The internal medicine residency has been shortened to the minimum three years after graduation from medical school. In this three years, we must provide 24 months of primary patient responsibility. By so shortening the program with the elimination of a fourth year and the chief residency, we have been able to accept a larger number of candidates in each year level. This means that ultimately we are going to be able to turn out as many as eight fully trained internists each year. This represents an approximate doubling of our former output.

3. During this period, our first fellows began their training - two fellows in Cardiology and one fellow in Gastroenterology. The fellowship program has been quite successful and well received at the end of the first year.

4. At the selection committee meeting at Randolph AFB in the fall of 1974, we selected nine first-year trainees, eight second-year trainees, and a third cardiology fellow and a second GI fellow. These trainees are scheduled to begin on 1 July 1974.

5. Our research efforts have continued, primarily in the cardiovascular area in which very promising work continues utilizing external myocardial scanning. Our oncologists have continued their active participation with the Western Cancer Study Group and at the end of this reporting period arrangements were made for the USAF Regional Hospital March to also participate in this group as an affiliate of this medical center.

6. The loss of general medical officers has necessitated that we assign members of our staff to the general medical clinic. During the entire reporting period we have had one intern and one of our senior staff assigned to the general practice clinic. This has been a good teaching experience for the intern and allows him to deal in primary patient care under appropriate supervision.

7. As on previous years, our staff has been major contributors to the Society of Air Force Physicians meeting which this year was held in Las Vegas, Nevada.

C. Department of Mental Health. Inpatient treatment services were limited to active duty personnel; however, dependents of active duty personnel, dependents of retired personnel and retired personnel who required hospitalization were admitted at nights and on the week-ends for evaluation and referral to local hospitals or the DGMC Mental Health Clinic. The DGMC Mental Health Clinic treated active duty, retired personnel and dependents during this period with a minimal number of referrals under CHAMPUS to local resources. A child guidance clinic was started at the end of the period. The unofficial psychiatric technician training program continued to produce excellent graduates and Sacramento State University social work students had their formal training complemented by academic work and professional patient contact in our clinic. Chico State student nurses had their psychiatric nursing affiliation on the Mental Health ward as well as in the Mental Health Clinic. The revised package

on the proposed psychiatric resident and psychology internship program was resubmitted for consideration.

D. Department of Nursing.

1. General. Nursing Service personnel have continued to provide high caliber nursing care to all patients.

2. Programs.

a. Two nurse officers completed Bootstrap Programs for degrees in nursing:

Capt Elizabeth Doty - Univ of Calif, Chico
B.S.N. June 1974

Maj M. Boyd --------- Univ of Calif,
San Francisco
M.S. in MCH

b. A cardio-pulmonary eight hour workshop was conducted in November 1973.

c. The surgical admissions office technician staff position was converted to a licensed Vocational Nurse position, 13 January 1974.

d. Standardized retrospective nursing audits covering 10 disease entities were completed and submitted to MAC Headquarters in December 1973.

e. Ten nurses attended Dr. Mayer's "Nursing Care Planning" course in January 1974, which was sponsored by the University of California, San Francisco.

f. Two nurses, one military (Sept 73) and one G.S. civilian (Mar 74) completed the OB/Gyn Nurse Practitioner course at the University of Kansas, MO. Both nurses are now practicing in the OB/GYN Clinic.

g. A fifteen hour Nursing Assistant course for Red Cross Volunteers was conducted in March 1974.

h. One of three medical nursing units was converted to a minimal care unit in January 1974 in order to provide progressive care capability and improve utilization of professional and non-professional skills.

i. Five officers published articles and/or presented papers during the year:

(1) Colonel Mary Jones, Chairman, Dept of Nursing.

(a) Addressed California State University, Chico Nursing Students in February 1974 on the "Administrative Nursing Process".

(b) Presented "A Quality Assessment Program" for Nusing Service Administrators in the West, in March 1974 at Las Vegas, Nevada.

(2) Lt Col Marabito, Educational Coordinator addressed California State University, Chico

Nursing Students in March 1974 on "Morale and Staff Development".

(3) Capt B. Brothers, Public Health Nurse, presented "The Air Force Public Health Nurse" at the Aerospace Medical Association meeting 8 May 1974. Capt Brothers' paper was published in The Medical Service Digest.

(4) Maj S. Merrill, Cardiovascular Nurse Clinician, participated in a panel discussion of the "Nurses' Clinical Roles in Health Care" at the Northern California Chapter AMSUS meeting 25 May 1974.

(5) Capt S. Moll, Mental Health Nurse, presented "Labeling of an Alcoholic's Psycho-Social Implications" at the Behavioral Science Symposium, Brooks AFB, Texas in January 1974.

j. A new rotational and upgrade training program for medical technicians was implemented in March 1974.

k. David Grant USAF Medical Center Department of Nursing hosted the California Nurses' Association, District #47 Meeting, 11 April 1974. The program "The Nurse and the Cancer Patient" was presented by Maj Sylvia Merrill, Capt Benita Brothers and Mrs. Julie Portz.

l. Two Department of Nursing Supervisors, Major Boyd and Major Merrill functioned as nursing preceptors, from April - June 1974, for two University of California, San Francisco graduate students. Areas of study were: Parent-Child Nursing in the Acute Care Setting and Clinical Coordination.

m. Preliminary planning for the establishment of Nursing Management Seminars was accomplished in June 1974. Program to be implemented in August 1974.

n. Plans were finalized, in June, for the implementation of separate nurse and medical technician inservice programs.

o. A program for consultant services by mental health staff nurses to all nursing units was implemented and is very effective in improving nurse-patient relationships.

p. Five, six hour workshops on "Management by Objectives" were conducted for Nursing Supervisors, Charge Nurses and Senior Staff Nurses in June 1974 by Col C. McCleary.

q. Three nurses are performing duties as Primary Care Nurses in the General Therapy Clinic.

Primary Care Nurses are assigned to the physician in charge of the General Therapy Clinic.

r. The cardiovascular clinical specialist is presently conducting a research project regarding risk factors in myocardial infarction patients.

s. Col Mary L. Jones functioned as a Board Member of the California Nurses' Association, District 47 during this period.

E. Department of Obstetrics-Gynecology.

1. In July 1973 Col William Singleton, Deputy Chairman, Chief of Gynecology and Gynecologic Oncology Services, was transferred from David Grant USAF Medical Center to USAF Hospital, Torrejon, Spain. Major Howard Homesley became Chief of the Gynecology and Gynecologic Oncology Services.

2. In July 1973, Colonel Richard H. Oi became Deputy Chairman of the Department of Obstetrics and Gynecology.

3. In July 1973, Lt Col Norman L. Stahl joined the staff as Reproductive Endocrinology and Chief of the Endocrinology-Infertility Service.

4. During the year the Mather plan for the rotation of three residents, one from each of the second, third

and fourth year for three months through the OB-GYN Service at USAF Hospital, Mather AFB, was formulated. The plan will be implemented on 1 July 1975. Four first-year residents will be selected into the program on 1 July 1974 in anticipation of the Mather rotation.

F. Department of Pathology.

1. The Department of Pathology and the Clinical Laboratory accomplished the biannual self inspection for the College of American Pathologist's accreditation program. Four military technician positions were converted to civilian positions of GS-9 in Hematology, Serology and Blood Bank, and GS-11 in Chemistry. Consequently, the Medical Center is now authorized only two Clinical Laboratory Officers in the Clinical Laboratory.

2. Pathology performed 184 autopsies for the Medical Center and its Regional Hospitals. Major support was given Beale AFB in February in the investigation of a B-52 accident with 7 fatalities.

3. New procedures implemented by sections were:

a. Hematology: Radial immunodiffusion methods for haptoglobin and C3-C4 complement, immuno-electrophoresis and HIA technique for fibrin split products in DIC workups.

b. Microbiology: A new CO2 incubator was purchased for TB/Mycology. An improved Gas Pak for Anaerobes, a digital pH meter and an automatic media pipetter were procured. Several special stains were instituted.

c. Chemistry. The SMART reporting terminal for the SMA 12 micro is operational and capable of transmitting reports at a rapid rate. In Special Chemistry, a number of tests by radioimmunoassay are performed. TSH, HPL, HAA, Renins and gastrins are performed by DGMC. By agreement with Letterman and Oak Knoll, regionalization of this methadology has occurred.

d. Serology: Latex agglutination tests for amoeba, coccidiomycosis, cryptococcosis and histoplasmosis have been instituted.

4. Training. 38 Phase II students were graduated during this period. The ASCP approved School of Medical Technology was abandoned for lack of support. Thirteen officers and enlisted personnel attended 19 AFIT funded courses at CDC.

5. The Urine Drug Screening Program processed another 8,000 specimens before it was suspended indefinitely.

G. Department of Pediatrics. Continued improvements in health care delivery and the training programs were accomplished.

1. Services: There was a 10% increase in inpatients and 5% in outpatient visits. The number of newborns decreased slightly but neonatal patient days increased because of a larger number of referrals and prolonged survival of the smaller infants.

a. Significant improvement in rapport and coordination with local social and community agencies as well as schools has led to more efficient and effective handling of school problems as well as adolescent care.

2. Equipment: Greater utilization of present equipment and additional equipment has led to wider use of infusion pumps, and greater patient monitoring thus permitting better utilization of nursing personnel and optimal patient care. The recent acquisition of a new van-type ambulance and a self-contained neonatal

transport isolette have greatly increased our capabilities for the transport of sick infants.

3. Training program: The teaching goals of the Department reached greater heights as a total of 10 physicians were in training, reflecting a 25% increase over FY 74 and 100% increase over the past three years. Additionally, the entire sophomore class of 100 students from UC Davis School of Medicine received training in physical examination, while 36 junior students served inpatient clerkships.

4. Professional participation: The Pediatric staff in addition to its primary care mission, effectively conducted the postgraduate training program and above-mentioned student training. They participated in numerous local and national meetings. The visiting consultant program continues to provide ongoing staff education and contributes to better patient care as well as optimal professional rapport. All staff members held clinical staff appointments at the UC Davis-Sacramento Medical Center.

H. Department of Pharmacy.

1. Throughout FY 1974 was actively involved in the implementation of various "physician extender" programs.

Instruction in the pharmacology, dosage, incompatabilities, and interactions of the medications they dispense was provided for the Nurse-Technician Practitioners and Orthopedic Technicians. The Pharmacy developed procedures for packaging, labeling, distribution, and storage of the drugs dispensed by the "physician extenders". Pharmacology instruction was given to the Physician Assistants and OB/GYN Nurse Practitioners.

2. The Pharmacy expanded its role in IV therapy in many areas. The preparation of IV hyperalimentation solutions and other difficult IV admixtures has grown from a token service to a routine daily occurrence. Training and testing procedures for Pharmacy Technicians in IV admixture theory and preparation were instituted. With the cooperation of the Anesthesiology Service, a trial study using flexible plastic IV containers in place of glass containers in the David Grant USAF Medical Center was initiated.

3. The manufacturing Pharmacy developed two innovative dosage forms. A stable Retinoic Acid Solution for the treatment of acne used in place of a

commercial preparation was made. This resulted in a savings for the David Grant Medical Center of approximately $5,000 per year. A Potassium Nitrate toothpaste was researched and formulated for use as a tooth de-sensitizer. It is believed that this is a first of this type of dosage form prepared using Potassium Nitrate.

4. Lt Col Frederick Coleman, Department Chairman, departed to assume the position of Associate Chief for Pharmacy in the Biomedical Science Corps.

I. Department of Radiology.

1. General. The number of patients examined and the number of films exposed has increased for the fourth consecutive year. The Radiotherapy service had a slight decrease in workload and the service was operating at about sixty-five percent of maximum capacity. The "file room" was moved out of the hallway into a reading room.

2. Equipment.

a. The efficiency of the Department was increased by the installation of two alternators which are used for the preloading of conference films and systematic review of resident-read films.

to replace the thirty-year old generator used with the Franklin head unit.

3. Teaching. The residency program graduated its first three year straight diagnostic radiology resident. There are now eight residents registered in the diagnostic radiology residency. The technician training program has dropped from 21 to 3 students.

J. Department of Surgery.

1. General Surgery.

a. A Vascular Surgery Service has been established as a part of the General Surgery Service. Protocols for evaluation of patients with peripheral vascular disease are being established.

b. The residency in General Surgery continues to progress well. All graduated residents who have taken their boards to date have passed and are board certified.

c. The Clinical Investigation Facility has now received all of the requested investment equipment. Funding for the facility is awaiting favorable action by higher headquarters.

2. Urology.

a. The Urology Service experienced a considerable turnover in personnel as well as an increase in patient workload during this period.

b. With the loss of a University of California at Davis Resident, a backlog of patients resulted.

c. It was learned that the Urology Services at Vandenberg AFB, Fairchild AFB, and Mather AFB would be closed thus adding to the expectation of a considerable increased workload at this facility.

d. Major Joseph Thro became Chief of the Urology Service on 30 June 1974 following the voltary separation from service of Doctor Gaffney.

3. Ophthalmology.

a. For eleven months of this fiscal year, three optometrists were assigned and working in the clinic. This enabled us to achieve the highest workload in the history of David Grant USAF Medical Center, an average of 767 refractions per month for the entire year. Two optometry students, under the HR2 scholarship program, spent two months working in the Optometry Clinic.

b. We have expanded our clinic photography facilities. Currently, we are doing fundus photos and fundus fluorscein angiography. Previously we had to refer patients requiring these studies to San Francisco. In addition, we have obtained cameras for external ocular photograph. We are performing photographic studies on patients referred from other bases in the USAF system.

c. Xenon arc photocoagulation can be done on an outpatient basis in our clinic now. Argon laser photocoagulation is done at Sacramento Medical Center at minimal expense.

d. Our senior technicians continue to provide valuable assistance in the screening and treatment of minor ocular diseases. In addition, our expanded contact lens fitting program is conducted by the technician staff.

e. New equipment received included a modified contact lens trial set, a regular spectacle trial lens set, a contact lens modification unit, and an additional lensometer.

f. Contact lenses are still being fitted on patients having medical indication.

4. Anesthesiology.

a. During FY 1974, the Anesthesia Service did not experience any major mission changes.

b. Upgrading of the operating suite environment was accomplished by the use of new gas evacuator systems. The installation of new halothane vaporizors allowed low flow techniques which contribute to a decrease in trace amounts of anesthetic gas contamination in the operating rooms. These vaporizors also provide more efficient integration of halothane resulting in a considerable monetary saving for this hospital.

c. The Anesthesia Service has assumed responsibility for the recovery room facilities due to the lack of qualified nursing personnel available at this facility.

K. Department of Orthopedics.

1. Scoliosis Clinic (consolidation of patients now in and needing Milwaukee braces into a separate central clinic day) for evaluation, adjustment, treatment, etc.

2. Now have total hip replacement capabilities.

3. Have surgical Dwyer scoliosis procedure capability.

4. Have surgical Harrington rod spinal fusion capability.

5. Clinic availability for podiatry evaluation, surgical and nonsurgical treatments.

6. Rescheduling of hand cases to all assigned orthopedic surgeons; discontinued the Hand Clinic within the department.

7. Local permission for qualified orthopedic technicians to evaluate and provide treatment to new patients referred to the Orthopedic Clinic.

L. Department of General Therapy.

1. During FY 1974, considerable change was experienced in the Department of General Therapy. The previously established local training course for Primary Care Nurse Practitioners was refined and facilitated. Four nurses were certified on the basis of a locally developed examination.

2. Four primary care nurse practitioners and two physician assistants have been incorporated into the General Therapy Clinic to replace the disappearing general medical officers. The use of these physician extenders has made a significant reduction in the requirement for specialist physicians to provide primary care.

3. The impact of reduction in nearby smaller medical facilities has been seen in a steadily rising patient load seen in the General Therapy area. That impact has not yet been fully realized. It may well exceed the gain made through the use of physician extenders, reminding us that primary care still presents an unsolved problem.

V. DENTAL SERVICES

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A. During this period, a distilled water producing apparatus and a Panorex x-ray machine was installed in the Base Dental Clinic.

B. New autoclave was installed in the Hospital Dental Clinic.

C. The Dental Service supports ADC sites of Mill Valley, Pt. Arena and Almaden in processing AF Form 644s in data automation.

D. Six students from the Bryman School in Sacramento performed their 30 day clinical extern training in the Dental Clinic.

E. Installation of Executone intercom was completed in the Base Dental Clinic.

F. Two classes of the Volunteer Dental Assistant Course were held. The six month training course consists of didactic and practical assisting in all disciplines.

G. New automatic fluoridation equipment has been installed for the Base water supply.

VI. AEROSPACE MEDICINE

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A. General. The Directorate of Aerospace Medicine is directly responsible to the Commander, David Grant USAF Medical Center for the functions of the Flight Medicine Section, Military Public Health and Occupational Medicine, Physical Examination Center and the Immunization Center. The Director of Aerospace Medicine is assigned additional duty as Director of Base Medical Services. Director of Aerospace Medicine and Aerospace Medicine physicians:

1. Render professional and technical assistance to the Second Aeromedical Staging Flight, examining patients processed through the unit and frequently flying air evacuation missions in the system.

2. Advises the Commander of Travis AFB, and the 60th Military Airlift Wing on the health of the Command and military medical mission requirements.

3. Supervises activities pertaining to aeromedical testing and aeromedical aspects of flight, aircrew effectiveness, physical examinations and immunizations for military and civilian personnel.

4. Provides medical support to the Human Reliability Program, Personnel Reliability Program, and Physical Profile Program.

5. Monitors USAF Fitness and Weight Control Program in accordance with AFR 50-49 and AFM 160-1.

6. Monitors USAF Random Drug Testing Program.

7. Insures proper medical procedures in the operation and functions of the Air Crew and Physical Examining Center.

8. Conducts the Aerospace Medicine Program in accordance with AFM 161-33.

B. Flight Medicine. The aeromedical staff continued their efforts to implement and maintain an active Aircrew Effectiveness Program. The Aerospace Medicine Reports submitted during this report period reflected many realistic problems dealing with flying safety hazards, health, welfare and morale items. Some of the programs conducted and topics reported are as follows:

1. Aeromedical personnel participated in many Wing-Base programs, among them, the Wing Review and Certification Board, the Wing Safety Board, the Air Traffic Control Board, Wing Staff meetings, and Wing-Squadron flying safety meetings.

2. Aerospace Medicine Council meets the first Tuesday of each month under the direction of the Chief, Aerospace Medicine in accordance with AFM 161-33. Some topics reviewed by the council included fatigue factors in aircrew duty, hearing conservation program, the Special Airborne Medical Care Unit (SAMCU), drugs and the flyer, crash ambulance operation and equipment, dental service and the aircrew member, rapid decompression and oxygen discipline and other interesting topics presented by guest speakers.

3. Aeromedical Service continued to support base agencies in Operational Plans and Disaster Preparedness Training Programs. Primary response to potential aircraft accidents, Broken Arrow exercises and Mass Casualty Exercises or situations were provided as well as advise to the Base and Wing Commanders on the health of the command. Further support was provided by participating on base safety and accident investigation boards.

4. Flight Medicine personnel provided the necessary supervision and guidance for an effective Weight Control Program for all base assigned and attached personnel both flying and non-flying. When an individual is identified as being overweight he is referred to this service for initial evaluation and counselled by a physician regarding the mechanics of dieting, food values, food preparation and participation in physical exercise. Periodic re-evaluations and progress reports were prepared and forwarded to unit commanders. In the case of flyers they are processed in accordance with AFM 160-1.

5. Flight Medicine provides aeromedical technicians to support the Executive Physical Program for General Officers, as required.

6. During this period, flight medicine was instructed in the operation of crash ambulance emergency equipment and the use of crash ambulance emergency equipment and the use of crash and grid maps. Additionally, personnel attended a periodic cardiovascular pulmonary resuscitation course conducted by the Medical Center.

C. Physical Examination Center: Normally responsible for approximately 2500 aircrew members, both active and reserve, and since Travis AFB is a major port of embarkation/debarkation, an aircrew examining center, the Physical Examination Center provided an expanded service in physical examinations, these included Air Force Academy, SMSO, ROTC, and retirement physicals. These type physicals placed an exceptional workload on both the professional staff, technicians, and administrative staff, due to the numerous medical evaluations, consultations, and high priority assigned these type examinations.

1. Effective 1 July 1972 the Aeromedical Service was assigned the responsibility for monitoring and collection of all urine samples under the Air Force Mandatory Random Drug Testing Program. The collection of urines are accomplished by the Physical Examination Center and delivered to the Medical Center laboratory each day.

2. With the closure of Hamilton AFB the Physical Examination Center picked up the responsibility for all physical examinations for three AFROTC units, two additional recruiting detachments, and five radar sites in April 1973.

3. During this period due to the shortage of Army flight surgeons this service was committed to perform any flying physical examinations for this area. Total expected should be approximately 150 - 200 yearly.

D. Immunization Center.

1. During this period the Immunization Center gave a total of 127,502 immunizations. The Immunization Center personnel provide immunizations to all military, their dependents, retired members and their dependents, and to transit personnel and their dependents from all services. We continue to have an overwhelming number of transit personnel from all services that are processing through the passenger terminal without the required immunizations for overseas departures. This is because personnel at other military installations are signing the immunization clearance forms without insuring that personnel, destined for overseas areas other than Western Europe, should have at the minimum a smallpox vaccination and PHS Form 731, Personal Immunization Record. Other bases from all services continue to

misinterpret the regulation and do not give smallpox at all. Smallpox is not required for stateside travel or its territories, but it is required for West bound traffic past CONUS and its territories.

2. The Immunization Center is still involved in contingency operation plans requiring them to process personnel for CONUS and overseas deployments. These plans require immunization personnel to be on 24 hour recall operation.

3. During this period the Immunization Center lost one highly experienced technician and gained a first term airman on crosstraining status in return. We are still only authorized three slots since one was taken away and given to the Allergy Center Account in 1973. Presently, out of three technicians, two are on cross training status. Having only three slots causes a problem during simulated deployments, ORI's, other alerts, flu programs, and when somebody goes on leave.

4. We continue to meet the mandatory requirements of the Northern California school systems, and this causes an increase of dependent children during the school registration months. Now, the base nursery requires that children brought there be up to-date on their immunizations. This has also caused an increase in dependent children to come in for immunizations.

E. Environmental Health Services.

1. A recent case of venereal disease illustrates the prevalence of asymptomatic gonorrhea in men. During Feb 74, a routine culture for gonorrhea was taken on a WAF Sgt who underwent a dilatation and curettage. The culture was positive for N. gonorrhoeae. A repeat culture was taken which confirmed the diagnosis of gonorrhea. In a contact interview the Sgt denied having sexual relation with anyone but her husband whom she married in November 1973. During interview of the husband, he admitted

having had sexual relations with several women prior to his marriage, but denied having relations with anyone but his wife since their marriage. He stated that he had never had any symptoms of dysuria or urethral discharge. A urethral culture was taken which returned positive for N. gonorrhoeae. Based on laboratory results and case history given, the husband was diagnosed as having asymptomatic gonorrhea. This case reaffirms the necessity for follow-up action on male contacts -- not all men are symptomatic.

2. At the request of the Travis AFB Junior High School, Environmental Health Services personnel presented six 40-minute VD education lectures to the students. Student response and participation in class discussion made our presentation very worthwhile.

3. Two Environmental Health Services technicians attended the VD Interview Course sponsored by CDC and held at Norton AFB, CA., from 22 to 26 April 1974. This brings to four the number of assigned personnel who have attended this course. This is an excellent training course highly recommended for EHS personnel that work in VD control.

4. Recent EHS surveillance of civilian contractors on base has revealed some non-compliance with the 1970 Occupational Safety and Health Act (OSHA). One project involved removal of portions of concrete floor with a concrete sander and jackhammer. Noise levels up to 116 dbA were recorded at the operator's position. No ear protection was in use or available to the worker. Inquiry revealed that sandblasting and the application of an epoxy coating were included in the contract. Again, no personal protective equipment in the form of respirators was available to the workers.

The Bioenvironmental Engineer recommended to Base Safety that work on this contract be halted. The contractor was told that he could not continue until adequate ear defenders and respirators were obtained. The health and safety aspects of the work were discussed with the contractor and he was informed of the requirement to comply with OSHA. The contractor seemed unaware of his responsibilities under this Act, but was receptive to our recommendations. When work resumed the next day ear defenders as well as respirators for both dust and organic vapors were in use and/or available for all workers. Because of this incident as well as others, and recommendations by EHS and Base Safety, Base Procurement is now inviting EHS representatives to their pre-contract meetings so that we may appraise the contractor of his responsibilities under OSHA while working on a federal installation.

5. A recent survey of the Base Refurbishment Shop revealed instances where personnel were engaged in stripping and painting operations without the use of coveralls. A letter was forwarded to the Shop NCOIC informing him that coveralls are required by AFM 127-101 to afford personnel added protection against skin absorption of paints and solvents and to protect their ordinary clothes from becoming saturated with harmful paint deposits. We recommended that each individual who uses solvents have at least two sets of coveralls so that they may change at least weekly. Further, because some of the paints contain aliphatic isocyanates, we recommended that painters wear a clean pair of coveralls each day they paint.

6. In February 1974, a routine survey visit to the Degreasing Facility disclosed that there was an unexplained loss of 1, 1, 1-Trichloroethane while it was being cooked. The loss occurred over a period of eight to

none days. Visual observations disclosed that a mist formed as the chemical cooked and was vaporizing well before reaching the cooling pipes and the drain trough. We measured the cooking and cooling temperatures and found that the cooking temperature was close to specifications but the cooling temperature was 50 degrees too low. This resulted in an updraft being created in the center of the tank which propelled vapors upwards. They were then captured by the ventilation system and vented into the atmosphere. The cooling temperature was corrected and there has been no further loss of 1, 1, 1-Trichloroethane.

7. The drinking water at the Base Golf Course continues to be used without chlorination. Although the wells are constantly under medical surveillance for potability and there have been no recent positive samples, the water supply definitely is a potential health hazard. A project is in planning to chlorinate the drinking water.

8. During this period EHS received various items of equipment. Equipment on hand is considered adequate for the mission with more complex equipment easily obtainable on loan from McClellan EHL. Our obsolete autoclave accidentally exploded leaving us without the capability to sterilize our water and ice collection bottles. A new autoclave has been on order over a year.

9. This office continues to provide bioenvironmental medicine support to Mill Valley, Almaden, Sunnyvale and Point Arena Air Force Stations in California, on a quarterly basis. No major problem areas were identified during this report period.

VII. AEROMEDICAL EVACUATION

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A. The aeromedical evacuation of patients has basically stabilized with very little fluctuation. The 2nd Aeromedical Staging Flight averaged approximately 857 patients per month during FY 73.

1. The regular scheduled aeromedical evacuation flights which originated in the Pacific Theater decreased to 121 for FY 74 compared to 242 in FY 73.

2. During FY 73 a large percentage of the total patient load from SEA was drug abuse patients.

3. The present overseas aeromedical evacuation flights are regularly scheduled three times a week and originate at Clark AB, Philippines and routed through Guam, Hickam AFB, Hawaii and terminate at Travis AFB, California. All air evac patients are moved from Travis AFB on regularly scheduled C-9 missions to onward destination hospitals in CONUS. During the period FY 74 there were 10,281 patients moved into Travis AFB as compared to 15, 541 for FY 73.

PATIENT ARRIVALS		PATIENT CATEGORY	
From Pacific	5,472	Air Force	27%
From Domestic	4,809	Army	19%
Total	10,281	Navy/Marine	33%
		Other	21%

B. During FY 73 there were a few overseas aeromedical evacuation missions diverted to other local military bases because of adverse weather conditions which prevailed at Travis AFB. These diversions created very few problems for personnel assigned to this organization, but were inconvenient only to the patients being transported by ambus to Travis AFB. There were no major problems encountered in the handling of these air evac aircraft at local area bases.

C. The 44th Medical Service Squadron (Reserve) continues to perform its monthly unit training, assemblies and summer encampments at the 2nd Aero-medical Staging Flight and augmenting wards and ancillary services in David Grant USAF Medical Center.

VIII. VETERINARY SERVICES

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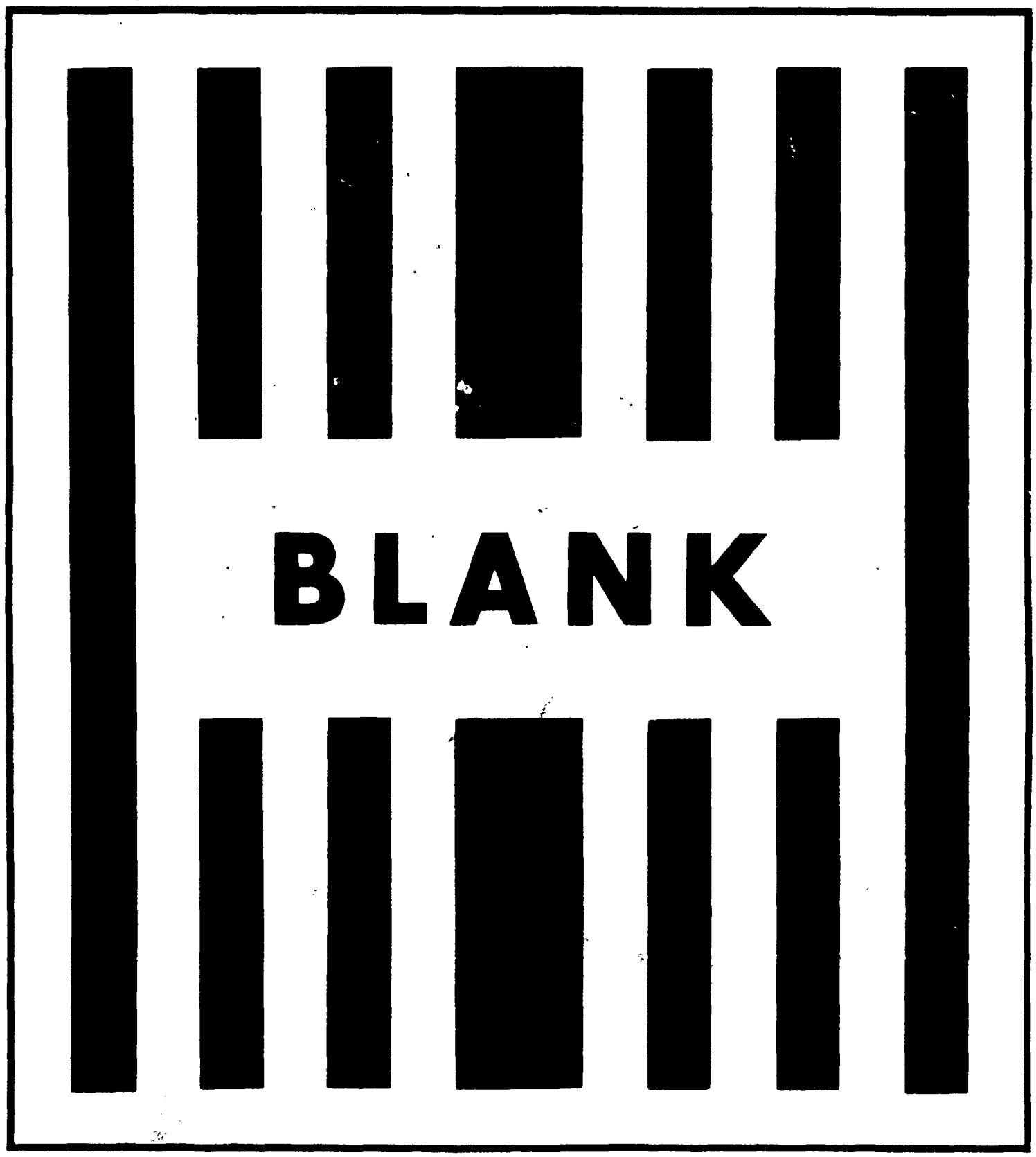
A. General; The Veterinary Service routinely provides food inspection, sanitary inspection on all food serving facilities, assists in training food handlers working on Travis AFB, sanitary inspection of aircraft galleys, zoonosis control clinic, and complete care for military working dogs.

B. Animal Laboratory Project: Final building plans and monies for the proposed animal research laboratory have been approved.

C. Facilities: The Veterinary Food Inspection Service is continuing to work in the small space provided by the Commissary Sales Store. Allotted space was incorporated into the Commissary Warehouse plans for the Veterinary Food Inspection Service.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HISTORY OF THE

USAF

DAVID GRANT MEDICAL CENTER

1 July 1972 - 30 June 1973

01052462

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I. GENERAL MEDICAL OBSERVATIONS

I. GENERAL MEDICAL OBSERVATIONS

A. David Grant USAF Medical Center is the second largest Air Force Medical facility. It serves as the area medical center for 24 Air Force medical facilities in the nine western states. During the period 1 July 1972 through 30 June 1973, David Grant USAF Medical Center made significant contributions to the Air Force in the areas of medicine and administration. The accomplishments made by the personnel of David Grant USAF Medical Center indicate the great spirit of this unit toward the good of the Air Force and the welfare of mankind.

B. Mission responsibilities lie in many areas:

1. Regular.

   a. Base Health and Aeromedical Services.

   b. Regional Hospital.

   c. Area Medical Center.

   d. USAF Hospital (World Wide Referrals).

   e. Aeromedical Staging Facility.

   f. Education and Training.

2. Special.

   a. Military Consultant Program.

   b. West Coast Blood Donor Center.

   c. Forensic Medicine Consultation Service.

   d. Medical Board Processing.

   e. Cancer Registry.

   f. Border Clearance and Quarantine.

C. In the field of medicine, great strides were made in providing better care despite increased workloads. With an increasing population to serve (Northern California is now the most populated retired military area in the nation) this installation made and implemented innovative proposals to provide better trained paramedical personnel to free the physician for the duties for which only he is qualified. Such innovations have permitted more emphasis on health maintenance and yet preserved the quality of care. These accomplishments are noted in this history.

II. COMMAND AND ADMINISTRATION

II. COMMAND AND ADMINISTRATION

A. Command. Brigadier General Evan W. Schear succeeded Brigadier General George E. Reynolds as Commander of David Grant USAF Medical Center in July 1972. During this reporting period David Grant USAF Medical Center played a key role in Project Homecoming which was indeed unique and highly successful. The entire medical center staff, headed by the Chief of the Medical Team, Colonel Monte B. Miller, conducted itself with dignity and extreme professionialism. The difficult task of interfacing myriad administrative details such as debriefing, etc. with those of a medical nature was handled with a minimum of fanfare. A total of 43 returnees were processed and the entire operation marked a milestone in this medical center's history.

B. Forensic Medicine. One Judge Advocate was assigned to the Medical Center as a Forensic Medicine Consultant, responsible for medicolegal advice for the 21 regionally affiliated Air Force bases and David Grant Medical Center. Only five similar positions exist within Air Force medical facilities, thus the program offers a unique service. The three major areas of endeavor were medical malpractice claims, hospital recovery claims, and medicolegal consultation.

1. Twenty malpractice claims were opened.

2. Hospital recovery claims processed under CHAMPUS amounted to 1883 for a monthly average of 157.

3. Throughout the year, most of the regionally affiliated

Air Force medical facilities in eight western states were visited. Consultation was provided to medical staff members and base legal officers. Also, the medical center staff was advised concerning various medicolegal topics. This advice was given through personal consultations and group presentations.

4. A continuing effort was made to improve community understanding of medicolegal issues. Formal presentations were made to a number of civic and professional groups. A course in Law and Medicine was planned and presented to medical students and law students at the University of California at Davis. The Forensic Medicine Consultant also participated as a member of the Solano County Bar Association, the American Society of Hospital Attorneys and the American Bar Association.

C. Funding. Total FY 73 funding (including military salaries) amounted to $17,514,400.00. The RECON Program (Resources Conservation) goal for the David Grant Medical Center in FY 73 was $55,600.00. The medical center achieved a savings of $116,400.00 or 209% of its assigned goal.

D. Medical Construction Program and Facilities Utilization. The following projects and items of interest were accomplished during FY 73:

1. Project TVS 85-1 - Perimeter tile in Bldg 380B was replaced. Job was started during FY 73 and completed during FY 74.

2. Project TVS 53-3 - The Auditorium hardwood floors were refinished.

3. Project TVS 82-1 - An addition to Hospital Library was started during FY 73 and will be completed during FY 74. This will treble the library reading area.

4. Project TVS 192-0 - An addition to the paved parking lot area was completed providing paved parking space for 50 cars, a Triage area, and two spaces for an unloading zone.

5. A ventilation system cleaning contract was let for the main hospital building. The contract was not completed due to Contractor's work being unsatisfactory. Contract default actions were then initiated.

6. A waste compactor was purchased and put into service compacting wastes from Surgical Ward and ICU. This has proven quite satisfactory and has alleviated a particularly trashy condition in a utility closet. Another compactor is being purchased which will actually provide another storage room which is now completely occupied by waste on the fourth floor of the main hospital building.

7. Two window mounted air conditioning units were purchased and installed in CCU as a temporary measure until such time as a more permanent type solution to the high temperature problem can be made by TVS 79-3. Design of this project is complete.

E. Materiel. The following items of importance were accomplished by Medical Materiel during FY 73:

1. Rewarehoused a portion of Building 373 to accommodate the War Reserve Materials and an area to hold excess stocks awaiting disposition instructions.

2. Participated in Project Homecoming supplying various materials for health, welfare, and comfort of the returning SEA POWs. $8,151.17 expended on this project for supplies.

3. Successfully implementated the Medical Equipment Management System B-3500 in May 1973. The general objectives of MEMS are as follows:

a. To improve the utilization of Medical Maintenance personnel by using the computer to reduce clerical workload.

b. To more efficiently gather and record historical maintenance data.

c. To standardize the management of spare parts.

III. STAFFING AND EDUCATION

III. STAFFING AND EDUCATION

A. Participation in the professional education mission during FY 1973 again showed the continued expansion of programs seen in years past:

1. The "Health Science Practicum" program newly initiated last year continued to receive a high degree of acceptance both here at the David Grant Medical Center and with the pre-medical students at the University of California, Davis. Twenty-four students participated in this program during fiscal year 1973.

2. AF sponsored medical students continued to take advantage of summer programs here at David Grant Medical Center during the break between years of training. Others came on an elective basis as part of their regular programs. More than 24 sponsored students trained here during the past year. Through affiliation agreement with the University of California, Davis, medical students were assigned here for second, third, and fourth year electives, and once again more than 30 students engaged in this program. Plans were made for accepting the first group of "House Rules 2 Scholarship Students" assigned here by USAF for 45 days of summer training. It was our understanding there would be approximately 20 such students in medicine and optometry.

3. Interns assigned numbered 22, all of which were in straight programs in medicine, pediatrics, surgery, obstetrics-gynecology, and radiology. Once again we found our internship program filled to capacity.

4. Residency programs in medicine, obstetrics-gynecology,

surgery, pediatrics, and radiology with full AMA approval enrolled 38 trainees.

5. Although one gastroenterology fellow was assigned for subspecialty training, our approved cardiology and hematology fellowships went vacant.

6. The Residents and Interns Selection Board met at Randolph AFB TX and was attended by the Director of Professional Education and the program directors. All available programs were filled for fiscal year 1974 save the hematology fellowship. All David Grant Medical Center applicants for AFIT sponsored civilian training programs were approved.

7. Three residents in Oral Surgery and six dental interns were trained by the Dental Service.

8. House staff graduation took place June 22, 1973 with the Honorable Robert L. Leggett, US Representative from California's 12th District speaking.

9. Consultant programs ran well with medical and dental consultants from this center making 120 visits to 23 area and regional health facilities under the Military Consultant Program.

10. The David Grant Medical Center was visited by 26 medical, dental, and nursing specialists theough the civilian national consultant program. These consultants were well received. We were disappointed to learn because of funding the number of national consultants assigned to us might be reduced in 1974. Local civilian consultants to this center number 170.

11. The Joint Coordinating Committee, which supervises mutual programs between University of California at Davis and the David Grant Medical Center met twice, chaired by Brig Gen Schear and Dean Tupper. Plans were made for further expansion of mutual programs.

12. The hospital library continued its gradual expansion with a plan to expand the physical plant to include a reading room with study carrels, a MEDLINE terminal has been approved and is expected for next fiscal year.

13. Because of the increasing demands upon the Graphics Section, Medical Photography was expanded by one photographer in order to better serve the medical staff in its rapidly increasing involvement in education and research.

14. Colonel Thorpe, who would be retiring from the USAF on 1 August 1973, proposed Colonel Ronald L. McGowan as his successor as Director of Professional Education at the David Grant USAF Medical Center. This recommendation was approved by the medical center commander, and Dr. McGowan was therefore assigned as Assistant to the Director of Professional Education that he might gain the knowledge required to accept this important responsibility. Dr. Thorpe upon retirement would take the position of direcor of medical education for the Sutter Memorial Hospitals, Sacramento, CA. He would continue to serve David Grant Medical Center as a local consultant in Professional Education.

IV. HOSPITAL SERVICES

IV. HOSPITAL SERVICES

A. General. Professional Services provided a wide spectrum of health care to Travis area military families, retired and active duty, and to referral patients from 24 regional Air Force medical facilities. By virtue of David Grant Medical Center's multiple missions, these departments offered several unique services, equipment and affiliations with civilian health care workers.

B. Department of Medicine.

1. During this reporting period, the Department of Medicine was reorganized to eliminate the Internal Medicine Service. As a consequence, the various service chiefs now report directly to the Chairman of the Department. The administration of departmental functions in caring for inpatients and outpatients is done by the Chairman of the Department.

2. At the Medical Education and Selection Meeting in the fall of 1972 eight interns, four 1st-year residents, one GI fellow, and two Cardiology fellows were selected.

3. In the spring of 1973, the Department of Medicine hosted the Society of Air Force Physicians Meeting which was held at the Holiday Inn in Fairfield, California. The Cardiology Service published papers in two national journals and presented data before two national meetings on the methods of isotope imaging of myocardial blood flow in patients with coronary heart disease. These techniques were developed here and subsequent studies outlining their clinical usefulness were done by the Cardiology

Service. Members of the Hematology staff published papers in national hematologic journals.

4. At the end of this reporting period, the duties as Chairman of the Department of Medicine were relinquished by Colonel Monte B. Miller and assumed by Colonel Edwin M. Bradley who had previously served as Director of Education, Wilford Hall USAF Medical Center.

C. Department of Mental Health. Mental health services, during the period of the last historical report, were limited to active duty personnel. Within this reporting period services have been provided to large numbers of active duty dependents, but most retired personnel continue to be referred under CHAMPUS. An unofficial training program has been initiated for psychiatric clinic technicians and thus far personnel have been sent from several Air Force bases throughout CONUS for a period of 89 days. A total of 22 technicians have been trained and upgraded to the 3 level. A revised package is being prepared to resend through channels, requesting permission to establish a psychiatric residency program and a psychology internship program.

D. Department of Nursing.

1. General: Nursing Service personnel have continued to provide high caliber nursing care to all patients although curtailment of some programs during this period was necessary due to a decrease in the number of personnel assigned.

2. Programs:

a. The neurosurgical nurse specialist position was deleted

although the special unit remained in operation. The unit was staffed with qualified technicians and care supervised and planned by the nurses staffing the entire intermediate medical care unit.

b. The surgical admission nurse position was deleted but the office operates with technician staffing.

c. The role of the Public Health nurse was further expanded to include operation of an Oncology Clinic.

d. Primary nursing on one female surgical inpatient unit was instituted in January 1973. Each patient is assigned to a nurse on admission. The nurse is responsible for nursing history, care plan and is primary nurse throughout the patient's stay, irrespective of shift or team assignment. Innovation has been successful; more professional approach by nurses with increased interest, vastly improved nursing care plans and more specific basis for evaluation of performance of staff nurses.

e. Standardized nursing care plans were implemented on various patient units.

f. A Unit Dose Pilot Study was accomplished from October 1972 to January 1973 on the acute medical patient care unit. The project was extremely successful but required termination due to pharmacy personnel losses.

g. January 1973 - Expanded roles for professional nurses and medical technicians assigned to the General Therapy Clinic was realized. A training program was developed and accomplished to equip nurses and technicians to function in the delivery of

primary care within specifically approved guidelines.

h. In September 1972, the Cardiovascular Nurse Clinical Specialist established a clinic for follow-up care of patients having pacemaker implants. This clinic has expanded to a total of 25 patients.

i. In December 1972 the Cardiovascular Clinical Specialist established a clinic for postmyocardial infarct patients. This clinic provides all aspects of rehabilitation pertinent to the cardiac patient.

j. February 1973 - "Operation Homecoming". An additional patient care unit was established for "Operation Homecoming" and staffed with professional nurses and medical technicians assigned to David Grant Medical Center. This unit was in operation for approximately 3 months.

3. Education:

1. A two-day seminar was presented in October 1972 on "A Systems Approach to Management II" by Dr. Eugene Kaprowski, Associate Dean, School of Business, University of Colorado. Seventy three military nurses attended.

2. The fourth annual nursing symposium was conducted in November 1972. The theme of the one-day symposium was, "The Nurse Clinical Specialist." Dr. Margretta Styles, civilian nurse consultant to the USAF Surgeon General was guest speaker.

3. The Department of Nursing, in conjunction with the Cardiology Service, conducted a condensed Coronary Care Unit course in September 1972. The program consisted of a computerized

program study. Twelve personnel participated.

4. A one-day, 8-hour, Cardiopulmonary Resuscitation Workshop was conducted in May 1973. The comprehensive program demonstrated all facets of procedure, including drug displays and equipment use.

E. Department of Obstetrics-Gynecology:

1. On 1 July 1972, Colonel John G. Daley replaced Colonel Joseph E. Wesp as Chairman of the Department of OB-Gyn-FHS, and as second director of the OB-Gyn-Residency Training Program at David Grant USAF Medical Center.

2. On 1 July 1972, three straight OB-Gyn interns were accepted for the first time. The program was reduced to four years in length to include medical school graduates into the first-year postgraduate education in a combined intern-first year resident mode.

3. Because the USAF had initiated a Gyn Nurse Clinician program at the University of Kansas, the Gyn Nurse Clinician program at David Grant USAF Medical Center was terminated with the graduation of the last trainee in May 1973.

F. Department of Pathology:

1. The Department of Pathology and the Clinical Laboratory were reinspected and accredited by the College of American Pathologists as of 11 July 1972 for a period of three years. Likewise, the Blood Bank was re-accredited by the American Association of Blood Banks as of 13 October 1972 in anticipation of licensing by the Food and Drug Administration. The IG inspection of January 1973, gave the laboratory a LAUDATORY.

2. New procedures implemented, by sections, were:

a. Hematology: An automated coagulation analyzer was tested with expansion of special testing in coagulation. Immunodiffusion for globulin fractions was instituted.

b. Microbiology: A complete workup for anaerobic organisms was instituted with the acquisition of new CO2 incubators. A new 22°C incubator in TB/Mycology expanded the recovery of organisms (yeasts).

c. Chemistry: A new Bilirubinometer and an automated Corning blood gas analyzer increased our speed and accuracy in those fields. CPK and LDH isoenzymes were initiated. A SMART terminal was bought for the SMA/12 micro.

d. Special Chemistry: The acquisition of a Picker automated well counter allowed us to start a whole range of radioimmunoassay procedures T3 and T4, HAA, Renin, Gastrin, B12, Growth Hormones and L/S ratios). Other special chemistries include hydroxcorticosteroids and coproporphyrins,

e. Histopathology and Cytology: A Tissue Tek II Tissue Embedding Center was purchased which saves many technician hours in this critical field. A millipore filter system for cytology on biological fluids was purchased.

f. Blood Donor Center: A portion of Ward C-1 was set aside as a Donor Center to enable the Medical Center to bleed donors and offset the high cost of blood.

3. A new comprehensive Laboratory Guide was published and is up-dated annually.

4. The Urine Drug Screening Program processed nearly 8,000 specimens annually.

5. Three civilians and 32 military (Phase II) Laboratory Technicians were graduated from the David Grant Medical Center School of Medical Technology. The Phase II Program was approved for another year by Sheppard AFB.

G. Department of Pediatrics: A number of advancements and improvements in health care delivery and training were accomplished.

1. Services: There was a 10% increase in inpatients and outpatient visits but a similar decline in the number of newborns. Full capability in all Pediatric subspecialties was available.

2. Equipment: More extensive use of electronically controlled infusion pumps and monitoring techniques has permitted more efficient utilization of nursing time and optimal patient care.

3. Training program: The teaching mission of David Grant Medical Center was actively supported in Pediatrics. The program can now accommodate four trainees at each level of training. The Department has become deeply involved in training of medical students in each year of training at US Davis Medical School.

4. Professional participation: The Pediatric staff participated in numerous local and national professional meetings and presented a number of scientific papers. Consultation visits were regularly made to surrounding hospitals to provide ongoing

staff education, better patient care, and optimal professional rapport.

H. Department of Pharmacy:

1. During September 1972, the Chairman, Department of Pharmacy, became a member of the Medical Records Committee. This resulted from a proposal by the Director of Hospital Services for a clinic pharmacist audit of inpatient records for drug usage, dosage, and interactions. Pharmacists now review a minimum of the inpatient records each month and report on drug utilization.

2. A pilot study in unit-dose drug distribution was initiated in October 1972 on a 40-bed medical nursing unit. Using a non-carbon reproducing doctor's order form, the pharmacy received a direct copy of all medication orders. Drugs, including injectables, were delivered to the nursing unit in a ready-to-administer, labeled form. A medication profile on each patient was maintained in the pharmacy and screened for drug incompatibilities, interactions, and dosage problems. The study was well accepted by nursing unit personnel and proved the value and feasibility of the unit dose system at this hospital. The study was discontinued in January 1973 when pharmacy staffing could no longer support the project.

3. The department participated in several meetings with Army and Navy counterparts under the Tri-Service Regionalization concept. Several areas of cooperation are being explored for joint utilization of facilities, equipment and expertise.

4. Department Chairman Lt Col Jordan D. Johnson, Jr.,

departed in June 1973 for an assignment to the Defense Personnel Support Center.

I. Department of Radiology:

1. General: The number of patients examined and number of films exposed had a slight increase over the preceding year. The Radio-therapy Service workload has increased by thirty percent and the service is operating at seventy percent of maximum capacity.

2. Equipment:

a. The file room was modified into an exposure room with the installation of a 150 KVP-500 MA CGR general radiology unit. This increases our capability by twelve percent and allows the Department to operate more effectively.

b. The 25 year old Picker unit in room 2 of the diagnostic wing was salvaged and replaced with a CGR Stratomatic. This unit will provide the Department with tomographic capabilities it never had before. This is part of our Department Modernization Program.

3. Teaching: The Residency Program has been approved for a three year straight diagnostic radiology program and has been expanded to accept up to three residents a year. The subdivision of the radiology services into speciality services has proven to be very successful. The teaching program still suffers from the lack of alternators which would allow the pre-loading of conference films and systematic review of resident-read films with attending staff.

J. Department of Surgery:

1. General Surgery:

a. The residency program in General Surgery reached full maturity by graduating two Chief Residents in June of 1973. In the prior two years, a single Chief Resident was graduated, and this year represented the first year in which there were two residents in all levels of training.

b. Little progress occurred in implementing the planned laboratory facility. The plans for the animal unit were reviewed by the laboratory veterinarian, Major Butler, from Brooks AFB, Texas. Late in the fiscal year funds became available to commence ordering some of the needed equipment.

2. Urology:

a. During the reporting period from 1 July 1972 to 30 June 1973, the Urology Service experienced an increased workload reflected by the number of outpatient visits, in-patient admissions and operative procedures. This increased workload was accomplished, partly, by the acquisition of a urology resident from the University of California at Davis.

b. The Urology Service is now utilized as one of the teaching facilities of the University of California at Davis Urology Residency Program. Dr. Leonard Crawford was assigned here from October 1972 until March 1973, and Dr. Anthony Way began a rotation in August 1973. The acquisition of a urology resident has served to increase efficiency within the Service and patient care.

c. The Urology Service accepted a medical technician, Sgt Howard, from Fairchild AFB, for training. He was present for two weeks during September 1973, and was trained in all phases of urological outpatient care especially x-ray techniques. Dr. David Skeel, Chief of the Urology Service, took the American Board of Urology Examination and passed the examination during the reporting period. Dr. Skeel voluntarily separated from the Air Force and departed this station on 6 October 1973. After Dr. Skeel's departure, Dr. Clyde Gaffney took over as Chief of the Urology Service.

3. Ophthalmology:

a. The optometry backlog problem has been virtually eliminated by a combination of "technician only" screening and addition of a third optometrist. Although we felt it undesirable to have patients go unseen by the optometrist, this was necessary only early in the program. We are seeing all patients now including those from other bases unable to provide care to dependents and retired. Many ophthalmology problems are being picked up early and referred for necessary care.

b. With the reduction and elimination of general medical officers from the staff, a dramatic increase in minor acute ocular problems are being seen initially by the Eye Clinic. Two senior ophthalmology technicians are screening and treating these patients under physician supervision. This has enabled the ophthalmologists to continue seeing a normal workload of more complex referral type ocular problems.

c. The affiliation with the University of California - Davis has continued with the fourth second year resident presently rotating through our Clinic. This continues to be a valuable relationship and challenging venture. It has also given us the opportunity to utilize the expertise of Dr. Gerald Portney and Dr. Allen Roth in consultation on problem patients. We have also been able to use their ultrasonography apparatus and Argon laser at minimal expense.

4. Anesthesiology:

a. During FY 73 the Anesthesia Service has not experienced any major mission change, acquisition of new equipment or improvement of facilities. Emphasis has been placed upon a more active role in the Intensive Care Unit. The training program for residents, interns and medical students has developed progressively. The Chief Nurse Anesthetist has initiated a study to improve the inhalation therapy capabilities of DGMC. These efforts have also extended to training programs for the general nursing service in the area of cardio-pulmonary resuscitation, intravenous canulation techniques and basic pulmonary care.

V. DENTAL SERVICES

V. DENTAL SERVICES

A. Oral surgery residency program was awarded full accreditation status by the Council on Dental Education, American Dental Association.

B. The plaque control center has been in full operation and a clinical investigation regarding its effectiveness was completed.

C. Installation of an automatic film developer in the Hospital Dental Clinic, Bldg 379, was accomplished. Five new dental operating chairs were installed in the Preventive Dentistry Clinic, Bldg 121.

D. Sixty military consultant visits were made to twenty-one Air Force bases during the year.

E. Interior painting of the Base Dental Clinic, Bldg 117, carpeting of the hallways, reception room, NCOIC office and records office has been completed. New reception room furniture and several new desks were received for all three dental clinics.

VI. AEROSPACE MEDICINE

VI. AEROSPACE MEDICINE

A. General. The Directorate of Aerospace Medicine is directly responsible to the Commander, David Grant USAF Medical Center for the functions of the Flight Medicine Section, Military Public Health and Occupational Medicine, Physical Examination Center and the Immunization Center. The Director of Aerospace Medicine is assigned additional duty as Director of Base Medical Services. Aerospace Medicine physicians:

1. Render professional and technical assistance to the Second Aeromedical Staging Flight, examining patients processed through the unit and frequently flying air evacuation missions in the system.

2. Advises the Commander of Travis AFB, and the 60th Military Wing on the health of the command and military medical mission requirements.

3. Supervises activities pertaining to aeromedical testing and aeromedical aspects of flight, aircrew effectiveness, physical examinations and immunizations for military and civilian personnel.

4. Provides medical support to the Human Reliability Program, Personnel Reliability Program, and Physical Profile Program.

5. Monitors USAF Fitness and Weight Control Program in accordance with AFR 50-49.

6. Insures proper medical procedures in the operation and functions of the Air Crew and Physical Examining Center.

7. Conducts the Aerospace Medicine Program in accordance with AFM 161-33.

B. Flight Medicine. The aeromedical staff continued their efforts to implement and maintain an active Aircrew Effectiveness Program. The Aerospace Medicine Reports submitted during this report period reflected many realistic problems dealing with flying safety hazards, health, welfare and morale items. Some of the programs conducted and topics reported are as follows:

1. Aeromedical personnel participated in many Wing-Base programs, amonth them, the Wing Review and Certification Board, the Wing Safety Board, the Air Traffic Control Board, Wing Staff mmetings, and Wing-Squadron flying safety meetings.

2. Aerospace Medicine Council meets the first Tuesday of each month under the direction of the Chief, Aerospace Medicine in accordance with AFM 161-33. Some topics reviewed by the council included fatigue factors in aircrew duty, hearing conservation program, the Special Airborne Medical Care Unit (SAMCU), drugs and the flyer, crash ambulance operation and equipment, dental service and the aircrew member, rapid decompression and oxygen discipline and other interesting topics presented by guest speakers.

3. Aeromedical Service continued to support base agencies in Operational Plans and Disaster Preparedness Training Programs. Primary response to potential aircraft accidents, Broken Arrow exercises and Mass Casualty Exercises or situations were provided as well as advise to the Base and Wing Commanders on the health

of the command. Further support was provided by participating on base safety and accident investigation boards.

4. Flight Medicine personnel provided the necessary supervision and guidance for an effective Weight Control Program for all base assigned and attached personnel both flying and non-flying. When an individual is identified as being overweight he is referred to this service for initial evaluation and counselled by a physician regarding the mechanic of dieting, food values, food preparation and participation in physical exercise. Periodic re-evaluations and progress reports were prepared and forwarded to unit commanders. In the case of flyers they are processed in accordance with AFM 160-1.

5. Flight Medicine provides aeromedical technicians to support the Executive Physical Program for General Officers, as required.

6. During this period, flight medicine was instructed in the operation of crash ambulance emergency equipment and the use of crash ambulance emergency equipment and the use of crash and grid maps. Additionally, personnel attended a periodic cardio-vascular pulmonary resuscitation course conducted by the Medical Center.

C. Physical Examination Center: Normally responsible for approximately 2500 aircrew members, both active and reserve, and since Travis AFB is a major port of embarkation/debarkation, an aircrew examining center, the Physical Examination Center provided an expanded service in physical examinations, these

included Air Force Academy, SMSO, ROTC, and retirement physicals. These type physicals placed an exceptional workload on both the professional staff, technicians, and administrative staff, due to the numerous medical evaluations, consultations, and high priority assigned these type examinations.

1. Effective 1 July 1972 the Aeromedical Service was assigned the responsibility for monitoring and collection of all urine samples under the Air Force Mandatory Random Drug Testing Program. The Collection of urines are accomplished by the Physical Examination Center and delivered to the Medical Center laboratory each day.

2. With the closure of Hamilton AFB the Physical Examination Center picked up the responsibility for all physical examinations for three AFROTC units, two additional recruiting detachments, and five radar sites in April 1973.

D. Immunization Center.

1. During this period the Immunization Center gave a total of 93,549 immunizations. The immunization Center personnel provide immunizations to all military, their dependents, retired members and their dependents. We have had an overwhelming increase of transient personnel processing through the passenger terminal without the required immunizations for other than CONUS departures. This is due to a change in regulations on smallpox vaccination requirements. Other bases are misinterpreting the regulation and not giving it al all. It is not required for stateside travel or its territories but is required for West bound traffice past CONUS and its territories.

2. The Immunization Center is still involved in contingency operation plans requiring them to process personnel for CONUS and overseas deployment. These plans require immunization personnel to be on a 24 hour recall operation.

3. During this period the Immunization Center lost two personnel, one discharged from service and one retired, gaining only one man, now in cross training status. We were authorized four slots but one was taken away and given to the Allergy Center account.

4. Due to a mandatory requirement for mumps immunity in the northern California school systems, the Immunization Center has had an increase in dependent children during the school registration months. All children up to the age of 12 were given the mumps vaccine if not naturally immuned. All older children had to require a prescription prior to receiving the vaccine.

E. Environmental Health Services.

1. A team from Hq MAC/CE visited Travis AFB during the week of 3 April 1973 to discuss the tentative water pollution monitoring program proposed by the California Regional Water Quality Control Board. Captain Carmichael, base BEE, the Hq MAC/CE team and base Civil Engineering representatives held meetings with the California Regional Water Quality Control Board, the Fairfield city planner, the USAF Environmental Health Laboratory, McClellan AFB and the Region IX Office of the Environmental Protection Agency. Capabilities, responsibilities and requirements of each agency were discussed in detail. Based on these discussions a fairly comprehensive self-monitoring program was developed. This office supports this program

by doing bi-weekly coliform counts on the sewage plant effluent and collecting monthly water samples from the receiving stream for analysis by the USAF Environmental Health Laboratory, McClellan AFB.

2. Environmental Health personnel continue to operate the U.S.P.H.S. Quarantine Station at Travis AFB, CA. Approval was granted from the U.S.P.H.S. Quarantine Station at Burlingame, CA., to curtail 24 hour manning of the Travis station and install an on-call system to handle any incident of medical importance. This on-call system is operating in a satisfactory manner. The Military Quarantine Inspector (MQI) Training Course is no longer taught at Travis. This function has been moved to Battle Creek, Michigan.

3. The Unsatisfactory sanitary landfill operation at Travis AFB has been discontinued. A contract was let in May to have all garbage transported off base. A monitoring program for the off base site is being considered but has not been established.

4. The Travis Golf Course, located in the water well fields, receives its water supply directly from the base wells without treatment. This untreated water presents a potential health hazard. Water samples for bacteriological analysis are collected weekly to monitor this potential problem. A letter identifying this problem was sent to the base commander.

5. AFR 161-29, "Tuberculosis Detection and Control Program", requires all bases to identify the medical records of those personnel departing PCS who are on INH therapy. In line with this policy, Environmental Health Services has directed that the Hospital Registrar forward all military and dependent medical

records identified as being on INH treatment to this office for review and appropriate action prior to departure.

6. The venereal disease program has been expanded to include the services of the Military Public Health Nurse. Her services have been immeasurable in dealing with cases of VD among WAF and female dependent patients. The contact-interviewing talents of two of our NCOs have been enhanced somewhat by their graduation recently from the CDC Venereal Disease Contact Interviewing Course taught by CDC.

7. During this period Environmental Health Services received a Mercury Sniffer, Model MV2. The importance of having the authorized piece of equipment on hand was illustrated recently when an industrial activity on base experienced a mercury spill. Availability of the sniffer enabled us to act promptly and decisively in dealing with the problem.

VII. AEROMEDICAL EVACUATION

VII. AEROMEDICAL EVACUATION

A. The aeromedical evacuation of patients has shown a remarkable decline with the withdrawal of the armed forces from Vietnam.

1. The regular scheduled aeromedical evacuation flights which originated in the Pacific Theater decreased to 242 for FY 73 as compared to 472 in FY 72.

2. The end of hostilities in SEA brought to an end the large number of battle casualties and the large movement of drug abuse patients which originated in RVN.

3. The present overseas aeromedical evacuation flights are regularly scheduled three times a week and originate at Clark AB, Philippines and routed through Guam, Hickam AB, Hawaii and terminate at Travis AFB, California. All air evac patients are moved from Travis AFB on regularly scheduled C-9 missions to onward destination hospitals in CONUS. During the period FY 73 there were 15,541 patients moved into Travis AFB as compared to 26,273 for FY 72.

PATIENT ARRIVALS		PATIENT CATEGORY	
From Pacific	10,762	Air Force	29%
From Domestic	4,779	Army	28%
Total	15,541	Navy/Marine	28%
		Other	15%

B. During FY 73 there were several overseas aeromedical evacuation missions diverted to other local military bases because of adverse weather conditions which prevailed at Travis AFB. These diversions created very few problems for personnel assigned to this organization,

but were an inconvenience only to the patients being transported by ambus to Travis AFB. There were no major problems encountered in handling these air evac aircraft at local area bases.

C. This organization participated in "Operation Homecoming", and furnished ambuses and medical personnel for all C-141 missions. Medical technicians assisted in transporting the patients that were scheduled for immediate plane to plane departure on C-9s, which moved these patients direct to their destination hospitals the same day. The "Operation Homecoming" did not create any undue hardships for this organization.

D. The 44th Medical Service Squadron (Reserve) continues to perform its monthly unit training, assemblies and summer encampments at the 2nd Aeromedical Staging Flight and augmenting wards and ancillary services in David Grant USAF Medical Center.

VIII. VETERINARY SERVICES

VIII. VETERINARY SERVICES

A. General: The Veterinary routinely provides food inspection, sanitary inspections, aircraft inspections, zoonosis control, military dog care, and food handler training to Travis AFB during this period.

B. Dog Lab Project: The proposed laboratory animal research service at Travis has been receiving continuous planning and equipment requirement review. Final building plans have not yet been approved.

C. Mission Addition: Four Air Force Stations have been assigned to Travis for support. These sites are Almaden, Point Arena, Sunnyvale and Mill Valley. These sites are offered sanitation inspections, and zoonosis control.

D. Facility: A small amount of space has been offered to the Veterinary Food Inspection Section by the Commissary. This has greatly increased our ability to conduct a more thorough inspection of food. A large amount of space will be made available when the new commissary warehouse is constructed.

E. Equipment: An anesthesia machine was purchased through CBF funds for the zoonosis control clinic.

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HISTORY OF THE

USAF

DAVID GRANT MEDICAL CENTER

1 July 1971 - 30 June 1972

0105263

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I. GENERAL MEDICAL OBSERVATIONS

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A. David Grant USAF Medical Center is the second largest Air Force Medical facility. It serves as the area medical center for 24 Air Force medical facilities in the nine western states. During the period 1 July 1971 through 30 June 1972, David Grant USAF Medical Center made significant contributions to the Air Force in the areas of medicine and administration. The accomplishments made by the personnel of David Grant USAF Medical Center indicate the great spirit of this unit toward the good of the Air Force and the welfare of mankind.

B. Mission reponsibilities lie in many areas:

a. Regular

(1) Base Health and Aeromedical Services

(2) Regional Hospital

(3) Area Medical Center

(4) USAF Hospital (World Wide Referrals)

(5) Aeromedical Staging Facility

(6) Education and Training

b. Special

(1) Military Consultant Program

(2) West Coast Blood Donor Center

(3) Forensic Medicine Consultation Service

(4) Medical Board Processing

(5) Cancer Registry

(6) Border Clearance and Quarantine

C. In the field of medicine, great strides were made in providing better care despite increased workloads and funding limitations. With an increasing population to serve (Northern California is now the most populated retired military area in the nation) this installation made and implemented innovative proposals to provide better trained paramedical personnel to free the physician for the duties for which only he is qualified. Such innovations have permitted more emphasis on health maintenance and yet preserved the quality of care. These accomplishments are noted in this history.

II. COMMAND AND ADMINISTRATION

A. COMMAND

B. FORENSIC MEDICINE

C. MANPOWER

D. FUNDING

E. MEDICAL CONSTRUCTION PROGRAM AND FACILITIES UTILIZATION

F. MEDICAL MATERIEL

A. Command. Assuming command of David Grant Medical Center in June, 1971, Brigadier General George E. Reynolds provided superb professional leadership throughout his tenure. Only one year later he received orders to become the Chief of Professional Services, HQ, USAF. Col. Evan W. Schear was scheduled to succeed him in command of David Grant USAF Medical Center in July 1972.

B. Forensic Medicine. One Staff Judge Advocate officer was assigned to the Medical Center as a Forensic Medicine Consultant, responsible for medicolegal advise for the 24 regionally affiliated Air Force bases as well as for David Grant Medical Center. Only four similar positions exist within Air Force medical facilities. Thus, the entire program offers a rather unique service. Three major areas of endeavors were medical malpractice claims, hospital/third party liability and medico-legal consultation.

1. Twenty-eight malpractice claims were opened.

2. Total third party claims processed under CHAMPUS amounted to 1917 for a monthly average of 160 and fluctuations from 51 in August 1971 to 284 in May 1972.

3. Throughout the year, each of the 24 regionally affiliated Air Force medical facilities in nine Western states were visited at least once. Consultation was made with professional staff members and base legal officers. Further advise was presented to the medical center staff covering topics as Legal Ramifications of Coronary Care Nursing,

Emergency Room Care and the Law, Informed Consent, Legal Significance of California's 18-Year Old Majority Laws, and Medicolegal Orientations for Interns. Periodic speeches were made to base Staff Judge Advocates on collection and examination of biological specimens, how to obtain the cooperation of medical officers as witnesses and on autopsies.

4. Contributions to community understanding of medicolegal matters were initiated during this period. Articles submitted to the JAG Law Review were entitled, "Eugenic Sterilization", "Autopsy", "Battered Child", and "Treatment of Minors". The Bay Area Residents in Hospital Administration were addressed on the Role of the Lawyer in Hospital Administration. Discussion and planning a course in Law and Medicine at the University of California at Davis aided in furthering medical and law students' understanding of forensic medicine. Finally, the forensic medicine advisor participated as a member of the Solano County Bar Association and the American Society of Hospital Attorneys, American Hospital Association.

C. Manpower. During this period the following UDL changes occurred: Nineteen medical residents and ten enlisted slots were picked up. However, 22 civilian slots were lost. The 2d ASF gained ten officers and ten enlisted slots. Austere manning persists due to the lack of action by USAF concerning the 148 new positions validated by the MET Study of the previous year.

D. Funding. Total FY 72 funding (including military salaries) amounted to $15,236,500.00. The RECON Program (Cost Reduction) goal for the David Grant Medical Center in FY 72 was $55,600.00. The Medical Center achieved

a savings of $66,100.00 or 117% of its assigned goal. Once again, David Grant Medical Center was presented with an Award of Merit for being the first unit in 22d Air Force to achieve its RECON goal.

E. Medical Construction Program and Facilities Utilization. Construction projects and facility modifications accomplished during FY 72 were as follows:

TVS 193-0 Modified a former office area to a Urology Clinic by the installation of two urology tables, x-ray machine and film processing machine.

TVS 156-0 Made an extension to the Kitchen Loading Dock, adding 650 sq. feet of docking platform with a roof and walk-in refrigerator platform.

TVS 102-9 Provided a latrine with shower, lavatory and commode in a women's patient area.

TVS 314-0 Modified four rooms in Bldg. 121 to Dental Operatories with the installation of the dental units with all their piping, with lavatories and cabinetry, electrical outlets and air compressor. Also provided lavatories with necessary piping to five rooms in the Allergy Clinic area.

TVS 201-0 Installed nurse's call buttons in many patient bedrooms and other areas such as latrines.

TVS 52-1 Provided a structure on an existing dock which included a baggage room, a storage area for the cast room and an air trap. The air trap alleviates a severe door slamming hazard that existed when experiencing high North winds.

TVS 83-1 Provided four pole mounted lights in a parking area including the Traige area.

TVS 78-1 Modified lighting in the Flight Surgeon's Office, Immunization Center and Military Public Health offices. Area had been converted from a barracks to offices which necessitated increased overhead lighting.

Additionally in July 1971, an extensive alteration project was started in the kitchen and dining area of the Medical Center. Approximately $80,000

in new equipment had been acquired in an effort to modernize the food preparation and serving areas. Relocation of the centralized tray service and cafeteria line was necessary to provide adequate space to accommodate the new equipment. The existing diet service area was re-designed to accommodate a new dishwashing system including a new sewage system, utensil washing area and food waste disposers. Several walls were removed and a larger area designed for the food cart storage, centralized tray service and cafeteria line. The kitchen exhaust system was replaced and the ventilation system expanded. The food service continued during the six-month renovation.

F. Materiel.

1. Gain of materiel support responsibility to the 10th AME Gp, Travis AFB, to include medical supplies, medical equipment, and medical equipment repair support.

2. Significant reduction in WRM requirements, i.e., reduction in storage, inspection, periodic maintenance inspections, and records management in three categories of reserve materiels.

3. Began initial phase of procuring the necessary supplies and equipment to establish the Clinical Research Program. Various equipment items held in segregated storage pending further instructions.

4. Eliminated off-base storage at Yountville, California.

5. Began receiving someof the equipment items for MERC.

III. STAFFING AND EDUCATION

III. STAFFING AND EDUCATION

A. Participation in the professional education mission during FY 1972 was greater in quantity and quality than ever before:

1. A new program, "Health Science Practicum," affiliated with UC Davis School of Medicine, permitted over 30 pre-med and pre-health sciences students to volunteer work on the ward services to gain background experience in patient care as preparation for professional careers.

2. More than 30 Air Force sponsored medical students took 2nd, 3rd, or 4th year clinical electives here. For the first time dental and veterinary medical students were included. UCD medical students assigned here for 2nd, 3rd, and 4th year electives also numbered more than 30.

3. Interns totaled 16, including a husband-wife team and straight programs in Medicine, Pediatrics, and Surgery. This was the tenth and final year of the Rotating Internship.

4. Residency programs enrolled 36 trainees, who were represented on the newly formed House Officers Council.

a. The residencies in Medicine, OB-GYN, and Surgery received full AMA approval. Input to the Medicine, OB-GYN, and Pediatrics residencies was expanded by one apiece.

b. Fellowships in Hematology and Cardiovascular Diseases were approved and added to that in Gastroenterology.

c. SGO selection board met in November to fill all DGMC programs for the first time: A total of 19 straight interns and 40 residents for FY 1973.

d. UCD resident in Ophthalmology rotated here three months by affiliation. Similar plans are in preparation for Orthopedics, Anesthesiology, and Urology.

5. Dental programs were approved for three years in Oral Surgery, with one resident at each level. Regional anatomy was taught locally by consultant arrangement.

B. Intern-Resident graduation was held for 25 trainees on 23 June 1972 with the Honorable Richard S. Wilbur, M. D., as guest speaker.

C. Support resources for these professional education programs also increased.

1. Through a national consultant program 25 visits by medical and dental specialists were completed. These included two by consultants in medical education.

2. In a local consultant program, a total of 145 paid visits were completed by specialists from nearby schools and centers.

3. Medical and dental consultants from this Center, under a newly expanded program, made 155 visits to 23 area and regional health facilities.

4. The UCD-DGMC affiliation approved 26 UCD faculty as consultants to DGMC and 22 DGMC staff as clinical faculty at UCD. The Joint Coordinating Committee met twice, chaired by Brig Gen Reynolds and Dean Tupper, to review all mutual programs.

5. The hospital library expanded to 8,000 total texts and bound journals, while subscribing to over 200 scientific periodicals.

6. Tri-Service Orthopedics meeting held in September was first postgraduate meeting sponsored and held at this Center.

D. Investment equipment and dog-lab building requirements were submitted to SGO to establish a clinical investigation facility.

IV. HOSPITAL SERVICES

IV. HOSPITAL SERVICES

A. General. Professional Services provided a wide spectrum of health care to Travis area military families, retired and active duty, and to referral patients from 24 regional Air Force medical facilities. By virtue of David Grant Medical Center's multiple missions, these departments offered several unique services, equipment and affiliations with civilian health care workers.

B. Department of Medicine.

1. Approval for expansion from three to four residents in each year of the Internal Medicine Residency Program was secured and four first-year residents were selected. One fellow in the subspecialty of Gastroenterology successfully completed a two-year program. Fellowship programs in Cardiology and Hematology were approved. The Residency Program in Internal Medicine received full approval by the AMA Residency Review Committee.

2. Nine clinical papers were presented to the annual meeting of the Society of Air Force Physicians this year. Eight additional papers were published in the medical literature. An innovative technique for the non-invasive evaluation of myocardial perfusion utilizing an isotope technique was studied.

3. Eleven clinical staff appointments to facilities of the University of California and Stanford were realized.

4. To enhance professional services offered, a Dynacamera for the dynamic study of isotope scanning was secured.

C. Department of Mental Health. After curtailment of services to retired personnel and their dependents and to dependents of active duty personnel since March 1971, mental health care remained limited to active duty personnel. Two additional psychiatrists are scheduled to arrive in September 1972. Their arrival should permit broadening of services initially to dependents over 15 years old and perhaps ultimately to all personnel entitled medical care.

D. Department of Nursing.

1. General: Nursing Service personnel have continued to provide high caliber nursing care to all patients with the existing staff, while persevering in the expansion of the role of the nurse in the United States Air Force Medical Service.

2. Programs:

a. The wide acceptance and utilization of the services offered by the Public Health Nurse have led to the rapid development of this program. A second nurse was assigned in June 1972, allowing for expansion of the existing services of home care, supervision of prenatal patients, patient referral, instruction of diabetic and hypertensive patients and the reporting and follow-up of patients with communicable diseases.

b. A neurosurgical nurse specialist role has been developed to enhance the quality of care offered to the neurosurgical patient. The nurse plans and supervises the care of all neurosurgical patients in the hospital, as well as those in the designated unit.

She is responsible also for the training and supervision of the technicians assigned to the unit. The Program has proven to be successful and rewarding for all concerned.

c. With the establishment of an "Acute Clinic" within the General Therapy Clinic, nurses have assumed greater responsibility for the screening and disposition of "walk in" patients. Those patients requiring treatment by a physician are referred and seen at once; those who can be deferred and seen in regular clinics are given appointments and those with specific minor conditions as defined by the Chief, Air Force Clinic, are treated by the nurse. The Program has received excellent acceptance by both patients and physicians.

3. Education and Training:

a. In November 1971, the third annual Nursing Symposium was conducted. Dr. Margretta Styles, civilian nurse consultant to the USAF Surgeon General, was the guest speaker. The theme of the one-day symposium was "Leadership". One hundred seventy-five nurses from the civilian community, Letterman Army Hospital, Oaknoll US Navy Hospital and various Air Force facilities, attended.

b. A Coronary Care Course was conducted from 31 January to 13 February 1972. Twenty-three students from Hamilton AFB, Travis AFB and Chico State College completed the course.

c. Three members of the supervisory nursing staff were appointed clinical faculty assistants at Chico State College.

d. A two-day seminar was presented on 14-15 April 1972 under the joint sponsorship of the Department of Nursing, David Grant Medical Center and the Nursing Division of the Solano County Public Health Department. "A Systems Approach to Management" was presented by Dr. Eugene Kaprowski, Associate Dean, School of Business, University of Colorado. One hundred thirty nurses representing the civilian community, Letterman Army Hospital, Oaknoll Navy Hospital and the Air Force, participated.

E. Department of Obstetrics-Gynecology: The following changes of historical significance were made by the Department of Obstetrics and Gynecology.

1. Renovation of the Clinic to include six additional examining rooms was accomplished.

2. An innovative prenatal program was initiated which provided for:

a. Completion of records by the patients at home, using a new instruction sheet as a guide.

b. Three additional patient education classes were initiated making a total of five classes: Initial; 18, 26 and 35 weeks gestation; and one night conference for husband and wife.

3. A Gyn Evaluation Clinic was initiated designed to minimize the delay for gynecologic appointments.

4. A Family Counseling Clinic was initiated designed to discuss sexual problems, abortion and sterilization with couples. The WAF are also counselled in this Clinic.

5. on 1 July 1972, the Residency Program was increased to three Residents per year for an eventual total of 12 Residents.

F. Department of Pathology.

1. Accreditation was granted to the Laboratory as a whole by the College of American Pathologists on 24 June 1969, the Blood Bank by American Association of Blood Banks 6 April 1969, and the Cancer Registry by American College of Surgeons in October 1971.

2. New procedures implemented were (1) new diagnostic laboratory for the isolation of Tuberculous and Fungal organisms, (2) fluorescent antibody techniques for the rapid identification of pathogenic organisms, (3) HAA testing for the hepatitis antigen, and (4) complete work-up for the diagnosis of disseminated intra-vascular coagulopathy.

3. A Model "S" Coulter Counter for Hematology and a SMA 12/Micro for multiphasic Chemistry screening were new equipment that enhanced service.

4. All Pathology Reports (Surgical and Autopsy) were bound as part of the permanent medical center records.

5. Four civilians and 25 military (Phase II) technicians finished medical technology training in the past fiscal year.

G. Department of Pediatrics. Innovations were made in services, equipment, training program and professional participation within the Department of Pediatrics.

1. Services. A steady increase of approximately 10% yearly of the newborns, inpatients and outpatients was experienced with no increase in staffing or available space. Despite this increased workload, pediatric subspecialty care was expanded in Neurology, Cardiology, Hematology, Endocrinology, Neonatology and Child Development. A complete pediatric cardiology program was initiated and included cardiac catherization, biplane angiography, vectorcardiography and, through affiliation with the University of California at Davis, indicated surgical intervention.

2. Equipment. Electronically controlled infusion pumps for monitoring the administration of intravenous fluids was acquired and provided maximum safety with considerable savings of valuable nursing time. The acquisition of new and improvement of older monitoring techniques in the Newborn Nursery provided maximum supervision and optimal care of critically ill premature infants.

3. Training programs. The teaching mission of David Grant Medical Center was actively supported in the Pediatrics Department. The Pediatric residency program was expanded from two to three residents per year, while straight Pediatric internships were initiated. The American Board of Pediatrics fully accredited the three-year program in Pediatric postgraduate training. Additionally, affiliate programs were expanded and a teaching program initiated with the University of California at Davis for medical students and pre-med in general pediatrics and its subspecialties.

4. Professional Participation. The Pediatric staff participated in numerous professional meetings, consultation visits and rendered scientific papers to help advance pediatric care within our general society.

A number of multidisciplinary conferences and clinics were initiated to provide patients with optimal care and add significantly to teaching programs. Consultation visits were made to surrounding hospitals to provide ongoing staff education and better patient care. Noteworthy articles that were published in professional journals by staff members were:

"A Fatal Instance of Juvenile Diabetes Mellitus" by Dr. Melvin Levine, Clinical Pediatrics.

"Multiple Cranial Nerve Deficits Associated With the Arnold-Chiari Malformation" by Dr. Robert L. Sieben, Neurology.

"Ventricular Responses to Hypoxemia Following Chemoreceptor Denervation and Adrenalectomy" by Dr. Robert A. Achtel, American Heart Journal.

At the annual meeting of the Society of Air Force Physicians, staff members made presentations, entitled "Fingernail Abnormalities Associated With Intrauterine Hypothyroidism", "Multiple Valve Replacement in Children" and "Benign Splenic Cysts in Children".

H. Department of Pharmacy.

1. The Department of Pharmacy has continued to prepare hyperlimentation solutions with increasing frequency. The patient's need for this type of therapy has been well recognized by the medical staff.

2. An initial meeting has been held and a committee formed to initiate a pilot program leading to unit dose medication distribution. Ward B-2 has been selected for the model.

3. The Department has participated in drug education programs and continually acts as advisors in this area.

I. Department of Radiology.

1. The number of patients examined and number of films exposed increased by approximately 10% over the preceeding year, as has occurred for the past several years.

2. Equipment:

a. The Cobalt Teletherapy Section was opened in July. The equipment in this Section is excellent and modern. The patient load, however, has rarely been greater than 15 per day because of lack of available inpatient hospital beds or a minimal care facility. The relatively low patient load, however, has allowed the Department to split the daily administered radiation dose into two portions, separated by six hours. This has been most gratifying. The patients have tolerated the treatments very well with virtually no nausea or weight loss.

b. The exposure room in the Outpatient Clinic was relinquished in order to provide the OB-GYN Department with additional office space. The old GE-KX-19 X-ray machine was salvaged. The lead from the walls was stored for subsequent use.

c. Relocation of the orthovoltage therapy machine into the Cobalt Unit provided the Department a room in the Diagnostic Wing for a new machine to compensate for the loss of the clinic exposure room. A 650 three-phase machine was installed. The particular geometry of the old Therapy Room, with a small separated portion previously used to house the transformers, presented the Department with the opportunity to get "two rooms for one". An automatic chest changer was placed in the small transformer room, and the table in the larger section. The result is

two tubes and two rooms running off one generator. The automatic chest changer, which flashes patient identification at time of exposure, also presented another time-saving step. For a time we tried to incorporate the patient identification flash card as one of the forms to be filled out during routine physical examinations, but this was eventually unsuccessful, either due to examining personnel unable to instruct the patients, or the patients' inability to understand directions.

d. A Senograph Unit was obtained for mammography. This unit has a molybdenum rather than tungsten target, with characteristic ratiation of 34 KV rather than 68. The studies are of much improved quality, and the Department has relieved the strain of high heat unit exams from its regular tubes, resulting in prolonged tube life in regular diagnostic rooms.

3. Teaching. Much greater coherence in the Teaching Program was achieved when the Department was subdivided into services, e.g. Urology, Gastroenterology. The Department divided the studies into five groups, assigned each of the Staff to a section for a two-month period, and the residents to sections on a one-month period. This maintains both better familiarity with inpatients who have serial studies, and provides for concentrated learning periods for the residents. The Teaching Program still suffers from the lack of alternators to allow pre-loading of conference films and systematic review of resident-read films with attending staff.

J. Department of Surgery.

1. General.

a. The residency program in General Surgery was evaluated by the Conference Committee on Graduate Education in Surgery. Following

review, full and complete approval was given for the residency program as currently structured. It is significant that this was the first full approval the residency program had experienced since its inception in 1964. On 30 June 1972, David Grant USAF Medical Center graduated the second surgical resident from the residency training program. This second surgical resident was the first resident to complete the entire program at this institution. During this report period, the first surgical resident to graduate passed examination by the American Board of Surgery and became a board-certified general surgeon in May of 1972.

b. During this report period, the Department of Surgery was charged with the responsibility of planning and submitting a proposal for a clinical research program at David Grant USAF Medical Center in response to DOD Directive 1000.9. Considerable man-hours were spent in preparing this proposal. The implementation of a clinical research facility would bring this institution on a par with the two other major teaching hospitals in the Air Force, namely, Wilford Hall USAF Medical Center and USAF Medical Center Keesler, both of which have ongoing clinical research programs utilizing an animal research facility.

c. The Department of Surgery was charged with the implementation of the vasectomy program. An aggressive approach to the problem was maintained and during the first eight months over 300 vasectomies were performed by the general and urologic surgeons. Subsequently, the entire program has been managed by the Urology Service where all screening, interviewing and surgery is now accomplished.

2. General Surgery. After opening of the Cobalt 60 Radiotherapy Department in July 1971, the Department of Surgery no longer was required

to refer patients with malignant neoplasms to outside civilian or military centers for this mode of therapy, thereby allowing the in-training staff to follow these patients through their complete therapy and to observe the clinical course of these patients. Planning for the requirements of the newly approved research facility was commenced.

3. Anesthesiology.

a. During FY72, total surgical procedures performed showed approximately a 10% increase over FY71 (4,172 for FY71 and 4,585 for FY72).

b. During the past fiscal year the Anesthesiology Service has instituted a program associated with the UCD Medical School whereby medical students are allowed to participate in an elective in Anesthesiology at David Grant USAF Medical Center. The UCD Anesthesiology staff have indicated interest in the rotation of some of their residents also. Two DGMC anesthesiologists have been offered positions on the UCD staff in the capacity of clinical instructors.

c. There has also been a moderate increase in the number of Medical and Dental interns, Surgical, OB-GYN and Oral Surgery residents rotating through the Anesthesiology Service for periods varying from one to four months.

4. Urology.

a. From 15 August 1971 to 1 January 1972 the Urology Clinic was closed for major structural revision including the preparation for new x-ray equipment. During this period active duty personnel and emergency patients only were seen. The x-ray equipment has been purchased and installation is expected to be completed by 1 September 1972.

b. Five interns and residents serving rotation on the Urology Service during the year included two general surgery interns, two general surgery residents and one OB-GYN resident.

c. The Urology Service has accepted the responsibility for the interviewing and care of all patients requesting voluntary sterilizing by means of bilateral vasectomy.

5. Neurosurgery.

a. From 1 July 1971 to 30 June 1972, the Neurosurgery Service experienced an increase in workload despite a restricted bed allocation, deletion of adequate secretarial service, and restricted (one day per week) operative room allocation and a "Closed-for-alterations" clinic from July through December. More than 140 major operations and more than 200 diagnostic or therapeutic procedures were accomplished. Clinic visits and consultations increased nearly one-third over the previous year.

b. A neurosurgical nurse was assigned for about four months of the report period and a remarkable improvement in patient care and satisfaction resulted. A continuing training program for neurosurgical nursing was instituted with excellent response, and improved personnel efficiency. In review, the problem of nursing care for neurosurgical patients has been, or is being satisfactorily resolved, being the most significant single event this year.

c. The meetings attended by one or more of the neurosurgical staff included: The American Association of Neurological Surgeons' Meeting, the Regional Meeting of the American College of Surgeons, the Annual

Review Course in Neurological Surgery at the University of California, the Review Course in Neuropathology of the Armed Forces Institute of Pathology.

6. Otolaryngology.

a. The Beskesy audiometer was received and installed and has been used heavily and has proven quite an asset.

b. Workload requirements were increased by nearby USAF Hospital Mather's inability to handle retired personnel or their dependents.

7. Ophthalmology.

a. An affiliation with U of C Davis was established to accept one of their second year residents on a full-time basis in our clinic. This was the first service at David Grant USAF Medical Center to initiate such a program and was begun in March 1972. To the staff, it is very stimulating professionally and it provides an excellent educational opportunity for the resident. His presence made possible a reduction of appointment backlog for consultations from 4-6 weeks to 4-5 days. The ophthalmology patient volume climbed from 300-400 a month to 600-750. It is anticipated that this will be a continuing program.

b. The training and educational opportunities offered by the Ophthalmology Clinic was not limited to the resident level. Two GMOs spent one month each; an extern from UCD was here for two months; and a pediatric resident spent two weeks.

c. Although the military consultant program has been in effect for some time, ophthalmology had not participated from David Grant USAF Medical Center. During this past year five visits were made to referral hospitals. Emphasis was placed on management of minor acute problems.

d. Several services were instituted to facilitate special areas of patient needs. Patients on drug therapy which has potential ocular toxicity are screened frequently as dictated by their particular medications. Civilians needing examinations for safety lenses have been incorporated into the optometry scheduling. After a joint meeting of local school nurses and eye clinic personnel, additional time was set aside for school referral examinations.

e. Because of frequent difficulty with reaching referring physicians and providing feedback on referred patients, the service now sends a short form letter directly to the physician. It indicates diagnosis, treatment and recommendations, but only takes a few moments to assure better communication with the colleagues. Reception of this innovation has been quite enthusiastic.

f. Probably the greatest continuing deficiency in the eye clinic is the inability to deliver optometry care to active duty dependents and retired personnel. The limitations have been both due to inadequate facilities and shortage of personnel. With the addition of two optometry technicians, a third optometrist projected and two additional rooms, the Ophthalmology Clinic is about to embark on a modified screening technique which should greatly enhance this area of service to the military community. The mechanics and design of the program have been developed and are ready to be initiated in mid-July 1972.

g. To increase the value of the association, the entire clinic personnel - ophthalmologists, optometrists and technicians, meet once a month to discuss problems, seek new ways to improve our services and

better communicate with each other and their patients. They also show a short movie related to some ophthalmology surgical procedures or problems.

8. Thoracic Surgery. The Thoracic Surgery Service underwent a change from no staffing to one thoracic surgeon in late August 1971 and two in January 1972 with the inpatient workload slowly recovering from the preceeding period of inadequate staffing. The Thoracic Surgery staff has participated fully in the General Surgery Residence Program and an ever-increasing number of the thoracic cases are performed by the residents. The past and present scope of care has been confined to pulmonary and non-cardiac intrathoracic vascular surgery, through a future program for initiating cardiac surgery requiring cardio-pulmonary bypass is planned for this Medical Center.

K. Special Procedures Laboratory. A method has been developed for a non-invasive evaluation of regional myocardial perfusion with Potassium-43. The technique involves precordial scanning following intravenous administration of Potassium-43 at the time of angina pectoris induced by treadmill exercise. With this technique it is possible to detect adnormalities in regional myocardial perfusion due to coronary atherosclerosis without infarction. Regions of the left ventricle rendered transiently ischemic during angina pectoris can be successfully imaged. These same regions appear adequately perfused when the testing myocardial scan is examined. The technique offers promise in the clinical evaluation of several groups of patients: those with chest pain and equivocal exercise tests, those with electrocardiographic conduction abnormalities in whom

exercise tests cannot be interpreted, patients with positive exercise tests and normal coronary arteriograms, and those with coronary bypass grafts. Initial studies have been performed with a rectilineus scanner; with the use of a scintillation camera increased resolution and quantification may be possible.

V. DENTAL SERVICES

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A. Dental care was provided in three separate locations - Bldg. 117, main clinic for care to the general military populace; Bldg. 121, preventive dentistry and plague control; and Bldg. 379 for care to Medical Center inpatients and oral surgery. Despite the inconveniences of this segmented operation, dental services were provided to military and, on an emergency or space-available basis, to dependent personnel.

B. A new four-chair preventive dentistry and plague control clinic was established with approval granted by HQ USAF to conduct a clinical research study to evaluate effectiveness of the plague control educational program. Expansion was also made to the Oral Surgery Department by the addition of one dental treatment room.

C. During this period, 15 dependents were graduated from the Volunteer Dental Assistant Training Course. Each graduate received a certificate of training that greatly assisted them in procuring civilian employment.

D. Finally, the dental consultant program provided professional advice and problem identification to 23 Air Force bases. Seventy-five visits were made throughout the year.

VI. AEROSPACE MEDICINE

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A. General. The Directorate of Aerospace Medicine is responsible for the Flight Medicine Section, Public Health and Occupational Medicine, Physical Examination Center and the Immunization Center. As an additional duty, the Director of Aerospace Medicine served as the Director of Base Medical Services. Rendering professional and technical assistance to the 2nd Aeromedical Staging Flight and to Travis AFB agencies was another major area of responsibility.

B. Flight Medicine. The aeromedical staff continued their efforts to implement and maintain an active Aircrew Effectiveness Program. The Aerospace Medicine Reports submitted during this report period reflected many realistic problems dealing with flying safety hazards, health, welfare and morale. Some of the topics reported and programs conducted are as follows:

1. Per direction of higher headquarters, an Aerospace Medicine Council replaced monthly flight surgeon meetings. Some topics reviewed by the council included the C-5 aircraft water system, the Special Airborne Medical Care Unit (SAMCU), misuse of antihistamines in flying personnel, rescue procedures training for Base Fire Department personnel, review of toxicology and handling of pesticides and other interesting topics presented by guest speakers.

2. Aerospace medicine continued to support base agencies in Operational Plans and Disaster Preparedness training programs. Primary response to potential aircraft accidents, Broken Arrow exercises and mass casualty exercises were provided as well as advise to the Base Commander and the 60MAWg Commander on the health of the command and military medical requirements. Further support was provided in teaching base personnel First Aid, and aviation physiology, and in participating on base safety and accident investigation boards.

3. Flight Medicine personnel provided the supervision and guidance for an effective Weight Control Program. Counselling by physicians covered the mechanics of dieting, food values, food preparation and participation in physical exercise. Periodic re-evaluations and progress reports were prepared and forwarded to unit commanders.

4. Since Travis AFB is a major port of embarkation/debarkation, an extremely large number of military and commercial aircraft transient the base. As a result, a highly effective anti-hijacking program was imperative. Flight Medicine physicians initiated an hour's discussion twice monthly on the "Psycological Factors That Motivate Hijackers" for the MAC Air Security Training Program.

5. During this period, flight medicine personnel began training Emergency Room technicians regarding the contents of emergency kits located in crash ambulances. Additionally, they were instructed in the operation of crash ambulances' emergency equipment and the use of crash and grid maps. Besides training others, staff personnel began attending a periodic cardiovascular pulmonary resuscitation course conducted by the Medical Center.

C. Physical Exam Center. Normally responsible for over 2600 aircrew members, the Physical Exam Center provided expanded services for Air Force Academy, OTS, ROTC and retirement physical examinations.

1. The physical plant and internal organization of the Physical Examination Center was rearranged to provide a more professional appearing and efficient work area. This rearrangement was made on a "self-help" basis at no additional cost for equipment.

2. Understaffing was an area of concern and was relieved partially by the assignment of Medical Service Specialists, 902X0, personnel in lieu of unavailable, additional Aeromedical Specialists, 901X0, personnel. However, during the next few months after the close of this report, four 901X0's and two 902X0 will be separated, retired or departing PCS. Current projected gains will not offset their losses and understaffing may become critical.

3. Effective 1 July 1972, the exam center will be reponsible for the collection of all urine samples under the Air Force Mandatory Random Drug Testing Program. An Average of 400 urine samples per week are anticipated to be collected under direct medical observation.

D. Military Public Health and Occupational Medicine.

1. There has been much improvement in the venereal disease control program. The VDRL and GC books in the laboratory are checked by Military Public Health personnel weekly. Form letters are sent to all physicians quarterly requesting them to send all VD patients and those diagnosed with an occupational illness to Military Public Health for necessary follow-up action.

2. A Hack Direct Reading Engineer Laboratory kit was received by the section. This kit will perform a variety of field water chemical tests. The most significant improvement is the short term direct reading fluoride test compared to the former colorimetric fluoride test requiring mixing of several chemicals and a one-hour wait time in a controlled water bath.

3. A specialized TB Detection Program has been instituted for personnel at David Grant USAF Medical Center. This includes all persons engaged in inpatient and outpatient care. TB Tine tests are conducted semi-annually in January and July. All reactors receiving annual x-rays. Any convertors detected are processed in compliance with AFR 161-16 "Tuberculosis Detection and Control Program".

4. Military Public Health personnel continue to operate the U.S.P.H.S. Quarantine Station at Travis AFB, California. It is manned 24 hours a day, 7 days a week. Military Quarantine Inspectors (MQI) training given to all 907X0's and 9124's going to PACAF, is now conducted by USAF and USPHS personnel in a controlled course once a month. Prior to November 1971, this training was conducted on a walk-in basis by military personnel assigned to the Quarantine Station.

5. In May 1972, an agreement was made between Army Laboratory personnel at Fort Baker, Quarantine Station, and Veterinary Service personnel at Travis AFB. The parties agreed to assist in insuring prompt delivery of dog heads to be analyzed as rabies suspects from Korea. The specimens must be at the laboratory within 36 hours after the animal's death. The Quarantine Station Inspector meets the aircraft carrying the biological specimen, removes it from the aircraft and immediately contacts the Veterinary Service personnel. The Veterinary Service makes arrangements for the specimen to be sent or taken to Fort Baker Army Laboratory.

E. Immunization Center.

1. During this period the Immunization Center gave a total of 143,767 immunizations. The Center personnel provided immunications to all military

personnel, assigned or attached to Travis AFB and their dependents and for transient military personnel and their dependents arriving this station non-current with the World Health Organization requirements for overseas travel.

2. During this period the Immunization Center continued its drive to immunize all children against the Rubella measles disease. Adult females over 16 years are still required to be referred from OB/GYN clinic prior to receiving the vaccine.

3. The Immunization Center started a program to all one-year old infants who have not had either measles vaccine. They receive the MMR vaccine, measles Rubella, and mumps combination. The program is quite a convenience to the patient as they are vaccinated against all three diseases in one visit instead of three different visits.

4. The Immunization Center is included in the contingency operations plans requiring item to process personnel for CONUS and overseas deployment. Due to the immunization requirements for these deployments, the workload has increased as well as requiring immunization technicians to be on twenty-four hour standby and one technician readily available seven days a week.

VII. AEROMEDICAL EVACUATION

VII. AEROMEDICAL EVACUATION

A. There were several major changes which occurred in the aeromedical evacuation of patients from Southeast Asia.

1. The regular scheduled aeromedical evacuation flights which originated in the Pacific theater and flown over the polar route were discontinued in September 1971.

2. The drug abuse program was placed in effect on 25 June 1971. This program increased the total number of patients being regulated from SEA to CONUS along with the increase of scheduled flights all of which were routed through Travis AFB.

3. There were several C-141 missions which were again extended to Scott AFB, Andrews AFB, and terminating at McGuire AFB, New Jersey in order to eliminate saturating the bed capability of the 2nd Aeromedical Staging Flight at Travis AFB. Regular scheduled and extra C-9 missions supported the movement of patients arriving on terminating C-141 aeromedical evacuation flights, from Travis AFB to onward destination hospitals in CONUS. There was a marked increase of patients being moved from SEA during FY 72. During this period there were 26,273 patients moved into Travis AFB as compared to 14,658 for FY 71.

PATIENT ARRIVALS		
From Pacific	21,503	82%
From Domestic	4,770	18%
Total	26,273	

PATIENT CATEGORY		
Air Force	4365	17%
Army	16033	61%
Navy/Marine	3464	13%
Other	2411	9%

B. In September 1971 the scheduled overseas aeromedical evacuation flights were increased from 4 to 11 flights through Travis each week. During this FY, 15 inbound overseas aeromedical evacuation missions were diverted to other local military bases because of adverse weather conditions which prevailed at Travis AFB. These diversions created some problems at the 2nd Aeromedical Staging Flight and on the Medical Center personnel, but were not as great since written procedures had been developed from past experiences and difficulties that had occurred. These procedures have enhanced the personnel involved in the handling and transporting of patients from bases outside of Travis AFB.

C. The Drug Abuse Program created a great impact on this unit since the patient load from the Pacific Theater per month doubled and sometimes tripled over the amount of patients that would have normally been processed during the period September 1971 through January 1972. A request had been submitted for additional staffing of medical personnel to augment this unit to meet the anticipated patient workload. This unit was augmented by 273 nurses, medical technicians and administrative personnel that volunteered, at varying times, for periods of 10 to 120 days of active duty during the above peak months from medical units of the Air Force Reserve. The change in DOD policy directing the retention of Drug Abuse patients after their normal date of separation for rehabilitation at Military and V.A. Hospitals caused several minor and one major incident during the months of July through December 1971. The outstanding ability displayed by all personnel in handling the Drug Abuse patients prevented any injuries or embarrassment to the Air Force.

D. The 44th Medical Service Squadron (Reserve) performed its monthly training requirements and summer encampment at the 2nd Aeromedical Staging Flight. They continued to perform their unit training assemblies and their 15-day active duty tour with a large portion augmenting all areas in the 2nd ASF and the remainder in the Medical Center.

VIII. VETERINARY SERVICES

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A. General. The Veterinary Service routinely provided food inspections, sanitary inspections, aircraft inspections, zoonosis control and military dog care to Travis AFB during this historical period. In addition, the staff was involved in planning a "Dog Lab" and assisting a local Veterinary school in student education.

B. "Dog Lab." The Base Veterinary Service has spent many man-hours researching the requirements for a Laboratory Animal Research Service at Travis AFB. Office of the Surgeon General has been keenly interested in this project. Major Avadikian and Major Butler, the latter a Military Consultant from the School of Aerospace Medicine, spent a considerable amount of time on plans for the conversion of the existing physical facilities for the laboratory.

C. Veterinary School Assistance. Dr. Donn A. Moll and Dr. Robert Dickinson, with members of the Veterinary staff, spent an entire day lecturing the senior class at the School of Veterinary Medicine, University of California at Davis. This community service promoted professional understanding of Veterinary careers and in particular, careers within the Air Force.

D. Staffing. The current UDL for the Veterinary Service continues to impose difficulties. Additional manning positions were validated by a 1971 MACMET study, but assignment of the additional, needed personnel has not been made. The lack of any 7-level authorized position creates a wide gap between the 9-level and 3-level authorizations.

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RETURN TO

DEPARTMENT OF THE AIR FORCE
USAF HOSPITAL, DOVER (MAC)
DOVER AIR FORCE BASE, DELAWARE 19901

21 March 1979

SUBJECT: Medical Historical Report (AFR 210-3 & MAC/SGAA/Col Gray Ltr, 9 Feb 79)

TO: MAC/SGAA

1. Following is a summary of the only significant medical historical event which occurred at this base involving members of our medical facility during CY 78:

GUYANA CRISIS: On Tuesday, 21 November 1978, I was made aware that certain sections of our medical facility would be required to provide materiel, equipment and personnel to become a part of the task force being organized to receive, process, identify and transport the remains of the victims of the Jonestown, Guyana, tragedy. MAC/SG was notified, and our Resource Management Officer was briefed on the unknown supply, equipment, manhours, communications, vehicle gasoline expenditures that would be involved. Our people selected to be involved were notified. (Dentists: Colonel Green, LtColonel Brennan, and Captain Duckett. Dental Technicians: MSgt Wever, MSgt Griffeth, SSgt Nelson, SSgt Towe, SSgt Little, SrA Gatti. Medical Materiel: Lt Aycoth, MSgt Wuchevich, and SSgt Meek. Pharmacy: AlC Ross Veterinary Service: AlC Ramirez. LtColonel Holmgrain was selected to head the team and give the needed administrative guidance.)

On Thursday (Thanksgiving Day), 23 November, the bodies started to arrive - planes arrived at 6 hour intervals with 81 bodies per plane. A total of 913 bodies in all. With my environmental man (Captain Nitch - Bioenvironmental Engineer) I investigated the potential health problem caused by the bodies being stored in particular areas of the base and the need to eliminate the presence of maggots and flies. The problems were solved by storing the bodies in an area on base but removed from any nearness to working areas...Washing the boxes inside with amphyl and washing the bodies down with kerosene. (ALL SUCH PROTOCOL WAS SENT TO YOU - "AFTER ACTIONS REPORT" - as an attachment to our last Informal Activities Report.)

Our medical maintenance men, TSgt Malysa and SSgt Loop gave commendable support throughout this unpleasant task, which ended for us after all bodies that could possibly be identified had been identified, 15 December 1978. As reported to you in our Informal Activities Report, all of our people involved were recognized by the award of the Air Force Commendation Medal, Meritorious Service Medal or Special Achievement Certificate.

01052454

2. NEW ADDITION TO THE VETERINARY CLINIC: At a cost of $41,137.00, our Veterinary Clinic was enlarged 450 square feet. Attached photos were taken after the addition was constructed. Unfortunately, the "before" negatives were misplaced or lost by our photo laboratory.

LESTER L. BORDEN, LtColonel, USAF, MC
Director of Base Medical Services

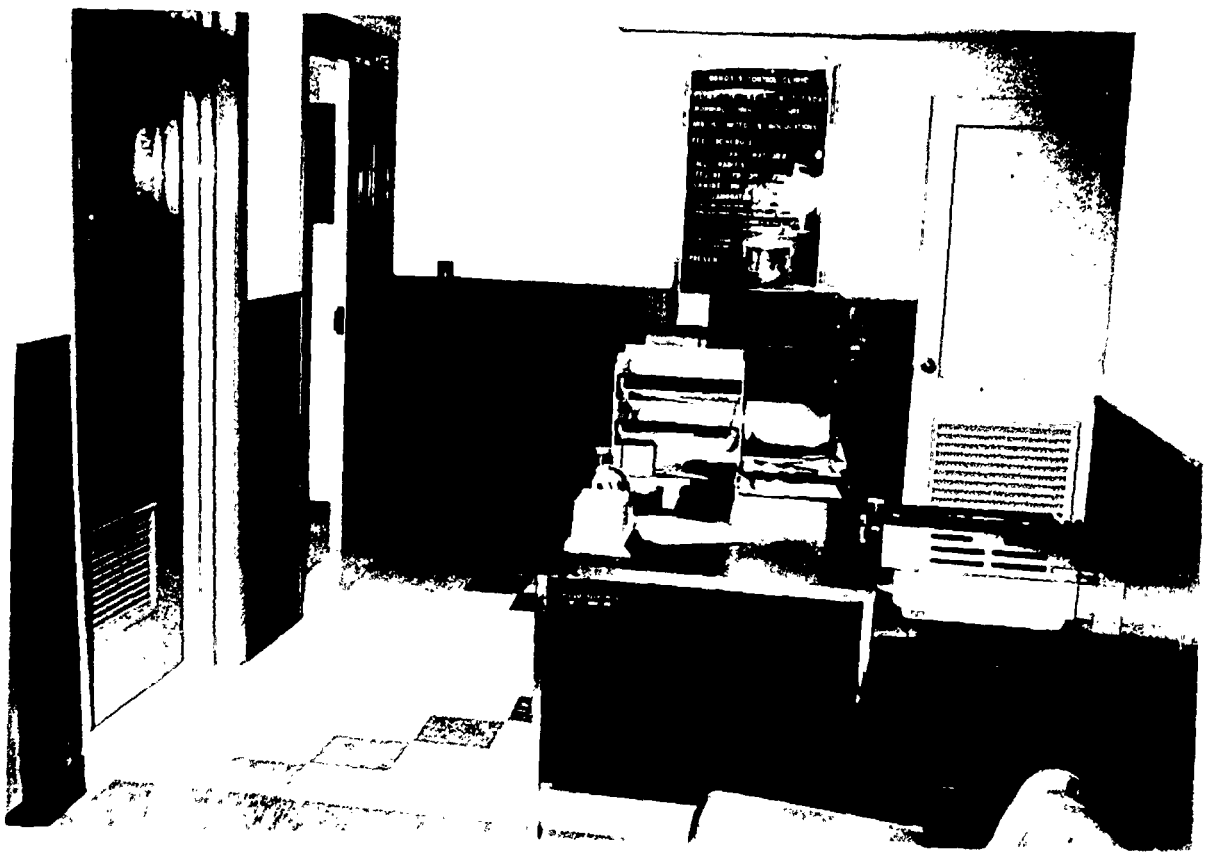


Reception Area
Animal Records
2 Desk



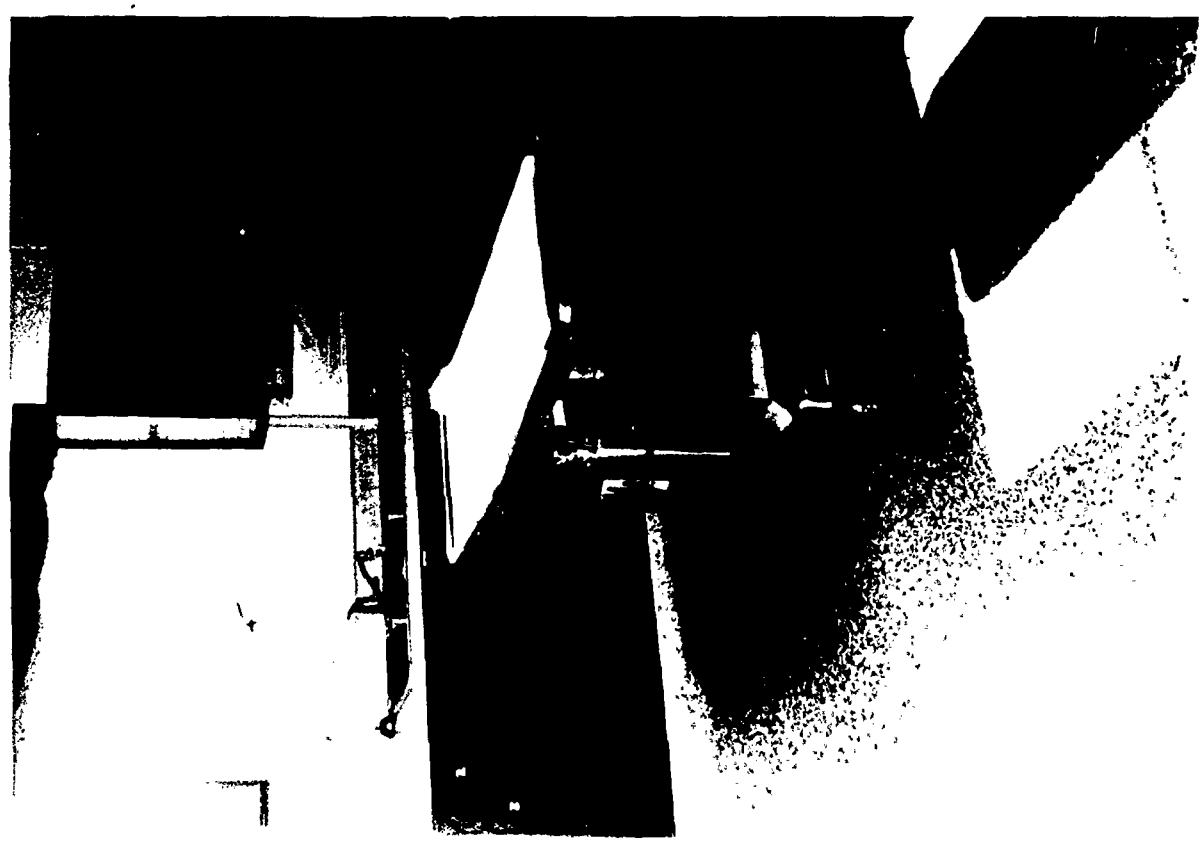
Doctor's office

1 Desk
2 Stainless steel trays
3 Medicine Cabinet
4 Anesthetic machine





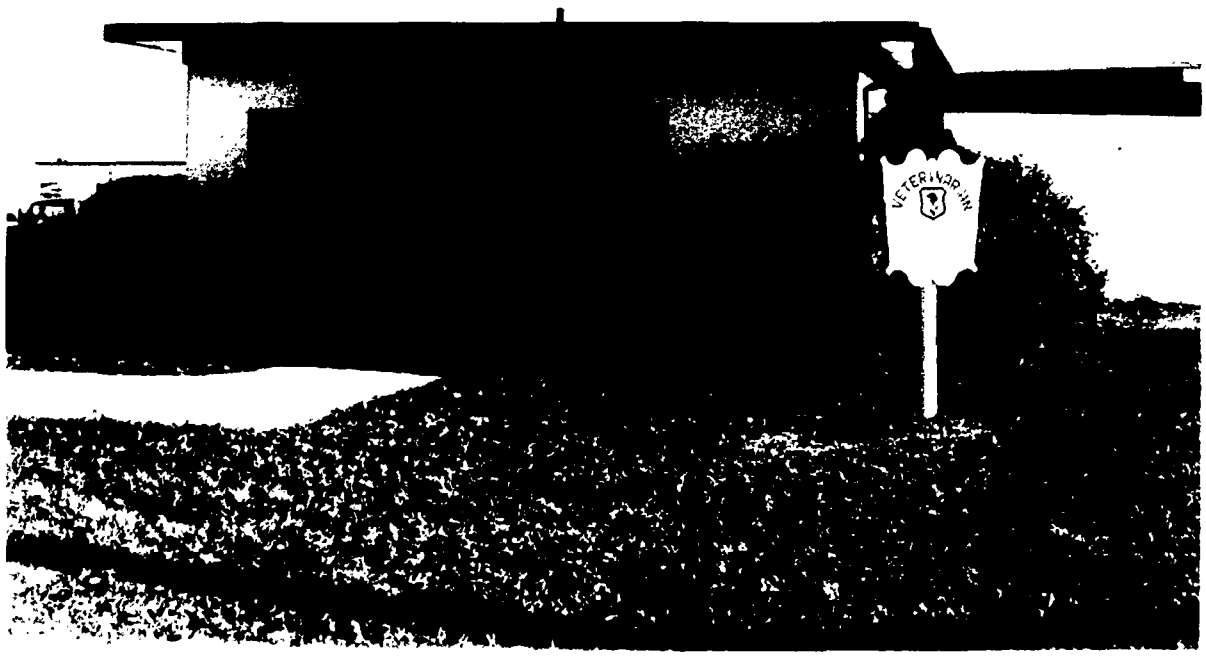
Doctor's Office
1 Stainless Steel Cages
2 Medicine Cabinets
3 Anesthetic Machine



Surgery and Surgery table



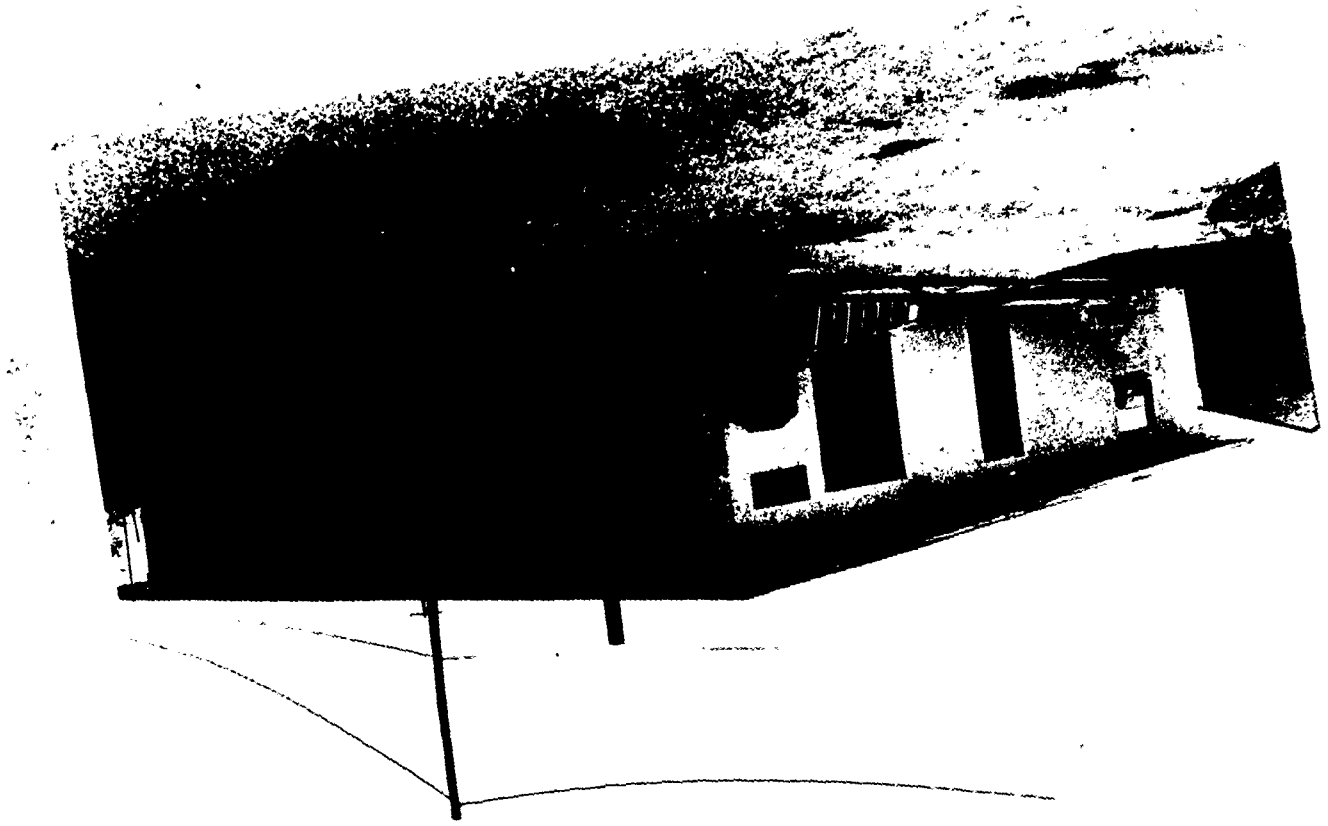
Examination/ Surgery Room
/ stainless steel surgical table


VETERINARIAN

NORTH SIDE ENTRANCE



North Side entrance



East and South Side of Building

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RETURN TO

DEPARTMENT OF THE AIR FORCE
USAF HOSPITAL, DOVER (MAC)
DOVER AIR FORCE BASE, DELAWARE 19901

1 October 1976

SUBJECT: Medical Historical Report - 1 July 76 - 30 September 76 (TWX, MAC/SGA, Jul 76, Medical Histories)

TO: MAC/SGA

Following are significant developments for subject period at the USAF Hospital Dover:

a. Change of Command: 9 July 1976, the undersigned assumed command of the USAF Hospital Dover.

b. Renovation of kitchen (new ovens, serving line, walk-in refrigerator and freezer), which commenced on 20 June was completed and dining hall "opened for business" on 20 August.

c. Undersigned attended the 8 September Northeastern Tri-Service conference held at Cape May, New Jersey.

(1) Child Advocacy Committee of the Tri-Service Region was hosted by the USAF Hospital Dover on 13 September.

d. Shaving Clinic: Attached news item published in the 24 September edition of the base newspaper outlines the purpose and the function of the newly established shaving clinic, which commenced operation 27 September.

Lester L Borden

LESTER L. BORDEN, LtColonel, USAF, MC
Commander

1 Atch
News Item - Shaving Clinic

01052455

September 24, 1976

New shaving clinic opens class Monday

by A1C Jim Katzeman
Office of Information

A shaving clinic modeled after a successful operation at Altus AFB, Okla., is being set up on Dover AFB. Phase I is already underway in the program.

The goal of the clinic will be to successfully combat pseudo-folliculitis barbae (PSB), an ingrown hair condition common to black people. This ingrowth causes irritations that makes regular shaving difficult, if not impossible.

Airmen suffering from acne and experiencing similar shaving problems will also be admitted to the clinic for treatment and guidance.

THIS ONE WORKS

SSgt. Clifford Brice is in charge of the program. He personally went to observe the Altus AFB program in operation.

"There have been many tries at shaving programs before," he said. "They [illegible] weakness or [illegible] this one works.

"Airmen are taken through the phases of the classes, and taught how to cleanse their faces and shave their beards without causing irritation."

The Dover AFB program is divided into three phases. Right now Sergeant Brice is interviewing prospective patients as part of Phase I.

CONTROL FLAREUPS

Phase II, which includes the shaving classes themselves, gets underway Monday. Subjects will go to classes every three or four days for shaving with the outliner trim clipper and instruction in the proper use of the device.

After two weeks, Phase II normally ends. Should facial flareups occur after this, the patients would come to see Sergeant Brice on a daily basis for treatment and to review shaving techniques.

For Phase III, subjects will do their own shaving every three or four days with the outliner clipper. Two weeks into the phase, the

(Continued on page [illegible])

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(Continued on page 9)

upon right response

by Capt. Arthur P. White
9th Military Airlift Squadron

Are you ready to respond at a moment's notice to an increased threat from an enemy or disaster? I hope everyone at Dover AFB is ready, and more importantly, qualified in his job to quickly respond and perform all tasks demanded.

During peacetime, we can easily become somewhat complacent. However, complacency can, and often does, lead to mission failure, personal injury, or sometimes, loss of life. It is paramount that we maintain the highest possible "total force readiness."

What is "total force readiness?"

Basically, it means how rapidly and to what degree our peacetime forces can be generated to meet various crisis or conflicts. It also includes how long and to what extent our forces can be employed.

The term includes the capability to successfully complete tasks within a certain time with our current resources. In all our actions, readiness must be the prime concern.

Recent reports tell us the Soviet Union is expanding air, land and sea power, while we face the challenge of working with fewer and fewer people on tighter budgets.

This means an even greater readiness posture on our part. Many steps have been taken to emphasize an increased readiness of our units.

Nevertheless, new and better ways to meet the challenge are needed. You might ask, "What can I do?" Well, there are two things you can do to insure no threat goes unchallenged.

First, you must always do your job to the best of your ability. By taking a positive attitude in your daily routine, you will be better prepared to perform your duties under periods of stress. This is professionalism.

Second, you can prove yourself a valuable asset by sharing your ideas on improving methods to achieve better results in the military. This saves dollars in this time of austerity.

There are many ways you can make your ideas known. Tell your supervisor, first sergeant or commander. These people are all interested in doing things in a more efficient way or in saving money. They care.

Or submit a military suggestion and possibly receive a cash award if your idea or su esti

New shaving clinic starts class Monday

(Continued from page 1)

patients will be checked to see how well they are doing.

If they are successful, they will be advised to buy an outliner clipper of their own.

MORALE FACTOR

Since shaving under Phase III is done only every three or four days, Sergeant Brice was asked if patients might display hair growths longer than that allowed in Air Force Regulations 35-10 or 30-1.

He said this would not be the case. "Regulations allow growths of one-quarter inch for those with shaving waivers.

"The outliner clipper cuts the beard to within one-sixty-fourth or one-thirty-second of an inch of the skin's surface.

"This is almost as close as a razor shave. Since hair does not really grow that fast, it will look as though the subject is clean-shaven all the time, especially if he has dark-pigmented skin."

Sergeant Brice speculated that this may reduce friction between airmen who now have noticible beard growths and those who shave every day.

The result, says the sergeant, is that no one will feel certain people are getting away with not shaving. "This improved attitude is exactly what has happened at Altus since they began their shaving program," he said.

RESPONSIBILITY

Dr. (Lt. Col.) Lester L. Bordon, USAF Hospital commander, says cooperation of unit commanders and first sergeants is mandatory for the program to work.

"The responsibility for granting excuses to people in the program rests solely with squadron leaders," said Dr. Borden. "Any questions they or any other person has about the program should be directed to Sergeant Brice at extension 6630."

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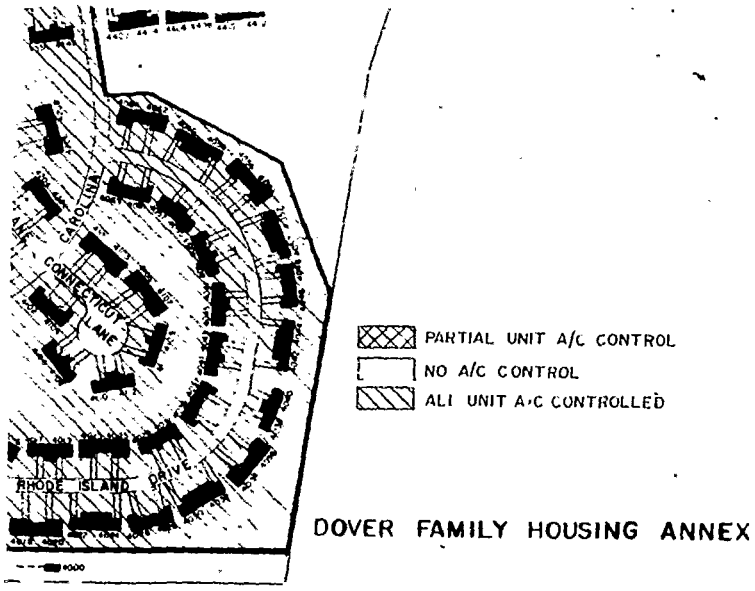

DOVER FAMILY HOUSING ANNEX

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will receive no switches. Homes in the cross-hatched area will not be a part of next summer's demand cut experiment and will have switches installed in as many units as the base's budget will allow. (Drawing Courtesy of 436th Civil Engineering Squadron)

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And reduced aircraft inventories combined with fuel and dollar
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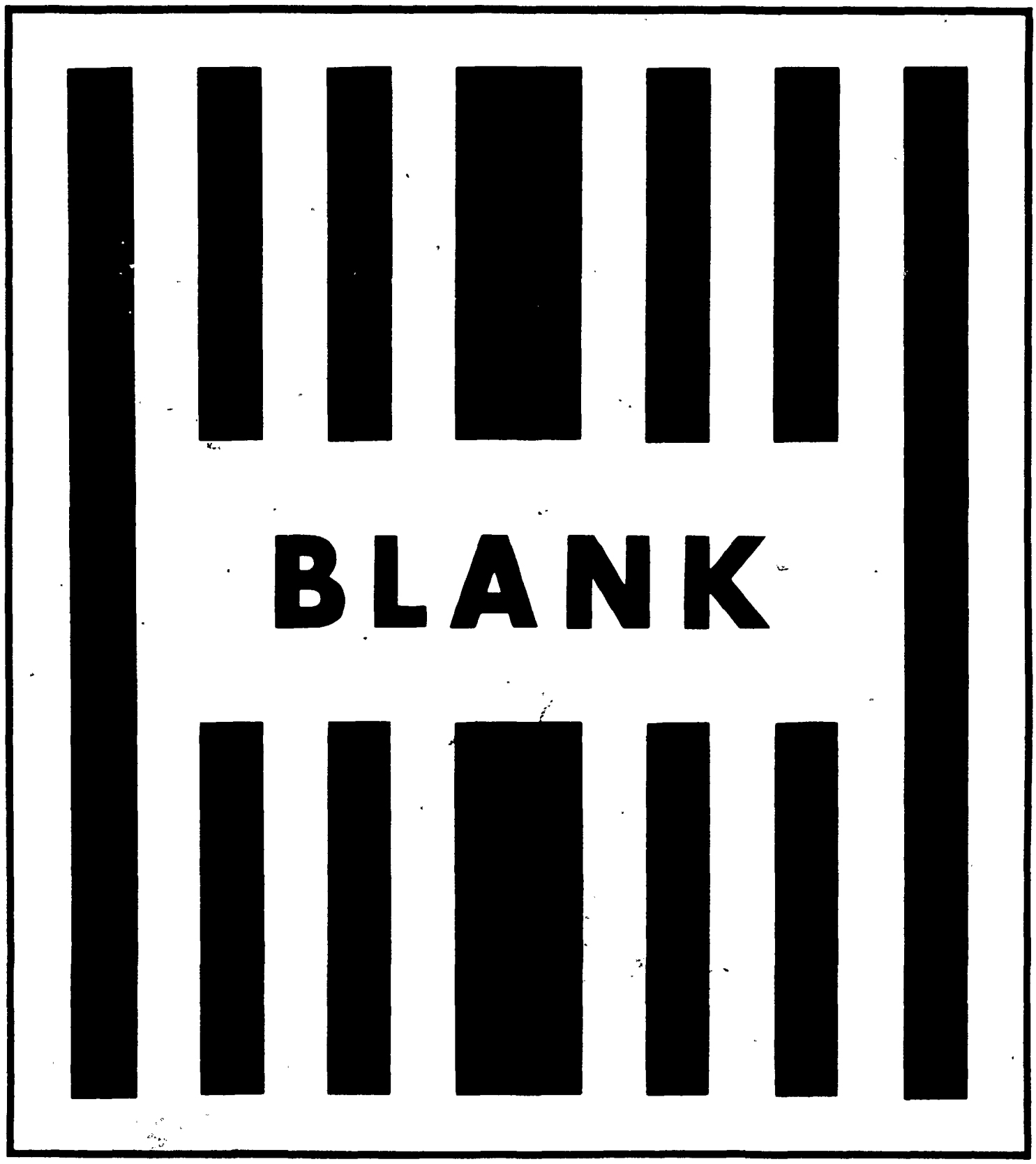
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DOVER AIR FORCE BASE, DELAWARE 19901

RETURN TO
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MAXWELL AFB AL 36112

28 September 1976

SUBJECT: Medical Historical Report - 1 July 1975 Through 30 June 1976

TO: MAC/SGA

Following are significant developments for subject period at the USAF Hospital Dover:

a. Initation of effective "Coronary Risk Factors" program at Dover Air Force Base for flying personnel.

(1) Hospital Commander (Colonel King) authored a paper "Coronary Risk Factors in Flying Personnel," which was presented at the Aerospace Medical Association meetings (San Francisco and Miami) and published in the May 1976 Journal of Aviation Space and Environmental Medicine.

(2) Efforts in this activity resulted in the inclusion of lipid studies as a procedure to be following in performing annual flying physicals.

b. Two-year accreditation awarded this hospital by the Joint Commission on Accreditation of Hospitals following the field representatives' survey in February 1976.

c. With the approval of the "Memorandum of Understanding Between USAF Hospital Dover and the Wilmington Medical Center (Wilmington, Delaware) Family Practice Residency Program," by Hqs USAF on 9 March 1976, we have acquired not only physician support in the OB-GYN and pediatrics areas, but have been able to put the physicians under the Civil Service Commission for part-time employment in the Emergency Room - working the MOD tours. This has worked out exceptionally well; relief for our physicians and continuity of high quality patient care. We have received many written and oral remarks from patients on the outstanding performance of these residents.

d. The new USAF Dental Clinic at Dover was officially opened on 24 June. This 30-chair dental clinic is adjacent to the hospital, and is a construction we are all very proud of.

Lester L. Borden

LESTER L. BORDEN, LtColonel, USAF, MC
Commander

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DEPARTMENT OF THE AIR FORCE
USAF HOSPITAL, DOVER (MAC)
DOVER AIR FORCE BASE, DELAWARE 19901

REPLY TO ATTN OF: SG

15 October 1975

SUBJECT: Annual Medical History RCS: HAF-CHO(A) 7102

TO: MAC/SG

Significant developments at the USAF Hospital Dover during the period 1 July 1974 through 30 June 1975 were as follows:

1. Construction of a new dental facility was approved and begun under the MCP FY 75. The construction contract was awarded to the HELCO Corporation of Wilmington, Delaware, with the groundbreaking taking place on 16 May 1975. Under the terms of the contract, the facility is scheduled for completion within 390 days of the letting of the contract. A completion date of May 1976 is estimated.

2. A new Veterinary Office was constructed in the Commissary Store. This office built on a self-help basis has increased the proficiency of work accomplished by our receipt and surveillance inspection section in the Commissary Store. It was completed June 1975.

3. Sickle-cell screening program was established in the hospital.

4. The hospital has expanded its capability to assist with one of the "people" programs receiving attention in today's Air Force - the problem is scientifically labeled pseudofoliculitis barbae. A special clinic has been established within the General Therapy Clinic; the two medical technicians in charge of this clinic have received special training in the subject at the Wilford Hall USAF Medical Center, Lackland AFB, Texas. Patients referred to the clinic are presented in small groups for instructional programs, actual demonstration of shaving techniques, and individual attention to their problems.

5. The Nurse/Medical Technician Extender program was initiated - October 1974. The attached Hospital Regulation 160-12 establishes guidelines for the use of health care extenders within the concepts of the guidelines set down by the Surgeon General. These extenders are providing valuable service in the General Therapy Clinic, Emergency Room, Pediatric Clinic and Non-Flying Physical Examination Section. Continued attention is being given to insure they function within the parameters of the hospital regulation. "Peer Review" folders are established for the extenders and being evaluated to insure they do not exceed their limitations. One of

AU52497

our nurses completed local training and awarded "C" suffix. Our two certified nurse practitioners, OB/GYN and Pediatrics, and two physicians assistants provided outstanding health care and have contributed significantly to improved patient care and comfort.

6. In January 1975, our operating beds authorization was reduced from 35 to 30; however, in July 1975 it was increased to 35. FY 74 admissions were 1,900 and FY 75 2,404.

7. The Hospital Commander presented several lectures both on and off base on the subject of coronary risk factors in cooperation with the Delaware Heart Association. Heart disease was discussed on Dover radio station WKEN on the "Speak Your Piece" program.

8. The hospital was honored with a certificate of recognition by the Joint Commission on Accreditation of Hospitals during National Hospital Week (May 75). "We proudly salute you as one of the nearly 4800 accredited hospitals in the Nation who have chosen to strive to deliver the optimum in health service to the community."

9. Colonel King wrote "Antihypertensive Drug Therapy in USAF Flying Personnel" and presented this paper at the International Congress of Aviation and Space Medicine in Beirut, Lebanon (October 1974).

10. Coronary risk factor screening survey among flying personnel was conducted and will be a continuing program to include non-flying military members. A report on this subject, "Coronary Risk Factors in USAF Flying Personnel" was presented at the annual meeting of the Aerospace Medical Association in San Francisco in May 1975.

11. The Dental Clinic has established a "Plague Control Center." This program was implemented to allow each person to conduct self-examination and evaluation of his personal oral hygiene practices. A dental technician is available to assist the individual and provide information in such areas as: how to prevent bad breath; the cause and prevention of gum disease and tooth decay; the new brushing technique and an explanation of the dental term "plague."

12. In July 1974, the Dental Services were surveyed by the Council on Hospital Dental Services, and advised in August of their accreditation from the Council, "The Council on Hospital Dental Services wishes to commend you for maintaining high standards deserving of the approval of the dental service and for your continuing effort to improve the quality of patient care."

13. An interesting note - birth rate early in 74 increased considerably in August and September - from average of 30-33 to 44-50. Deliveries FY 75 - 476 (39.6 mo) as compared to 336 (28 mo) during FY 74.

14. The Dental Service in 1974 was one of two Air Force organizations recognized by the American Dental Association for their base and area-wide "Children's Preventive Dentistry Program;" in February (2-8) 1975, they again conducted a most successful program.

WILLIAM H. KING, Colonel, USAF, MC
Commander

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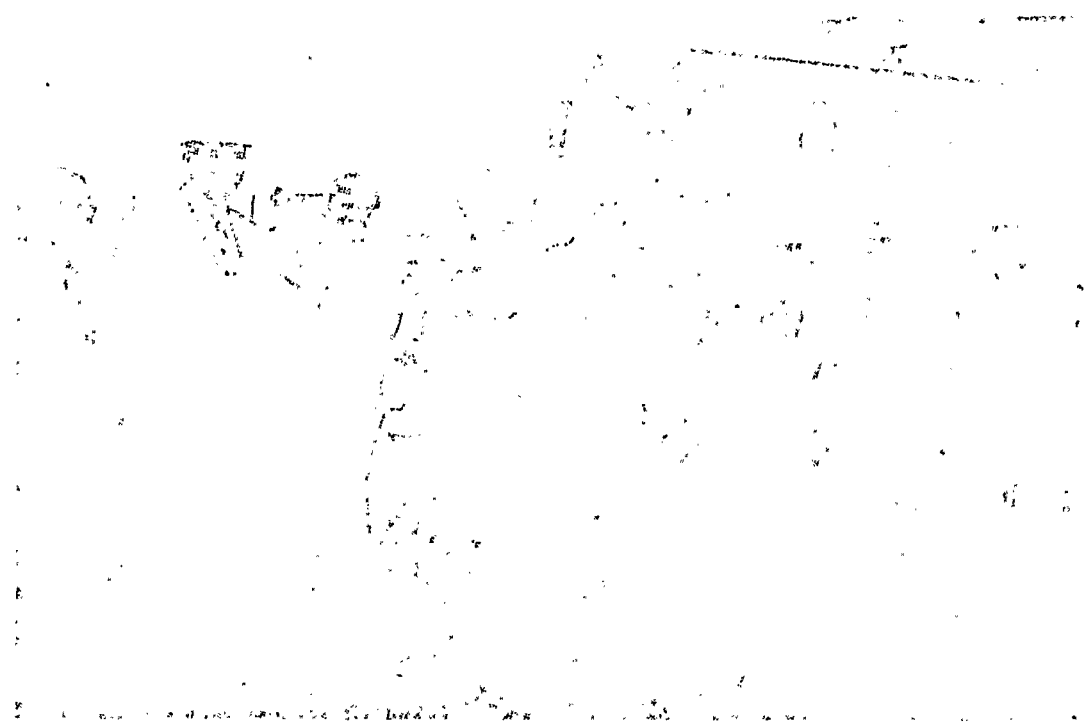


NEW CLINIC — Dr. (Col.) Hampton Green Jr., base dental surgeon, breaks ground for the new Dental Clinic to be built on the west side of the base hospital. Completion of the project is set for May 20, 1976. Other persons looking on include Jim Healy, (wearing hard hat) Helco Engineering and Construction Co. contractor; Lt. Col. Roger T. Kepler (also wearing a hard hat), Deputy District Engineer of the U.S. Army Corps of Engineers; Col. Click D. Smith (foreground to the right of Green)-wing commander; Col. William H. King (with crutches)-hospital commander; and Lt. Col. R.E. Scrafford (far right)-base civil engineer. (U.S. Air Force Photo by Sgt. Maureen Flihse)

ATCH 1

THE AIRLIFTER

June 6, 1975

June focuses on sickle cell

In an effort to increase public knowledge and concern about sickle cell disease, Governer Sherman W. Tribbitt has declared June as Sickle Cell Anemia Month.

Sponsors of this special educational effort are the Delaware Sickle Cell Foundation and the state Division of Public Health. In the capital city, Dover Mayor Crawford Carroll also issued a proclamation designating the month.

Governer Tribbitt's proclamation urged everyone to "join with the educational, medical and health care professions of our state to commemorate this month to education and detection programs which emphasize the severity of sickle cell anemia and the need for continued efforts to aid in controlling this killer."

Sickle cell is an inherited blood disease which, in this county, affects primarily the black population. About one of every 500 black Americans has sickle cell anemia, a serious disease.

One in 10 black Americans has sickle cell trait — which means they do not have the disease, but they carry the gene which can pass the disease to their children.

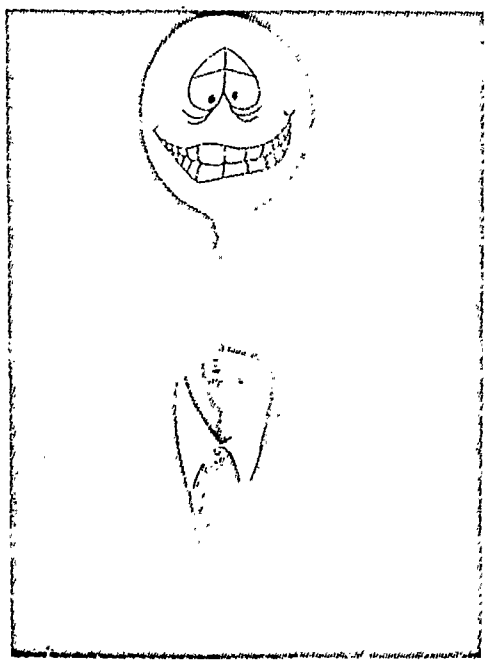
Sickle cell anemia can shorten life, and frequently cause severe pain. At present, the disease is incurable; but with treatment, sickle cell anemia victims can lead satisfying, relatively normal lives.

The disease is usually discovered during childhood. Therefore, [illegible] should not worry about [illegible] have undiagnosed sickle cell anemia.

However, the trait does not cause any sickness. To know if one has the trait, a person should take a simple blood test. Free testing for sickle cell trait or disease is available throughout the state from the Division of Public Health.

Anyone may request further information or an appointment by calling the County Health Unit of the Division of Public Health, or the nearest State Service Center.

Public Health officials recommend that all black persons in the child-bearing age should take the blood test to determine if they have sickle cell trait.



High Blood Pressure?

Only your doctor can tell. Like more than 10 million other Americans, you could have high blood pressure and not know it until it leads to stroke, heart or kidney failure. It has no special symptoms and often gives no warning. But your doctor can detect high blood pressure (he may call it hypertension) and usually control it. So see your doctor . . . and follow his orders.

American Heart Association

ATCH 2

Hospital offers screening for Sickle Cell

A simple laboratory procedure to screen people for sickle-cell disease is readily available at the Hospital, Dr. (Col.) William H. King, Hospital Commander, reminded base people this week.

Sickle-cell anemia is a life-threatening disorder of blood cells, and it's unlikely that an adult member of the Armed Forces would be on active duty without symptoms of the disease being apparent, remarked Doctor King.

However, individuals may be carrying a more subtle form of the disease, called sickle-cell trait, which may be of concern in special situations. Individuals with the trait should be cautioned against exposure to low-pressure oxygen environments such as altitude chambers, or strenuous experience at high altitude, such as mountain climbing. Doctor King explained that this could have a bad effect on the blood cells.

Presently, the screening test is required of all applicants for flying training in the Air Force, with a positive finding unacceptable for aircrew duty.

Also, carriers of sickle-cell trait may place their children at risk for the more serious sickle-cell anemia. Family counselling can be provided in cooperation with the Delaware State Department of Public Health for those found to have sickle-cell trait.

While found in some ethnic groups of southern European origin, sickle-cell disease is primarily a disorder of blacks in the United States. Screening is therefore, recommended for all black people in the Air Force.

This simple test can be readily arranged through the General Therapy Clinic at the Hospital by appointment – extension 6661.

ATCH 2

New hosp. unit for shaving problems

The USAF Hospital here has expanded its capability to assist with one of the "people" programs receiving attention in today's Air Force. The problem is scientifically labeled PSEUDOFOLJCULITIS BARBAE.

It is the medical name for "shaving bumps." "PSEUDO" means false or deceptive resemblance. "FOLLICULITIS BARBAE" means infection of the hair follicle in the beard region.

Once hidden away in thick medical textbooks, it is now a term commonly recognized not only the medics, but also personnel people, first sergeants and other supervisors. If attracts attention because its sufferers must refrain for a while from shaving.

This temporary lapse of shaving is part of the medical treatment program and people under this type of care are excused from strict compliance with Air Force grooming standards.

While many airmen on Dover AFB have received treatment at the hospital's General Therapy Clinic Dr. (Col.) William H. King, Hospital Commander, announced there is now a special clinic to deal with this problem.

The two medical technicians in charge of this clinic have received special training in the subject at the Wilford Hall USAF Medical Center, Lackland AFB, Tex. Plus, Colonel King points out, each has had some personal experience with the problem and can offer some special insights and advice to their patients.

Patients will be referred to the clinic in small groups for instructional programs, actual demonstration of shaving techniques, and individual attention to their problem. No change in appointment procedures will be involved, emphasized Colonel King.

New patients, or those requiring follow-up regarding shaving waivers should call Central Appointments, extension 6961, for an appointment to the General Therapy Clinic. There they will be evaluated and treated by a physician assistant and given an appointment for follow-up in the new clinic.

The cause of FOLLICULITIS is an infection of the skin due to ingrown hairs. It is a skin disorder which may occur in any race; however, blacks are more susceptible to this problem.

Many blacks attempting an extremely close shave will experience difficulties ranging from a minor annoyance to grossly disfiguring heaps of scar tissue called Keloids. The problem is usually located at the jawline and throat areat.

The clinic's primary goal, according to Colonel King, will be to teach the affected individuals how to develop a satisfactory shaving technique. Treatment starts with the education of the patient. It is made clear that the clinic's objective is to instruct people in developing a proper shaving technique, not to avoid shaving.

The attitude of the person is one important factor in the chances for achieving success. There is no guarantee of success for everyone.

While a permanent "cure" may be not achieved in every case, it is hoped that many patients can be helped to manage their problem.

Among the aids to be used in the clinic is a new Air Force training film appropriately titled "Saving Face."

That's what the new clinic will try to do for Dover airmen who have this problem.

AFLH 3

DEPARTMENT OF THE AIR FORCE
USAF Hospital Dover (MAC)
Dover Air Force Base, Delaware 19901

USAF Hospital Dover Regulation 160-12

1 August 1975

Medical Service

NURSE/MEDICAL TECHNICIAN EXTENDERS

This regulation establishes guidelines for the use of health care extenders.

1. QUALIFICATIONS:

a. AFSC 9756 Nurse

(1) Education: Professional, military nurse, BS degree desirable.

(2) Training and Experience: Have at least two years' work experience as a registered nurse in which attention to the continuing health care needs of the patient had priority. One of the two years' experience shall be military.

b. AFSC 902X0 Medical Technician

(1) Education: Graduate of accredited high school, college credits desirable.

(2) Training and Experience: Preferably senior, experienced personnel with independent duty technician (IDT) experience; possess a minimum skill level of 5. At least one of two years' experience as a medical technician in which continuing health care needs of the patient had priority shall be military.

2. AREA OF UTILIZATION:

a. Health care extenders will be utilized in General Therapy Clinic and the Emergency Room. Depending upon the requirements of the hospital in general, it is possible that an extender may be assigned duties in specialty areas; e.g., Pediatric Clinic, Internal Medicine, etc.

3. GENERAL DUTIES:

a. Extenders will perform certain clinical duties formerly undertaken by a physician. Interviews patients, observes and inquires about symptoms of illness; records medical history and pertinent vital signs and observations on required records. Signs SF 600 entries which will be reviewed, corrected if necessary, and countersigned by the physician-supervisor.

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ATCH 4

b. Assists with planning and providing of medical care to patients, under the direct supervision of a physician. May prepare laboratory and x-ray requisitions for procedures ordered by the physician-supervisor.

c. Instructs patients concerning follow-up appointment; explains treatment and procedures to patients. As directed by the physician-supervisor, may advise patients telephonically regarding instructions for repeat laboratory studies or other need to return for follow-up treatment.

d. May prepare SF 513, Request for Consultation, as ordered by the physician-supervisor. SF 513 will be signed by the physician-supervisor.

e. May counsel patients on medical problems, use and administration of drugs, general effects of treatment, diet and other therapeutic measures. After management plan has been reviewed, approved and signed by the supervising physician, may recommend routine immunizations, including allergy hyposensitization, and follow patients with chronic disorders.

4. CONTROLLED DUTIES:

a. Duties not specifically listed under general duties will not ordinarily be performed by the extender without direct and continuous supervision by the responsible physician unless there is an emergency life-threatening situation. Examples of duties which require direct supervision by a physician would include incision and drainage of abscesses, wound care and debridement, lumbar puncture, paracentesis, thoracentesis, administration of intravenous fluids or medications, etc.

b. The extender should work by algorithms when dealing with patients and will not make judgemental decisions.

c. The extender may dispense those drugs approved and published by the Pharmacy & Therapeutics Committee; prescriptions may be prepared by the extender, as approved/ordered by the supervising physician, but will not be signed by the extender.

5. SUPERVISION:

a. Extender will be under the direct supervision of, and directly responsible to, a specific physician on a one-to-one basis.

b. Extender will be under the administrative control of a specific physician and regularly attend formal and informal training sessions conducted by a specific physician.

c. It will be encumbent upon the supervising physician to determine by close, intensive and repeated observation which medical tasks may be delegated so as not to be beyond the competence or capability of the extender.

ATCH 4

6. PROFESSIONAL REVIEW:

a. A folder similar to the physician "Peer Review" will be established for each extender, establishing the limitations of responsibilities to be assumed and supervision required. Any additions, deletions or modifications of the general duties outlined in this regulation will be considered individually for each extender and included in his folder; this will apply to both the freedom and/or limitations of responsibilities and drug dispensing.

FOR THE COMMANDER

Douglas M Bartle

DOUGLAS M. BARTLE, SMSgt, USAF
Chief of Administration

ATCH 4/2

Fight back at plaque, support dental health

"Happiness is a Healthy Mouth," "Plaque Free in" and "Kick the Sweet Snack Habit" are recent examples of Children's Dental Health Week (CDHW) themes. This year's theme, "Don't Give Plaque a Ghost of a Chance," embraces the previous themes by emphasizing the removal of bacterial plaque from the teeth by brushing and flossing daily.

While students at Arnold and Welch elementary schools have been actively involved in this week's CDHW activities, the Dover AFB Dental Service continues to provide preventative dentistry treatment for dependent children, age 3-18. This year-round program at the Base Dental Clinic consists of a screening examination, a dental cleaning (prophylaxis), topical fluoride treatment, and instruction on proper care of the teeth and gums at home. Children should receive this treatment at least once a year.

Both children and adults form bacterial plaque on their teeth every day. This plaque; if left on the teeth, contributes to breath odor and causes tooth decay and gum disease. Beside s caring for their own mouths, parents should help children establish the home card practice of removing plaque by brushing and flossing every day.

All parents should begin brushing and flossing a child's teeth as soon as he will accept it; letting the child do more himself as he becomes proficient. Children's toothbrushes should have flat brushing surfaces with soft; end-rounded bristles. They must be small enough to reach all the teeth in little mouths. The bristles should point toward the gum and move back and forth using short strokes.

After all outer surfaces are brushed; dental floss must be used to insure removal of plaque from between the teeth. Floss should be worked between teeth with a gentle "sawing" motion; then slid gently beneath the gum line. Scrape the floss up and down, away from the gum line, against each tooth surface a few times.

The preceeding techniques have been found to be effective in removing plaque and helping to prevent tooth decay and gum disease. Look for coverage of this week's dental health activities at Arnold and Welsh Elementary schools in next week's Airlifter.

ATCH 5

AMERICAN DENTAL ASSOCIATION

211 EAST CHICAGO AVENUE, CHICAGO ILLINOIS 60611 • AREA CODE 312 WHITEHALL 4-6730

July 22, 1974

Comdr	
Hosp Admin	
Ch Admin Svc	
Ch Hosp Svc	
Ch Clk	

Health Services Administrator
USAF Hospital
Dover Air Force Base
Dover, Delaware 19901

Dear Sir:

On behalf of the Council on Hospital Dental Service of the American Dental Association, I am pleased to inform you that the dental service at your hospital has been granted continued approval. This is the result of the Council's consideration of the report recently submitted by the evaluation consultant.

The attached recommendations are offered in the belief that their implementation will enhance the effectiveness of your hospital dental service. These warrant your attention and should be put into effect as soon as feasible.

Copies of the letter including the recommendations have been forwarded to the Chief of Dental Service and to the Assistant Surgeon General for Dental Services in Washington, D.C. Since this report is considered confidential on the part of the Council on Hospital Dental Service, the release of its contents is a matter for your decision.

Any revisions in the bylaws, rules and regulations of the Medical Staff, any major modifications in the dental service or changes in the dentist members of the Medical Staff must be reported annually to the Council on Hospital Dental Service.

A certificate in the name of the American Dental Association denoting approval of the dental service will be forwarded to you within the next few weeks.

ATCH 6

The Association's Council on Hospital Dental Service wishes to commend you for maintaining high standards deserving of approval of the dental service and for your continuing effort to improve the quality of patient care. If this office can be of further service to you in matters related to your hospital dental program, please let me know.

Sincerely,

S. E. Tande, D.D.S.
Secretary
Council on Hospital Dental Service

SET:nj
enc.
cc: Chief of Dental Service
Major General Roger Hombs

ATCH 61

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RETURN TO
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MAXWELL AFB AL 36112

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IRIS WORKSHEET

008 OLD REEL NUMBER

016 CALL NUMBER (30AN)

005 IRIS NUMBER (10AN)
01052468

026 OLD ACCESSION NUMBER (12AN)

018 MICROFILM REEL/FRAME NUMBER
00000371/44,001402

SECURITY WARNING/ADMIN MARKINGS

RD FR CN SA WI NF PV FO FS

ORAL HISTORY CAVEAT
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NO CONTRACT PROPRIETARY INFO

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DOWNGRADING INSTRUCTIONS

DECLASSIFY ON

REVIEW ON

CLASSIFICATION AND DOWNGRADING INSTRUCTIONS FOR

502 ____/____/____
TITLE ABSTRACT LISTINGS

028
REF _____ DEST DUP OF _____
INSERT TO _____ DUP OF _____

027 NUMBER IN AUDIO REEL SERIES

CATALOGING RECORD

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100 - PERSONAL NAME

109 - ISSUING AGENCY

129 - TITLE AS MAIN ENTRY

TITLE *(Use one)* *(DO NOT USE IF TITLE IS MAIN ENTRY)* (150AN)

220 _____

OR CHECK:

☐ 2210 ORAL HISTORY ☐ 222E END OF TOUR REPORT ☐ 223H HISTORY (AND SUPPORTING DOCUMENTS)

☐ 224C CHECO MICROFILM ☐ 225Q CORRESPONDENCE ☐ 226Z PAPERS

☐ 227P CALENDAR

250 TITLE EXTENSION: ENTER VOLUME NUMBER, PARTS, ETC. (20AN)

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DEPARTMENT OF THE AIR FORCE
USAF HOSPITAL, DOVER (MAC)
DOVER AIR FORCE BASE, DELAWARE 19901

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AFSHRC
MAXWELL AFB AL 36112

REPLY TO
ATTN OF: SGA/LtColonel Nestor/6622 9 October 1974

SUBJECT: Air Force Historical Program (AFR 210-3, MACSUP 1)
1 July 1973 Through 30 June 1974 RCS: HAF-D49

TO: MAC/SGAA/MSgt Damme

Significant developments at the USAF Hospital Dover during this report period were as follows:

1. Physician Assistants (P.A.s). Two P.A.s have been assigned at this hospital since July 1973, MSgt Gene Cook and MSgt Charles Warner. They worked in the General Therapy Clinic and perform in a superior manner and have been of invaluable service to our patient population with the departure of our assigned 3 GMOs shortly after the close of this report period. They are knowledgeable of their limitations in the total care of the patients and work extremely well under the supervision of our physicians.

2. Workload. Our inpatient workload, during the first half of the report period, showed a decline, but at the close of this report period studies were implemented to determine the reasoning. Outpatient workload remains at a high level.

3. Hospital Accreditation. 15 March 1974, this facility was surveyed by representatives from the Joint Commission on Accreditation of Hospitals which resulted in a 2-year accreditation. No major discrepancies were noted.

4. The abolishment of "Military Sick Call" and the implementation of the appointment system for active duty personnel was effective in September. This affords our military personnel more individualized medical care, of a high quality and eliminates the excessive loss of manhours caused by the long waiting of patients reporting to "Military Sick Call".

U.S.A.F. 687468

Colonel William H. King assumed command of this facility on 22 February 1974; the undersigned reported on duty here 1 July 1974.

A. F. NESTOR, LtColonel, USAF, MSC
Health Services Administrator

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RETURN TO

AFSHRC
MAXWELL AFB AL 36112

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IRIS WORKSHEET

006 OLD REEL NUMBER

016 CALL NUMBER (30AN)

005 IRIS NUMBER (10AN)
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026 OLD ACCESSION NUMBER (12AN)

018 MICROFILM REEL/FRAME NUMBER
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SECURITY WARNING/ADMIN MARKINGS

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NO CONTRACT PROPRIETARY INFO

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501 DOCUMENT SECURITY

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DOWNGRADING INSTRUCTIONS

DECLASSIFY ON

REVIEW ON

CLASSIFICATION AND DOWNGRADING INSTRUCTIONS FOR

502
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TITLE ABSTRACT LISTINGS

028
REF _____ DEST DUP OF _____
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027 NUMBER IN AUDIO REEL SERIES1

CATALOGING RECORD

MAIN ENTRY *(Use one)* (150AN)

100 - PERSONAL NAME

109 - ISSUING AGENCY

129 - TITLE AS MAIN ENTRY

TITLE *(Use one)* *(DO NOT USE IF TITLE IS MAIN ENTRY)* (150AN)

220 _____

OR CHECK :

☐ 2210 ORAL HISTORY ☐ 222E END OF TOUR REPORT ☐ 223H HISTORY (AND SUPPORTING DOCUMENTS)

☐ 224C CHECO MICROFILM ☐ 225Q CORRESPONDENCE ☐ 226Z PAPERS

☐ 227P CALENDAR

250 TITLE EXTENSION: ENTER VOLUME NUMBER, PARTS, ETC. (20AN)

NOTES: ONLY 264 OR 265 MUST BE COMPLETED. SUPPLY BOTH IF KNOWN

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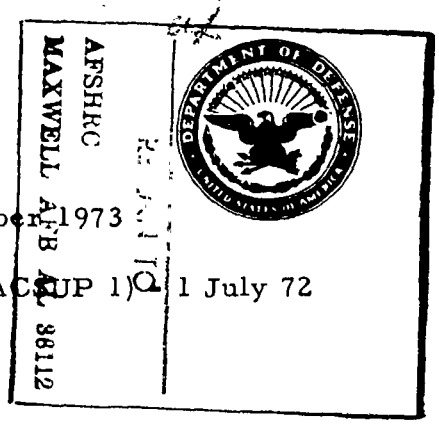
DEPARTMENT OF THE AIR FORCE
USAF HOSPITAL, DOVER (MAC)
DOVER AIR FORCE BASE, DELAWARE 19901



REPLY TO
ATTN OF: SGA/LtColonel Fisher 26 September 1973

SUBJECT: Air Force Historical Program (AFR 210-3, MACSUP 1) 1 July 72 Through 30 June 73 - RCS: HAF-D49

TO: MAC/SG

Significant developements at the USAF Hospital, Dover, during this report period were as follows:

I. Physician Assistants (P.A.'s). Two Physician Assistants will be assigned reporting in the month of July 1973. Since these are the first ever in the Air Force Medical Service there are no specific guidelines as to the scope of their responsibilities. A Division Operating Instruction (DOI) was, therefore, developed outlining their utilization, duties, supervision and the types of medications they will be authorized to prescribe. Having these guidelines already established there will be no difficulities encountered in establishing their relationship to the rest of the hospital staff. (See Atch #1)

II. Medical Examinations. Due to increasing requests for various types of medical examinations, ie., sports, jobs, a monthly program was started. Effective in June the first Friday P.M. of each month is dedicated to these examinations. Laboratory and x-ray procedures are scheduled prior to the examination. This program has significantly increased physicians' appointment time in the General Therapy Clinic. It also provides a service not offered previously except as time permitted.

III. Pseudofolliculitis Barbae. Program was initiated at the USAF Hospital, Dover early in December of this report period to evaluate all patients presenting with Pseudofolliculitis, Facial Keloid Formation (Folliculitis Keloidalis) and Simple Acne. The Hospital Commander conducts this program; i.e., personally evaluates all such individuals, requests Dermatology consults as indicated, and grants waivers as indicated. These patients are re-evaluated twice monthly. With this personalized type of treatment, the patients have responded exceptionally well and with the medications prescribed, use of certain shaving procedures (Magic Shave, etc.), and the overall care of their dermatology problems, the number of patients initially placed on waivers has decreased to well over 50%.

Atch 4

IV. Peer Review. The "Peer Review Program" was initiated in September 1972. This delineates the background and experience of each physician, P.A., nurse practitioner and dentist on the staff to determine what their sphere of responsibility should be as related to their training and experience. These qualifications are reviewed by their peers to ascertain that they are indeed competent to diagnose and prescribe in those areas of medicine in which they state they have competence. A copy of the form which was devised specifically for this program is attached. (See Atch #2)

V. Sickle Cell Testing Program. An electrophoresis apparatus is used to specifically detect patients with hemoglobinopathies, in particular Sickle Cell Disease. This program was established in order to identify those adults who are carrying the Sickle Cell disorder and small seminars are conducted with those individuals testing "positive" with discussions aimed particularly toward genetic counselling.

VI. Patient Self-Referral System. This system was instituted so that patients with specialty problems need not be seen initially in a Screening or General Medical Clinic but may refer themselves directly to the specialty and physician the patient feels can best resolve his medical problem. Although there was some hesitancy from the staff, it has proven to be a most efficient system. Copy of the DOI governing this procedures is attached. (See Atch #3)

VII. Hospital Commander's Reference File. The "Policy Letter" practice was abolished, since research revealed redundancy of instructions and guidelines and many not pertinent to matters at hand. Subsequently, appropriate and pertinent Division Operating Instructions (DOI's), Supplements, etc. were written to replace the policy letters, and the Hospital Commander's Reference File established. This file is developed to make ready and available reading for hospital key personnel and physicians. It describes professional standards and procedures which are specifically pertinent in assuring the patients receive total comprehensive care at all times. It enlightens those individuals concerned on various medical administrative matters confronting them from time-to-time. This "finger-tip" reference file has proven to be a time-saving system for the busy staff members by providing them readily with an answer to an often-posed problem.

VIII. Career Motivation Efforts. As part of the Career Motivation Program, all physicians on the staff now have admitting privileges. Prior to the initiation of this program only the specialists were permitted to admit patients. This has proven to be a valuable program in that it has (1) stimulated the interest and increased the value of the physicians, (2) exposed them to challenging and interesting cases, (3) provided the specialists with an excellent training tool, (4) increased the benefits and stimulation of group conferences, and (5) markedly improved patient-doctor relationships.

IX. Scientific Programs. A series of one-hour Scientific Programs were commenced in September 1972, which includes topics of general interest by the dental and physician staff and guest civilian or military consultants. These meetings are held in the evening at the Officers' Club and have proven of educational value and subsequent benefit to the patients.

X. Medical Problem List. A patient problem oriented form, "Medical Problem List" - 436MAWg Form 0-49 -, was developed by the Chief of Pediatric Service. This procedure of documentation has been found to be extremely useful in improving patient care at this facility. The form is placed in the outpatient record and is actually a table of contents on "how well are you as the physician doing with this patient". This charting gives the physician an excellent orientation on what has been happening to the patient in the past and allows another physician to know at what level a physician is working and what his thinking is. It is an excellent check on professional accomplishments and the physician staff agrees that this documentation keeps the physician more efficient in his approach to the patient. (See Atch #4)

XI. Drug Abuse Testing Program. The Hospital was responsible for Dover Air Force Base Regulation 35-1. This regulation established policies and procedures for program management; selection and notification of personnel to be tested; specimen collection; identification, interview and disposition of persons having positive results; and reporting program results. The guidelines provided by this regulation have been recognized by higher headquarters as contributing to a well organized, successful and effective Drug Abuse Program at this base.

XII. Red Cross Blood Drive. The Red Cross held its first blood drive ever conducted at the Dover Air Force Base. This was one of the periodic drives to henceforth be scheduled. The drive was quite a successful one with the goal being 100 units and the result being 120 units.

XIII. Modification of Outpatient Records Section. With the completion of the modification of the Outpatient Records Section, the manner of filing and increased working space have created a much improved working environment and a more effective service to the patients. The altering of the room directly adjacent allowed for relocating the Admission & Disposition activity; this resulted in a better utilization of manpower and permits immediate coverage of the A&D office.

FOR THE COMMANDER

Jackie V. Fisher

JACKIE V. FISHER, Colonel, USAF, MC
Health Services Administrator

4 Atch
1. DOI 160-60, Physician Assistants
2. Peer Review Form, 3. DOI 160-40 Self Referral, 4. Med Problem List

DEPARTMENT OF THE AIR FORCE
USAF Hospital, Dover/SGHG (MAC)
Dover Air Force Base, Delaware 19901

DIVISION OPERATING INSTRUCTION 160-60

5 July 1973

General Therapy Service

PHYSICIAN ASSISTANTS

This OI establishes guidelines for the use of the Physician Assistants (P.A.).

1. Qualifications:

a. Only those persons who have graduated from an approved program for Physician Assistants shall bear this title.

b. P. A.'s assigned to USAF Hospital, Dover, shall be encouraged to take Delaware State Examinations for P. A. to obtain certification of competence and to be registered by the State Bureau of Licenses.

2. Area of Utilization:

a. The P. A.'s will be utilized in General Therapy Clinic, Military Sick Call, Screening Clinic, and the Emergency Room. Pending specific requirements from specialty areas and a stated interest by the P. A. for said specialty, and depending upon the requirements of the hospital in general, it is possible that a P. A. may be assigned duties in specialty areas; e.g., Pediatric Clinic, Internal Medicine, etc.

b. Duty hours will be 0730-1630 when working in Military Sick Call/ General Therapy Clinic, and 1000-1900 when working in Emergency Room/ Screening Clinic.

3. General Duties:

a. Physician Assistants will perform certain clinical duties formerly undertaken by a physician. They may be expected to take an adequate patient history including pertinent negatives and determine factors of importance in the past history and family history; perform physical examinations and order appropriate x-rays and laboratory studies including electrocardiograms.

b. The P. A.'s are capable of developing patient problem oriented lists, analyzing data of the history, physical and laboratory results and to establish appropriate plans for solution of clinical problems and treatment of the diseases or problems determined. They are encouraged to maintain medical records in a problem oriented format. They may initiate specialty consultation requests from specialists within this medical facility and from consultant

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hospitals. Requests going to other medical installations will be countersigned by the Chief of Hospital Services or Director of Base Medical Services (DBMS).

c. A P. A. may prescribe medications without countersignature by the supervising physician (see attached list of medications acceptable for them to prescribe). The medications asterisked may not be initiated by the P. A. without countersignature but once the patient has been determined to require such medication it may be continued by prescription signed by the P. A. alone.

d. The P. A. will counsel patients on medical problems, the use and administration of drugs, general effects of treatment, diet and other therapeutic measures.

e. They may recommend routine immunizations, including allergy hyposensitization and follow patients with chronic disorders after the management plan has been reviewed and approved by the supervising physician.

f. They may suture minor uncomplicated lacerations.

4. Controlled Duties:

Duties not specifically listed under general duties will not ordinarily be performed by the P. A. without direct and continuous supervision by the responsible physician unless there is an emergency life-threatening situation. Examples of duties which require direct supervision by a physician would include incision and drainage of abscesses, wound care and debridement, lumbar puncture, paracentesis, thoracentesis, administration of intravenous fluids or medications, ordering and administration of whole blood, and diagnostic or therapeutic procedures on infants less than 2 years of age.

5. Emergency Procedures:

In emergency life-threatening situations a P. A. may administer life-saving procedures and medications pending the arrival of a physician.

6. Supervision:

a. The P. A. will be under the direct supervision of, and directly responsible to, a specific physician on a one-to-one basis.

b. All acts, tasks, and functions defined as "Controlled Duties" performed by P. A. shall be at the direction and under the constant supervision of a physician.

c. Certain duties defined as "General Duties" shall not necessarily require the continuous personal presence of the supervising physician but the physician is still responsible and liable for the acts of the P. A. There can be no subrogation of these responsibilities and liabilities.

d. The P. A. may not be delegated any task exceeding the level of competence or capability of the supervising physician. It will be encumbent upon the supervising physician to also determine by close, intensive and repeated observation which medical tasks may be delegated so as not to be beyond the competence or capability of the P. A.

e. The P. A.'s will present history, physical findings and recommendations of the selected patients to the supervisor for his concurrence and/or advice. This will include all Pediatric patients, patients with temperature of 102°F or greater, and patients with other than usual or common complaints. Supervisors will periodically check pertinent physical findings in order to better understand the clinical acumen of the P. A. On all patients presented to the supervisor, the supervisor will annotate the SF 600 indicating "Reviewed and Approved" after the P. A.'s entry.

7. Professional Review:

A folder similar to the physician and dentist "Peer Review" will be established for each P. A. establishing the limitations of responsibilities to be assumed and supervision required. Any additions, deletions or modifications of the general duties outlined in the DOI will be considered individually for each P. A. and included in his folder. This will apply to both the freedom and/or limitations of responsibilities and drug prescribing.

Fred G Conrad

FRED G. CONRAD, Colonel, USAF, MC
Director of Base Medical Services

1 Atch
List of Medications

USE OF THERAPEUTIC AGENTS BY PHYSICIAN ASSISTANTS

The following drugs may be prescribed by authorized Physician Assistants. All prescriptions other than these require the countersignature of the physician supervisor. Those drugs asterisked (*) may only be initiated by a Physician, but may be continued by the Physician Assistant.

ANALGESICS
- APC
- Aspirin
- Darvon
- Sodium Salicylate
- Tylenol

ANESTHETICS, LOCAL
- Dibucaine
- Tetracaine

ANTACIDS
- Amphojel
- Gelusil
- Maalox
- Mylanta
- Mylicon
- Titralac

ANTHELMINTICS
- Atabrine
- Mintezol
- Piperazine
- Povan

ANTIBIOTICS, ORAL
- Ampicillin*
- Erythromycin
- Lincocin*
- Penicillin V
- Prostaphlin*
- Tetracycline

ANTIBIOTICS, TOPICAL
- Bacitracin
- Bacitracin-Neomycin
- Mycolog
- Mycostatin

ANTICHOLINERGICS
- Bentyl
- Combid
- Donnatal
- Gastric Sedative
- Pro-Banthine

ANTICONVULSANT, ANTIEPILEPTIC
- Dilantin*

ANTIDIARRHEALS
- Kaopectate

ANTIFUNGAL AGENTS
- Desenex
- Fungizone
- Griseofulvin*
- Tinactin

ANTIHISTAMINES
- Actifed
- Atarax*
- Benadryl
- Chlor-Trimeton
- Co-Pyronil
- Coricidin D
- Dimetane
- Dimetapp
- Disophrol
- Ornade
- Periactin*
- Phenergan
- Pyribenzamine
- Temaril

ANTIHYPERTENSIVES
- Aldactone*
- Aldomet*
- Apresoline*

ANTIMALARIALS
- Atabrine
- Chloroquine-Primaquine
- Primaquine
- Quinine

ANTINAUSEANTS
- Bendectin
- Bonine
- Combid
- Compazine*
- Dramamine
- Tigan

ANTISEBORRHEIC AGENTS
- Fostex
- Selsun
- Zeetar

ANTITUSSIVES
- Benylin
- Elixir of Terpin Hydrate
- Phenergan Expectorant
- Robitussin
- Robitussin DM

APPETITE DEPRESSANTS
- Tenuate Dospan

BRONCHODILATORS
- Aminophylline
- Ephedrine
- Isuprel*
- Mucomyst
- Quibron
- Tedral
- Vaponefrin

CALCIUM DEFICIENCY
- Calcium Lactate

CARDIAC ANTIARRHYTHMIC AGENTS
- Inderal*
- Quinidine

CARDIOTONICS
- Digitalis*
- Digoxin*

CONTRACEPTIVES
- Enovid*
- Norinyl 2mg., 1+80*
- Oracon*
- Ovral*
- Ovulen-21*

CORONARY VASODILATORS
- Isordil*
- Nitroglycerine*
- Peritrate*
- Peritrate SA*

DERMATOLOGICAL PREPARATIONS
- Alpha-Keri Lotion
- Aveeno
- Burow's Solution Tablets
- Calamine Lotion
- Cordran
- Fostex Cream
- Hydrocortisone Cream 1%
- Kenalog Cream
- Phisohex Soap
- Synalar
- Tincture of Benzoin Compound
- Vioform Cream
- Vioform-Hydrocortisone Cream
- Zinc Oxide Ointment

DIAGNOSTIC AGENTS
- Acetest Tablets
- Clinistix
- Clinitest
- Tes-Tape

DIURETICS
- Diamox
- Dyazide
- Hydrochlorothiazide
- Hygroton*

ELECTROLYTE AND FLUID REPLENISHERS
- Potassium Chloride

HEMATINICS
- Ferrous Sulfate
- Folic Acid

HEMORRHOIDAL PREPARATIONS
- Anusol
- Dibucaine
- Milk of Magnesia
- Surfak
- Wyanoids-HC

HORMONES
- Halotestin*
- Prednisone*
- Premarin*

URICOSURIC AGENTS
- Benemid*
- Colchicine*
- Zyloprim*

URINARY ANTI-INFECTIVES
- Furacin Urethral Inserts
- Furadantin
- Gantrisin
- Macrodantin
- Mandelamine
- Neg Gram
- Pyridium

VAGINAL PREPARATIONS
- AVC Cream
- Delfen
- Dienestrol Cream
- Furacin Vaginal Suppositories
- Mycostatin Tablets
- Sporostacin
- Tricofuron

VASODILATORS, PERIPHERAL
- Nicotinic Acid
- Vasodilan

VITAMINS
- Alpha-Tocopherol
- Ascorbic Acid
- Heptavitamins
- Mephyton
- Nicotinamide
- Nicotinic Acid
- Nonavitamins
- Oleovitamin A & D Solution
- Pyridoxine
- Riboflavin
- Thiamine

DEPARTMENT OF THE AIR FORCE
USAF HOSPITAL, DOVER (MAC)
DOVER AIR FORCE BASE, DELAWARE 19901

PROFESSIONAL CREDENTIALS

NAME: RANK: DAFSC: PAFSC:

PART I. POSTGRADUATE COURSES ATTENDED:

A.

B.

C.

PART II. ACCREDITATIONS:

A. State Medical Licenses held -

1. 2. 3.

B. National Boards - Year, Portion

1. 2. 3.

C. Specialty Boards or Eligibility:

1.

or

2.

PART III. SPECIAL APPOINTMENTS - RECOGNITIONS:

A. D.

B. E.

C. F.

PART IV. PUBLICATIONS:

A. D.

B. E.

C. F.

(OVER.....)

AU2

SPHERE OF RESPONSIBILITY - CAPABILITY

(In addition to duties and responsibilities outlined in AFM 36-1)

A.

B.

C.

D.

E.

REVIEWED BY:

DIRECTOR OF BASE MEDICAL SERVICES DATE:

CHIEF, HOSPITAL SERVICES DATE:

PEER REVIEW COMMENTS: (Reviewing officer(s) will affix his signature and date following his handwritten comments.)

DEPARTMENT OF THE AIR FORCE
USAF Hospital, Dover/SGR (MAC)
Dover Air Force Base, Delaware 19901

DIVISION OPERATING INSTRUCTION 160-40

25 June 1973

Appointment Clerks

SELF-REFERRAL APPOINTMENTS

This OI establishes policies and procedures to be followed in scheduling patients for a specific physician and/or clinic.

1. Requests by patients to obtain an appointment with a specific physician and/or clinic will be honored. This will eliminate the requirement that a patient be seen in General Therapy Clinic for subsequent referral to a specialty clinic.

a. The Central Appointment Desk may refer those patients who so request directly to a specialty clinic. Those patients who do not specifically request a specialty clinic or a specific physician will continue to be seen initially, and possibly receive long-term medical care, in the General Therapy Clinic.

2. EXCEPTIONS: Those patients with allergy complaints or ENT problems (such as request for tonsillectomy/adnoidectomy) will continue to be screened by the General Therapy Clinic.

FRED G. CONRAD, Colonel, USAF, MC
Commander

CARD: SGR
DISTRIBUTION: S

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MEDICAL PROBLEM LIST

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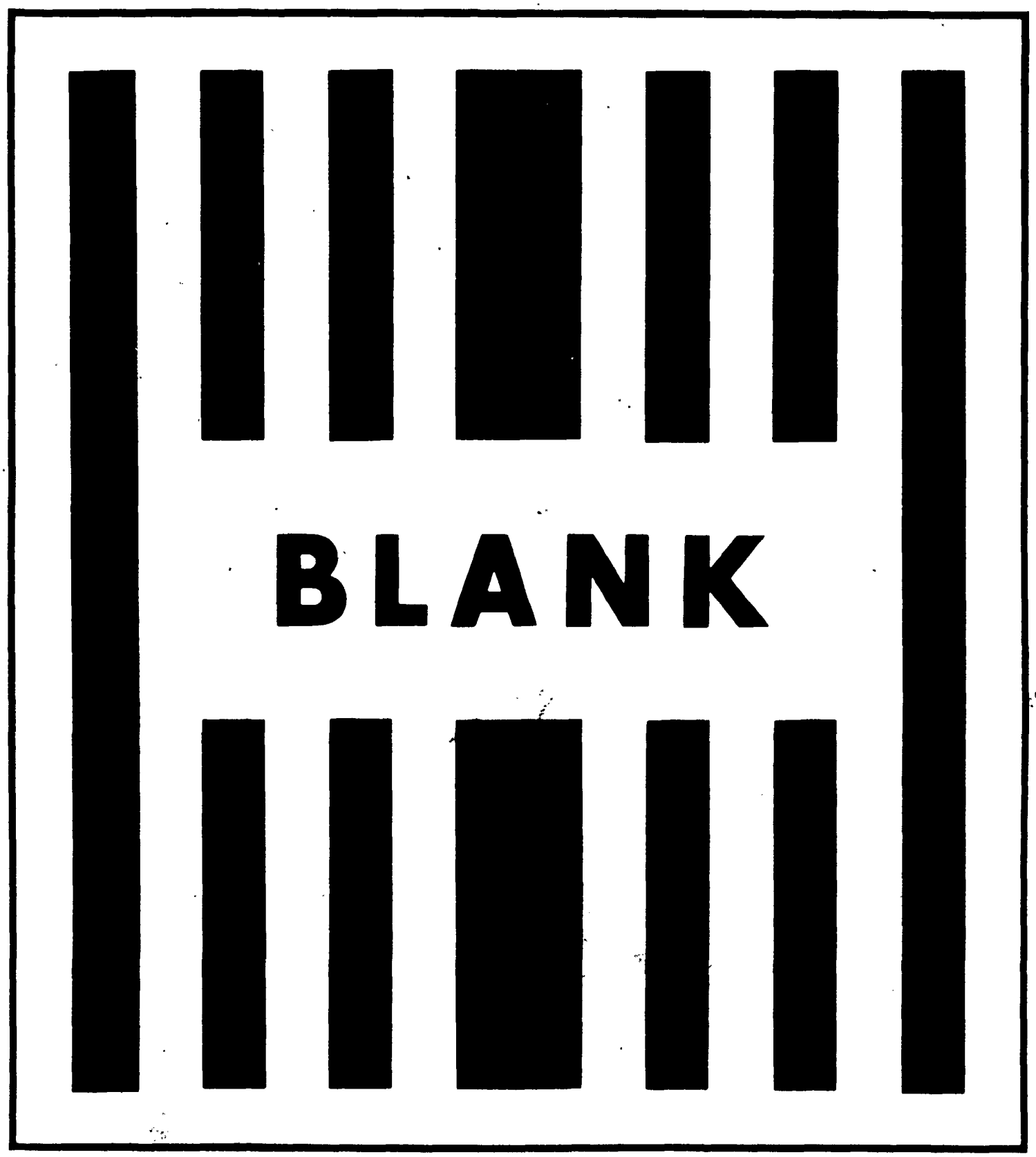
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DEPARTMENT OF THE AIR FORCE
USAF HOSPITAL, DOVER (MAC)
DOVER AIR FORCE BASE, DELAWARE 19901

MEDICAL HISTORICAL REPORT
1 JULY 1971 - 30 JUNE 1972

RCS: HAF-D49

GENERAL HEALTH

There have been no epidemics or near catastrophic-type situations.

The USAF Hospital, Dover continued to receive excellent cooperation and support from the 436th Military Airlift Wing. The general health of the command has been excellent.

HOSPITAL MORALE

The morale of the hospital is good as evidenced by the satisfactory rating received on the General Inspection conducted 6-11 February 1972 by representatives from the Command Surgeon's Office.

MEDICAL ORGANIZATION

During this report period, a Chief of Hospital Services office was established with a civilian secretarial space. Major Jerry B. Rogers, General Surgeon, filled this position on his arrival 2 July 1971, and the civilian slot filled with the lateral transfer of the Secretary from the Flight Surgeon's Office. This particular organization has proven very beneficial and has removed a noticeable administrative workload from the Command Section, and in particular the Hospital Commander. The years of experience of the civilian secretary in hospital administrative duties contributed greatly in the effectiveness of the Chief of Hospital Services office.

01052710

In November 1971 a Screening Clinic was established within the General Therapy Service, which has resulted in increased patient care and comfort for the emergency patient and the patient with a complexed chronic complaint. A fully qualified nurse screens all patients and establishes priorities for care and treatment by the physician. This has also alleviated the problem that was existing in the walk-in patients going into the Emergency Room area with non-emergency medical problems and "congesting" an area which should be freed for the "true" emergencies. The day MOD conducts the Clinic, 0800-1700 hours, and is readily available for the bona fide emergencies - and more expeditiously examine and treat them.

UNIT MANAGER/WARD CLERK PILOT STUDY

The study was initiated at the direction of the Surgeon General for the period 1 July 1971 to 1 July 1972. Due to administrative delays, e.g., approval of UDL Change, identification of source of funds, recruiting available ward clerks, selection of Unit Manager, the project did not become fully functional until October 1971. Objectives were to relieve the charge nurse or ward nurse of those administrative tasks required to support the delivery of health care to patients, thereby allowing the nurse more time for actual bedside care, and to determine the feasibility of using this concept in a medium size hospital (55) beds. During the period of time that the Unit Manager and Ward Clerks were utilized at this facility it became evident that this concept is indeed valid and should be considered for full time positions. It was well accepted by Nursing Service personnel and the professional staff. This recommendation was channelled by the Chief, Nursing Service to headquarters.

ACCREDITATION SURVEY

On 24 May 1972, the hospital received its Certificate of Accreditation for two years as a result of successfully meeting the standards of the survey conducted by field representatives from the Joint Commission on Accreditation of Jospitals. Attachment 1 is a news item written by the Health Services Administrator, LtColonel Joseph J. Quenk, on this achievement.

INFORMATIONAL BOOKLET

Attachment 2 is a copy of the booklet which was updated (August 1972) and from which extractions might be taken of facts and specific achievements concerned with this hospital during the past fiscal year.

DOMESTIC ACTION PROGRAM

During this report period, the USAF Hospital, Dover's participation in this program has continued.

(1) Medical examinations were performed on 30 senior citizens for the Foster Grandparent Program.

(2) Both our Military Public Health personnel and Veterinary Service personnel contributed by establishing merit badge requirements in their appropriate areas.

(3) Veterinarian attended the Encephalitis Control Board with Delaware State Members, contributing his knowledge where appropriate at the meetings.

(4) Dental personnel presents movies, slides and lectures on Preventive Dentistry to the Base School.

(5) Military Public Health personnel conducted lectures at Base Schools on health and veneral diseases to Base Schools when requested and as appropriate.

DRUG ABUSE CONTROL PROGRAM

Our Psychiatrist, Major Darryl Stern, has been a valuable asset in the successful implementation and conducting of this program at the Dover Air Force Base. Further, he has established an outstanding rapport with the local committee on drug abuse, which operates the County Methadone Clinic. Major Stern has been participating in this particular program on his off duty hours and on a volunteer basis.

MEDICAL RESERVE PROGRAM

The 40th Medical Service Squadron continuesto function effectively and lend outstanding support to this hospital. Their physicians (4 - including their Commander) are to be commended particularly; toward the end of this report period this hospital was experiencing the "wind-up" of the active tours of some of our physicians and the departure of some (the "every two-year" period), the reserve physicians willingly and with a fine spirit of cooperation assisted in MOD tasks, clinical tasks which permitted the continual high quality care of our patients. The "Active Duty Training Support Plan" developed by them with the all-out assistance of LtColonel Quenk was indeed successfully implemented.

DISTINGUISHED VISITORS

Attachment 3 is a news clipping concerned with the 13 July 1971 visit of our Surgeon General, LtGeneral Alonzo A. Towner, and his party. Our Command Surgeon, Brigadier General Maxwell W. Steel, joined the party on this visit and had visited with us previously, 11 January 1971.

SUMMARY

A. Mission:

To establish and operate a 250-bed Aeromedical Staging unit in support of the United States Air Force Aeromedical Evacuation System. (Change from 500-bed)

B. Workload:

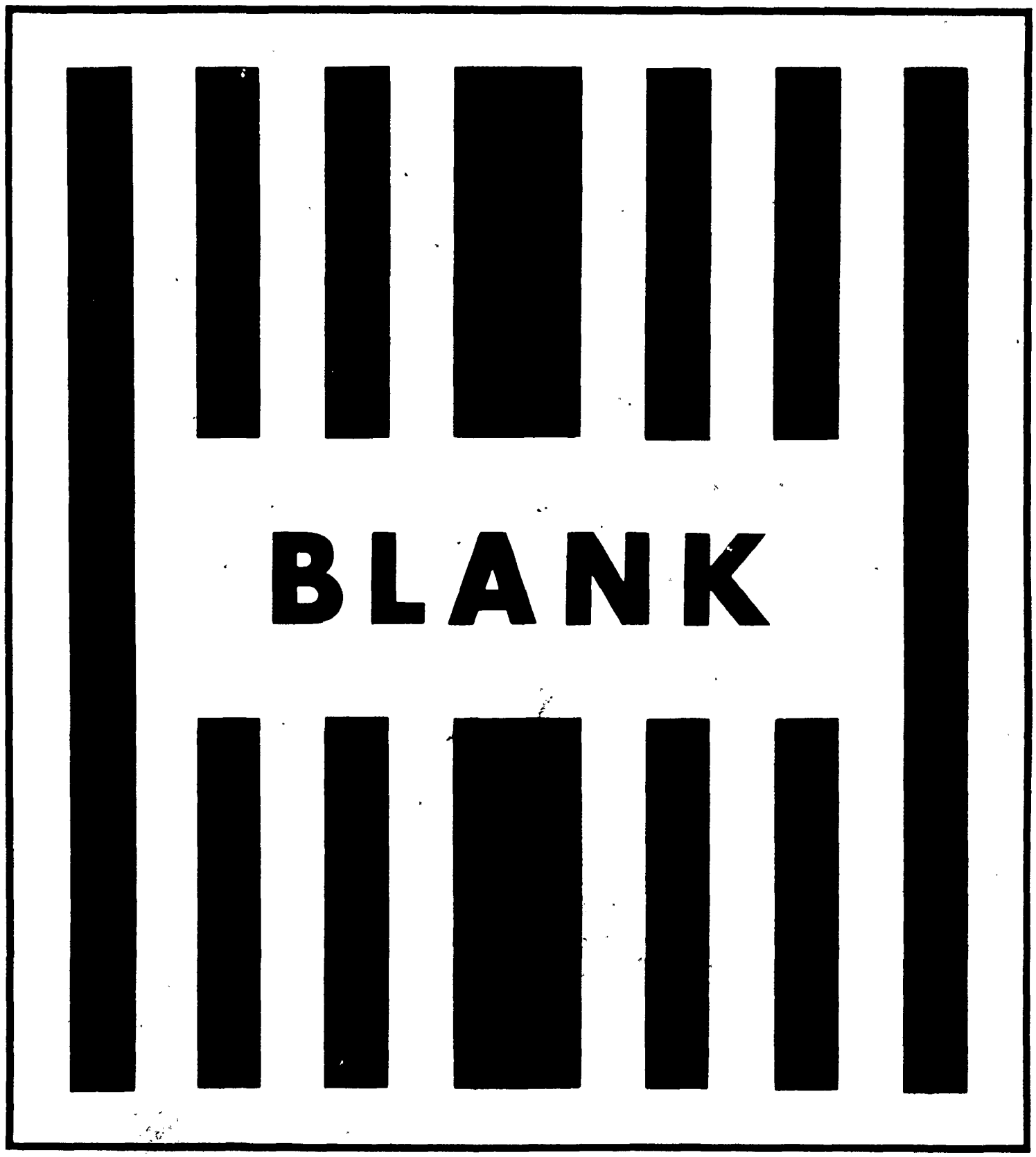
Population served; increase noted. (see Informational Booklet, Page 3) As of 31 October 1971 total was 32,333; July status 35,105 (1972).

Average daily beds occupied FY 71 - 28.6; FY 72 - 35.2 with FY 71 admissions 2,133 and FY 72 admissions 2,706.

Workload is on the increase as concerns patient visits and admissions.

C. No major constructions.

D. Establishment of Chief of Hospital Services and the Screening Clinic are significant developements which have resulted in improved care and comfort of our patients.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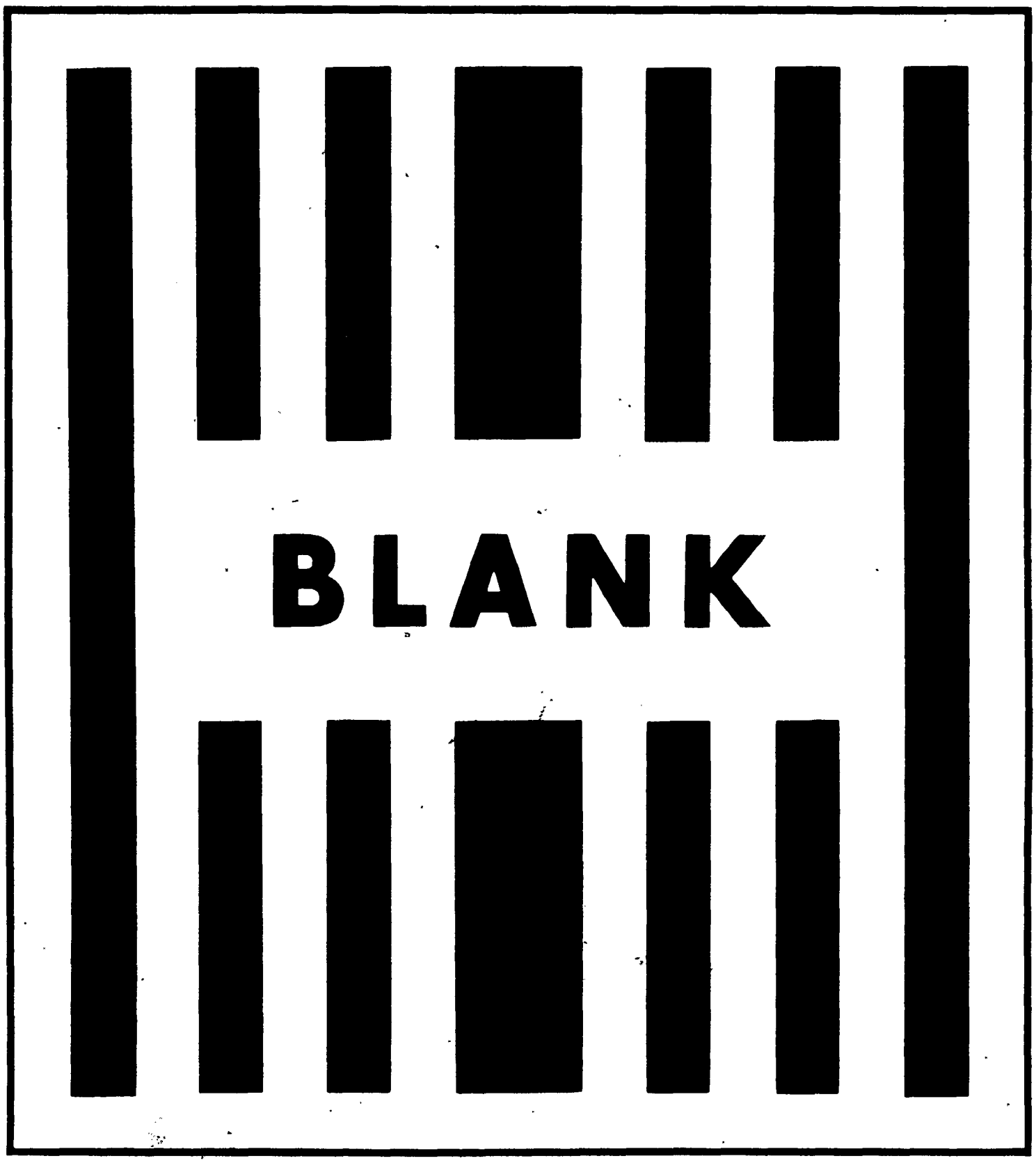
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USAF HOSPITAL KIRTLAND (MAC)
KIRTLAND AFB, NEW MEXICO 87117

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REPLY TO ATTN OF: SG

22 Mar 79

SUBJECT: Medical Historical Data CY78

HQ MAC/SGAA
Scott AFB, IL 62225

The medical history for the USAF Hospital Kirtland is submitted for the period 1 January through 31 December 1978:

a. Significant Developments in Military Medicine. The USAF Hospital Kirtland was faced with the closure of its OB/GYN Service in July 1978 due to the permanent loss of two military OB/GYN physicians in June. Final coordination of a non-personal service contract proposal was completed prior to 1 July with the University of New Mexico School of Medicine to begin operating our OB/GYN Service. Effective on 1 Jul 78, the UNM began providing the full range of obstetrical and gynecological care in the USAF Hospital Kirtland. This care includes 24-hour coverage provided by two faculty board certified OB/GYN physicians, two senior OB/GYN residents and two civilian nurse midwives. The contract for 1979 was awarded for $183,033. The contract has proven to be an outstanding success with tremendous patient satisfaction.

b. In November 1978, the renovation of the East Dental Clinic was completed and the clinic became fully operational. The west side dental clinic was closed with all patients being seen at the east side dental clinic. The consolidation of the two dental clinics resulted in a net loss of five dental treatment rooms; however, the overall increase in efficiency and patient care capability far outweighed the effects of the loss.

c. The Mental Health Clinic was moved from Ward 4 in the hospital to the Flight Surgeons Building on the west side of Kirtland AFB in December 1978. The move was made to eliminate problems of having an outpatient clinic on an inpatient ward and to provide space and privacy for the Mental Health Clinic personnel and their patients.

JAMES A. SILVER, Colonel, USAF, MC
Commander, USAF Hospital Kirtland

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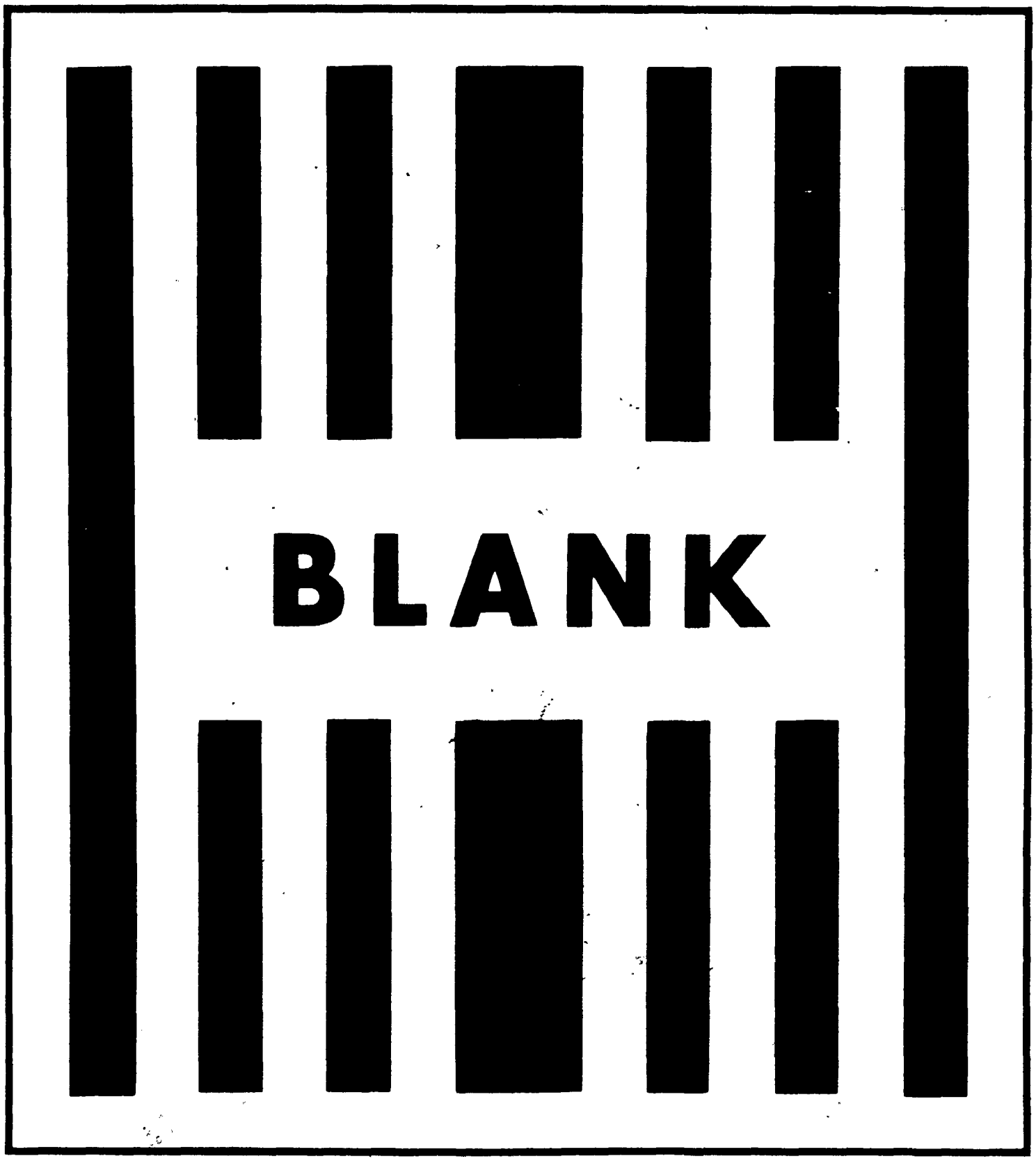
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026 OLD ACCESSION NUMBER (12AN)

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DEPARTMENT OF THE AIR FORCE
USAF HOSPITAL, LITTLE ROCK (MAC)
LITTLE ROCK AIR FORCE BASE, ARKANSAS 72076

REPLY TO ATTN OF: SGA

27 MAR 1979

SUBJECT: Medical Historical Report

TO: HQ MAC/SGAA

Forwarded IAW AFR 210-1/MAC Sup 1, is the Medical Historical Report for this hospital for the period 1 January 1978 through 31 December 1978.

JERRY L. MOORE, Lt Col, USAF, MSC
Administrator

1 Atch
LRAFB Medical History

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U1052472

HISTORY - USAF HOSPITAL LITTLE ROCK

LITTLE ROCK AIR FORCE BASE, ARKANSAS

1 JANUARY 1978 - 31 DECEMBER 1978

1. Major Mission Changes: None

2. Military Construction Program: $5,992,536.00 expense to date.

a. Hospital Military Construction Program.

(1) Phase II - Construct extension to ward, boiler room, and construct two story addition to west end of existing hospital building (#1090) was 100% complete on 31 December 1978.

(2) Modify present main lobby and entrance was 5% complete at the end of this period. The medical supply warehouse was completed and became occupied on 25 October 1978. Estimated completion of the remainder of Pase III is unknown. Modification pending by Corps of Engineers.

b. Maintenance, repair and minor construction projects awarded during this period:

(1) LRK 78-0130, incinerator installation.

(2) LRK 78-0087, washer-sterilizer installation.

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HISTORY - USAF HOSPITAL LITTLE ROCK

LITTLE ROCK AIR FORCE BASE, ARKANSAS

1 JULY 1976 - 30 SEPTEMBER 1976

1. Major Mission Changes: None

2. Military Construction Program:

a. The contract to construct the 66,000 square foot hospital addition was awarded to Allen and O'Hara Corporation, Memphis, Tennessee, on 15 July 1976, at a cost of $6.4 million. The construction began on 28 July 1976.

b. Minor Construction Project LRK 84-6, Expansion of Veterinary Clinic. This project construction began on 1 July 1976. On 30 September 1976, the project was 65% complete.

3. Innovative Advances in Military Medicine: None

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HISTORY - USAF HOSPITAL LITTLE ROCK

LITTLE ROCK AIR FORCE BASE, ARKANSAS

1 JULY 1975 - 30 JUNE 1976

1. Major Mission Changes: None

2. Construction Programs:

a. Veterinary Clinic: Minor construction project LRK 84-6 Expansion of Veterinary Clinic, contract was awarded 8 June 1976, to the Indianhead Construction Company, North Little Rock, Arkansas, for $50,835.13. Construction work is scheduled to begin in July and is to be completed by 1 Nov 76. This project will completely modify interior and exterior of building #648, increase the air conditioning capacity, and add 1,000 square feet of space to the building.

b. The Hospital Military Construction Program: Plans were finalized during this period for the construction of 66,000 square foot hospital addition. The predesign conference was held in Dallas, Texas, on 24 August 1975. The design was completed in March 1976 by Lomdal, Smitherman, Sorensen, Sherman, Architects and Engineers, Shreveport, La. Bids were advertised in May and the contract will be let in July 1976. Construction should commence immediately thereafter. Construction is planned for three phases.

(1) Phase I - Construct new parking facility, east end of hospital, 120 days.

(2) Phase II - Construct extension to ward, dining hall, and boiler room, and construct two story addition to west end of existing hospital building (#1090), 500 days.

(3) Phase III - Construct new medical material warehouse, modify present main lobby, entrance, and main parking lot, 300 days.

3. Innovative Advances in Military Medicine:

a. On 1 Oct 75 an Urgent Appointment System was established to manage the walk-in patients reporting for "sick call". This system involved setting aside specific times in the morning and afternoon to conduct this "clinic". It utilized a triage method where trained nurses and medical technicians screened individuals to separate the minor complaints that could be easily resolved without using up valuable provider time from the more serious illnesses. This method has provided a more timely identification of patients requiring urgent care. Each patient is given a five minute appointment, with active duty personnel having priority. All primary care providers (physicians, nurse practitioners, physician assistants, and medical technicians) support this

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system during its operation, insuring that there are enough providers to meet requirements during established hours. Overall, this method has increased the utilization of health care providers and an improved patient flow has been achieved. This system has presented a viable alternative to Emergency Room use for acute but non-emergency conditions. It has alleviated a staff irritant and reduced patient complaints substantially.

b. During FY 76, the use of intermittent hire physicians for emergency room coverage after duty hours has aided this facility immeasurably. We have hired several part-time physicians against UDL positions we have been unable to fill on a permanent basis, relieving our permanent staff of much of the MOD duty. This has been a significant morale and attitude factor among our physician staff as well as making improved medical coverage available to our patient population.

c. Dental Services:

(1) The most significant incidents occurring in the Dental Service during FY 76 were the finalization of plans for the new dental clinic, selection of Investment Equipment for the substantially larger new facility, modification of the clinic volunteer program, and the addition of expanded duty dental assistants (AFSC: 983X0) to the staff.

(2) Recognizing the critical need for additional dental assistants, and being able only to secure partial relief from Command through a small increase in manpower authorization with concurrent 100% manning, the in-house volunteer program was expanded significantly. First, the decision was made to increase the number of full time volunteers from two to eight, and to convert the informally-styled training to a structured, Red Cross Dental Assistant Program. Lectures were prepared by professional staff members and a scheduled OJT program was formulated for each Red Cross trainee. The program was well advertised and response to it was overwhelming (six applicants for every volunteer position open). The program was also lengthened into a five month, forty-hour-a-week program. Results have been outstanding.

(3) The addition of expanded duty dental assistants to the staff significantly increased the productivity of the Operative Dentistry Section, while at the same time reducing the appointment waiting period to a highly desirable level (five to eight days). Statistics compiled by the Dental Service indicated that the productivity of a general dental officer nearly doubled when an expanded duty dental assistant was assigned to him.

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HISTORY - USAF HOSPITAL LITTLE ROCK

LITTLE ROCK AIR FORCE BASE, ARKANSAS

1 JULY 1974 - 30 JUNE 1975

1. Major Mission Changes. During the year, Little Rock AFB absorbed an additional 1200 military personnel from the base closure of Forbes AFB Kansas and there has been a marked increase in the retired military community in the Arkansas area. These potential and added patient care responsibilities have severely tested the capabilities of this medical facility. In November 1974, we also experienced a change in major air command from TAC to MAC. This introduced new procedures, guidelines and communication requirements under this new command. At the same time, an Air Transportable Hospital (ATH) was deleted from the mission at Little Rock and transferred to Langley AFB, VA. The Physiological Training Chamber at Little Rock has been given the responsibility to monitor and take part in HALO missions required by MAC, TAC and related units. This chamber facility is the only one of its kind in Military Air Command and consequently the officer in charge of this chamber is the MAC/SG representative in physiological systems and requirements.

2. New Facilities. Major items of medical equipment were purchased along with facilities to directly support patient waiting areas. Approximately $175,000 was expended under this program. Several projects were completed such as a new fire alarm system for the hospital, additional parking lot construction was begun, roof repair and a major airconditioning tower project was completed. Plans have been formalized for the military construction project to double the size of this present medical facility. This project was projected to start within FY75; however, the start date was changed to FY76. When completed, this added hospital and clinic space will greatly add to our capability to support the ever-increasing military community in this area.

3. Innovative Advances in Military Medicine. Although no major innovations were experienced, this hospital, along with other medical facilities in the Air Force, is attempting to establish new procedures in the medical facility which would allow us to serve our patients and continue to provide them with quality medical care. This was an especially critical management requirement in light of an almost constant manning shortage in the physician field of no more than 60% and shortages at times in other ancillary personnel fields. Many schedules, method of handling, patient treatment, education and communication and other methods had to be used in order that our drastically reduced medical personnel staff could accommodate the constantly growing needs of an enlarged military community. Formally trained physician assistants were assigned along with several nurse practitioners. In addition, locally trained medical technician extenders had to be used to close the gap and aid the physicians in treating and providing for medical screening.

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a. A new procedure was established in the Pediatric Clinic to aid those patients unable to obtain a pediatric appointment by utilizing a walk-in system. This system was established as the Pediatric Acute Care Clinic. Two medical technicians were trained as extenders to assist the pediatricians assigned. The results have been a two-fold increase in the number of pediatric patients seen within Pediatrics, and an enormous workload was taken off the Primary Care unit and the Emergency Room.

4. Related Data. A new audit system of the medical records was begun in accordance with Joint Commission on Accreditation of Hospitals standards and Air Force directives. New manpower standards were applied but found to be insufficient and lacking in certain areas such as the administrative, laboratory and medical technician areas. An awareness of the additional workload and work required in these AFSCs is going to have to be established in order that the supportive services of a hospital can assist in the additional needs of the medical staff. Along with this the Privacy Act has been initiated and put into effect and this has required additional work in the administrative area to comply with these requirements. An operating location of an aeromedical staging unit was established in August 1974 with an additional 17 people. These 17 people augmented the requirements of medical care during this increased patient care requirement. However, this OLAV was transferred to Scott AFB as of 1 July 1975. During this period of time we had an additional 14 people added to the manpower resources. Some of the shortages on the basic manning document of this hospital were not filled because of the OLAV additives and this has left us in an overall short position during the year because some of the additional 17 people authorized in this OLAV were taken out of personnel already assigned to the USAF Hosp LR before the OLAV was moved from Pope AFB to Little Rock AFB. When this unit was moved in July 1975 some of our most experienced hospital personnel moved with it. During this period of time we experienced two staff assistance team visits from Hq MAC and these were very helpful in providing guidance and instruction in the transfer from TAC to MAC.

WILLIAM P. MANSFIELD, Jr., Lt Colonel, USAF, MSC
Administrator

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REPLY TO ATTN OF: SGR/2246

SUBJECT: Historical Report (HAG-D48)

TO: HQ MAC/SGA

1. The Annual Medical Historical Report for the USAF Clinic, McGuire is submitted for the period 1 January 1978 to 31 December 1978.

2. MISSION: The mission of the McGuire Clinic remained unchanged from the previous year. We continued to provide outpatient medical, aeromedical, dental, and veterinary support to active duty personnel assigned to McGuire, active duty personnel assigned to detachments in the McGuire surrounding area, active duty personnel and their dependents transiting the McGuire Aerial Port, and to a more limited extent, Air Force dependents located at McGuire AFB. Liaison was maintained with other medical facilities to insure timely support of any Air Force member who may have been hospitalized at other armed services, government or civilian hospitals.

3. SIGNIFICANT AND UNUSUAL EVENTS:

a. Walson Army Hospital (WAH), our primary support hospital located at Fort Dix, New Jersey, continues to have severe manning problems. However, some improvement in service provided to Air Force active duty and dependent personnel was noted. WAH reopened their emergency room on 1 July 1978. This was accomplished by contracting several civilian doctors to augment in the emergency room at night. As of 1 July 1978 we returned to our prior agreement with WAH to have our physicians pull medical officer of the day (MOD) duty in the WAH emergency room, thus providing additional manning for their staff. Effective with the implementation of this agreement, we closed our clinic emergency room after normal duty hours (0730-1630). All McGuire emergencies were referred to WAH between 1630 and 0730 hours. We still maintained a 24 hour operation with three (3) medical technicians on duty from 1630 to 0730 everyday to provide emergency first aid and ambulance service as required.

b. A significant impact was felt when WAH lost all obstetrical (OB) capability effective 1 June 1978. Up until this time we had been dependent upon WAH for practically all OB care for our active duty personnel. As a result of WAH's loss of service, all dependents inour area were routinely referred to civilian doctors and hospitals under the CHAMPUS program.

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However, as mentioned in our 1977 historical report, we faced a dilemma with our active duty personnel requiring OB care. We sought, and received, permission from higher headquarters to allow our active duty people to receive OB care from civilian sources under open allotment. As of the end of 1978 we had referred 30 active duty persons to civilian sources for OB care at an average cost of $1700 per case.

c. During the third and fourth quarters of 1978, there were strong rumors circulating that Fort Dix would lose its training mission, and would ultimately be phased out of operation. In view of this possibility, AF/SG directed that the Atlanta Georgia Health Facilities Officer (HFO) go to McGuire AFB and Fort Dix to evaluate medical facilities at both installations. Major David Wilson, HFO, and Captain Paul Blau, McGuire Clinic Administrator, toured both installation medical facilities. Final recommendation by the HFO was that McGuire Clinic not accept Fort Dix medical facilities in the event of a Fort Dix closure. It was felt that it would be cost prohibitive to bring Fort Dix medical facilities up to Air Force standards. By the end of 1978 several newspaper articles had been printed speculating that Fort Dix would be phased out of operation, however, no official word had been received.

d. Philadelphia Naval Regional Medical Center (PNRMC), the second major referral hospital for McGuire, underwent significant staff reductions during 1978. However, they continued to support us in an outstanding manner in 1978, despite the reduction in staff. Rumors, again, were circulating that PNRMC would be downgraded to a clinic, however, at the end of the year there was nothing official to substantiate this.

e. Two key top level management changes occured in 1978. Dr Arthur M. Magnuson, McGuire Director of Base Medical Services (DBMS) departed PCS in July 1978. Dr Darvin K. Suter was appointed DBMS as his replacement. Captain Paul W. Blau, Clinic Administrator, left on terminal leave in November 1978. His replacement, Major Collins E. Smith arrived at McGuire in late December 1978.

4. RESOURCE MANAGEMENT:

a. The civilian 9196 slot for CHAP/Social Worker was converted to a military slot upon vacancy by our civilian social worker in July 1978. Captain David Lull arrived in December 1978 to fill the position of Mental Health Officer. The following programs were functioning as of December 1978:

(1) Child Advocacy
(2) Children Have a Potential (CHAP)
(3) Drug and Alcohol Abuse Evaluation
(4) Outpatient Mental Health

b. Construction began on the new air conditioning system for our Dental Clinic in October 1978. The system should be completely installed by June 1979. We expect that the new system will greatly enhance the quality of dental care at McGuire.

5. VETERINARY SERVICE:

a. Veterinary facilities were again identified as being inadequate by the MAC Staff Assistance Team in November 1978. Efforts to obtain funding for a new permanent facility have met with no results in the last several years. Plans are now under way to consider the acquisition of a modular, trailer-type unit for Veterinary services. This type of arrangement would allow us to procure a new facility at minimum cost without a long wait for construction. Such units have been successfully used at other bases.

b. Veterinary services has published and distributed a pet care manual that provides complete information about the functions of the base veterinary clinic, descriptions of the most common pet infectious diseases, pet care advice, and recommendations as to vaccination schedules. This pamphlet is expected to be a very good management aid in that it will save many hours of telephone explorations, as well as provide more and better quality pet care information to pet owners.

6. OPTOMETRY: Dr Michael Herrera, base optometrist, separated from the Air Force in March 1978. Manning assistance was received from WAH until his replacement was available for duty. 1Lt Temenuga R. Kaskawits arrived in June 1978 to take over the duties of base optometrist.

7. MEDICAL MATERIEL: A major mission change occurred when the decision was made to transfer our Air Transportable Clinic (ATC) to the Air National Guard in Baltimore, Maryland. This transfer reduced our manageable assets in War Reserve Material (WRM), by approximately $6,000.

8. DENTAL SERVICES:

a. Major management changes occurred when Col Emil Mellow retired in May 1978. Col Dale T. Granger assumed the duties of Base Dental Surgeon upon Col Mellow's retirement. SMS Richard M. Johnson arrived at McGuire in July 1978 to assume the duties of Dental Superintendent. This 9 level position had been unfilled for two years prior to his arrival.

b. Dental care and environment were greatly enhanced in 1978 with the installation of nine (9) Dental-Ez units, and storm windows for the dental clinic building.

FOR THE COMMANDER

VANCE M. SMITH, 1Lt, USAF, MSC
Clinic Historian

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HISTORY OF MALCOLM GROW USAF MEDICAL CENTER 1978

1. Manpower. Real and projected manpower losses continue to be serious problems at Malcolm Grow Medical Center. The MEP standards have identified 42 spaces that will be cut, and an evaluation of Registrar Functions has recommended an additional reduction of 10 authorizations. These cuts, especially the physicians and nurses, are potentially damaging to our ability to adequately cover some patient care areas.

2. Plant Management. The facility projects program at Malcolm Grow included the following significant project completions:

a) Exterior fire escapes

b) Alteration of the Radiation Therapy area

c) Renovation of the Veterinary Clinic

d) Replacing of shower heads and controls, and commodes on Ward 4B

e) Installation of a third cooling tower

Some other projects that were in varying stages of completion as of 31 Dec 78, but which have since been completed, include a Modular Family Practice Clinic and the installation of fixed wire safety glass in all doors.

Note: Building 3424, the Medical Materiel Warehouse and Office Building, was destroyed during a snowstorm on 18 Feb 79. Emergency funds are being sought to replace the structure.

3. Resource Management. The close out of FY 78 occurred with only $18 of our $10,732,211 O&M budget going unobligated. The FY 79 O&M allotment is $10,429,000, with $16,000 dedicated to expense equipment.

4. Nursing Services. A successful clinical rotation for entry level nurses was established to increase the experience level of new nurses.

5. JCAH Accreditation. MGMC underwent an accreditation survey by the Joint Commission for the Accreditation of Hospitals on 28-29 Nov 78. Although no official results have been published, there were no major discrepancies. The Department of Nursing was singled out as the best managed Nursing Service as observed by the Nursing Service Inspector on the JCAH Survey Team.

6. Medical Readiness. A comprehensive contingency support plan was initiated to determine the exact capability of the medical center to support a limited wartime mission. This plan will identify individual responsibilities, and it will outline the patient flow from admission to return to duty or separation.

7. Physician Retention. The AF/SG physician retention program: Project Keep is in effect at Malcolm Grow. A program is in effect to maintain a quality physician force by addressing each individual physician's needs.

8. Education and Training. All MGMC staff physicians and house staff members who applied for postgraduate medical education were accepted for the Residency or Fellowship of their choice by the Medical Education Selection Board.

The initial phase of Warskil Training Programs was completed with a total of 109 augmentees trained.

9. Uniformed Services University of the Health Sciences (USUHS). Air Force support of the Federal Medical School increased with Colonel John R. Hoch, MGMC Deputy Commander, functioning as Associate Dean for Clinical and Academic Affairs - MGMC (USUHS), and as the USAF Surgeon General's representative on the Admissions Committee. Staff obstetrician-gynecologists have prepared and given lectures to students at the school, and several senior staff physicians interview prospective USUHS students on a regular basis.

10. Key Staffing Changes. The following key staff positions changed hands or were created during 1978:

a) Brig Gen William H. Greendyke replaced Brig Gen K. Q. Vandenbos as Commander. General Vandenbos assumed command of Wilford Hall USAF Medical Center.

b) Col Joseph E. Makant, Jr. replaced Col James E. Payne as Director of Aeromedical Services. Col Payne was transferred to Wilford Hall USAF Medical Center.

c) Lt Col Marvin Lynn replaced Col Robert Flentge as Director of Veterinary Services. Col Flentge was reassigned to Norton AFB, California.

d) Col Constantine J. Nonas replaced Col Frederick Plugge, IV, as Chairperson, Department of Surgery. Col Plugge was reassigned to Wiesbaden, Germany.

e) Col Raymond Bennett replaced Col Harry Schwamm as Chairperson, Department of Pathology. Col Schwamm retired.

f) Maj Eugene C. Maso replaced Col Charles Mahon as Chairperson, Department of Radiology. Col Mahon retired.

g) Maj William Stigelman replaced Lt Col Frederick Coleman as Chairman, Department of Pharamcy. Col Coleman was reassigned to Travis AFB, California.

h) Lt Col Chris D. Marquart, Chairperson, Department of Family Practice, was reassigned to USUHS as Chairperson, Department of Family Practice, and he is attached to MGMC for duty as Chairperson, Department of Family Practice.

i) Lt Col Marlene Moll replaced Col Teresa Goldner as Chief, Physical Therapy Services and Associate Chief, Biomedical Science Corps for Physical Therapy. Physical Therapy was elevated to departmental status. Col Goldner retired.

j) Col David W. Rabak was designated as Chief, Primary Care Clinic.

k) Col David M. Ivey replaced Col Raymond Petrauskas as Chief, Ophthalmology Services. Col Petrauskas retired.

l) Lt Col Howard N. Stewart replaced Col John Barrett as Chief, Orthopedic Services. Col Barrett retired.

m) Col John R. Rogers replaced Col John Dyer as Chief, Mental Health Services. Col Dyer was reassigned to McConnell AFB, Kansas.

n) Maj Gordon D. Strickland, Base BioEnvironmental Engineer, was reassigned to Brooks AFB, Texas. No replacement has arrived.

o) Maj Richard Bohannon replaced Capt Michael Vojtasko as Commander, 10th Aeromedical Staging Flight.

p) Capt Vojtasko replaced Capt Douglas Cathcart as Associate Administrator, Hospital Services. Capt Cathcart was reassigned to Hq USAF/SGO.

q) Capt John Courtney replaced Capt Vojtasko as Associate Administrator, Hospital Services. Capt Vojtasko was reassigned to Reese AFB, Texas (effective 5 Jan 79).

r) Maj John J. Cleary replaced Capt Eric Hayden as Administrator, Patient Affairs Management. Capt Hayden was reassigned to the Recruiting Service.

s) Capt Alan Pease replaced Maj William Bender as Chief, Biomedical Equipment Repair Center. Maj Bender was reassigned to Clark AB, Philippines.

t) Capt James W. Bottoms replaced Capt Richard E. Schroeder as Administrator, Operating Location A, Bolling Clinic.

u) Capt Schroeder assumed the newly created position of Associate Administrator, Health Care Planning.

11. Special Event. Malcolm Grow Medical Center received five civilian casualties from an international incident in Guyana, South America on 19 Nov 1978. In the aftermath of this incident, 15 dental and radiology personnel were sent to Dover AFB, Delaware to participate in a task force to identify over 900 bodies in one of the largest mass casualty identification projects in history. The following personnel were awarded the Meritorious Service Medal for their part in the identification project. The 15 people include:

Col Cecil Brown	Col William Long
Col Richard Perez	Lt Col Michael Goupil
Capt Samuel Davis	SSgt Johnnie Miklebost
SSgt Richard Smith	Sgt Kenneth Boyce
Sgt Stephen Price	A1C Myles Hokama
A1C William Spann	A1C Randall Green
A1C Timothy Kuna	A1C Johnny Pope
A1C David Feick	

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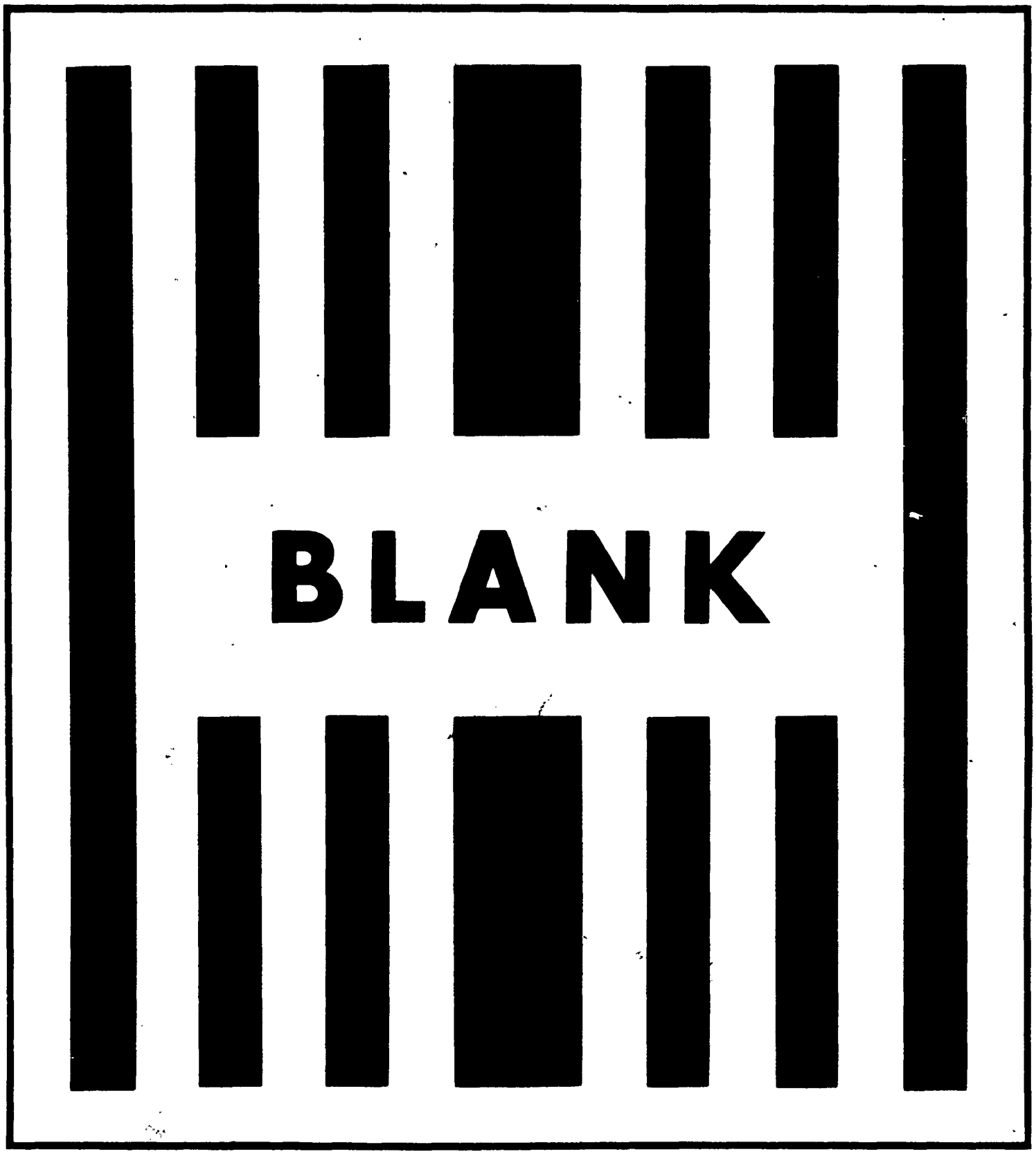
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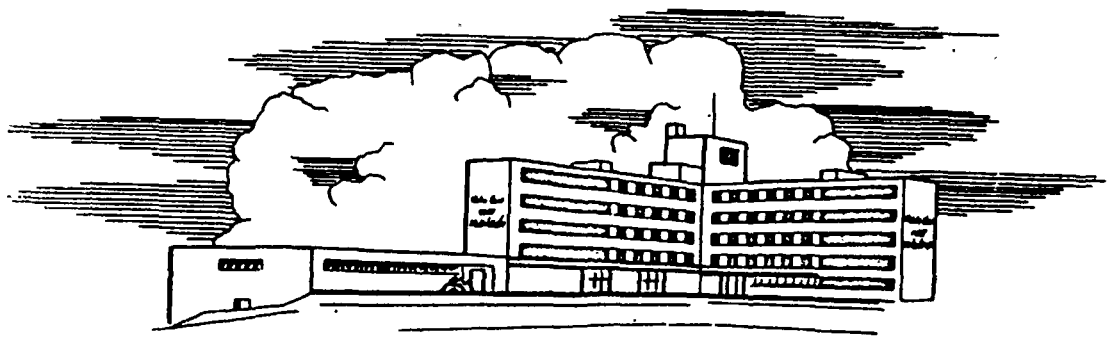

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HISTORY OF

MALCOLM GROW USAF MEDICAL CENTER

(1 Jan 1977 to 31 Dec 1977)

by

2/Lt Steven H. Regner, USAF, MSC

Approved by:

K. Vandenbos

K. VANDENBOS
Brigadier General, USAF, MC
Commander
21 Mar 1978

01052778

MILITARY AIRLIFT COMMAND, USAF

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ATCH
After Action Report,
1977 Presidential Inaugural

SPECIAL MISSION

Malcolm Grow Medical Center, as well as its sister service facilities in the Washington, DC area, were tasked to provide medical support for the 1977 Presidential Inauguration. Preplanning for the inauguration began in September 1976 when a committee of Armed Forces personnel, including personnel from Malcolm Grow Medical Center, were organized. The inauguration was a joint effort of the Armed Forces, the DC government, the American Red Cross, and other volunteer civilian medical societies. Malcolm Grow Medical Center was tasked with providing personnel to eight aid stations. These aid stations were located along the inaugural parade route as well as various inaugural balls held throughout the city. During this time, Malcolm Grow Medical Center provided approximately 19 physicians, 12 nurses, 26 medical corpsmen, 6 drivers, 3 ambulances, 2 ambulance busses and 1 station wagon. The operation proceeded smoothly throughout the time period of 19-20 January, largely due to the excellent coordination of the Armed Forces Medical Command Post as well as the commendable cooperation of the personnel at this Medical Center. A full report of the Presidential Inauguration Committee is attached as Atch #1.

MISSION CHANGES

The past year saw the Malcolm Grow Medical Center undergo three major mission changes. In May, the 1071st Medical Service Squadron was removed from our command to become part of the Department of Defense's Air Force Element Command (AFEC). In June, the next major mission change occurred as medical support from the Flight Medicine Clinic was terminated for the 1st Airborne Command Control Center (ACCS). The command was transferred from Andrews AFB to Offutt AFB, Nebraska.

The last major change to the center's mission was the addition of a new training program for our Education and Training Section. In October, the first group of Nurse Interns in the Air Force arrived at Malcolm Grow Medical Center. This first group of ten officers was just the beginning of a major Air Force wide training program that is designed to train and graduate 200 nurses. The purpose of the program is to facilitate the transition of the initial active duty nurse from beginning practitioner to that of a professional Air Force Nurse Corps Officer.

NEW FACILITIES AND RENOVATIONS

Malcolm Grow Medical Center underwent many structural changes during the past 12 months. Many of the changes that occurred were designed to meet new standards set up by the Joint Commission on Accreditation of Hospitals and the National Fire Protection Association. Though most of the changes fell into these two categories, some projects were started that were designed to improve the appearance and safety of both the hospital and outlying facilities.

Three major projects were initiated to meet new JCAH and NFPA standards. The first project was the construction of three exterior fire escape towers. The towers are being built to provide access for the patients located in the wards and rooms of the long hospital wings. The other projects initiated were to replace plain fixed glass in all internal doors and windows with fixed wire safety glass and for the repair of all bedroom doors so that the latch holds the door closed against the pressures of expanding gases.

The major appearance and safety renovations undertaken by the Medical Center included the addition of solar screens on windows on the east and southwest sides of the hospital. These screens not only improved the appearance of the hospital but also reduced air conditioning costs by 15%. The other project initiated was the replacement of all the exterior doors in the basement with electric doors. These doors not only improved the security of the facility in their ability to be locked after duty hours but also reduced our energy loss due to better fitting doors.

The last major project started was in the Veterinary Clinic. Renovation of the existing facility included remodeling and upgrading of the building and some new equipment.

In the revision to the master plan for the development of the Medical Center, a proposed $7,000,000 outpatient clinic addition as well as the multi-level parking garage, which were in the first stages of design by RTKL of Baltimore, were canceled to include cessation of the remaining design activity.

The cancellation of the project could provide a serious handicap in our ability to provide quality medical care to our patients and in our affiliation with USUHS as a teaching and training institution for the medical students.

RESERVE ACTIVITIES

Malcolm Grow Medical Center continued its association with USAF Reserve Units located along the Eastern U.S. Coast. As in the past years, the Reserve Units utilized the facilities at Malcolm Grow Medical Center during their 2-week encampments. Participating units included the 33d MSS from McGuire AFB, New Jersey, the 22d MSES from Andrews AFB, Maryland, and the 34th MSES from Governor's Island, New York.

[redacted]

THE ARMED FORCES INAUGURAL COMMITTEE
FORT LESLEY J. McNAIR
WASHINGTON, D.C. 20319

AFIC-ME 3 February 1977

SUBJECT: After Action Report, 1977 Presidential Inaugural

TO: Whom It May Concern

1. The attached After Action Report should provide a comprehensive review of the 1977 Presidential Inauguration. However, there are some points that should be emphasized.

2. The Organization of the Civilian Inaugural Committee did not include a Medical Committee. When we (myself and Dr. Standard) met with the Executive Director of the 1977 Inaugural Committee, we were told that it would be our responsibility to plan and furnish all medical support. Accordingly this was the manner in which we operated. A close working relationship between this office and Dr. Standard's office was established and maintained. This procedure proved to be satisfactory. However, I feel that if we had been colocated, an even better working atmosphere could have existed. Dr. Standard's office was located two wings away from the Military Medical Subcommittee. Consideration should be given to offically establishing one medical committee.

3. The budget should include funds for temporary sound reducing and privacy partitions for the Medical Command Post. Much confusion was generated as a result of having several people working in a large open space. Someone should budget for partitions, etc. for aid stations at Inaugural party sites.

4. Patient record keeping was a huge problem. The physicans recognize a need for record keeping, however, no one was tasked with the responsibility. Some member of the aid station should be designated to maintain medical records. They should be given specific instructions prior to departure from the Tempo Building. In cases where large aid stations are established consideration should be given to assigning an additional medical records technician.

5. Coordination with Secret Service, Security and party site coordinators should be established and maintained. For example, location of ambulances at party sites became a critical problem. Some one from the Secret Service should have been made available to resolve these type problems. They should be invited to meet with the Medical Subcommittee as required.

6. A copy of the After Action Report written by Dr. Standard is attached as Appendix 12.

1 Incl
as

Fred Dowdy, Jr.

FRED DOWDY, JR.
COL MSC
Chairman
Medical Subcommittee

PARADE SUBCOMMITTEE AFTER ACTION REPORT
1977 ARMED FORCES INAUGURAL COMMITTEE

1. MISSION

To plan, organize, and coordinate military emergency medical support for all participants and spectators of the 1977 Presidential Inaugural Activities.

2. ORGANIZATION

a. Chairman - COL Fred Dowdy, Jr., MSC, US Army Staff Medical Adviser, Military District of Washington.

b. Members:

(1) CDR James A. Esposito, US Coast Guard, US Coast Guard Headquarters.

(2) LCDR Donald M. Davis, MSC, US Navy National Naval Medical Center.

(3) CPT John D. Power, MSC, US Air Force, Malcolm Grow USAF Medical Center.

c. Staff:

(1) SFC Ernest C. Cates, US Army, Administrative NCO.

(2) SSGT Charles A. Conely, US Air Force, Supply NCO.

(3) SK2 David W. Tolbert, US Coast Guard, Supply Clerk.

(4) SGT David R. Lambert, US Air Force, Supply Clerk.

(5) SP4 John W. Sites, II, US Army, Clerk Typist.

(6) YN3 Robert G. Spraker, US Coast Guard, Clerk Typist.

d. Liaison:

MAJ Jack W. McWatters, MC, US Army, Walter Reed Army Medical Center.

3. CHRONOLOGICAL RESUME OF ACTIVITIES

a. The Staff reported for duty on 29 September 1976. From this date through election day, most of the time was devoted to studying the 1969 and 1973 after action reports.

b. Subsequent to 2 November 1976, information generated by the newly formed Civilian Inaugural Committee concerning the parade route and Inaugural party sites was received. Since no Civilian Inaugural Medical Subcommittee was formed, progress of the Armed Forces Medical Subcommittee was temporarily delayed until 22 November 1976, when Dr. Raymond L. Standard, Director of Public Health, District of Columbia, was designated as Chairman, Inaugural Medical Committee. At this time it was determined that the Department of Human Resources and Armed Forces Medical Subcommittee would formulate all plans and policies, and together implement a comprehensive Emergency Medical Support program for all official Inaugural activities. The Executive Director of the Inaugural Committee informed us that the military and Department of Human Resources would be completely responsible for all medical support for all of the Inaugural activities.

c. The Armed Forces Medical Subcommittee responsibilities delegated by COL Dowdy were:

Personnel and Training	--	CPT Power
Logistics and Communications	--	LCDR Davis
Command Post Operations, Visual Aids and Training Film Co-Ordinator	-	CDR Esposito

d. Through a co-ordinated effort between COL Dowdy and COL Meadows, Chief of Logistics, Walter Reed Army Medical Center (WRAMC), medical supplies would be provided by WRAMC. The medical supplies not used would be returned and only those supplies expended for Inaugural purposes would be accountable. A budget of $8,000 to cover administrative needs and expenditures of Emergency Medical Supplies was submitted and approved.

e. On 9 November 1976, members of the Armed Forces Medical Subcommittee met informally with Mr. Robert Moran, Capitol Hill Attending Physician's Office, to discuss tentative plans for the medical support at Capitol Hill during the Inauguration.

f. On 11 November 1976, CDR Esposito met with LTC Dorough of the Parade Subcommittee, concerning the production of training film and other visual aids for the 1981 Inaugural Committee. Brief shots of Medical facilities were considered appropriate. Film production is anticipated in early March 1977.

g. On 12 November 1976, CPT Power obtained maps of DC for use in planning aid stations and their location.

h. On 17 November 1976, CDR Esposito, LCDR Davis, SK2 Tolbert and SGT Lambert, made a visit to Walter Reed Army Medical Center, to confirm the readiness of supplies and equipment.

i. On 26 November 1976, an estimated number of people who would be attending Special Events was obtained for planning purposes.

j. On 29 and 30 November 1976, the Armed Forces Inaugural Medical Subcommittee met with Dr. Raymond L. Standard, Ms. Mary Berkeley and Mr. Carl Pace. The group was briefed by the Parade Subcommittee and toured the parade route to plan sites for aid stations.

k. During the week of 5 December 1976, the Armed Forces Inaugural Medical Subcommittee was primarily involved with visitations and inspections of sites where the special events had been scheduled. The purpose of these inspections was to determine the composition, number and locations of the medical aid stations required to support each event.

l. Storage space for medical supplies other than controlled drugs was acquired during the week of 6 December 1976. The medical supplies ordered in late October 1976 did not arrive until 15 December 1976 through 19 January 1977. These supplies were stored in the basement of Tempo A.

m. A joint meeting with the Armed Forces Inaugural Committee and medical personnel of Department of Human Resources was held on 13 December 1976. During the meeting, the location and number of aid stations for all Inaugural events and the support and staffing levels of each aid station was determined. (See Appendix 1). Pro-rata military medical manpower medical requirements were requested from each of the military services.

n. On 15 December 1976, CPT Power contacted the White House Physician concerning medical coverage on the White House grounds.

o. On 5 January 1977, the Armed Forces Inaugural Medical Subcommittee was advised by Secret Service that all ambulance requirements for the President and Vice-President would be furnished by the DC Fire Department in accordance with Secret Service Instructions. Military ambulances were used for the parade only. All other ambulance support was furnished by volunteers and DC Fire Department.

p. On 7 January 1977, a list of names of all medical personnel requiring access to Inaugural activities for clearance purposes by the Secret Service was submitted to the Secretariat.

q. On 10 and 11 January 1977, the representatives from the Armed Forces Inaugural Medical Subcommittee Members briefed all Military Medical Personnel who were assigned Inaugural duties. They filled out the required Secret Service Clearance forms.

r. On 16 and 17 January 1977, communication equipment was checked out.

s. The Medical Command Post was manned by one officer, one clerk-typist and one medical supply technician as follows:

18-19 Jan 77	1900-0100	Ethnic Dance
19-20 Jan 77	0930-1800 & 1900-0100	VP Receptions & Kennedy Gala
20-21 Jan 77	0730-1600 & 1900-0400	Inauguration, Parade & Parties
21-22 Jan 77	2000-0100	Square Dance

t. Commencing 0600, 20 January 1977, AMBUSES arrived in accordance with instructions at Tempo B and were loaded. All aid stations AMBUSES arrived on station and were operational at their preplanned time. Aid Stations were closed by the Medical Command Post and returned to Tempo B for unloading supplies and to secure.

u. At Appendix 1a is the statistics on patients seen during the Inaugural period.

v. On 1 February 1977, unused medical supplies were returned to Walter Reed Army Medical Center (Forest Glen).

4. TASKS

a. Plan, Program and Execute in co-operation with the Civilian Inaugural Committee, volunteer health service agencies and local hospitals, a comprehensive emergency health plan to provide emergency medical aid of all participants and spectators during Inaugural activities.

b. Specific:

(1) Provide Military Aid Stations during the Inaugural activities.

(2) Provide staffing with Department of Human Resources for medical aid stations at Inaugural activities and special events as required.

(3) Provide for the evacuation from aid stations of all personnel who require emergency medical treatment not available at the aid station.

5. RESOURCES

a. Personnel

(1) Joint meetings of the Armed Forces Medical Subcommittee and members of the Department of Human Resources, provided for the planning of the adequate medical coverage for the Inaugural special events and parade medical aid stations. Ambulance coverage for the parade and special events was coordinated by the Department of Human Resources. They used DC Fire Department and volunteer ambulances from surrounding areas.

(2) All personnel supporting the medical aid stations, including the ambulance personnel at all Special Events were cleared by the Secret Service.

Clearance forms were submitted by the Armed Forces Medical Subcommittee, thru the Armed Forces Inaugural Committee Secretariat's Office on all military personnel.

(3) At Appendix 2 is a consolidated breakdown of personnel utilized for each military aid station.

(4) At Appendix 3 is a service breakdown of personnel used during the Inaugural.

b. Transportation

(1) Requests for transportation to support the medical mission were submitted to the Armed Forces Inaugural Transportation Subcommittee.

(2) With regard to logistical support, one 2 1/2 ton truck and one panel van were requested and used to stock and resupply medical aid stations.

(3) Two sedans were requested for the period of 18-20 January. The sedans were to be used for emergency transport of medical personnel to aid sites and for travel of subcommittee members to aid sites during the Inaugural activities.

(4) Busses were requested to transport large numbers of medical personnel to special events and aid sites. On the night of the 20th of January 1977, five 45 passenger busses were used. AMBUS and ambulance requirements were requested through direct contact with area medical centers representatives.

(5) Military ambulances were used to support military aid stations during the parade and Inauguration, and one military ambulance augumented by a physician was placed on the White House grounds during the parade. The District of Columbia Fire Department provided standby ambulances for the President, Vice-President, President-Elect and Vice-President Elect at all locations during the Inaugural Period. Additionally, the DC Fire Department provided ambulance coverage for the Ethnic Dance on 18 January and the Square Dance on 21 January. All other ambulances were provided by volunteer civilian ambulances services and were coordinated by personnel from the Department of Human Resources.

c. Communications

(1) Telephones and radios to support the military aid stations and ambulances during the parade were secured through the Communications-Electronics Subcommittee and utilized as shown in Appendix 4. Telephones for the aid stations at parties and special events were furnished by the Civilian Inaugural Committee and radios from the DC Government Department of Human Resources were used as a backup to the telephones.

(2) The Armed Forces Inaugural Medical Command Post was located in Room 2103, Tempo B, Ft McNair. Co-located were various emergency communications nets for Department of Human Resources, Department of Environmental Services, DC Fire Department, the Red Cross and volunteer ambulances services (Fairfax, Prince Georges and Montgomery Counties) and a hospital coordinator.

(3) The physical plan for the joint Medical Command Post is located in Appendix 5.

d. Logistics

(1) In general, medical equipment and supplies were centrally procured and set up by permanent members of the Medical Subcommittee for support of aid stations and personnel supporting the Inauguration and parade. Medical supplies were secured from Walter Reed Army Medical Center and non-medical supplies through the Armed Forces Inaugural Logistics Subcommittee. Items fit for reissue could be returned to stock and the Armed Forces Inaugural Committee would bear the expense for those items consumed, lost, or damaged.

(2) At Appendix 6 is a consolidated list of supplies furnished each Military Aid Station.

(3) At Appendix 7 is a list of the emergency drug supplies furnished each aid station and each physician in an ambulance not attached to an aid station.

(4) At Appendix 8 is a list of supplies furnished each aidman assigned as an ambulance attendant or as a member of a roving team.

(5) Supplies and equipment for the aid stations at the special events were furnished by the Department of Human Resources. Military medical supplies recouped from the parade activities were held in reserve to back up Department of Human Resources supplies and equipment on the night of the 20th of January 1977.

(6) Due to the unique nature of the mission of the Capitol augumentation team, the list of the medical equipment was compiled by the surgeon in charge of the team (see Appendix 9). The supplies were assembled and delivered to the Capitol by the National Naval Medical Center.

(7) In addition to the equipment previously listed, those items at Appendix 10 were also procured from the place shown for the purpose indicated.

(8) Box lunches and coffee for personnel manning aid stations were procured through the Logistics Subcommittee.

(9) Projected budget and those expenses charged directly to the Armed Forces Inaugural Medical Subcommittee are shown at Appendix 11. Expenses that were incurred, but not shown are reflected in the expenses of the appropriate subcommittee.

6. DISCUSSION

a. Personnel

(1) At early joint meetings of Department of Human Resources and the Armed Forces Medical Subcommittee members, parade site locations were discussed and assigned. The military was designated the responsibility for medical care at six parade sites and for the Inauguration at Capitol Plaza. The Navy was assigned the responsibility for the medical aid stations at Capitol Plaza and one site along the parade route. Three parade sites were assigned to the Army and two parade sites were assigned to the Air Force. In addition, one physician augmented ambulance from the Army and one from the Air Force were to be located in the staging area.

(2) Each military medical parade site consisted of one specially configured military AMBUS and one ambulance. Each aid stations' medical personnel consisted of two physicians, two nurses, four corpsmen and a driver for each vehicle.

(3) The number of special event medical aid station sites were projected early in joint meetings of Department of Human Resources, Armed Forces Inaugural Medical Subcommittee members, civilian party site coordinators and hotel management representatives. Criteria for selection of special event medical sites included, access to bulk of event participants, lighting, heating, privacy of patients, availability of rest room facilities and most importantly the ease of access to ambulance placement for evacuation to a hospital.

(4) The number of special event aid stations depended on the crowd size and physical aspects of site facility. The ratio of 5000 participants to one aid station was used as a planning figure and proved very adequate.

(5) The normal special event aid station staff consisted of three physicians, three nurses and two corpsmen. The military supplied on an average of two physicians, one nurse and two corpsmen for each aid station. In addition to normal staffing, one physician trained in CPR techniques and equipped with a portable defibrillator was added to each site location. At the larger special events, such as, DC Armory, National Visitors Center and Washington Hilton, additional medical personnel were added to augment roving medical teams on party floors.

(6) Special event site locations were allocated to one of the three Armed Forces medical services for each special event. The senior military physician on duty was designated as the aid station coordinator for all medical aid stations.

(7) All military medical personnel requirements were divided between the Army, Navy and Air Force.

(8) When individual service requirements were ascertained, contact was made with representatives of each area Armed Forces medical center. They in turn sequestered volunteers from their staff for the various aid station sites. The medical center representatives worked directly with the Medical Subcommittee personnel coordinator to insure placement of individuals in aid station sites. At a later date, personnel briefings were conducted at the three area medical centers and detailed aspects of the Inaugural medical plans were discussed.

b. Transportation

(1) The largest area of concern with regard to transportation delt with the transport to and from medical aid sites of medical personnel. All military participants for the parade route and Capitol Plaza aid stations were transported to the medical command post for briefing and to and from site locations on their own respective ambulances and AMBUSES. The National Naval Medical Center provided a bus to transport Capitol Plaza medical personnel.

(2) Transportation for the evening special events proved most difficult to arrange. In general one 45 passenger bus departed from each of the three area medical centers for the medical command post. Two additional 45 passenger busses were requested to be at the medical command post making a total of 5 busses available for transport to aid station sites after final briefing. Upon arrival at the medical command post for final briefings the military participants were married with their civilian medical counterparts for delivery to special event aid sites.

c. Communications

(1) Telephones proved to be the only reliable means of communications. As a result of communication checks on the 16th and 17th of January 1977, it was determined that the PT-400's would not reach the White House area. A schedule of message relays were worked out to keep in contact with the ambulance of the White House grounds throughout the day. However, during the course of the day, over 50% failure was experienced (apparently from battery failure) on the PT-400's. The PRC-77 in the Command Post Net functioned satisfactorily throughout the day. Communications to the aid stations were

maintained by telephone and corpsmen from the aid stations on Capitol Plaza being used as runners to the ambulances and the roving teams. Sporadic communications with military ambulances in transit was a problem. In essence, ambulances in transit lost communications with the Medical Command Post. This resulted in a delay in one ambulance arriving at a hospital when the ambulance driver became disoriented; also another ambulance driver was unable to reroute his ambulance to an alternate hospital when the primary hospital became overloaded. There was no apparent loss or suffering due to this situation. Classes were conducted for personnel required to use radios by personnel from the Communications-Electronics Subcommittee. However, due to illness and accidents, several designated radio operators did not arrive on the morning of the parade. Substitute operators were instructed prior to leaving for the site and written instructions and procedures were provided to each operator.

(2) While the co-location of all emergency medical radio and telephone nets provided a common point for the control of all medical resources, the noise generated by so much activity was excessive.

(3) Originally it was thought that radio messages to and from the ambulances and roving teams on Capitol Plaza could be relayed to the aid stations on Capitol Plaza. The amount of activity created a backlog and runners were pressed into service.

(4) The telephone to the aid stations at the special events were again the only reliable communications. In most instances the Department of Human Resources radios would not function inside buildings.

d. Logistics

(1) Originally it was planned to store and assemble supplies and equipment in space in the Ft McNair Dispensary, however, this proved inadequate and space was obtained in Tempo Building A.

(2) All Medical supplies were from warehouse stock. As such, many instruments were in original packing and not sterile. This was pointed out to the medical adviser, along with the fact that to remove them from their packing would render them unfit for reissue as new. It was felt that since it was conceived that these instruments would only be used in extreme situations to clamp bleeders in contaminated wounds, that they could be left in orignial packing. However, several physicians in aid stations felt a need for sterile instruments to explore minor wounds. This was resolved in various ways by the physician on the scene.

(3) In general the supplies and equipment furnished by Department of Human Resources at special events were adequate. However, most physicians

felt a need for IV solutions. These were furnished when requested from military medical supplies.

(4) It was originally planned to procure defibrillators and cardiac drugs from volunteer cardiac units, to provide coverage at special events. However, due to questions concerning tort liability laws, only one unit (Fairfax) was made available. Five cardiac drug boxes and one defibrillator were furnished by Department of Human Resources and the remainder were procured as indicated at Appendix 10. It was not possible to secure cardiac equipment for the 8th party (Pension Bldg.) added on 18 January 1977. There were no adverse effects from this lack of equipment.

(5) Since military personnel would be using Department of Human Resources, equipment and supplies, during special events, supply personnel from the Medical Subcommittee assisted Department of Human Resources personnel in prepositioning supplies in the building for setting up aid stations at special events on the day of the 20th of January 1977 and recouping equipment on the 21st of January 1977. While this procedure worked reasonably well, the available manpower fell short of the requirement on the 20th and the 21st. During the day of the 20th all supply personnel, both from Department of Human Resources and the military were required to work until approximately 1200 hours setting up and issuing supplies for the parade. At 1200 hours all available manpower was dispatched to set up special events Aid Stations. Due to traffic patterns and shortage of personnel, the last aid station was set up only 15 minutes prior to the medical team arriving. On the day of the 21st most personnel were exhausted (some had gone up to 24 hours without sleep) and equipment was recouped from only those locations known to be unsecure. Subsequently, it was discovered that locations thought to be secure were in fact not secured. This resulted in the loss of some Department of Human Resources supplies.

(6) Many items originally requested from Armed Forces Inaugural Logistics Subcommittee and Walter Reed Army Medical Center were not available from stock. In most instances substitutes were found. The most difficult items proved to be equipment. Wheel chairs, for instance, were not available from stock and were borrowed from the wards at WRAMC. The only major medical item that WRAMC was unable to procure through some method was suction apparatus. These were procured as indicated in Appendix 10.

(7) All equipment and supplies were requested with a suspense date of 15 December 1976. As indicated earlier some supplies did not arrive until 19 January 1977. Of particular note was the fact that the boxes for the aid equipment and the tool boxes for the emergency drug boxes did not arrive until the week before the Inauguration. In order to pack and catalog aid station supplies and equipment the work days were extended. However, most of this work could and should have been done in December and early January leaving the last week to address changes and newly discovered problems.

(8) Although proposed equipment lists were approved by physicians in October and were changed by the same physicians at the last minute.

(9) Box lunches and coffee procured from the Logistics Subcommittee were delivered to Tempo A and distributed to aid station personnel as they departed for their sites. In general, this proved to be an excellent method. However, the coffee urns proved to be too bulky to load on the busses and sedans transporting personnel to the special events.

e. General

(1) The crowd around the aid station at 15th and New York was so large that considerable delay was experienced in dispatching the ambulance as the crowd was slow to move.

(2) The large crowd (100,000 plus) generated a considerable workload for the aid station at Capitol Plaza. At times it was difficult to visualize what ambulance was where and how much activity was taking place in the aid stations. Additionally, four roving teams proved insufficient for the crowd size. Finally, the aid stations proved to be too close to one another.

(3) The placing of the aid stations at parties and special events was coordinated with hotel/building managers, site coordinators and the Secret Service. However, in the final weeks many unilateral changes were made (in most cases by the Secret Service) which would have resulted in very unsatisfactory aid stations. Most of these were discovered and resolved.

(4) In general, most aid stations at the special events were overstaffed. While a certain amount of overstaffing is desired when planning for a uncertain and fluid situation, analysis of patient data indicates these aid stations were overstaffed.

7. RECOMMENDATIONS

a. Personnel

(1) One of the major personnel problems concerned last minute changes in personnel rosters. Due to lead in time required for Secret Service clearance, last minute changes should be avoided when possible.

(2) The time honored tradition of the Civilian Inaugural Committee extending military physicians the opportunity to purchase special event tickets for their spouse presented numerous problems. No stringent procedure was ever presented by which the military physicians could transact payment for and receipt of a ticket for his spouse to the special event he was working at. One member of our staff took it upon himself to buy all required tickets and then

distribute and collect from individual physicians. The problems that resulted were considerable and often caused embarrassment and hard feelings, especially among nurses and other medical personnel who would also desire to have their spouse at the special event. It is recommended that at the 1981 Inaugural, the question of tickets for spouses of medical personnel be addressed early and a set of procedures by established by which the involved medical members may receive a printed special ticket request form, which he may then mail directly to the Civilian Inaugural Committee or some definite procedure be outlined.

(3) Another major problem concerned the overall coordination of special event medical aid sites. Last minute changes of site locations by the Secret Service and the unsatisfactory site locations at some events caused considerable problems. Early in the planning stages for medical aid sites at special events, close coordination must be maintained by the medical committee and the civilian party site coordinators. It is imperative that the medical site location be discussed and agreed upon subject to the criteria addressed in para 6.a.(3). A senior Secret Service agent should be assigned the responsibility for coordination of all medical activities with the Secret Service. This would prevent numerous problems regarding to personnel clearances, site clearances and ambulance placement and egress routes.

b. Transportation

(1) It is recommended that all military medical vehicles, AMBUSES and ambulances, be arranged directly with area medical center representatives with information copy of request sent to Armed Forces Inaugural Committee Transportation section.

(2) Busses to transport medical personnel to Special Events should depart the medical command post earlier than one half hour prior to set up time at event site. All Special Event aid stations were scheduled to be opened 1 hour before the special event started. Due to the great amount of traffic moving in downtown Washington, travel to aid station sites was difficult and the half hour travel time proved insufficient.

c. Communications

(1) The telephone again should be used as the primary means of communications to the aid stations. A more reliable radio should be used for the ambulances and mobile teams, since the ambulances are dispersed widely and are subject to going to any local hospital. Consideration should be given to obtaining permission to net military radios with the Department of Human Resources base station or using a military repeator station.

(2) A primary and alternate radio operator should be trained and all personnel should man the radios that he will be using at the locations they

will be working at least two weeks prior to the Inaugural so that sufficient time is allowed to address any problems discovered during radio checks.

(3) Sound reducing partitions should be secured to help control the noise and confusion in the Medical Command Post.

(4) Radios should be provided to the aid stations on Capitol Plaza.

d. Logistics

(1) A large space for the storage, assembly and distribution of aid station supplies be secured early. The space should be as close as possible to the Medical Subcommittee office space and be adaptable to loading trucks and busses.

(2) Every effort should be made to secure the containers for aid station equipment and supplies no later than 15 December so that a last minute rush and the resulting confusion can be avoided.

(3) All medical supplies that are normally sterile should be procured in a sterile disposable package or through a central sterile supply point, rather than from a warehouse.

(4) Arrangements should be made to add IV solutions to Department of Human Resources aid stations lists, where military physicians are using the supplies.

(5) The question of availability of defibrillators from volunteer groups should be resolved as early as possible.

(6) A joint task group of military and Department of Human Resources personnel should be formed for the purpose of setting up and recouping aid station equipment on the 20th and 21st. This group should be formed early and ideally should also be the group that prepositions the supplies. They should have no other duties on the 20th and 21st.

(7) Equipment lists should be made up, reviewed and requested no later than 20 October. The physician reviewing the lists, should be made aware of the fact that changes in October are much easier than changes in January.

(8) Coffee for the personnel at the special events should be procured through the hotel/site coordinator.

e. General

(1) Move the aid station at 15th and New York further back from the parade route or provide police to prevent the aid station and ambulance from being hemmed in by the crowd.

(2) Provide an additional officer on Capitol Plaza and position him on the back of the press stand so that he may keep visual track of the ambulances and activity. Provide one additional roving team. Relocate the aid stations further to the north and south (i.e. closer to Library Drive and Maryland Ave.).

(3) Maintain closer liaison with hotel/building managers, site co-ordinators and Secret Service personnel in regards to aid stations at special events. This is particularly important in the final two weeks.

(4) Staff aid stations at special events only to the extent that analysis of 1973 and 1977 data plus a reasonable margin of safety would dictate.

Appendix 1

22 Dec 76

MEMORANDUM FOR RECORD
Subject: Planning meeting of Medical Subcommittee on 13 December 1976

1. Personnel Present:

COL Fred Dowdy, USA, Chairman
CDR James Esposito, USCG, Member
LCDR Donald Davis, USN, Member
CAPT John Power, USAF, Member
CDR Mack, USN, Physician/NSAMC
MAJ McWaters, USA, Physician/WRAMC
Dr. Raymond Standard, Director, Office of Bicentennial Programs
Mr. Carl Pace, Special Events Coordinator
Ms. Mary Berkeley, Acting Chief, Emergency Health Services
Mr. H. Wade Stiles, Coordinator, Emergency Health Services

2. Meeting consisted of a briefing of plans to date and a review of each section

3. Specific areas concerned

a. Location and number of aid stations for Inauguration/Parade support (Inclosure 1) were approved.

b. Staffing of aid stations and augumented ambulances for military (inclosure 2) for parade/inauguration were approved. Dr. Standard stated he would use the same criteria for D.C. furnished aid stations, but would use volunteer as well as D.C. physicians in these aid stations.

c. Numbers of aid stations for 1977 planned special events were approved; (inclosure 3). Location of aid stations were reviewed and approved except for the Visitor's Center and Statler Hilton. Another visit will be made to each and sites proposed.

d. Staffing of aid stations for special events were discussed. It was agreed that staffing would be 3 MD, 3 RN, and 3 LPN/EMT. Each station would be 1/3 military, 1/3 DC staffed, and 1/3 volunteer.

e. Ambulances. As a planning figure it was agreed that there should be one ambulance at each aid station, four augmented ambulances at Capital Plaza, two augmented ambulances at staging, one at parade CP, two in the vicinity of 14th St on the Mall, one on each side of intersections along the parade route. There should be three at each special event. The military will furnish one for each aid station staffed by military, four augmented ambulances at Capital Plaza, and two augmented ambulances at staging. Dr. Standard's group will ask for volunteers ambulance support. If the total number of volunteers fall short of the above, the group will discuss possible solutions at next meeting.

f. Cardiac units were discussed. It was decided not to have separate cardiac units at special events. There will be one physician at each event who is proficient in cardiac technique. One half will be furnished by military and 1/2 by civilian. Equipment and supplies for acute cardiac failure were discussed. Mr. Skiles stated DHR had equipment for only two locations. It was agreed that volunteer groups would be asked to supply equipment and if they could not the military hospitals would be canvased.

g. Uniforms for military were discussed; to be resolved later

h. Tickets for spouses of physicians were discussed. It was agreed to ask Inaugural Committee to allow physicians to purchase tickets for spouses.

i. I was agreed to meet again as needed on 1000 on 6 Jan 77 ocurred first.

Appendix IV:

Summary Report of
Number of Persons Treated During 1977 Inaugural Activities
By Complaint Category and By Type of Facility Giving the Treatment

Complaints	Parade						Parties			Special Events			Grand Total
	Military Sta.	Civilian Sta.	Military Amb	Civilian Amb	Red Cross Amb	Sub-Total	Military Sta.	Civilian/Military Station	Sub-Total	Military Sta.	Civilian/Military Station	Sub-Total	
Injuries													
Abrasions	2					2		1	1				3
Blisters	2					2		1	1		2	2	5
Bruises/Contusions		3				3		1	1	1		1	5
Cuts	3					3							3
Fractures	2			1		3							3
Hematoma											1	1	1
Lacerations	4	5	1			10		8	8		1	1	19
Puncture Wounds								2	2				2
Sprains/Strains	8	1				9		2	2		1	1	12
Splinters removed											1	1	1
Pain arm after fall		1				1							1
"Pushed down stairs"								1	1				1
Torn toenail								1	1				1
Reenforcement of cast											1	1	1
SKin													
Burns													
Rashes		1				1							1
Respiratory													
Asthma								2	2				2
Cold Symptoms	14					14							14
E.E.N.T.													
Ear	1	1	1			3	1	1					11
Eye				1		1				1		1	2
Nose													
Teeth			1			1	1	1					2
Throat							2	2					2
G.I.													
Abdominal pain/cramps	3	2		1		6	3	3					9
Diarrhea							1	1					1
Gas pains: G.I. Upset		1				1	4	4		2	2		11
Indigestion	2					2							2
Nausea/vomiting	7	1	1			9	4	4					13
Stomachache	1					1							1
Other													
Aching Knees										2	2		2
Alcohol intoxication							1	1					1
Backpain	1					1	1	1		2	2		11
Cardiac	2		1	1		4	2	2					6
Chest pain		1		1		2	2	2					4
Cold - various parts of body		13				13							13
Cramping	1					1							1
Diabetes	1	1				2	2	2					4
Emotional	1	1				2							2
Exhaustion/Tired/Weak	1	3		1		5	2	2					7
Fever	1					1							1
Frost bite		3				3							3
General malaise				1		1	1	1					2
Headache	5	12		1		18	35	35		9	9		62
Hiccoughs							1	1					1
Hypertension							1	1					1
Hypoglycemia	1					1	1	1					3
Lacerations - post surg.							1	1					1
Muscle spasm		1				1							1

Appendix 1[illegible]

Summary Patient Report – Page 2

Complaints	Parade: Military Sta.	Parade: Civilian Sta.	Parade: Military Amb.	Parade: Civilian Amb.	Parade: Red Cross Amb.	Parade: Sub-Total	Parties: Military Sta.	Parties: Civilian/Military Station	Parties: Sub-Total	Special Events: Military Sta.	Special Events: Civilian/Military Station	Special Events: Sub-Total	Grand Total
Other (cont'd.)													
Parkinson's Disease	1					1							1
Pregnancy	1					1							1
R. or L. L. Q. pain				1		1		2	2				3
Seizures	1					1							1
Shortness of breath	2					2		1	1				3
Shoulder/arm pain								1	1				1
Sore feet	2					2		3	3				5
Syncope	18	3	1	5		27		27	27		2	2	56
Vertigo	2	2		2		6		6	6				12
Wet-fell in pond		1				1							1
Wound of prior surg. proced., dressed		1				1							1
No Complaint Entered					26	26		2	2				28
Total Number of Persons Treated by Type of Facility	90	59	6	16	26	197		132	132	3	24	27	356
Attending Physician's Office, Capitol Hill Complaint Categories Not Available	33					33							33

Grand Total of Patients Treated 389

Report on Ambulances Dispatched

	Parade	Parties
Total number of ambulance requests	45	14
Number of transports to Hospitals	25	10
Number of patients transported to:		
Capitol Hill Hospital	9	1
George Washington University Hospital	16	6
Georgetown University Hospital		1
D.C. General Hospital		2
Number of transports to Medical Aid Stations	6	
Number of transports to Hotels, Buses, etc.	2	
Number of responses for which no service given/no patient found at scene	5	3
Number of requests for which no disposition entry made	3	
Number of cancellations of requests	1	
Number of requests handled by ambulance	3	
Number of requests to which two ambulances responded		1

Appendix 1a

Patient Statistics
Medical Subcommittee, Armed Forces Inaugural Committee

DATE	EVENT	No. of Patients Treated	No. of Patients Evacuated to Hospital
18 Jan. 1977	Ethnic Dance	4	0
19 Jan. 1977	Vice President's Reception	7	0
19 Jan. 1977	Celebrity Gala	3	0
19 Jan. 1977	Inaugural Committee Party	1	0
20 Jan. 1977	Inaugural Parade:		
	Capitol Plaza	48	4
	Capitol Physician's Office	33	1
	3rd & Penn. Ave.	7	1
	Jefferson & 4th Sts., S.W.	3	0
	4th & Wash. Sts.	12	2
	15th & N. Y. Ave., N.W.	12	4
	17th & G Sts., NW	8	2
	19th & Const. Ave.	0	0
	Staging Area, Bolling AFB	4	0
20 Jan. 1977	Inaugural Balls:		
	D. C. Armory	36	1
	National Visitors Center	38	1
	Park Sheraton Hotel	14	1
	Mayflower Hotel	5	0
	Washington Hilton Hotel	14	0
	Shoreham Hotel	8	0
	Capitol Hilton Hotel	5	1
	Pension Building	12	0
21 Jan. 1977	Square Dance	12	0
	TOTALS	286	18

Military Personnel Requirements

e	Time	Events	Exp Croud	Aid Stations #	MD	CPR	N	TECH	DRIVER	RESP
h	1900-2400	Visitor Center Folk Dance	5000	1	2	1	1	2	0	AF/N
h	1100-1300	V.P. Reception -	4,0000	1	* 1/1	1/1	1/1	2	0	USA
	1500-1700	Pension Bldg	4,000		0	0	0	1	1	USA
	1700-2400	Celebrity Show &	2,200	1	1	1	1	2	0	USAF
		Reception Kennedy Center			0	0	0	1	1	USAF
h	2100-0100	Party-DC Armory	10,000	1	3	0	1	2	0	USA
				2	2	0	1	3	0	USA
h	2100-0100	Party-Visitor's Center	20,000	1	2	1	1	2	0	USA
				2	2	0	1	2	0	USA
				3	1	0	1	2	0	USA
				4	1	0	1	3	0	USA
h	2100-0100	Party-Park Sheraton	8,000	1	0	1	1	2	0	USN
				2	3	0	1	2	0	USN
h	2100-0100	Party-Mayflower	4,000	1	2	0	1	3	0	USAF
h	2100-0100	Party-Washington Hilton	13,000	1	3	0	2	4	0	USAF
				2	3	0	1	3	0	USAF
h	2100-0100	Party-Shoreham	5,000	1	1	0	1	3	0	USN
h	1900-0100	Dinner & Party Statler-Hilton	2,000	1	1	1	1	3	0	USAF
h	1900-0100	Pension Bldg	5,000	1	1	1	1	2	0	USA
t	1900-2400	Visitor's Center	5,000	1	1	0	0	2	0	USA

Appendix 2

Capital Hill Personnel Requirements (USN)

	CODE #	MD	RN	CORPSMEN	DRIVER	OTHER	RESPONSIBILITY
Aid Station	1A	2	2	4			USN
Aid Station	1B	2	2	4			
Capital Augmentation Team	1	2	1	4			
Roving Team				2			
Roving Team				2			
Roving Team				2			
Roving Team				2			
Ambulance		1		2	1		
Ambulance		1		2	1		
Ambulance		1		2	1		
Admin Ass't						1	
TOTAL	9	9	5	26	3	1	

WHITE HOUSE AMBULANCE

MD	RN	CORPSMEN	DRIVER	RESPONSIBILITY
1	0	2	1	USN

Appendix 2

Staging Area Personnel Requirements

Bolling Clinic (open) Normal Staff w/ambulance

	MD	RN	CORPSMEN	DRIVER	OTHER	RESPONSIBILITY
Ambulance	1		2	1		USA
Ambulance	1		2	1		USAF
TOTAL	2		4	2		

Assembly Area Personnel Requirements

	CODE #	MD	RN	CORPSMEN	DRIVER	OTHER	RESPONSIBILITY
Aid Station 4th & Jefferson	6	2	2	3	1		USA
Ambulance				1	1		
Aid Station 7th & Jefferson	7	2	2	3	1		USA
Ambulance				1	1		
Aid Station 3rd & Penn.	5	2	2	3	1		USAF
Ambulance				1	1		
TOTAL		6	6	12	6		

Appendix 2

Parade Route Personnel Requirements

	CODE #	MD	RN	CORPSMEN	DRIVER	OTHER	RESPONSIBILITY
Aid Station 15th & N.Y.	16	2	2	3	1		USN
Ambulance				1	1		
Aid Station 17th & G	21	2	2	3	1		USAF
Ambulance				1	1		
TOTAL		4	4	8	4		

Dispersal Area Personnel Requirements

Rader Clinic (open) normal staffing w/ambulance

	CODE #	MD	RN	CORPSMEN	DRIVER	OTHER	RESPONSIBILITY
Aid Station 19th & Const	24	2	2	3	1		USA
TOTAL		2	2	3	1		

Appendix 3

Military Medical Personnel Service Breakdown

Requirements

RESPONSIBILITY	DATE	AREA	MD	RN	TECH	DRIVER	AMB	AMBUS
USA	19th	Pension Bldg (split teams)	2/2	1/1	3	1	1	0
	20th (DAY)	Staging	1	0	2	1	1	0
		Assembly	4	4	8	4	2	2
		Dispersal	2	2	3	1	0	1
	20th (NIGHT)	Armory	5	2	5	0	0	0
		Visitor Ctr	7	4	9	0	0	0
		Pension Bldg	2	1	2	0	0	0
	21st	Visitors Ctr	1	0	2	0	0	0
		TOTAL	26	15	34	7	4	3
USAF	18th	Visitor Ctr	2	1	0	0	0	0
	19th	Kennedy	2	1	3	1	1	0
	20th (NIGHT)	Staging	1	0	2	1	1	0
		Assembly	2	2	4	2	1	1
		Parade	2	2	4	2	1	1
	20th (NIGHT	Statler-Hilton	2	1	3	0	0	0
		Mayflower	2	1	3	0	0	0
		Wash Hilton	6	3	7	0	0	0
		TOTAL	19	11	26	6	4	2
USN	18th	Visitor Ctr	1	0	2	0	0	0
	20th (DAY)	Capital Hill	9	5	26	3	3	0
		Parade	2	2	4	2	1	1
		White House	1	0	2	0	0	0
	20th (NIGHT)	Shoreham	1	1	3	0	0	0
		Sheraton Park	4	2	4	0	0	0
		TOTAL	18	10	41	5	5	1

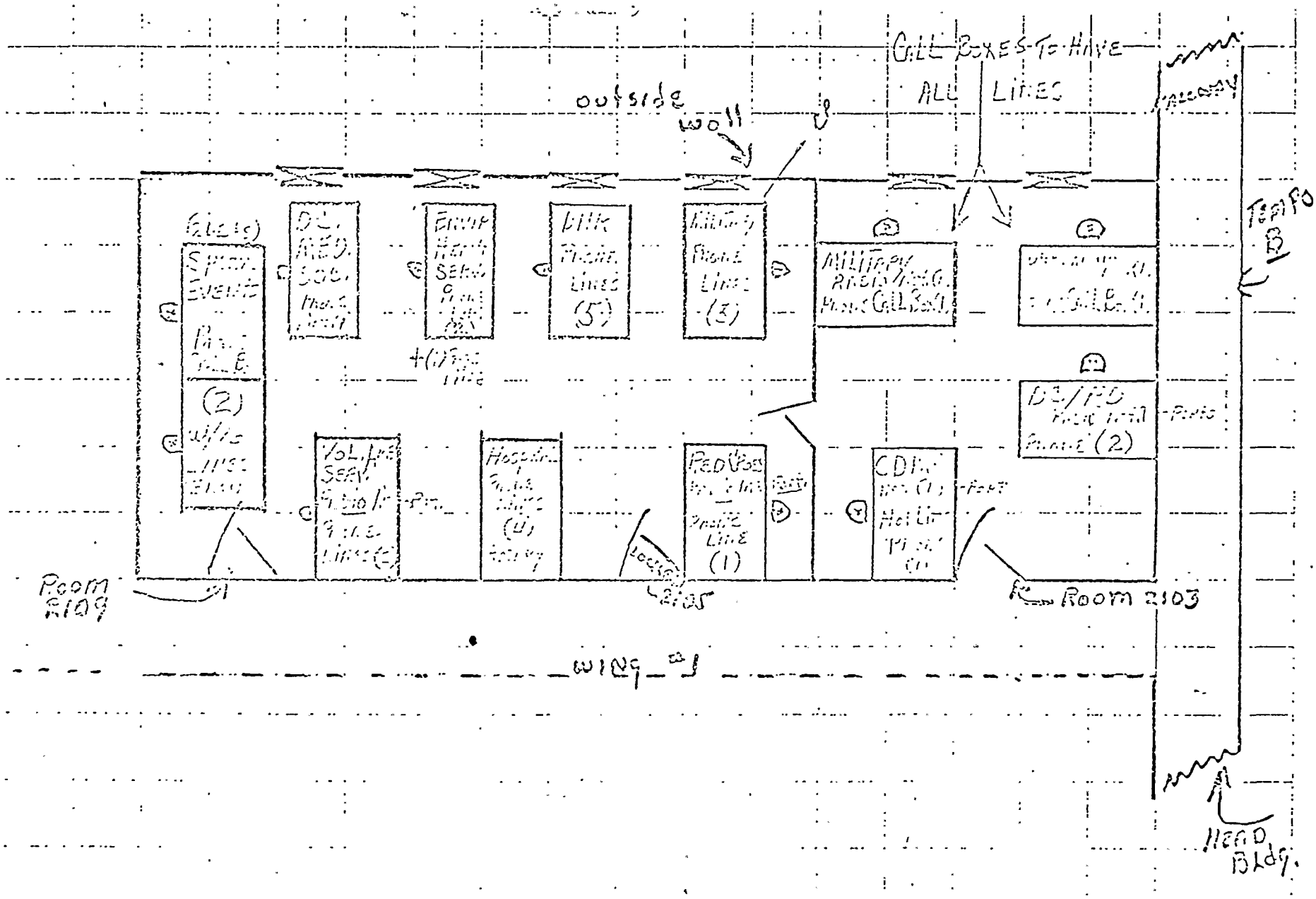
Appendix 4

MEDICAL COMMUNICATIONS PLAN
PARADE, 20 Jan 77

:IT/FACILITY	LOCATION	TELE	RADIO
:DICAL COMMAND POST	RM 2103, TEMPO B, FT MCNAIR Radios used Parade Command: PRC-77 and 1 spare Medical Command: PT-400 for each NET plus a spare for each NET. NET MEDIC I PT-400's	Yes (3) Plus PL To Parade CP	Yes
: Force Ambulance	Staging, Command Post	No	Yes
.y Ambulance	Staging, Parking Area Four (Repositioned later at Aid Station # 24)	No	Yes
.d Station 5 (AF)	3rd & Penn. Ave. NW; SE corner	Yes	No
r Force Ambulance	Same as above	No	Yes
.d Station 6 (A)	4th & Jefferson SW; NE corner	Yes	No
.y Ambulance	Same as above	No	Yes
d Station 7	4th & Washington NW; NW corner	Yes	No
y Ambulance	Same as above	No	Yes
d Station 16 (N)	15th & New York NW; SE corner	Yes	No
vy Ambulance	Same as above	No	Yes
d Station 21 (AF)	17th & G St NW; SW corner	Yes	No
r Force Ambulance	Same as above	No	Yes
d Station 24	19th & Constitution NW; NW sidewalk	Yes	No
.p David Ambulance	White House Grounds (Spare Radio)	____	Yes

Appendix 4

NIT/FACILITY	LOCATION	TELE	RADIO
	NET MEDIC II PT-400's		
id Station One pital Physicians Office	Capital Building	Yes	Yes
d Station 1A vy Staffed	Capital Grounds, East Front, North Side, East Capital St. (Plus private line to Aid Station One)	Yes	No
id Station 1B vy Staffed	Capital Grounds, East Front, South Side, East Capital St. (Plus private line to Aid Station One	Yes	No
vy Ambulance	Capital Grounds; Library Drive	No	Yes
vy Ambulance	Capital Grounds; Maryland Ave. Drive	No	Yes
vy Ambulance	Capital Grounds; East Capital Street	No	Yes
pital Ambulance	Capital Grounds, East Front, South side of entrance to Capital Bldg.	No	Yes
ving Team One	Capital Grounds, Spectator Area	No	Yes
ving Team Two	Capital Grounds, Spectator Area	No	Yes
ving Team Three	Capital Grounds, Spectator Area	No	Yes
ving Team Four	Capital Grounds, Spectator Area	No	Yes
ain Ass't jg Taylor	Roving Capital grounds & Capital (Spare Radios; 2)	No	Yes



CALL BOXES TO HAVE ALL LINES
outside wall
Room 2109
Room 2103
Head Bldg.

Appendix 6

AID STATION #_____

LOCATION _____.

RECEIPT FOR MEDICAL SUPPLIES AND EQUIPMENT FROM AFIC MEDICAL SUBCOMMITTEE

LOC.CD	FEDERAL STOCK NO.	NOMENCLATURE	QTY REC.	U/I	QTY RET.	PRESCRIPTION
L	6505 00 965 2439	OXYGEN, USP	00002	EA	_____	_____
L	6515 00 935 6592	SPLINT, PNEUMATIC ARM	00002	EA	_____	_____
L	6515 00 935 6593	SPLINT, PNEUMATIC LEG	00002	EA	_____	_____
C	6515 00 660 0046	AIRWAY, PLASTIC, ADULT/CHILD	00002	EA	_____	_____
C	6515 00 372 1200	SPLINT, BASSWOOD 12s	00001	PG	_____	_____
C	6530 00 161 7679	BASIN, EMESIS, PLASTIC	00006	EA	_____	_____
C	6530 00 771 0105	BASIN, WASH 7 qt	00001	EA	_____	_____
C	6515 00 363 8480	SCISSOR, BANDAGE 7½ IN.	00002	EA	_____	_____
A	6530 00 771 7025	BED PAN CRS.	00001	EA	_____	_____
A	6530 00 113 3723	URINAL, MALE, DISP	00005	PG	_____	_____
B	6530 00 793 9600	TRAY, INSTRUMENT	00001	EA	_____	_____
C	6530 00 663 1556	PIN, SAFETY 12s	00002	CD	_____	_____
C	7210 00 716 7000	PILLOW, FEATHER	00001	EA	_____	_____
C	6515 00 383 0565	TOURNIQUET, NON PNEUMATIC	00002	EA	_____	_____
A	6530 C95 1290	SURGICAL PACK, DISP. OB	00002	EA	_____	_____
B	6510 00 203 5500	TAPE, ADHESIVE, SURG ASSORT	00001	EA	_____	_____
B	6515 00 905 1473	APPLICATORS, COTTON TIPPED	00050	PG	_____	_____
L	6530 00 137 3016	PAD, LITTER	00002	EA	_____	_____
A	6530 00 786 4635	PAD, HEATING, CHEMICAL	00004	EA	_____	_____
B	6510 00 200 5000	BANDAGE, GAUZE, ROLLER 3"	00001	PG	_____	_____
C	6510 00 201 1755	BANDAGE, MUSLIN, TRIANGLE	00012	EA	_____	_____
L	7210 00 715 8000	BLANKET, BED, WOOL	00005	EA	_____	_____
L	6530 00 783 7905	LITTER, FOLDING	00002	EA	_____	_____
L	6530 00 660 0034	SUPPORT, LITTER	00001	PR	_____	_____
B	6515 00 371 3100	SPHYGMOMANOMETER, ANEROID	00002	EA	_____	_____
B	6515 00 935 4088	STETHESCOPE, COMBINATION	00002	EA	_____	_____
C	6515 00 373 2100	SPLINT, WIRE LADDER	00005	EA	_____	_____
L	DER	AMBU- BAG	00001	EA	_____	_____
L	6530 00 704 3030	WHEELCHAIR	00002	EA	_____	_____
B	6510 00 913 5874	SKIN CLOSURE, ADHESIVE ¼"	00001	BX	_____	_____
B	6515 00 926 9043	SYRINGE, CARTRIDGE	00002	EA	_____	_____

LOC. CD	FEDERAL STOCK NO.	NOMENCLATURE	QTY REC.	U/I	QTY RET.	PRESCRIPTION
B	6505 00 106 0875	INHALANT, AMMONIA AMP	00004	PG	_____	_____
B	6505 00 159 6625	BACITRACIN OINTMENT 12s	00004	EA	_____	_____
B	6505 00 687 4534	CALAMINE LOTION 4oz	00004	BT	_____	_____
B	6505 00 181 7296	LOZENGES, (CEPACOL)	00001	BX	_____	_____
B	6505 00 135 2881	CHARCOAL, ACTIVATED 15gm	00001	BT	_____	_____
A	6505 00 685 5442	DEXTROSE ,RINGERS 1000cc	00003	BT	_____	_____
A	6505 00 116 4600	DEXTROSE 5% 1000cc	00003	BT	_____	_____
B	6505 00 116 8350	BENADRYL 50mg, 50s (CAPS)	00001	BT	_____	_____
B	6505 00 116 1740	DETERGENT, SURGICAL 5oz	00001	BT	_____	_____
C	6515 00 793 2000	THERMOMETER, ORAL	00006	EA	_____	_____
B	6515 00 793 2075	THERMOMETER, RECTAL	00006	EA	_____	_____
B	6840 00 531 7883	DISINFECTANT, GERMICIDAL	00001	QT	_____	_____
B	6505 00 100 9985	ASPIRIN 100s	00004	BT	_____	_____
B	6505 00 149 0121	MYLANTA TABs	00002	BX	_____	_____
B	6510 00 786 3736	PAD, ISOPROPYL 100s	00001	PG	_____	_____
B	6510 00 200 7013	BANDAGE, GAUZE TUBULAR7/8	00001	RL	_____	_____
C	6510 00 201 4150	ball, cotton	00100	EA	_____	_____
B	6510 00 935 5821	BANDAGE, COTTON, ELAS 3"	00001	PG	_____	_____
B	6510 00 935 5823	BANDAGE, COTTON, ELAS 6"	00001	PG	_____	_____
B	6510 00 056 4421	SPONGE, SURGICAL 2X2	00100	EA	_____	_____
B	6510 00 203 8448	SPONGE, SURGICAL 4X4	00001	PG	_____	_____
B	6515 00 324 5500	DEPRESSOR, TONGUE, WOOD	00001	BX	_____	_____
B	6510 00 202 0000	GAUZE, PETROLATUM	00001	PG	_____	_____
B	6515 00 462 7343	SYRINGE, 3cc	00010	EA	_____	_____
B	6515 00 754 0412	SYRINGE, HYPO, DISP 10cc	00010	EA	_____	_____
B	6515 00 754 2634	NEEDLE, HYPO, DISP 18ga	00010	EA	_____	_____
C	6510 00 559 6130	PAD, SANITARY 12s	00001	PG	_____	_____
B	6510 00 597 7469	BANDAGE, ADHESIVE 100s	00001	BX	_____	_____
B	6505 00 116 9660	DRAMAMINE TABS 50mg 100s	00001	BT	_____	_____
B	6505 00 153 8379	EUCONOL USP 10Z	00001	BT	_____	_____
B	6505 00 153 8400	HYDROGEN PEROXIDE	00001	BT	_____	_____
REFER	6505 00 118 1138	INSULIN, ISOPHANE U-100 10ml	00001	VI	_____	_____
B	6515 00 149 0120	SYRINGE and NEEDLE,INSULIN	00006	EA	_____	_____
B	6505 00 926 9197	IPECAC SYRUP USP 30ml	00001	BT	_____	_____
B	6505 00 149 1439	ISOPROPYL ALCOHOL 1qt	00001	BT	_____	_____
B	6505 00 090 1657	KAOLIN ,PECTIN SUSP. 30ml	00001	BT	_____	_____
B	6505 00 914 3593	IODINE SOL USP ½ FLUID OZ	00005	EA	_____	_____
A	6505 00 153 8651	SODIUM CHLORIDE INJ. 1000ml	00003	BX	_____	_____
C	6505 00 559 6859	TEST PAPER, GLUCOSE 100 TEST	00001	RL	_____	_____

Appendix 6

LOC. CD	FEDERAL STOCK NO.	NOMENCLATURE	QTY REC.	U/I	QTY RET.	PRESCRIPTION
B	6505 00 133 7000	MINERAL OIL (CHAP BALM)	00001	BT	_____	_____
B	6515 00 089 2791	I V SET PEDIATRIC 21ga	00002	SE	_____	_____
B	6515 00 117 9021	I V SET 20GA	00009	SE	_____	_____
A	7210 00 299 9610	TOWEL, HAND	00006	EA	_____	_____
A	6210 00 144 6032	SHEET, BED, DISP	00001	PG	_____	_____
B	6530 00 112 0132	BOTTLE, GLASS 2 OZ	00011	EA	_____	_____
B	6530 00 112 0135	BOTTLE, GLASS 3 OZ	00012	EA	_____	_____
B	6505 00 584 3131	LIDOCAINE HCL JELLY 30ml	00001	TU	_____	_____
B	6505 00 079 7867	NALONONE HCL INJ (NARCAN)	00002	BX	_____	_____
C	6515 00 226 7692	GLOVES, PLAS, DISP	00010	EA	_____	_____
C	6515 00 660 0011	BLADE, SURGICAL KNIFE #10	00002	PG	_____	_____
B	6515 00 333 2200	FORCEPS, DRESSING 3½"	00001	EA	_____	_____
C	6515 00 660 0010	BLADE, SURGICAL KNIFE #11	00002	PG	_____	_____
C	6680 00 359 6300	REGULATOR 02	00001	EA	_____	_____
C	6515 00 883 6122	MASK 02, W/TUBE	00001	EA	_____	_____
C		PILLOW CASES, DISP	00006	EA	_____	_____
C	7530 00 982 0065	LABEL, PRESSURE SEN	00001	BX	_____	_____
B	6515 00 754 2839	NEEDLE, 23GA	00010	EA	_____	_____
C	6510 00 201 2890	BURN PACK	00001	EA	_____	_____
B	6505 00 117 7327	TYLENOL TABS	00001	BX	_____	_____
C	6515 C97 3564	TRACH TUBE, ADULT SZ 10	00002	EA	_____	_____
C	6515 C97 3644	TRACH TUBE, CHILD SZ 2	00002	EA	_____	_____
C		TRACH TRAY	00002	EA	_____	_____
C		WRENCH OXYGEN	00001	EA	_____	_____
REFER		TETANUS USP 7.5cc	00002	VI	_____	_____

PLEASE NOTE: ALL EQUIPMENT AND SUPPLIES FURNISHED ARE WAREHOUSE STOCK. ALL ITEMS RETURNED IN THE CONDITION SUCH THAT THEY CANNOT BE REUSED AS NEW, WILL HAVE TO BE PURCHASED BY THE INAUGURAL COMMITTEE. THEREFORE, IT IS REQUESTED THAT ITEMS NOT BE REMOVED FROM THEIR ORIGIONAL CONTAINERS UNLESS IT IS NECESSARY TO PERFORM YOUR MISSION.

LOC. CD	FEDERAL STOCK NO.	NOMENCLATURE	QTY REC.	U/I	QTY RET.	PRESCRIPTION
L		Sign-Medical Aid	00001	EA	_____	_____
L	1240-00-089-3827	Can, Water, 5 gal	00002	EA	_____	_____
L		Locker, Foot, Cardboard	00003	EA	_____	_____
L	7105-00-269-9275	Table, folding leg, wooden	00002	EA	_____	_____
L	7105-00-269-1092	Chair, Folding	00001	EA	_____	_____
L		Waste Receptacle, 5 gal	00002	EA	_____	_____
C	8105-00-655-8285	Bag, Plastic, medium, 5gal	00006	EA	_____	_____
C	6230-242-0005	Flashlight, 2 cell	00001	EA	_____	_____
C	6135-835-7211	Battery, Size D	00002	EA	_____	_____
C	7350-00-162-3006	Cups, Paper, Drinking 1000's	00001	EA	_____	_____
L	7105-00-268-1939	Cot, folding, Field	00001	EA	_____	_____
C	8540-00-262-7178	Towel, paper, 50's	00001	EA	_____	_____
C	8135-178-9145	Tag, blank, manila 100's	00010	EA	_____	_____
L		Chest, ice, foam	00010	EA	_____	_____

RECEIVED BY: _____
DATE: _____

RECEIVED BY: _____
DATE: _____

Appendix 7.

EMERGENCY DRUG/DOCTOR BAG # _____

LOCATION _____

RECEIPT FOR MEDICAL SUPPLIES AND EQUIPMENT FROM AFIC MEDICAL SUBCOMMITTEE

FEDERAL STOCK NO.	NOMENCLATURE	QTY REC.	U/I	QTY RET.	PRESCRIPTION
6505 00 105 9500	Aminophylin Inj	00002	EA	_____	_____
6505 00 141 3720	Amobarbital	00002	EA	_____	_____
6505 00 753 9601	Metaraminol	00002	BT	_____	_____
6505 00 754 2547	Atropine Inj.	00001	BT	_____	_____
6505 00 148 7177	Benadryl	00001	VI	_____	_____
6505 00 958 1719	Calcium Chloride	00001	VI	_____	_____
6505 00 116 4800	Dextrose Inj.	00001	BT	_____	_____
6505 00 531 7761	Digoxin, (Lanoxin)	00003	EA	_____	_____
6505 00 133 4449	Adrenaline	00005	BT	_____	_____
6505 00 890 1289	Isuprel	00001	EA	_____	_____
6505 00 435 0377	Lasix	00001	PG	_____	_____
6505 00 559 8456	Sodium Chl. Inj.	00003	EA	_____	_____
6505 00 530 6895	Sodium Bicarb Inj.	00003	EA	_____	_____
6505 00 100 9985	Aspirin	00001	BT	_____	_____
6505 00 106 0875	Ammonia Inhalant	00001	PG	_____	_____
6505 00 687 3662	Nitroglycerin Tab	00001	BT	_____	_____
6515 00 719 7217	Syringe & Needle 25 ga.	00005	EA	_____	_____
6515 00 462 7348	Syringe, 3 cc	00005	EA	_____	_____
6515 754 2839	Needle, Hypo, 23 ga.	00005	EA	_____	_____
6505 00 375 8955	Valium, 10 mg Inj. (1-VI)	1	VI	_____	_____
6505 00 117 5679	Valium, 5 mg Tab	1	BX	_____	_____

Appendix (

FEDERAL STOCK NO.	NOMENCLATURE	QTY REC.	U/I	QTY RET.	PRESCRIPTION
6515 00 660 0046	Airway, plastic adult/child	00001	EA	_____	_____
6515 00 383 0565	Tourniquet, non pneumatic	00001	EA	_____	_____
6515 00 926 9043	Syringe Cartridge	00001	EA	_____	_____
6515 00 324 5500	Depressor, tongue, wood 100's	00010	EA	_____	_____
6510 00 890 1372	Adhesive Tape, Surg 1"x10yds 12's	00001	PG	_____	_____
6515 00 905 1473	Applicators, Cotton Typid, Steril 2000's	00010	EA	_____	_____
6510 00 597 7469	Bandage Adhesive 100s	00010	EA	_____	_____
6510 00 054 7256	Skin Closure Adhesive 250's	00010	EA	_____	_____
6510 00 786 3736	Pad, Isopropyl Alcohol 100's	00010	EA	_____	_____
6515 00 935 4088	Stethescope, Combination	00001	EA	_____	_____
6515 00 226 7692	Gloves, plastic desposable, sterile 100s	00004	EA	_____	_____
6515 00 660 0011	Blade Surgical Knife #10 6's	00001	PG	_____	_____
6515 00 660 0010	Blade Surgical Knife #11 6's	00001	PG	_____	_____
6515 00 344 7800	Handle, Surg. Knife #3	00001	EA	_____	_____
6515 00 363 8840	Scissors, bandage 7 1/4	00001	EA	_____	_____
6510 00 058 4421	Sponge, Surgical 2x2 3000's	00010	EA	_____	_____
	Chapstick		2 EA	_____	_____
	Light, Exam		1 EA	_____	_____
	Compazine, Inj.		1 BT	_____	_____

RECEIVED BY: _____
DATE: _____

RECEIVED BY: _____
DATE: _____

Appendix 8

MEDICAL AID BAG#_____

LOCATION_____

RECEIPT FOR MEDICAL SUPPLIES AND EQUIPMENT FROM AFIC MEDICAL SUBCOMMITTEE

FEDERAL STOCK NO.	NOMENCLATURE	QTY REC.	U/I	QTY RET.	PRESCRIPTION
6505 00 117 7327	Tylenol tab	00020	EA	_____	_____
6505 00 149 0121	Mylanta II	00012	EA	_____	_____
6510 00 058 4421	Sponge, Surgical(2X2	00001½	BX	_____	_____
6510 00 786 3736	Pad, Isopropryl	00010	EA	_____	_____
6505 00 181 7296	Lozenges	00010	EA	_____	_____
6515 00 333 2200	Forceps	00001	EA	_____	_____
6515 00 905 1473	Applicators,Cotton	00012	EA	_____	_____
	Chapstick	00001	EA	_____	_____

THE ABOVE LISTED ITEMS AND THEIR QUANTITIES ARE IN ADDITION TO THE BELOW LISTED KIT.

6545 00 927 4960	Medical Set	00001	EA	_____

RECEIVED BY:_____.
DATE:_____.

RECEIVED BY:_____.
DATE:_____.

PLEASE NOTE: ALL EQUIPMENT AND SUPPLIES FURNISHED ARE WAREHOUSE STOCK. ALL ITEMS RETURNED IN THE CONDITION SUCH THAT THEY CANNOT BE REUSED AS NEW, WILL HAVE TO BE PURCHASED BY THE INAUGURAL COMMITTEE. THEREFORE, IT IS REQUESTED THAT ITEMS NOT BE REMOVED FROM THEIR ORIGIONAL CONTAINERS UNLESS IT IS NECESSARY TO PERFORM YOUR MISSION.

Appendix 9

CAPITOL AUGUMENTATION TEAM

MEDICAL SUPPLIES

Airway Equipment:

2 "C" cell larygngeal handles with batteries
1 Miller #3 larygngoscopy blade with bulb
1 Miller #2 larygngoscopy blade with bulb
1 MacIntosh #3 largngoscopy blade with bulb
3 8.0mm soft-cuff endotracheal tubes
3 7.0mm soft-cuff endotracheal tubes
3 6.0mm soft-cuff endotracheal tubes
2 Copper wire stylets for endotracheal tubes
3 #5 oropharygneal airways
3 #4 oropharygneal airways
3 #3 oropharygneal airways
3 Nasopharyngeal airways, 34 Fr.
2 Tracheostomy tubes, Portex, 6 Fr.
2 Tracheostomy tubes, Portex, 8 Fr.
3 "E" cylinder O_2 tanks with reducing valves, flow meters & Mapleson "D" breathing apparatus.
3 "E" cylinder O_2 tank stands
3 Ambu bags with O_2 connector tubing
1 Anesthesia mask, small
1 Anesthesia mask, medium
1 Anesthesia mask, large
1 Face mask strap
3 O_2 masks, plastic, with O_2 connecting tubing
1 GE portable ventilator (see Dr. M. Mills, Dept. of T-Surgery)

Surgical Equipment:

2 Chest tube insertion trays
1 Minor OR tray
1 Tracheostomy tray
5 Knife blades, #11
5 Knife blades, #15
5 Knife blades, #[illegible]
4 Packs Silk ligatures, 0, 18"
4 Packs Silk ligatures, 2-0, 18"
4 Packs Silk ligatures, [illegible]

Dressings:

1 Box 4x4's gauze sponges
10 ABD's dressings, small
10 ABD's dressings, large
10 Kerlix gauze dressings
10 Kling gauze dressings
10 PEG wrap, 3"
1 Box bandaids
4 Triangular bandages
1 Box petroleum gauze 3x6"
1 Bottle surgical adhesive
1 Bandage scissor, large
3 Rolls adhesive tape, 2", waterproof
3 Rolls adhesive tape, ½", waterproof
1 Roll umbilical tape
1 Box steristrips, ¼"
10 Eye patches

Accessories:

1 EKG moniter/defibrillator, portable (see Dr. McKay, Dept. Anethesia)
4 Set EKG electrodes for above EKG moniter
1 Suction appartus, portable (see Dr. McKay, Dept. Anesthesia)
6 Chest tubes, plastic, 32 Fr.
4 Heimlich valves
1 PleuroVac with stand
2 Pneumatic splints, arm
2 Pneumatic splints, short-leg
1 Pneumatic splints, long-leg
3 Blood pressure cuffs, adult
2 Stethoscopes
3 Penrose drains, 1"
2 Yankquar suction tips, plastic
2 Nasogastic tubes, 18 Fr., Salcum Sump
4 Suction catheters, 18 Fr.
2 Plastic disposable tubing
2 Stretchers, foldable with wooden poles

Fluids:

2 Boxes Ringer's lactate, 1000cc, plastic bags
15 IV administration sets
12 3-way stopcocks, plastic
15 IV extension tubing sets
2 Bottles Normal saline, 1500cc

Medications:

1 tube lidocaine ointment
1 tube lidocaine jelly
2 bottles atropine, 0.4mg/cc
2 bottles curare, 3mg/cc
4 syringes sodium pentothal, 2.5%
2 ampules ephedrine, 25mg/cc
2 bottles succinylcholine, 20mg/cc
3 sets epinephrine, intracardia, 1:10,000
5 sets sodium bicarbonate, 1meq/cc
1 box dextrose 50%, 50cc/amp
2 ampules calcium chloride, 100mg/cc
4 ampules epinephrine, 1:1,000
4 ampules neosynephrine 10mg/cc
4 ampules dopamine, 200mg
4 ampules levophed
1 ampule isurprel, 1:1,000
3 packs lidocaine, 100mg/10cc
2 ampules aminophyllin
10 ampules valium, 5mg/cc
4 tubex morphine, 10mg
1 tubex injector
2 bottles decadron, 10mg
4 ampules inderal, 1mg/cc
4 ampules lasix, 20mg/2cc
2 ampules narcan
1 bottle nitroglycerin, 1/150gr

2 ampules thoracine, 50mg/cc
1 bottle tensilon
1 box sodium chloride ampules, 5cc
1 box sterile water ampules, 5cc
1 bottle cocaine, 10%
2 bottles betadine spray
1 box alcohol sponges

Syringes & Needles:

10 Syringe, 1cc
10 Syringes, 10cc
5 Syringes, 30cc
20 Needles, 25g.
20 Needles, 21g.
10 Needles, 18g.
10 Medicuts, 16g
10 Medicuts, 18g
10 Medicaths, large 8"

Additions

1 portable OR light

1 portable OR table

Appendix 10

MISCELLANEOUS ITEMS
USED BY
MEDICAL SUBCOMMITTEE

ITEM	PURPOSE	SOURCE
GP tents with lights, heat nd flooring	2 Used as military aid stations on Capitol Plaza 3 Used by ARC on Pershing Sq. for aid stations and comfort stations for DAV and CMH recipients	AFIC, Logistics Subcommittee
5 Tool Boxes	Emergency drug box	AFIC, Logistics Subcommittee
0 Cardboard storage boxes	To transport and store Aid Station supplies	AFIC, Logistics Subcommittee
0 Wooden Aid Station signs free standing)	To indicate Aid Stations and to give directions on Capitol Plaza	AFIC, Logistics Subcommittee
Portable suction apparatus manual)	To provide suction at Aid Stations	Dept of Human Resources
Hospital suction apparatur AC)	To provide suction at Aid Stations	NNMC, Bethesda
Portable suction apparatus attery)	To provide suction at Aid Stations	NNMC, Bethesda
Cardiac drug boxes	To provide Aid Stations at Special Events	NNMC, Bethesda
Defibrillators	To provide Aid Stations at Special Events	2 NNMC, Bethesda 2 WRAMC 1 MGUSAFMC

Appendix 11

BUDGET AND EXPENSE REPORT

BUDGET REQUEST

Medical Supplies & Equipment	$4000.00
Aid Station Equipment (nonmedical)	3000.00
Heaters, Aid Stations	300.00
Signs	100.00
Contingency	600.00
	$8000.00

DIRECT EXPENSES

Medical Equipment & Supplies (consumed lost or damaged)	$482.97
Cardboard Boxes - 30 (to assemble medical supplies)	70.76
Tool Boxes - 16 (for emergency drugs)	287.87
Tables - 4 (unaccountable loss)	46.40
	$888.00

Patient Statistics
Medical Subcommittee, Armed Forces Inaugural Committee

DATE	EVENT	No. of Patients Treated	No. of Patients Evacuated to Hospital
18 Jan. 1977	Ethnic Dance	4	0
19 Jan. 1977	Vice President's Reception	7	0
19 Jan. 1977	Celebrity Gala	3	0
19 Jan. 1977	Inaugural Committee Party	1	0
20 Jan. 1977	Inaugural Parade:		
	Capitol Plaza	48	4
	Capitol Physician's Office	33	1
	3rd & Penn. Ave.	7	1
	Jefferson & 4th Sts., S.W.	3	0
	4th & Wash. Sts.	12	2
	15th & N. Y. Ave., N.W.	12	4
	17th & G Sts., NW	8	2
	19th & Const. Ave.	0	0
	Staging Area, Bolling AFB	4	0
20 Jan. 1977	Inaugural Balls:		
	D. C. Armory	36	1
	National Visitors Center	38	1
	Park Sheraton Hotel	14	1
	Mayflower Hotel	5	0
	Washington Hilton Hotel	14	0
	Shoreham Hotel	8	0
	Capitol Hilton Hotel	5	1
	Pension Building	12	0
21 Jan. 1977	Square Dance	12	0
	TOTALS	286	18

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01052479

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016 CALL NUMBER (30AN)

005 IRIS NUMBER (10AN) 01052479

026 OLD ACCESSION NUMBER (12AN)

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REVIEW ON

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HISTORY OF THE

MALCOLM GROW USAF MEDICAL CENTER

1 JULY 1976 - 30 SEPTEMBER 1976

01052479

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I. COMMAND CHANGEOVER

1 July 1976 marked a pivotal day in the history of the Malcolm Grow USAF Medical Center (MGMC). On that day, MGMC's parent command since the Center was built in 1958, Headquarters Command, was disestablished, and the Center became part of the Military Airlift Command (MAC). Under Headquarters Command, the Commander, Malcolm Grow USAF Medical Center, wore two hats -- as Director, Base Medical Services (DBMS) and Command Surgeon, Headquarters Command. With the changeover to MAC, only the DBMS designation was retained. As part of MAC, the Malcolm Grow Medical Center joined the David Grant Medical Center and the USAF Medical Center Scott as the third major medical center in the Military Airlift Command.

II. SPECIAL SUPPORT PROJECTS

The paint was not yet dry on the Center's MAC emblems when it was called upon to provide a number of special support services for the various bicentennial activities taking place in the nation's capital.

On 3 July 1976, the MGMC's clinic at Bolling AFB provided medical support at the staging area for the Happy Birthday America parade -- the largest single parade ever conceived of in the U. S. On 3 and 4 July, the Malcolm Grow Medical Center staffed and equipped the first-aid station at the Andrews AFB Open House. The 2-day event offered the public a brief bicentennial bonanza of static airplane displays, aerial demonstrations, and a performance of the USAF Thunderbirds. The aid station, set up in an ambulance-bus and staffed by 25 MGMC doctors, nurses, medical technicians and administrative personnel, cared for the medical needs of crowds estimated at 75,000 on 3 July and 150,000 on 4 July.

III. RESERVE ACTIVITIES

Beginning on 18 July 1976, the Malcolm Grow Medical Center hosted the first of three USAF Reserve Units. On that day, the 33d Medical Service Squadron, McGuire AFB, New Jersey, began its 2-week encampment. Before the summer ended, the 22d MSES, Andrews AFB, Maryland, and the 34th MSES, Governor's Island, New York, would complete their encampments at the Malcolm Grow Medical Center.

IV. NURSING ACTIVITIES

The By-Laws for the MGMC Department of Nursing were compiled and adopted on 31 July 1976 (see Tab A). These By-Laws are unique among departments of nursing other than in university settings.

The Women-Infants-Children (WIE) Program to provide foods to individuals found to have nutritional deficiencies because of inadequate income was instituted in August 1976. Captain Cunningham, Community Health Nurse, is coordinator for this program. She functions in cooperation with the Prince George's County Health Department to provide follow-up health care as part of the total program.

A Physical and Psychosocial Nursing Assessment syllabus was presented to Colonel Tucker, Chairman, Department of Nursing, for approval during this period. A high degree of interest by the nursing staff promoted the development of this course. Mr. Erickson, a nurse practitioner and member of the Georgetown University faculty is the course instructor. He is assisted by Major Dominowski, MGMC Nursing Education Coordinator. Twelve nurses are enrolled in the first class. A second class will be presented before the end of calendar year 1976. The program is being evaluated for continuing education credits.

A Child Advocacy Committee was established in compliance with AFR 160-38. The MGMC Deputy Commander, Dr. Hoch, chairs the committee.

The booklet, ABC's of Child Care, was compiled by Captain Cunningham, Community Health Nurse. It was printed and distributed to parents beginning in July 1976. This booklet is a reference on care of new infants or other children. It is a compilation of answers to parent's questions frequently asked of the pediatric clinic staff.

V. JCAH SURVEY

On 27 and 30 August 1976, an accreditation survey of the Malcolm Grow Medical Center was conducted by the Joint Commission on the Accreditation of Hospitals (JCAH). The survey was performed by Dr. Collins and Mr. Harrington of the JCAH. As a result of that survey, the MGMC received a full two-year accreditation from the JCAH.

VI. TRI-SERVICE REGIONAL REVIEW COMMITTEE

The Triservice Regional Review Committee, Region 11, met at MGMC on 16 September 1976. The meeting was chaired by Dr Vandenbos, Commander, MGMC. The meeting was attended by the commanding officers of National Naval Medical Center at Bethesda and the Walter Reed Army Medical Center. The committee reviewed the results of the Triservice school physical exam program. Over 5,000 physicals were given during the three-month period June thru August 1976. The committee also discussed a Uniformed Services University of Health Sciences (USUHS) proposal to create a committee concerned with the use of human volunteers in research.

Department of Nursing
Malcolm Grow USAF Medical Center
Andrews AFB, D. C.

ORGANIZATIONAL BY-LAWS

PREFACE

These By-Laws of the Department of Nursing, Malcolm Grow USAF Medical Center, Andrews Air Force Base, D.C., were originally adopted on 31 July 1976. They will be annually reviewed and amended only when necessary.

Pearl E. Tucker

PEARL E. TUCKER
Colonel, USAF, NC
Chairman, Department of Nursing

Malcolm Grow USAF Medical Center

Andrews AFB, Washington, D.C. 20331

31 July 1976

Department of Nursing
Malcolm Grow USAF Medical Center
Andrews AFB, D. C.

Organizational By-Laws

ARTICLE I NAME

The name of this organization shall be Department of Nursing, Malcolm Grow USAF Medical Center, Andrews AFB, D. C.

ARTICLE II MEMBERSHIP

Membership in this organization shall consist of:

1. Military and full-time civilian registered, professional nurses assigned or attached to Malcolm Grow USAF Medical Center, 10th Aeromedical Staging Facility, Bolling AFB Clinic, and the Occupational Health Facility.

2. Medical service specialists/technicians and full-time civilian nursing assistants, licensed practical nurses, assigned to the nursing units.

3. Military and full-time civilian nursing personnel not assigned to the Department of Nursing may hold Associate membership at the discretion of the Chairman, Department of Nursing.

ARTICLE III PURPOSE

The purposes of this organization shall be:

1. To establish and maintain a nursing care delivery system which provides nursing services to the patient/families serviced by Malcolm Grow USAF Medical Center.

2. To develop a mechanism whereby standards for professional nursing practice, as defined by the USAF, American Nurses' Association and the Joint Commission on the Accreditation of Hospitals, may be implemented, evaluated and monitored.

3. To effect a system of organizational management which places responsibility and accountability for the nursing care of patients on professional nursing practitioners at all echelons.

4. To create and maintain an environment conducive to the continued improvement of the practice of nursing, staff education and clinical nursing research.

ARTICLE IV OBJECTIVES

The objectives of this organization shall be:

1. To provide and implement a departmental plan of organization which clearly delineates lines of authority and communication for each category of nursing personnel.

2. To define policies and procedures which establish the parameters of nursing practice within the Department.

3. To utilize administrative principles of planning, organizing, controlling and directing to insure continuity of patient care.

4. To utilize the nursing process as the framework for providing individualized patient care.

5. To improve the quality of patient care through progressive nursing practice and clinical nursing research.

6. To formulate methods for evaluating the quality of nursing services delivered.

7. To provide a system for counseling and evaluating each member of the Department.

8. To design education programs which provide continuing opportunities for increasing the professional competence of members of the Department.

9. To collaborate with other health care professionals for maximal effectiveness in disease prevention and the promotion of health.

ARTICLE V ENTITIES

1. The organizational entities of this Department shall be:

a. Chairman, Department of Nursing.

b. Deputy Chairman, Department of Nursing/Assistant Chairman, Inpatient Services.

c. Assistant Chairman, Outpatient and Community Health Services.

d. Administrative Assistant (Apprentice Manager).

e. Nursing Education Coordinator.

f. Superintendent, Nursing Services.

g. Nursing Practice Coordinator, Evening.

h. Nursing Practice Coordinator.

i. Nurse Epidemiologist.

j. Charge Nurse.

k. Staff Nurse.

l. NCOIC, Nursing Unit.

m. Medical Service Technician/Specialist.

n. Licensed Practical Nurse.

o. Nursing Assistant.

2. The organizational relationships of these entities are reflected in the Department of Nursing organizationl chart.

3. The functions of the organizational entities are the operationalization of the philosophy and objectives of the Department.

4. The accountability and functions of each of the entities shall be:

a. Chairman, Department of Nursing

(1) Accountability

(a) The Chairman, Department of Nursing, is directly accountable to the Director, Hospital Services, for the administration of the Department of Nursing.

(2) Functions

(a) Defines and implements the philosophy, objectives, policies and standards for nursing care and related nursing services.

(b) Establishes an organizational plan to delineate responsibility and accountability of nursing personnel.

(c) Develops and maintains a system of records and reports which reflect the activities of the Department of Nursing.

(d) Appoints Chairmen for committees of the Department of Nursing upon recommendation of the Administrative Council.

(e) Determines departmental needs for personnel and initiates action to meet those needs.

(f) Coordinates activities of the Department of Nursing with those of other departments.

(g) Supports programs for continuing personal, military and professional development of all nursing personnel.

(h) Encourages innovative and creative thinking regarding nursing practice.

(i) Establishes and maintains a method for the systematic review of personnel performance.

(j) Participates in establishing medical center personnel policies.

(k) Institutes policies that enable personnel to receive job satisfaction.

(l) Develops a system for the implementation of personnel policies.

(m) Participates in the planning and development of facility programs which impact on the Department of Nursing.

(n) Determines the budgetary needs for the Department of Nursing and initiates action to meet these needs.

(o) Insures that adequate funds are available to meet nursing care and professional nursing needs of the facility.

b. Deputy Chairman, Department of Nursing/Assistant Chairman, Inpatient Services.

(1) Accountability

(a) The Assistant Chairman, Inpatient Services, is directly accountable to the Chairman, Department of Nursing.

(2) Functions

(a) Assumes the position of the Chairman, Department of Nursing, in the Chairman's absence.

(b) Evaluates the quality of Inpatient Nursing Services.

(c) Serves as liaison between Inpatient Nursing Services and other department chairmen through the Chairman, Department of Nursing.

(d) Assesses the staffing needs of Inpatient Services and recommends personnel action to meet these needs to the Chairman, Department of Nursing.

(e) Coordinates civilian personnel activities with appropriate representatives from Civilian Personnel Office and Nursing Practice Coordinators.

(f) Plans and coordinates the assignments of Reserve Nurses with the chief nurses of the respective Reserve Units and the Nursing Practice Coordinators.

(g) Evaluates the performance of the Nursing Practice Coordinators, the Nursing Practice Coordinator, Evenings, and Superintendent of Nursing Services.

(h) Communicates Medical Center personnel policies to Inpatient Nursing Service personnel.

(i) Studies and makes recommendations for improvements of physical facilities within the Inpatient Services to the Chairman, Department of Nursing.

(j) Interprets Inpatient Services budgetary needs to the Chairman, Department of Nursing.

(k) Apprises Chairman, Department of Nursing, of Inpatient activities.

(l) Performs other functions as requested by Chairman, Department of Nursing.

c. Assistant Chairman, Outpatient and Community Health Services.

(1) Accountability

(a) The Assistant Chairman, Outpatient and Community Health Services, is directly accountable to the Chairman, Department of Nursing.

(2) Functions

(a) Assumes the position of the Chairman, Department of Nursing, in the absence of both the Chairman and the Deputy Chairman.

(b) Assumes the position of the Deputy Chairman in her absence.

(c) Evaluates the quality of Outpatient and Community Health Services.

(d) Coordinates the programs of The Department of Nursing for the 10th Aeromedical Staging FAcility, Bolling AFB Clinic, and the Occupational Health Facility.

(e) Collaborates in the development of protocols for nurses practicing in extended roles.

(f) Coordinates Outpatient and Community Health Services with other deaprtments.

(g) Assesses staffing needs of Outpatient and Community Health Services and recommends personnel actions to the Chairman, Department of Nursing.

(h) Evaluates the performance of assigned personnel.

(i) Provides career counseling and staff development of nursing personnel assigned to Outpatient and Community Health Services, 10th Aeromedical Staging Facility, Bolling AFB Clinic, and Occupational Health Facility.

(j) Communicates Medical Center personnel policies to Outpatient and Community Health Services personnel.

(k) Studies and makes recommendations for improvement of physical facilities within the Outpatient and Community Health Services to the Chairman, Department of Nursing.

(l) Interprets Outpatient and Community Health Services budgetary needs to Chairman, Department of Nursing.

(m) Apprises Chairman, Department of Nursing regarding activities of Outpatient and Community Health Services.

(n) Performs other functions as requested by the Chairman, Department of Nursing.

d. Administrative Assistant (Apprentice Manager)

(1) Accountability

(a) The Administrative Assistant (Apprentice Manager) is directly accountable to the Chairman, Department of Nursing.

(2) Functions

(a) Develops working knowledge of major managerial aspects of the Department of Nursing.

(b) Gains insight into the decision-making process.

(c) Increases knowledge of principles involved in staffing.

(d) Gains knowledge of budgetary activities.

(e) Increases awareness of community and Air Force health related activities.

(f) Utilizes opportunities to further professional and military growth.

(g) Performs other duties as requested by the Chairman, Department of Nursing.

(h) Serves as Project Officer for special projects as assigned by the Chairman, Department of Nursing.

e. Nursing Education Coordinator

(1) Accountability

(a) The Nursing Education Coordinator is directly accountable to the Chairman, Department of Nursing.

(2) Functions

(a) Determines orientation, inservice and continuing education needs of Nursing personnel.

(b) Consults and cooperates with administrative and staff personnel in developing, implementing and evaluating continuing education programs.

(c) Develops and maintains a system of records and reports which reflect nursing education activities.

(d) Promotes membership in professional nursing and allied health organizations.

(e) Promotes participation in civilian and military health education programs.

(f) Coordinates educational activities and programs of the Department of Nursing with the appropriate individual.

(g) Monitors all Phase II Nurse Practitioner Programs.

(h) Assists in coordinating activities of affiliating health education programs.

(i) Provides support to Reserve nursing personnel.

(j) Provides support to Red Cross volunteer programs.

(k) Provides support to the USAF Recruiting Service.

(l) Plans, coordinates and presents Medical Center and departmental orientation for nursing personnel.

(m) Provides educational counseling for military and civilian personnel.

(n) Prepares fiscal year budgetary requirements for continuing education for the Department of Nursing.

(o) Coordinates the determination for USAF Medical Education Programs with the Chairman, Department of Nursing.

(p) Conducts orientation sessions to familiarize other departments in the Medical Center with the Department of Nursing.

(q) Performs other duties as requested by the Chairman, Department of Nursing.

f. Superintendent, Nursing Services

(1) Accountability

(a) The Superintendent, Nursing Services, is directly accountable to the Chairman, Department of Nursing.

(2) Functions

(a) Advises the Department of Nursing concerning appropriate duties for medical service specialists.

(b) Assists in orienting, counseling and evaluating medical service specialists and nursing assistants.

(c) Promotes and participates in inservice education and staff development for medical service specialists.

(d) Cooperates with other departments within the Medical Center in the provision of patient care services.

(e) Determines paramedical staffing requirements for nursing units and recommends personnel action to meet these needs.

(f) Monitors the O.J.T. Program.

(g) Plans and coordinates assignments for Reserve medical service specialists with the Reserve Unit Superintendent, Nursing Service, and the NCOIC of Receiving Unit.

(h) Communicates Medical Center personnel policies to medical service specialists.

(i) Assesses the inpatient units to insure patient safety and comfort.

(j) Monitors individual nursing unit budgets with appropriate personnel

(k) Performs other functions as requested by the Chairman, Department of Nursing.

g. Nursing Practice Coordinator, Evening

(1) Accountability

(a) The Nursing Practice Coordinator, Evening, is directly accountable to the Assistant Chairman, Inpatient Services.

(2) Functions

(a) Directs the implementation of Nursing Service policies and standards as well as Malcolm Grow USAF Medical Center Operating Instructions.

(b) Plans, organizes, and directs nursing care activities [redacted] inpatient and ambulatory services.

(c) Insures that nursing procedures and standards of care are maintained and utilized by all personnel in providing nursing care to patients.

(d) Reviews and assists as necessary in the establishment of nursing care plans to compliment the medical treatment and provide for nursing needs of patients.

(e) Analyzes methods, procedures and routines in patient care services, promotes changes for improvement, and submits plans to Chairman, Department of Nursing.

(f) Confers and consults with ancillary services to provide improved services to patients.

(g) Assists in the care of csitically ill patients during emergencies, until such time as the service of a medical officer can be obtained.

(h) Provides comprehensive care and supervises the care of patients in the Intensive/Coronary Care Unit, postoperative unit, etc.

(i) Provides special care for Seriously Ill patients.

(j) Coordinates movement of patients within the Medical Center and transfers to other medical facilities.

(k) Insures adequate staffing of all units by realigning personnel as needed and planning alternatives for any contingency.

(l) Provides basic orientation as it pertains to the evening shift, inservice programs, and actively participates in continuing education programs.

(m) Continues with own educational and professional growth.

(n) Meets the standards of an Air Force officer

(o) Represents the Chairman, Department of Nursing, on the 1600-2400 hour shift.

(p) Directs and supervises Nursing Service personnel in the event of disaster or exercise.

h. Nursing Practice Coordinator

(1) Accountability

(a) The Nursing Practice Coordinator is directly accountable to the Assistant Chairman, Inpatient Services.

(2) Functions

(a) Implements the philosophy, objectives and policies of the Department of Nursing and Medical Center in specified module.

(b) Improves patient care through utilization of the nursing process (i.e., assessment, planning, implementation, evaluation).

(c) Demonstrates expertise in specified clinical specialty.

(d) Acts as liaison with other Medical Center departments and clinical areas to coordinate and improve patient care.

(e) Determines staffing needs on nursing units and makes recommendations for changes to the Assistant Chairman, Inpatient Services.

(f) Coordinates changes in nursing unit activities with Assistant Chairman, Inpatient Services.

(g) Assists in evaluation and counseling of staff members to stimulate professional growth and career retention.

(h) Assists charge nurses in the development of managerial skills.

(i) Plans, promotes, and participates in nursing unit and Medical Center programs which meet the needs of the individual (orientation, OJT, continuing education).

(j) Initiates and/or supports clinical research activities.

(k) Communicates and interprets personnel policies to staff members.

(l) Insures that safety and comfort measures are in practice on the nursing units.

(m) Evaluates budgetary requests from specified module.

(n) Performs other administrative functions as requested by the Chairman, Department of Nursing, and Assistant Chairman, Inpatient Services.

i. Nurse Epidemiologist

(1) Accountability

(a) The Nurse Epidemiologist is directly accountable to the Chairman, Department of Nursing.

(2) Functions

(a) Has a working knowledge of managerial aspects of infection control.

(b) Assists the Chairman, Infection Control Committee, in the overall coordination and implementation of the infection control program.

(c) Evaluates the quality of infection control.

(d) Monitors environment.

(e) Is knowledgeable in principles of infection control.

(f) Utilizes opportunities to further professional and military growth.

(g) Participates in staff development in infection control.

(h) Evaluates infection control programs for cost-effectiveness.

(i) Assumes other responsibilities as assigned by the Chairman, Department of Nursing.

(j) Assumes other responsibilities as assigned by the Chairman, Infections Control Committee.

j. Charge Nurse

(1) Accountability

(a) The Charge Nurse is directly accountable to the Nursing Practice Coordinator and to each individual patient.

(2) Functions

(a) Interprets and implements philosophy, objectives, policies and standards of the Department of Nursing.

(b) Develops and maintains effective management tools for the operation of the nursing unit.

(c) Monitors levels and conditions of the nursing unit supplies and equipment.

(d) Promotes good interpersonal relationships.

(e) Maintains current reference material, military and professional, in accordance with Air Force regulations and Department of Nursing policies.

(f) Coordinates with other Medical Center departments to facilitate patient care services.

(g) Directs and supervises all patient care activities on the Nursing Unit.

(h) Provides for continuity of patient care utilizing the nursing process.

(i) Promotes and participates in patient education and rehabilitation.

(j) Interprets available community health resources to patients and family.

(k) Plans and implements a program for orientation of new staff members.

(l) Plans and participates in nursing unit inservice programs.

(m) Coordinates nursing unit OJT program (formal and informal) with NCOIC.

(n) Plans and implements programs to provide continuing learning experiences for staff.

(o) Evaluates the performance of staff members.

(p) Maintains an environment that is conducive to the physical well being of patients and staff.

(q) Participates in planning for nursing unit budget.

(r) Utilizes cost-effective procedures.

(s) Performs other duties as requested to enhance the nursing unit operation and the Department of Nursing.

k. Staff Nurse

(1) Accountability

(a) The Staff Nurse is directly accountable to the Charge Nurse and to each individual patient.

(2) Functions

(a) Assumes role of Unit Charge Nurse when delegated.

(b) Interprets and implements philosophy, objectives, policies and standards of the individual unit and the Department of Nursing.

(c) Promotes good interpersonal relationships.

(d) Coordinates with other hospital departments to facilitate patient care services.

(e) Keeps current with military and professional reference material.

(f) Maintains and evaluates levels and condition of unit supplies and equipment.

(g) Coordinates patient care related activities of the unit.

(h) Provides for continuity of patient care utilizing the nurse process.

(i) Participates in patient education and rehabilitation programs (formal and informal).

(j) Relates available community health resources to patients and family.

(k) Participates in unit orientation programs.

(l) Plans and participates in unit inservice programs.

(m) Participates in unit OJT Program (formal and informal).

(n) Assists in planning and implementing programs to provide continuing learning experiences for staff.

(o) Evaluates performance of staff members.

(p) Maintains an environment that is conducive to the physical well being of patients and staff.

(q) Utilizes cost-effectiveness procedures.

(r) Performs other duties as requested to enhance the unit operation and the Department of Nursing.

1. NCOIC, Inpatient Nursing Unit

(1) Accountability

(a) The NCOIC of each Inpatient Nursing Unit is directly accountable to the Charge Nurse.

(2) Functions

(a) Interprets and implements philosophy, objectives and policies of the Department of Nursing and of the nursing unit to assigned personnel.

(b) Coordinates with Charge Nurse in management of the nursing unit activities.

(c) Maintains levels and condition of nursing unit supplies and equipment.

(d) Possesses working knowledge of all aspects of management of the nursing unit.

(e) Coordinates with other Medical Center departments to facilitate the delivery of patient care services.

(f) Supervises all paramedical personnel in providing patient care.

(g) Participates in direct patient care.

(h) Participates in patient education programs.

(i) Plans and implements a program for orientation of paramedical personnel.

(j) Plans and maintains an OJT program for individuals in upgrade training.

(k) Plans and maintains an ongoing OJT program.

(l) Insures compliance of assigned personnel with Air Force standards.

(m) Evaluates performance of assigned personnel.

(n) Maintains an environment that is conducive to physical well-being of patients and staff.

(o) Establishes and submits to Cost Manager the budgetary requirements of the nursing unit.

(p) Performs other duties assigned by Charge Nurse and Superintendent of Nursing Services.

m. Medical Service Specialist

(1) Accountability

(a) The Medical Service Specialist is directly accountable to the NCOIC, Inpatient Nursing Unit.

(2) Functions

(a) Assumes position of unit NCOIC when designated.

(b) Interprets and implements philosophy, objectives and policies of the Department of Nursing and unit to assigned personnel.

(c) Coordinates with other hospital departments to facilitate patient care services.

(d) Maintains levels and condition of unit supplies and equipment.

(e) Performs as a member of the patient care team.

(f) Assists patients in performing activities of daily living.

(g) Performs therapeutic activities.

(h) Assists physician and other staff members in performing diagnostic/therapeutic procedures.

(i) Participates in patient/family educational programs.

(j) Participates in the orientation of newly assigned personnel.

(k) Participates in unit training programs (formal and informal OJT).

(l) Gains working knowledge of unit management.

(m) Insures self-personnel compliance with Air Force Standards.

(n) Evaluates performance of assigned personnel when designated.

(o) Maintains an environment that is conducive to the physical well-being of patients and staff.

(p) Participates in unit cost-effectiveness programs.

(q) Performs duties as requested by NCOIC/Charge Nurse.

n. Licensed Practical Nurse

(1) Accountability

(a) The Licensed Practical Nurse is directly accountable to the NCOIC, Inpatient Nursing Unit.

(2) Functions

(a) Interprets and implements philosophy, objectives and policies of Department of Nursing and unit to assigned personnel.

(b) Coordinates with other hospital departments to facilitate patient care services.

(c) Maintains levels and condition of unit supplies and equipment.

(d) Performs as a member of the patient care team.

(e) Assists patients in performing activities of daily living.

(f) Performs therapeutic activities.

(g) Assists physicians and other staff members in performing diagnostic/therapeutic procedures.

(h) Participates in patient/family educational programs.

(i) Participates in the orientation of newly assigned personnel.

(j) Participates in unit training programs (formal and informal OJT).

(k) Maintains an environment that is conducive to the physical well-being of patients and staff.

(l) Participates in unit cost-effectiveness programs.

(m) Performs other duties as requested by NCOIC/Charge Nurse.

o. Nursing Assistant

(1) Accountability

(a) The Nursing Assistant is directly accountable to the NCOIC, Inpatient Nursing Unit.

(2) Functions

(a) Interprets and implements philosophy, objectives and policies of Department of Nursing and unit to assigned personnel.

(b) Coordinates with other hospital departments to facilitate patient care services.

(c) Maintains levels and condition of unit supplies and equipment.

(d) Performs as a member of the patient care team.

(e) Assists patients in performing activities of daily living.

(f) Performs therapeutic activities.

(g) Assists physicians and other staff members in performing diagnostic/therapeutic procedures.

(h) Participates in patient/family educational programs.

(i) Participates in the orientation of newly assigned personnel.

(j) Participates in unit training programs (formal and informal OJT).

(k) Maintains an environment that is conducive to the physical well-being of patients and staff.

(l) Participates in unit cost-effectiveness programs.

(m) Performs other duties as requested by NCOIC/Charge Nurse.

ARTICLE VI STANDING COUNCILS AND COMMITTEES

1. General:

a. The standing councils and committees of this organization include the following and shall convene as indicated:

(1) Nursing Practice Councils - monthly

(2) Administrative Council - weekly

(3) NCOIC Supervisory Council - bi-monthly

(4) Career Advisory Council - as necessary

(5) Planning Committee - as necessary

(6) Nursing Education Committee/Officer - quarterly

(7) Nursing Eeucation Committee/Airmen - quarterly

(8) Nursing Audit Committee - monthly

(9) Nursing Procedure Committee - monthly

Additional meetings may be convened at the call of the respective chairman.

b. A quorum of a council or committee shall consist of a single majority of the membership.

c. An alternate for a council member will be the individual appointed to assume that position in the incumbent's absence.

d. The Chairman, Department of Nursing, is responsible for appointing chairmen of the committees upon the recommendation of the Administrative Council. Membership will be selected by the committee chairman from nominations submitted by Nursing Practice Coordinators and approved by the Administrative Council.

e. In the absence of the committee chairman, the senior member shall officiate.

f. The Chairman, Department of Nursing, is an ex-officio member of all councils and committees.

g. Minutes of each meeting shall be completed no later than five working days following the date of the meeting. Shall a committee or meeting not convene as scheduled, the Chairman will submit a letter of explanation to the Chairman, Department of Nursing. This will be filed in lieu of minutes.

h. An annual written report outlining the accomplishments of the standing committees shall be prepared by the respective chairman. This report will be submitted to the Chairman, Department of Nursing, at the close of the fiscal year.

2. COUNCILS

a. Administrative Council

(1) Membership

(a) Chairman: Chairman, Department of Nursing

(b) Members: Asst Chairman, Inpatient Services

Asst Chairman, Outpatient and Community Health Services

Nursing Education Coordinator

Administrative Assistant

Superintendent, Nursing Services

Asst Superintendent, Nursing Services

(2) Functions:

(a) Reviews and evaluates the philosophy and objectives, bylaws, and policies of the Department of Nursing annually and revises as necessary.

(b) Provides counsel and assistance to the Chairman in all matters and activities of concern to the Department of Nursing.

(c) Assists the Chairman in identifying and solving problems which influence the effectiveness of the Department in achieving its objectives

(d) Determines the progress of the Department through review of the minutes of councils and committees, activity reports, and patient satisfaction questionnaires.

(e) Recommends to the Chairman, Department of Nursing, members for appointment to the committees of the Department of Nursing and nurse representatives to committees outside the Department.

b. Nursing Practice Council, Inpatient

(1) Membership

(a) Chairman: Asst Chairman, Inpatient Services

(b) Members: Asst Chairman, Outpatient and Community Health Services

Administrative Assistant

Superintendent, Nursing Services

Asst Superintendent, Nursing Services

Nursing Practice Coordinators

Nursing Practice Coordinator, Evening

Nursing Education Coordinator

(c) Associate Members:

Director, Nurse Midwifery Program

Operating Room Supervisor

Chief Nurse, Anesthesia

(2) Functions

(a) Determines methods for correcting and/or preventing discrepancies in patient care and for improving the quality of inpatient and outpatient care services.

(b) Reviews those policies and procedures which affect the planning and provision of patient care for currency, relevance, effectiveness and standardization.

(c) Recommends deletion, revision and addition of policies and procedures to appropriate councils and committees.

(d) Reviews minutes of Nursing Audit Committee to assess quality of patient care.

(e) Assesses learning needs of nursing personnel and makes recommendation to the Nursing Education Committee regarding orientation, inservice and continuing education programs.

(f) Assesses staffing and makes recommendations for personnel action to the Administrative Council.

(g) Assesses equipment, supply and maintenance needs and/or problems and makes recommendations to the Administrative Council regarding methods for meeting needs and/or solving problems.

(h) Recommends to the Chairman, Department of Nursing, assignment plans for Nurse Corps officers and airmen on the basis of individual career and staff development needs.

(i) Fosters cooperation, cohesiveness and positive relationships between the nursing staffs of the various

clinical areas in order to meet patient care needs and nursing staff needs efficiently and effectively.

(j) Assists the Administrative Council in identifying and resolving problems which enhance interdepartmental relationships.

(k) Reviews research literature and makes recommendations regarding the applicability of the research findings to the Administrative Council.

c. Nursing Practice Council, Outpatient

(1) Membership

(a) Chairman: Asst Chairman, Outpatient and Community Health Services

(b) Members: Asst Chairman, Inpatient Services

Nursing Education Coordinator

Nurse Coordinator, Primary Care

Administrative Assistant

Community Health Nurse

Chief Nurse, 10th ASF

Environmental Health Nurse

Minimum of one Nurse Practitioner representing OB/Gyn, Pediatrics and Primary Care

Minimum of one civilian nurse and one Licensed Practical Nurse

Clinic Charge Nurses

Chief Nurse, Bolling AFB Clinic

(c) Associate Members

Superintendent, Dept of Medicine

Superintendent, Dept of Surgery

Superintendent, 10th ASF

NCOIC, Dept of Primary Care

NCOIC, Dept of Family Practice

Asst Superintendent, Nursing Services

(2) Functions

(a) Determines methods for correcting and/or preventing discrepancies in patient care and for improving the quality of inpatient and outpatient care services.

(b) Reviews those policies and procedures which affect the planning and provision of patient care for currency, relevancy, effectiveness and standardization.

(c) Recommends deletion, revision and addition of policies and procedures to appropriate councils and/or committees.

(d) Reviews minutes of Nursing Audit Committee and responses to patient questionnaires to assess quality of patient care.

(e) Assesses learning needs of nursing personnel and makes recommendations to Education Committee regarding orientation, in-service and continuing education programs.

(f) Assesses staffing, equipment, supply and maintenance needs and/or problems and makes recommendations to

Administrative Council regarding meeting the needs and/or solving the problems.

(g) Recommends rotational assignments plans for nurse officers and airmen on the basis of individual career and staff development needs.

(h) Fosters cooperation, cohesiveness and positive relationships between the nursing staffs of the various clinical areas in order to meet patient care needs and nursing staff needs effectively and efficiently.

(i) Assists the Administrative Council by identifying and resolving problems which interfere with inter-departmental relationships.

(j) Evaluates research data and makes recommendations to the Chairman, Department of Nursing, regarding acceptance and/or publication of that data.

d. NCOIC, Supervisory Council

(1) Membership

(a) Chairman: Superintendent, Nursing Services

(b) Members: Asst Superintendent, Nursing Services
NCOIC from each Nursing Unit
NCOIC, Nursing Education
NCOIC, Dept of Primary Care
NCOIC, Dept of Family Practice

(c) Associate Members:
Superintendent, Dept of Medicine
Superintendent, Dept of Surgery
Superintendent, 10th ASF

(2) Functions

(a) Appraises staffing, assignment and performance standards of medical service technicians and submits recommendations to the Administrative Council.

(b) Reviews equipment and supply needs in the patient care units and plans cooperatively for the acquisition of items which promote safety and standardization in the hospital.

(c) Fosters staff cooperation and coordination by promoting the exchange of ideas and pertinent information which influence the achievement of the objectives of the Department of Nursing.

(d) Provides counsel and assistance to the Superintendent, Nursing Services, in all matters and activities of concern to the technical support staff of the Department of Nursing.

e. Career Advisory Council

(1) Membership:

(a) Chairman: Chairman, Department of Nursing

(b) Members: Asst Chairman, Inpatient Services

Asst Chairman, Outpatient and Community Health Services

Nursing Education Coordinator

Nursing Practice Coordinator of the Nursing Unit to which the nominee is assigned

Charge Nurse of the Nursing Unit to which the nominee is assigned

Two Nurse Officers at Charge Nurse level or above who can be considered disinterested parties

Other selected individuals as deemed necessary

(2) Functions

(a) Reviews applicants for special education programs and recommends action to the Chairman, Department of Nursing.

(b) Reviews applicants for career reserve status and extension of Specified Period of Time Contract, and recommends action to the Chairman, Department of Nursing.

3. COMMITTEES

a. Nursing Audit Committee

(1) Membership

(a) Chairman: Nursing Practice Coordinator as appointed by the Administrative Council

(b) Members: Minimum of one Charge Nurse from Medical, Surgical, Maternal/Child Health, and Specialty Care

Nursing Education Coordinator

Charge Nurse from the Nursing Unit being audited (a staff replacement from that unit if the Charge Nurse is a regular committee member)

(2) Functions

(a) Reviews and evaluates the standards of nursing care at regular intervals.

(b) Promotes and helps to maintain interest in the evaluation process throughout the Department of Nursing.

(c) Participates in educational programs designed to improve the evaluation and auditing skills of the committee members.

(d) Accomplishes retrospective Nursing audit for a specific disease entity each month.

(e) Monitors the compliance audits accomplished by the Charge Nurse.

(f) Provides the Chairman, Department of Nursing, with the results of nursing audits.

(g) Supports Combined Patient Care Audit Committee by an input of nursing criteria, reviewing nursing discrepancies and recommending corrective action to the Chairman, Department of Nursing.

(h) The Chairman, Nursing Audit Committee, serves as a member of Patient Care Appraisal Committee.

b. Nursing Procedure Committee

(1) Membership

(a) Chairman: Nursing Practice Coordinator, as appointed by Administrative Council

(b) Members: Minimum of one nurse or medical technician/specialist from Medical, Surgical, Maternal/Child Health, and Specialty Care.

Minimum of one nurse or medical technician/specialist from an outpatient area

(c) Associate Member: Central Supply Manager

(Note: Appoint a Mental Health and/or Pediatric person as consultant on a need arise basis, i.e., as a procedure is being evaluated or updated in their specialty area.)

(2) Functions

(a) Conducts periodic surveys to determine the need for specific nursing practice procedures.

(b) Prepares drafts of new procedures for approval by the Nursing Practice Council and Administrative Council.

(c) Conducts periodic surveys of nursing procedure manuals to insure currency and completeness of these manuals.

(d) Conducts periodic reviews of all procedures used by the Department of Nursing to insure currency in the techniques.

(e) Submits product evaluations to the Chairman, Department of Nursing.

c. Planning Committee

(1) Membership

(a) Chairman: Chairman, Department of Nursing

(b) Members: Asst Chairman, Inpatient Services

Asst Chairman, Outpatient and Community Health Services

Administrative Assistant

Nursing Practice Coordinators

Nursing Education Coordinator

Superintendent, Nursing Services

Other appointments as selected by the committee chairman

(2) Functions

(a) Reviews, recommends changes, and suggests policies which relate to the interdisciplinary operation of the Medical Center to the Chairman, Department of Nursing.

(b) Supports the committees and councils of the Department of Nursing in achieving their goals.

(c) Plans short and long term goals for the nursing service that are congruent with the hospital goals.

(d) Develops, reviews and revises objectives for the Department of Nursing for approval by the Administrative Council.

(e) Reviews the Bylaws annually, and recommends additions, deletions and/or revisions to the Chairman, Department of Nursing.

(f) Participates in planning and developing special programs for the Department of Nursing.

(g) Evaluates staffing patterns and staff positions and develops rationale for changes when necessary.

d. Nursing Education Committee

(1) Officers

(a) Membership

1	Chairman:	Nursing Education Coordinator
2	Members:	Asst Chairman, Outpatient and Community Health Services
		Administrative Assistant
		One Nursing Practice Coordinator
		One Charge Nurse from Medical, Surgical, Maternal/Child Health, and Specialty Care as selected by the Chairman and approved by the Chairman, Department of Nursing

(b) Supports the committees and councils of the Department of Nursing in achieving their goals.

(c) Plans short and long term goals for the nursing service that are congruent with the hospital goals.

(d) Develops, reviews and revises objectives for the Department of Nursing for approval by the Administrative Council.

(e) Reviews the Bylaws annually, and recommends additions, deletions and/or revisions to the Chairman, Department of Nursing.

(f) Participates in planning and developing special programs for the Department of Nursing.

(g) Evaluates staffing patterns and staff positions and develops rationale for changes when necessary.

d. Nursing Education Committee

(1) Officers

(a) Membership

1 Chairman: Nursing Education Coordinator

2 Members: Asst Chairman, Outpatient and Community Health Services

Administrative Assistant

One Nursing Practice Coordinator

One Charge Nurse from Medical, Surgical, Maternal/Child Health, and Specialty Care as selected by the Chairman and approved by the Chairman, Department of Nursing

(2) Airmen

(a) Membership

1 Chairman: Asst Superintendent, Nursing Service

2 Members: NCOIC of Training

NCOIC from each of the five Nursing Units.

A minimum of one NCOIC from the Medical and Surgical Clinics

One Licensed Practical Nurse

(b) Functions

1 Evaluates orientation and inservice programs on an on-going basis and recommends changes when necessary to the Chairman, Administrative Council.

2 Assesses audio-visual materials available in the Medical Center and disseminates this information to the unit inservice directors.

3 Assists in the development, implementation and evaluation of educational programs which provide for staff development and career progression.

4 Monitors statistical data to insure all personnel are properly trained in CPR techniques.

5 Assists Nursing Education Coordinator and NCOIC, Nursing Education, in the planning, presentation and evaluation of selected continuing education programs.

6 Makes recommendations to the Chairman, Administrative Council, and assists in the implementation of on-going patient education programs.

ARTICLE VII AMENDMENTS

These By-Laws may be amended by action of the Chairman, Department of Nursing, upon recommendation of the Administrative Council, or in keeping with the regulations of USAF or the administration of the Malcolm Grow USAF Medical Center.

ARTICLE VIII ADOPTION

These By-Laws shall be adopted by the Department of Nursing staff of Malcolm Grow USAF Medical Center, Andrews Air Force Base, Washington, D.C., after their approval by the Medical Center Commander.

All Air Force or Command directives supersede these By-Laws. Therefore, when any part of these By-Laws are in conflict with these directives, they will be so amended.

31 July 1976
Date

_____
Director, Hospital Services

_____
Medical Center Commander

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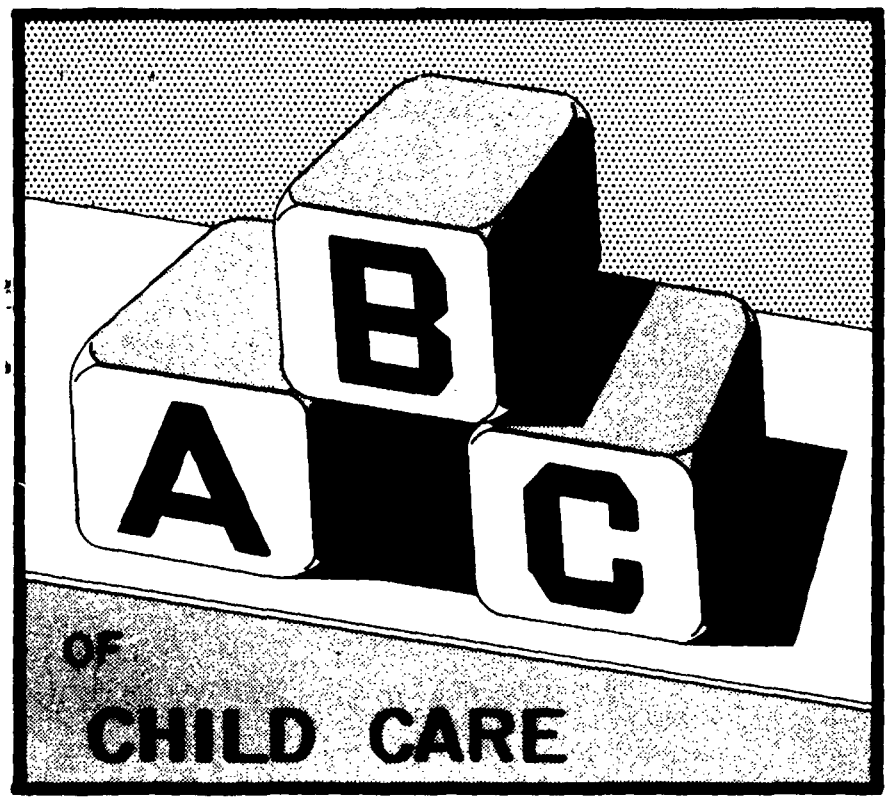
31 July 1976
Date

John R. Hoch, Colonel, USAF, MC
Director, Hospital Services

L. Vandenbos B/Gen. USAF MC
Medical Center Commander

B



Malcolm Grow USAF Medical Center
Andrews AFB, Washington D.C.

INFORMATION

ER	981-2158/2333
Peds. Cl.	981-4583/4584
Cen. Appt.	981-7511/2761
Family Practice Clinic	
Appts.	981-4052
Med. Problems	981-3786

ABC's of CHILD CARE

Compiled by

Captain Maridell Cunningham
Community Health Nurse

Contributors

Lois D. Guzik, R. N.
Pediatric Nurse Practitioner

Captain Jeanette R. Sain
Pediatric Nurse Practitioner

Approved by

Department of Pediatrics

Malcolm Grow USAF Medical Center
Andrews AFB, Washington, D. C.

July 1976

Dear Parents:

This booklet is prepared to assist you with common problems and questions you may have concerning the care of your new baby.

This information is meant to be used by you as a guideline. You will find that there are a number of areas of minor differences among doctors and other caretakers of infants. In individual matters, please be guided by your personal health professional.

It is our hope that you will have a pleasurable experience with your new baby both now and in the future. Please feel free to contact us if we can assist you with the care of your new infant or other children.

The following phone numbers will help you to obtain appropriate assistance when you require it:

Emergency Room	981 - 2158/2333
Pediatric Clinic	981 - 4583/4584
Central Appointments	981 - 7511/2761
Family Practice Clinic	
Appointments	981 - 4052
Medical Problems	981 - 3786

We take pleasure in welcoming you and your new infant. We hope your contacts with us will be pleasant and rewarding.

THE STAFF

MALCOLM GROW USAF MED CEN

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I. WHEN AND HOW TO SEEK PROFESSIONAL MEDICAL CARE

A. WHEN TO TAKE INFANT OR CHILD TO THE EMERGENCY ROOM

1. Serious accident or trauma that occurs the same day.
2. Bleeding that can not be stopped by direct pressure to the wound.
3. Unconsciousness.
4. Convulsion or seizure.
5. Anything more than local reaction to insect sting or injection.
6. Breathing difficulties such as croup or asthmatic attack not responding to medication at home.
7. Swallowing of anything poisonous.
8. Aspiration of a foreign object.

B. WHEN TO CALL THE CLINIC OR TAKE INFANT TO THE EMERGENCY ROOM

Call Pediatric Clinic between 0800 and 1000 hours for advice and/or appointment. Call Family Practice Clinic between 0900 and 1100 hours and between 1300 and 1600 hours. All visits to both clinics are by appointment only. If the problem occurs over the weekend when the clinics are closed, take child to the Emergency Room. Family Practice patients should call the doctor prior to coming to the Emergency Room.

1. Infant with diarrhea (watery stools) and possible dehydration.
2. Infant with swollen, red, or purulent navel cord.
3. Infant with persistent vomiting.

4. Infant with persistent fever over 101 degrees.

5. Child with persistent abdominal pain.

C. WHEN TO CALL CLINIC FOR SAME DAY APPOINTMENTS

Call Pediatric Clinic between 0800 and 1000 hours for advice and/or appointment. Call Family Practice Clinic between 0900 and 1100 hours and between 1300 and 1600 hours. All visits to both clinics are by appointment only.

1. Child with persistent diarrhea (watery stools not relieved by clear liquids).
2. Child with persistent vomiting.
3. Child with persistent fever over 101 degrees.
4. Child with painful urination.
5. Child with sore throat or ear ache.
   (For Pediatric Clinic patients, if symptom is ONLY a sore throat, can go to clinic between 0800 and 1600 hours (with record) for a throat culture without an appointment).

D. WHEN TO MAKE ROUTINE APPOINTMENTS

For routine Pediatric Clinic appointments, call Central Appointments. For routine Family Practice Clinic appointments, call clinic appointment number.

1. Recurrent headache, abdominal pain, or joint pain.
2. Unusual fatigue.
3. Chronic weight loss, or obesity, or other dietary problem.
4. Chronic cough or hoarseness.

5. Frequent sore throat or mouth breathing.

6. Recurrent nose bleed.

7. Chronic problems needing ongoing therapy such as diabetes, seizures, skin problems, or asthma.

8. Follow-up of "acute illness" such as pneumonia, allergic reaction, skin problem, or ear infection.

9. School referral for behavioral problems, or learning disabilities.

10. Well baby examinations. Usually seen at approximately 3 weeks, 2 months, 4 months, 6 months, and 1 year.

E. INFORMATION TO HAVE AVAILABLE WHEN CALLING THE CLINIC

The person making the call should be the person who has firsthand knowledge of the child's condition. Have paper and pencil ready to take down advice. A telephone call may save a trip to the clinic.

1. Age of child.

2. Symptoms and length of time they have been present.

3. Temperature. TAKE IT.

4. Condition of appetite, and any weight loss.

5. Loss of energy.

6. If nausea and vomiting are present, how often, how long, and approximate amount.

7. If diarrhea is present, for how long, and number and type of stools.

8. Presence of headaches.

9. General appearance. Does child look sick, such as lethargy,

rapid respirations, sunken eyes, pale, etc.

10. Passage of urine, how much and how often.
11. Presence of pain, type and location.
12. Anything else pertinent to child's condition, such as history of chronic disease or medications being taken.

II. IMMUNIZATIONS

Might not be given if child is ill. Generally given according to the following schedule, and at the following ages:

A. 2 months of age.
   1. Diphtheria - Tetanus - Pertussis (DPT).
   2. Polio.

B. 4 months of age.
   1. Diphtheria - Tetanus - Pertussis (DPT).
   2. Polio.

C. 6 months of age.
   1. Diphtheria - Tetanus - Pertussis (DPT).
   2. Polio.

D. 1 year of age.
   1. Measles - Mumps - Rubella (MMR).
   2. TB test.

E. 18 months of age.
   1. Diphtheria - Tetanus - Pertussis (DPT).
   2. Polio.

F. 4 - 6 years of age.
   1. Diphtheria - Tetanus - Pertussis (DPT).

2. Polio.

G. 1 - 12 years of age.

1. Rubella (German Measles), if not given at 1 year.
2. Mumps, if not given at 1 year.

H. 14 - 16 years of age, and every 10 years thereafter.

Diphtheria - Tetanus.

III. BOTTLE FEEDING AND SOLID FOOD

A. GENERAL

1. Should be a pleasurable time for mother and baby.
2. Relax, be comfortable, enjoy.
3. Food and formula need not be heated.
4. Encourage baby to develop and maintain a schedule.
5. Give lots of opportunity for sucking.
6. May need extra sucking until 2 years of age.
7. If desired, can use pacifier for extra sucking.
8. Feedings should take 30 to 45 minutes.

B. FORMULA

1. May use any brand of formula desired (SMA, Similac, Infamil).
2. Best to use iron fortified formula.
3. Stay with brand selected. Some infants have reactions to changes in formula.
4. Can use type of formula most convenient and/or economical - (ready-to-feed, concentrate, or powder).

5. No need to boil water used in making formula unless on well water. If on well water, should boil water for 25 minutes for the first 4 - 6 weeks.
6. Make up formula fresh at least every 48 hours and keep refrigerated.
7. Milk left from one feeding should not be put back in refrigerator to be used at the next feeding.
8. Amount of formula taken may vary from feeding to feeding. More important to know how much is taken in a 24 hour period. Amount required depends on age and weight.
9. Do not force baby to finish bottle if he does not want it.
10. May be on demand feeding but should not go longer than 4 to 6 hours between feedings during the day.
11. May change to cow's milk (2 percent or whole) at 4 to 6 months.
12. Baby can desire bottle up to 2 years of age.
13. Bottle should never be propped (safety and emotional reasons, plus increased intake of air).

C. WATER

1. Should offer baby water 1 to 3 times per day.
2. May use unboiled water unless on well water.
3. If on well water, should boil water for 25 minutes for the first 4 to 6 weeks.
4. Karo or sugar should not be added to the water.
5. No need to force water on baby. Let him take what he wants.

D. VITAMINS AND IRON

1. Should give liquid vitamins and iron in some form until 1 year of age.
2. Can be obtained either through formula or by additional supplement.
3. Best to use iron fortified formula.
4. All formula has vitamins already added.
5. If iron fortified formula is used, need only to give vitamin and iron supplement (0.6cc) daily when change is made to cow's milk.
6. If iron fortified formula is not used, need to give iron supplement (0.3cc) daily, and then both vitamins and iron (0.6cc) daily when change is made to cow's milk.
7. Vitamins and iron should always be given undiluted directly into the corner of the mouth.

E. FLUORIDE

1. Washington area water has fluoride already added to the water except for Charles County and Anne Arundel County.
2. Would need to give fluoride if on well water.
3. Can be started immediately after birth and continued indefinitely depending on the doctor.
4. Can be obtained by prescription from the clinic.

F. SOLID FOODS

1. May start only rice cereal when baby's weight is approximately 10 pounds.

2. Should give only rice cereal until 2 months of age.
3. When starting rice cereal, give 1 to 6 teaspoons 1 to 2 times per day. Start first in the evening, then morning and evening. Can increase to 3 times per day.
4. Always give solid food before a bottle.
5. Should never put solid food in the bottle or use an infant feeder.
6. Do not force food on baby and do not over feed.
7. Can make own baby food by using a blender and table food.
8. If a blender is used, additional salt or other seasoning should not be used. Be careful of hulls and strings from vegetables.
9. Practice good nutrition, and the use of plain baby foods. Commercial baby food dinners and desserts have very little nutritional value for the money. Be careful of too much starch such as mashed potatoes and spaghetti.
10. Most digestive problems babies have in the first 18 months of life are due to foods, so parents should go easy when giving new foods.
11. Important to properly introduce new foods. Should give one plain new food at a time, wait 1 week before introducing next new food. This way, mother can observe baby for reactions and intolerances, and discontinue that food until later if necessary.
12. Most common reactions and intolerances to new foods are excessive vomiting or throwing up, and/or bowel problems such as persistent diarrhea.

15. Foods are generally given according to the following schedule:

a. May give rice cereal (from box, not jar) when weight reaches approximately 10 pounds, or may start at 2 months of age. Should not give any other foods until 2 months of age.

b. Oat and barley cereal may be added after 2 months.

c. Do not give other cereals until after 6 months.

d. Do not give mixed or high protein cereals.

e. Vegetables and fruits may be started at 2 months, according to the following sequence: 3 yellow vegetables, then 3 fruits, then 3 green vegetables.

f. Meats can be started at 5 months. Sequence of adding meats is as follows: first veal, then lamb, then chicken, then turkey, then liver, then beef, then pork.

g. Egg and orange juice may be started at 6 months.

h. Juices should be treated like new foods.

i. May give the juice after the same solid food has been introduced. Example: apples then apple juice, peaches then peach juice, pears then pear juice.

j. Soups, puddings, jellos may be started at 5 to 8 months.

k. Soft finger foods may be added at 5 to 8 months.

l. Table foods may be given when teeth appear.

m. The cup may be introduced from 9 to 12 months. Do not use a cup with a spout on it.

G. CARE OF EQUIPMENT

1. No need to sterilize bottles and nipples, but may do so for first 2 months.
2. Can clean nipples and bottles by hand or may use dishwasher.
   a. If cleaned by hand, use a bottle brush, soap, and hot water. Allow to drain dry.
   b. If dishwasher is used, use a bottle brush first. Can use commercial dishwashing powders.
3. Clean nipple holes well and force water through to keep open.

H. FEEDING RELATED PROBLEMS

1. Frequent burping is needed to decrease spitting up, to decrease gas problems, and sleep longer between feedings.
2. Young infants are often hard to burp, must not give up too soon. Becomes easier as baby gets older.
3. Can burp baby while upright on lap, or over shoulder.
4. For spitting up problems:
   a. Check nipple hole size, may be too large.
   b. Burp frequently - - at least every one-half ounce.
   c. Hold in semi-upright position to feed.
   d. Hold upright or place in infant seat for 30 minutes after feeding.
   e. Avoid excessive physical motion/exercise after feeding.
5. If hiccups are a problem, several extra swallows of fluid

may help relieve.

IV. BREAST FEEDING

A. GENERAL

1. Get comfortable, relax, and enjoy.
2. Position of comfort (in bed, easy chair, rocker).
3. Can breast feed as long as mother desires.
4. Can become pregnant during the breast feeding period. Do not use as a birth control method.
5. Check with doctor before taking birth control pills.
6. Can freeze breast milk for up to 3 months.

B. BREAST CARE

1. Wash nipples with water only. One time per day sufficient.
2. Check daily for nipple cracks or other problems.
3. Can use massage cream (Massé or lanolin) if necessary, but do not use directly on nipples.
4. Expose nipples to air and light frequently, especially after feeding, until completely dry.
5. May use breast shield if necessary.
6. Should not use plastic inserts over nipples.
7. Use a good supporting nursing bra 24 hours per day.
8. When mother wishes to stop breast feeding:
   a. Wean baby off breast by gradually increasing number of supplemental bottles over a 2 - 3 week period.
   b. No stimulation from sucking (when giving supplemental

bottles), from shower water, and no hand expression.

c. Use a tight fitting bra.

d. Aspirin and ice bags for comfort.

C. BREAST FEEDING TECHNIQUE

1. Baby must be fully awake before being put to breast. This can be done by:
   a. Flicking the feet.
   b. Jackknifing baby on mother's lap.
2. Nipple and areola (brown area) must be on top of tongue toward roof of mouth.
3. Start for 5 minutes on each side the first day, and increase several minutes each day to a maximum of 15 to 20 minutes on both sides. Baby should not breast feed for longer than a total of 1 hour at any one time.
4. Alternate the starting breast at each feeding.
5. Remove baby from breast by pressing on breast at corner of baby's mouth if suction has developed.
6. If a breast feeding is going to be missed, milk should be hand expressed.

D. MOTHER'S DIET

1. Should have well balanced, high protein diet to include:
   a. 4 servings fruit and vegetables.
   b. 4 servings bread and cereal.
   c. 4 glasses of milk.
   d. 2 - 3 servings meat group.

2. Should have 1 to 1 and 1/2 quarts of fluids and milk per day.
3. If alcoholic beverages are taken, should be in moderation.
4. Decrease or discontinue foods that cause mother or baby problems.
5. No medications or laxatives without checking with the doctor first.
6. Mother can continue to take prenatal iron and vitamin tablets for as long as they last.

E. VITAMINS AND IRON

1. Start liquid vitamin and iron supplements to baby when breast milk is established, at approximately 2 weeks.
2. Give both vitamins and iron (0.3cc) as long as breast feeding continues, up to age 6 months. Give 0.6cc after age 6 months.
3. Can discontinue supplement if iron fortified formula is used as a transition between breast feeding and cow's milk.
4. Give both vitamins and iron until 1 year of age.
5. Give once per day, undiluted, directly into mouth.

F. WATER

Generally the same as for bottle fed babies.

G. FLUORIDE

Same as for bottle fed babies.

H. SOLID FOOD

1. Generally the same as for bottle fed babies.
2. May be started at a later age at mother's discretion.

I. CARE OF EQUIPMENT

Same as for bottle fed babies.

J. FEEDING RELATED PROBLEMS

1. Same principles apply for burping as for bottle fed babies.
2. Breast fed babies generally ingest less air during feeding.
3. Need to be burped once or twice during feeding, and at the end.
4. Burp baby while upright on lap, or over shoulder.

V. PHYSICAL ENVIRONMENT

A. Temperature of house should be 68 to 74 degrees. More clothes and/or covers are needed if temperature is lower.

B. Generally, what is comfortable heat and clothing for adults is satisfactory for babies.

C. House or room should have about 40 percent humidity. Can use cool mist vaporizer periodically to increase humidity in a dry room.

D. Keep out of drafts.

E. Protect from crowds.

F. Protect from people who are ill.

G. Dress appropriate to weather.

H. Take outside for short periods when weather permits.

I. Long trips by auto are all right but best to establish a schedule and routine first.

J. If traveling by plane, have infant sucking on bottle or pacifier when ascending and descending to clear ears.

K. Baby is very sensitive to direct sunlight, and burns very easily. Also beware of reflection from water.

VI. SAFETY AND ACCIDENT PREVENTION

A. Always check temperature of water and formula (if heated), and bath water.

B. Never leave infant unattended on a surface without sides. Can easily roll off.

C. Use a bumper guard on crib to prevent injury and prevent infant from slipping between slats on crib. Have a smooth, firm mattress that fits the crib properly.

D. Should buy fire retardant clothes. Can use Dreft soap to preserve the fire retardant properties.

E. Watch for trauma from other children.

F. Maintain safe holding positions, especially support the head, neck and back.

G. Should not have anything tied around neck, such as cords, necklace, toys, bibs (except at meal time), pacifiers, etc. Child can easily hang himself.

H. Keep equipment clean to help prevent infection.

I. Wash hands frequently, especially before feeding, and after diaper change.

J. Do not bathe in sink. Not very clean place and danger of child turning on hot water faucet. Do not rinse infant under running water because of danger of sudden change in water temperature.

K. Position on stomach or sides only. Should be on sides until after cord is off. Do not place on back unattended until infant is able to roll over by himself. Can throw up and easily aspirate and/or suffocate if on back.

L. Should never use a pillow. May result in suffocation or poor posture.

M. Should not sleep in bed with parents. There is danger of suffocation or injury, and becomes habit forming.

N. No small objects or breakable toys around infant and child.

O. Watch for string or hair that might get wrapped around extremities.

P. Should never use Q-tips. Can easily damage delicate tissue, or push wax against ear drum.

Q. Put up or lock up everything harmful that child can ingest.

R. Keep away from motor driven equipment.

S. Do not leave child unattended around wading or swimming pools.

T. Beware of glass doors. Put decals or tape at child's eye level to identify glass doors.

VII. BATHING AND SKIN CARE

A. BATHING

1. A sponge or tub bath should be given daily.

2. Only a sponge bath should be given until cord is off and dry.
3. Any time of day is all right for bath.
4. Bath should be given before feedings.
5. Should have pan, towels, and washclothes just for baby's use.
6. Use a mild soap. Ivory or Dove are recommended.
7. Oil, powder, cornstarch, lotion, vaseline, and other skin products are not recommended for regular daily use. These products can plug pores, cause sensitizations, and powders can be breathed into the lungs.
8. Use soap on all parts of baby except eyes.
9. Wash eyelids with clear, clean water. Stroke from inside corners outward, and use a different part of a clean washcloth for each stroke. Do not force lids open.
10. Use soap on scalp daily, and massage scalp with cloth, brush, or comb to stimulate circulation and prevent Cradle Cap.
11. Can use a small amount of Head and Shoulders shampoo on scalp if flaking occurs.
12. Be sure to use soap on all parts of face except eyes.
13. On girls, separate labia and wash front to back.
14. Wash rectal area last.

B. CIRCUMCISION CARE

1. Push back skin gently from penis as far as it will go and wash with soap and water at least once a day.

2. Can apply small amount of vaseline to raw areas after cleaning.
3. When healed, continue to push back the skin as far as it will go and wash every day.

C. CORD CARE

1. Cord should fall off within 3 weeks. Average is about 10 days. If not off within 3 weeks, should call the clinic.
2. Place baby on sides until cord is off.
3. Should avoid tight clothing and belly binders.
4. Keep diaper well below cord.
5. Apply alcohol generously to base of cord with each diaper change.
6. Can apply alcohol with cotton balls or gauze pads. If cotton is used, watch for shredding. Do not use Q-tips.
7. If skin around cord is red or swollen or pus appears, call the clinic.
8. As cord dries, a drop of blood may appear which may be normal. If continuous bleeding occurs, call the clinic.

D. DIAPER AREA CARE

1. Clean skin with water with each urine diaper change.
2. Clean skin with soap and water with each stool diaper change.
3. Commercially prepared towelettes are not recommended for cleaning baby.
4. For diaper rash:

a. Change diaper frequently..

b. Clean well with soap and water with each diaper change.

c. Pat area completely dry.

d. Leave diaper off and expose skin to air several hours every day.

5. For heat rash:

a. Give frequent cool baths.

b. Can use baking soda, or oatmeal (tied in a cloth) to put in bath water.

VIII. CLOTHING

A. Keep warm but do not over dress.

B. Select clothing which is easy to get in and out of, and is the right size.

C. Cotton clothes are best. They are easy to care for and less likely to cause allergies.

D. Wash all new clothes and blankets before using the first time.

E. Wash infant clothes and diapers separate from the rest of the family clothing.

F. Should not use detergents, fabric softeners, or presoaks.

G. Should use soap to wash clothes. Ivory Snow or Dreft are recommended.

H. If clothes and diapers smell of ammonia, can add 1 cup white vinegar to rinse water.

I. Cloth diapers are recommended.

J. For a cloth diaper soak, can use 1/2 cup Borax or Borateem

in 1 gallon of water.

K. If disposable diapers or plastic pants are used, must be checked frequently for wetness and changed immediately.

L. Disposable diapers do not keep baby drier, and can cause sensitization.

IX. THE NORMAL INFANT

A. FINGER NAILS AND TOE NAILS

1. They grow rapidly, and long finger nails can scratch face.
2. Trim with curved cuticle scissors.
3. Do not bite off.
4. Best to trim when baby is asleep.
5. Be careful not to cut skin under nail.
6. Trim in a moon shape.

B. HICCUPS

1. This is normal and may occur frequently.
2. Due to an immature diaphragm.
3. Disappear as baby gets older.
4. Often helped by giving several swallows of fluid.

C. BREASTS

1. May be engorged and secrete fluid.
   a. This is normal and due to hormones received from mother.
   b. Do not squeeze breasts or hipples.
   c. Will disappear and there is no need to treat.
2. If pus, heat and/or redness appear, call the clinic.

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   a. This is normal and due to hormones received from mother.
   b. Do not squeeze breasts or nipples.
   c. Will disappear and there is no need to treat.
2. If pus, heat and/or redness appear, call the clinic.

D. MENSTRUATION

1. Some female babies may have vaginal bleeding.
2. This is normal and is due to hormones received from mother.
3. Will disappear. Keep area clean.

E. EYES

1. May have watery drainage or lids may swell. May be due to medication put in eyes at birth.
2. If yellow, green, or bloody drainage occurs from one or both eyes, should call clinic.

F. FONTANELS (SOFT SPOTS ON HEAD)

1. A very tough membrane covers them.
2. Takes a hard, direct blow to injure.
3. Should not be afraid to clean well over them.

G. UMBILICAL (NAVEL) HERNIAS

1. Usually disappear without surgery.
2. If surgical repair is needed, it is usually done at 1 to 3 years of age.
3. Nothing can prevent these from occurring.
4. Binders and coins do not help and should not be used.
5. Crying will make them more noticeable.

H. BIRTHMARKS

1. Discoloration of skin can commonly occur as red or blue-black marks which are present at birth.

2. Many of these disappear by school age.

I. TESTICLES

1. Occasionally male babies may have one or both testicles undescended at birth.
2. This condition will be followed by the clinic.

J. NORMAL DEVELOPMENT

Normal development varies greatly from one child to another even within the same family. The following are only guidelines. If you have concerns about your child's development, check with the clinic.

1. Hearing is acute from birth.
2. Looks at person at approximately 1 month.
3. Smiles at about 2 months.
4. Sits with head steady from 2 to 5 months.
5. Sits without support from 5 to 9 months.
6. Pulls self to stand from 6 to 9 months.
7. Rolls over both ways at about 6 months.
8. Walks alone from 10 to 16 months.
9. Teeth:
    a. Has 1 tooth by 1 year of age.
    b. Gets 20 teeth in second year.
10. Fontanels (soft spots on head):
    a. Posterior fontanel closes from 4 months to 1 year.
    b. Anterior fontanel closes from 4 months to 2 and 1/2 years.

Average time for closure is 9 to 20 months.

X. PREMATURE OR LOW BIRTH WEIGHT INFANT

A. Information contained in this booklet will generally apply.

B. Just because baby is small, do not over protect.

C. Act naturally with baby.

D. Touching and holding are very important.

E. Will require earlier and more frequent visits to the clinic in the first few months.

F. Needs more frequent turning to prevent misshapen head.

G. May require smaller and more frequent feedings for awhile.

H. May not have as good a sucking reflex, so may take longer to feed.

I. May have variations in rate and depth of breathing pattern for awhile.

J. More easily affected by changes in temperature. Should make special effort to provide constant body temperature.

K. May be more susceptable to infections. Extra precautions are needed to protect from ill persons and good handwashing techniques are needed.

L. Most growth and development delays are caught up by 2 years of age.

XI. ILLNESS CARE

A. EQUIPMENT

1. Rectal thermometer. Need one with a stubby or blunt tip.

2. Bulb syringe. Soft tip ear syringe works best, and is to be used only for baby.
3. Cool mist vaporizer. Should not have one that uses hot water because of safety factors. Use only water. Do not use medications. Medication vapors can be very dangerous to your child.

B. TEMPERATURE TAKING

1. Rectal temperature should always be taken on infants and small children up to 5 years of age.
2. Rectal temperature is one degree higher than an oral temperature.
3. A rectal thermometer should always be used to take a rectal temperature.
4. Shake, clean, and store thermometer properly.
5. When taking a rectal temperature, first lubricate tip of thermometer with vaseline or K-Y jelly.
6. Insert rectal thermometer approximately 1 inch into rectum and hold gently in place for 2 minutes.
7. Never leave baby unattended with rectal thermometer in place.
8. Fever is only a symptom. Need to look for the cause.

C. COLD TREATMENT

1. Babies are nose breathers and may be very uncomfortable with a cold. Will probably not eat or sleep well.
2. A cold may last up to 2 weeks.

3. Place infant on stomach and place book at foot of crib under mattress for more comfortable sleeping.
4. Increase clear fluids. Kind of fluids depends on the age of child. Examples are: weak, sweetened tea, juices, kool-aid, soft drinks (nearly flat), plain water or sugar water, Gatorade, jello water, and bouillon or broth.
5. Solid foods may be given as tolerated. Appetite usually decreases and child may not want or digest some types of solid foods. This may include milk.
6. Use cool mist vaporizer next to crib. Use plain tap water only.
7. Do not use vapor-rubs or other preparations on the skin for cold treatment.
8. May use saline nose drops:
   a. May use 2 to 4 drops in each nostril before feeding and before sleep.
   b. Should never use longer than 72 hours at a time.
   c. Saline nose drops can be made fresh daily by adding 1/4 teaspoon table salt to 1 cup of tap water.
9. Gently use a bulb syringe as needed to remove mucous from nose. Suggested to use before meals, naps, and at bedtime.
10. Tylenol - dosage according to age - can be given for fever and irritability.

D. FEVER

1. Not unusual for children to run high fever.
2. Need to try to determine what is causing fever.

3. Increase clear fluids as in treatment for colds.
4. Can give tepid (lukewarm) baths for rectal temperature over 103 degrees. Never use ice or alcohol. Use a cup to pour water over the body. Permit to air dry. Do not rub with washcloth or towel.
5. Use cool, light clothing. Do not overdress or wrap in blankets.
6. Tylenol liquid should be given for rectal temperature over 101 degrees according to the age of the child.
7. If using a spoon to give liquid medications, always use a measuring spoon to be sure the right amount is given.
8. Tylenol liquid dosage according to the age of the child:
   a. Birth to 2 months - Nothing. Should be seen in clinic.
   b. 2 to 4 months - 0.3 on the dropper every 6 hours, or 1/4 teaspoon every 6 hours.
   c. 4 to 12 months - 0.3 on the dropper every 4 hours, or 1/4 teaspoon every 4 hours.
   d. 12 to 24 months - 0.6 on the dropper every 4 hours, or 1/2 teaspoon every 4 hours.
   e. After 24 months - 0.6 on the dropper for each year of age every 4 hours, or 1/2 teaspoon for each year of age every 4 hours.
9. If aspirin tablets are used, always give baby or children's aspirin. Each baby or children's aspirin contains 1 and 1/4 grains of aspirin, and each regular or adult aspirin contains 5 grains of aspirin. Therefore, 1 adult aspirin is equal to 4 children's aspirin. Give 1 grain of aspirin for each year

of age up to 10 grains, every 4 hours.

a. Birth to 6 months - Do not use.

b. 6 to 12 months - 1/2 to 1 baby aspirin.

c. 18 months to 3 years - 1 and 1/2 to 2 and 1/2 baby aspirin.

d. 3 and 1/2 to 5 years - 3 to 4 baby aspirin.

E. ELIMINATION

1. Urine

a. A baby normally urinates once every 4 to 6 hours.

b. If baby is dehydrated, urine will decrease in frequency and amount.

2. Stools

a. Normal

(1) Soft like paste or putty.

(2) Red in face does not necessarily mean constipation.

(3) Number and frequency not important as long as stool is soft. Each baby is different.

(4) Breast fed babies generally have more frequent stools, and generally are looser.

(5) Color is normally egg yolk yellow. May be green tinged due to iron or foods.

b. Constipation

(1) Hard and dry like marbles or pellets.

(2) Increase the amount of daily water and other fluids.

(3) Can give prune juice.

(a) Give 1/2 to 1 ounce - 1 or 2 times per day.

(b) Can use adult prune juice, but dilute by adding 1/2 juice and 1/2 water.

(4) Do not give suppositories or enemas.

c. Diarrhea

(1) Diarrhea is large, explosive stools with mucous and water ring on diaper. Green, foul odor.

(2) Should not let diarrhea go unchecked for longer than 24 hours in an infant. If it has not stopped within 24 hours, call the clinic.

(3) Blood in stools needs immediate evaluation in the clinic.

AESC—Andrews AFB Md 1976

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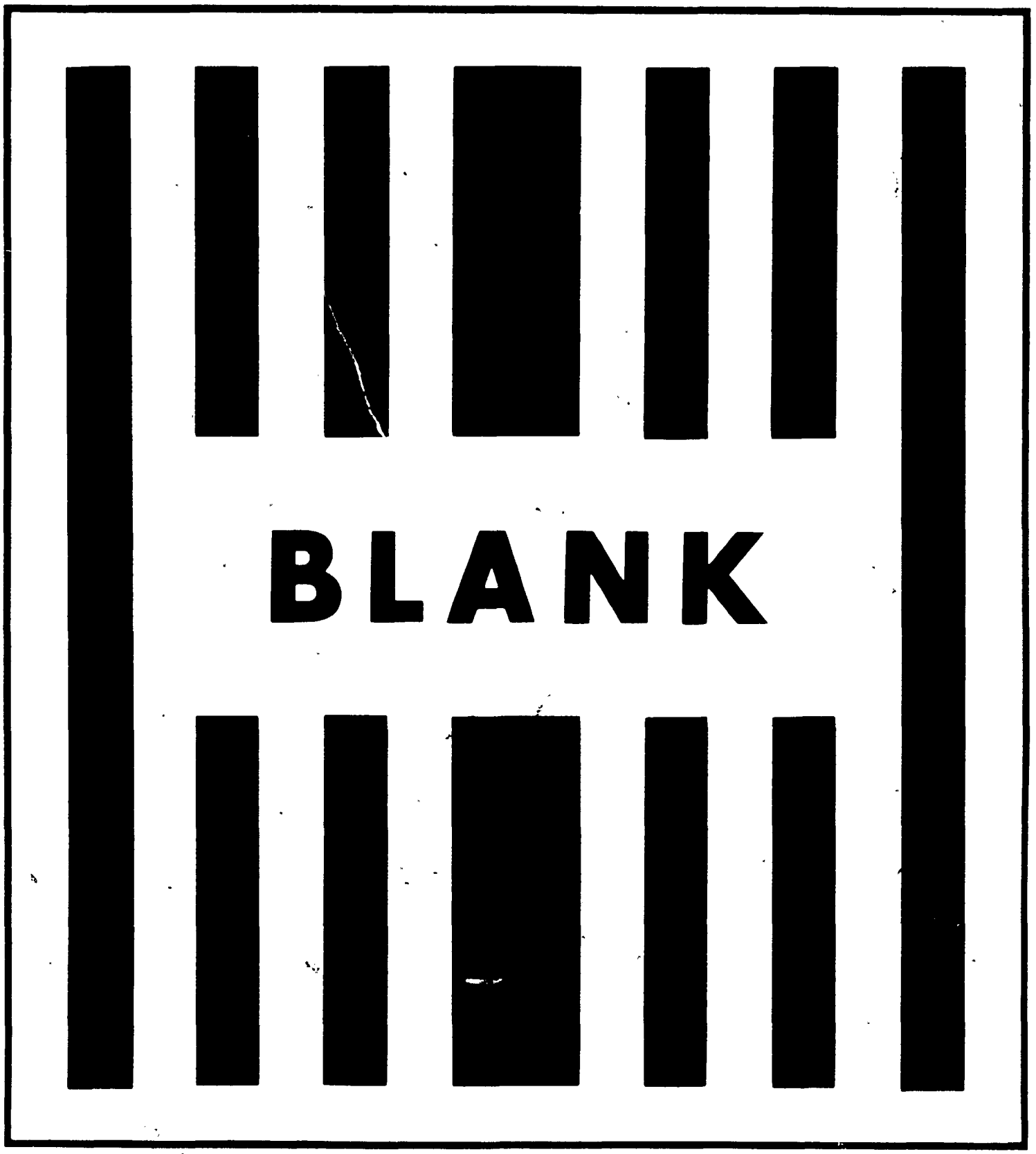
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DOCUMENT TO ROLL INDEX

Frame Number	Classification Number	Date Period	Vol.	Pt.	Title	Security Classification	Remarks
6	1052407	01/77-12/77			Hist. USAF Hosp. Yokota	Uncl.	
46	1052408	01/77-12/77			Hist. 1st Medical Service Wing	Uncl.	
65	1052409	07/76-12/76			" "	Uncl	
86	1052410	07/75-06/76			" "	Uncl.	
115	1052411	07/74-06/75			" "	Uncl.	
149	1052412	07/69-06/70			Hist. of the 3rd USAF Dispensary	Uncl.	
176	1052413	07/70-06/71			Hist. 7th Air Force Medical Service	Uncl.	
186	1052414	07/69-06/70			" "	Uncl	
197	1052415	07/72-06/73			Hist. 9th Aeromedical Evacuation Gp. (PACAF)	Uncl.	
254	1052416	07/71-12/71			Hist. 12th/6259th USAF Dispensary	Uncl.	
278	1052417	07/69-06/70			Hist. 12th USAF Dispensary	Uncl.	
326	1052418	07/71-06/72			History 13th AF Surgeon's Office	Uncl.	
362	1052419	07/69-06/70			End of Year Hist. Rept. 31st USAF Dispensary (PACAF)	Uncl.	
376	1052420	07/70-06/71			Hist. 35th USAF Dispensary	Uncl.	
403	1052421	07/69-06/70			" "	Uncl.	
423	1052422	07/71-03/72			Medical Hist. 5th AF	Uncl.	

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Frame Number	Classification Number	Date Period	Vol.	Pt.	Title	Security Classification	Remarks
433	1052423	07/70-06/71			Medical Hist. 5th AF	Uncl.	
447	1052424	07/69-06/70			" "	Uncl.	
464	1052425	07/69-06/70			327th CSSq. Medical Aid Station	Uncl.	
472	1052426	07/70-05/71			347th USAF Dispensary	Uncl.	
487	1052427	07/69-06/70			" "	Uncl.	
500	1052428	07/70-06/71			366th USAF Dispensary	Uncl.	
521	1052429	07/70-06/71			377th USAF Dispensary (PACAF)	Uncl.	
533	1052430	07/69-06/70			" "	Uncl.	
544	1052431	07/69-06/70			475th USAF Hospital	Uncl.	
561	1052432	07/71-05/72			483rd USAF Hospital	Uncl	
589	1052433	07/70-06/71			" "	Uncl.	
618	1052434	07/69-06/70			" "	Uncl.	
657	1052435	7/69-06/70			632nd USAF Dispensary & Medical		
					Aid Station 6255th ABSq.	Uncl	
6666	1052436	07/69-06/70			824th USAF Dispensary	Uncl.	
675	1052437	07/69-06/70			6043rd USAF Dispensary	Uncl.	
739	1052438	07/69-06/70			6045th USAF Hospital	Uncl.	
783	1052439	07/70-06/71			6135th USAF Dispensary	Uncl	

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Frame Number	Classification Number	Date Period	Vol.	Pt.	Title	Security Classification	Remarks
791	1052440	07/70-06/71			6168th USAF Dispensary	Uncl.	
797	1052441	07/69-06/70			" "	Uncl.	
818	1052442	7/69-06/70			6170th USAF Dispensary	Uncl.	
833	1052443	07/69-06/70			6171st USAF Dispensary (Class B)	Uncl.	
840	1052444	07/70-06/71			6251st USAF Dispensary	Uncl.	
847	1052445	07/70-06/71			6254th ABSq Medical Aid Station	Uncl.	
855	1052446	07/69-06/70			" "	Uncl.	
862	1052447	07/70-06/71			6348th USAF Dispensary	U/FOUO	
882	1052448	07/69-06/70			" "	U/FOUO	
911	1052449	07/73-06/74			USAF Hosp. Altus (MAC) OK	Uncl.	
917	1052450	07/72-06/73			" "	Uncl.	
922	1052451	07/71-06/72			" "	Uncl.	
929	1052452	07/74-06/75			USAF Clinic, Charleston AFB, SC	Uncl.*	*FOUO/SSAN ONLY
942	1052453	not dated			" "	Uncl.	
947	1052454	07/72-06/73			" "	Uncl.	
954	1052455	07/71-06/72			USAF Dispensary Charleston (CLASS A)	Uncl.	
992	1052456	01/78-12/78			David Grant USAF Medical Center	Uncl.	
1017	1052457	01/77-12/77			" "	Uncl.	

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Frame Number	Classification Number	Date Period	Vol.	Pt.	Title	Security Classification	Remarks
1036	1052458	07/76-09/76			David Grant USAF Medical Center	Uncl.	
1063	1052459	07/75-06/76			" "	Uncl.	
1120	1052460	07/74-06/75			" "	Uncl.	
1173	1052461	07/73-06/74			" "	Uncl.	
1241	1052462	07/72-06/73			" "	Uncl.	
1289	1052463	07/71-06/72			" "	Uncl.	
1340	1052464	01/78-12/78			USAF Hospital Dover AFB, Delaware	Uncl.	
1366	1052465	07/76-09/76			" "	Uncl.	
1378	1052466	07/75-06/76			" "	Uncl.	
1383	1052467	07/74-06/75			" "	Uncl.	
1402	1052468	07/73-06/74			" "	Uncl.	
1408	1052469	07/72-06/73			" "	Uncl.	
1427	1052470	07/71-06/72			" "	Uncl.	
1436	1052471	01/78-12/78			USAF Hospital Kirtland, NM	Uncl..	
1441	1052472	01/78-12/78			USAF Hospital, Little Rock Ark.	Uncl.	
1447	1052473	07/76-09/76			" "	Uncl.	
1452	1052474	07/75-06/76			" "	Uncl.	
1458	1052475	07/74-06/75			" "	Uncl.	

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Frame Number	Classification Number	Date Period	Vol.	Pt.	Title	Security Classification	Remarks
1464	1052476	01/78-12/78			USAF Clinic, McGuire AFB, NJ	Uncl.	
1471	1052477	01/78-12/78			Hist. Malcom Grow USAF Medical Center	Uncl.	
1478	1052478	01/77-12/77			" "	Uncl.	
1535	1052479	07/76-09/76			" "	Uncl.	
1629					INDEX		

825 FORM NOV 71 0 - 23

PREV EDIT WILL BE USED

Roll Number 37144

A C A

IMAGE EVALUATION TEST TARGET (MT-2)

POINT SIZE

4 Z35g Ipb7 YOr8j Zlo6x

6 Hq47j W9pa9 A7o7q Ge92

8 Su1xi 33q7n Oelvf 4ef8k

10 2xbiy Gmn0c Y5a5o E1t9g

12 7n34a K2b8t D6fmh 9ss9d

14 Wcuzl L1cdg 6Y3sl Okjdg

FUTURA

NEWS GOTHIC

K2b8t Okjdg
14 4ef8k Gmn0c
Zlo6x Ge92
12 7n34a 6Y3sl
Y0r8j A7o7q
10 Oelvf 2xbiy
9ss9d L1cdg
8 33q7n E1t9g
6 Z35lg Hq47j Su1xi Y5a5o
4 D6fmh Wcuzl Ipb7 W9pa9

POINT SIZE

1.0 1.1 1.25 1.4 1.6 1.8 2.0 2.2 2.5 2.8 3.2 3.6 4.0 4.5 5.0 5.6

4 CJ5O n2b5 8w6O ZLcO IZ68

6 IZC6B U5M7P PN6SB OIKOG

8 XMBBO HWEKH XYAHQ SIDDS

10 VILNU MZHSF XMBBO HWEKH

12 6FRKM EB7AU FUDWM BOONF

KP7c Rho9t Umkh9 Ecafd
C6Jfm Zm79a 3s431 iskrY
Oz7h9 B5e1P Wo8nk 8tizx
14 C9E83 B18AJ Z7QYI OKJDQ

POINT SIZE SANS SERIF (MICROFONT)

SERIF (BASKERVILLE)

SHOULD MEASURE .25" AT REDUCTION

12x 16x 20x 24x 28x 30x

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