

PREFACE

This volume of historical data was compiled in an effort to preserve all of the officially recorded history prior to the Medical Historical Program of 1953.

I have extracted all of the historical data concerning the hospital from Base Historical Reports and included it in the first part of this volume, "A History of the Medical Facility at Lackland A.F.B.". This covers the period 1941 through 1951.

Also enclosed are the file copies of quarterly historical reports. These cover the periods:

- 1951 - complete
- 1953 - complete
- 1954 - Oct-Nov 1954 report missing
- 1955 - quarterly reports were discontinued after the Jan-Mar 1955 report.



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A HISTORY OF THE MEDICAL FACILITY AT LACKLAND AFB

(The following data has been extracted from historical data reports on file in the Historical Section of the Wing Adjutant's Division, 3700th Military Training Wing, Lackland Air Force Base, San Antonio, Texas)

The facility was built in two separate sections. Construction was began on the first section on 15 June 1941. This section was released by Army engineers to the Base Air Installations Office, on 25 May 1942. The second section of the hospital was released by Army engineers to the Base Air Installations Office in October 1942 with a few buildings released in January 1943.

The medical unit presently occupied by the USAF Hospital is an outgrowth of the Station Hospital, a unit of the San Antonio Aviation Cadet Center. The AAF Regional and Station Hospital was designated by WD Circular 187, 26 June 1942, under the command of Col. John R. Copenhagen, Director of Medical Services. The hospital began operations on 8 June 1942 when the San Antonio Aviation Cadet Center was directly under the control of Kelly Field. On 4 July 1942, the hospital, along with other units of the San Antonio Aviation Cadet Center, became an independent command with Col. Robert J. Platt, USAAF, MC, assuming command of the medical activity July 1942. In addition to offering the usual services of a Station Hospital during the year 1942, a completely equipped Dental Clinic was in operation. As an additional mission, the hospital also trained selected medical officers in the School of Aviation Medicine along with a Medical Training Center School for enlisted men, wherein such courses as Field Sanitation, First Aid, Field Hospital and Combat Rescue, and other related subjects were taught.

In addition to the Station Hospital located in the north end of the field, five dispensaries were in operation in various areas of the

Base under the command of Flight Surgeon who commanded the Medical Processing activity in their respective areas. Major Edwin C. Benjamin was surgeon of the Army Air Force Preflight School, and Lt. Col. William H. Lawton, was chief Flight Surgeon of the Classification Section.

In 1943, the Station Hospital boasted more than 1,200 beds. Medical processing of aircrew candidates and aviation cadets, corrective surgery on aircrew candidates, and the operation of a branch school of Aviation Medicine were the main functions.

On 1 February 1946 with the wartime mission of Training Aviation cadets completed, Lackland became known as the Army Air Force Military Training Center, and the hospital at this time was designated as an Army Air Force Regional and Convalescent Hospital. In January 1946, the Hospital was under the command of Colonel Clyde L. Brothers, MC, at which time the medical activities of the Station Hospital on Kelly Field were transferred to the AAF Regional and Convalescent Hospital at Lackland. In February of the same year, the medical services of Brooks Field, Texas, were transferred to this activity.

Due to the conversion of Lackland (then San Antonio Aviation Cadet Center) from Aviation Cadet Training to Basic Military Indoctrination Training, a great increase in Hospital admission was shown during the January-March 1946 period. This was due to the increased number of personnel on the field and the concentration no doubt of "Teen-Agers" who had not previously been exposed to a variety of contagious diseases, ~~or who had not previously been exposed to a variety of contagious diseases,~~ or who had not been subjected to or experienced the usual run of childhood sicknesses.

During the January-April 1946 period the following population

figures for the hospital are reflected:

<u>Month</u>	<u>Number of Wards</u>	<u>Census</u>	<u>Monthly Admissions</u>
January	7	349	--
February	10	625	524
March	12	643	770
April	16	842	1,378

During this time the medical services consisted of 13 medical officers and one administrative assistant.

Lackland continued to grow, and continued to train basic airmen.

In mid-1948, Colonel J. R. Copenhagen^{VER}, Base Surgeon, looked over his sprawling, war relic of a Base Hospital, which encompassed 112 single story frame buildings, where 32 over-worked physicians had to walk miles and miles as they tried to do the work of the 38 doctors which the hospital was supposed to have. Everyone, it seemed, was coming into the Air Force except the medical men, who were all going out. The surgeon thought his normal 439 cases a day were more than enough; and although health conditions of the Base population were surprisingly good, Lackland's proneness towards atypical pneumonia was just another reason for viewing the overcrowding of personnel with concern. The Medical Squadron and 3700th Station Hospital were designated by General Orders 79, 25 August 1948.

The most pressing problem of the Hospital during the last half of 1948 was the serious shortage of medical officers. At Lackland AFB 38 medical officers were authorized. On 1 July 1948, only 34 were assigned. On 31 December 1948 only 29 were assigned. At Lackland's hospital during 1948 there were 11,944 admissions with the daily average of hospital patients of 439. Out-Patient visits (including dental, etc) totalled 195,618. Furthermore, the doctors assigned to the hospital during this period had

to do their work in a sprawling hospital unit consisting of 112 single story frame buildings grouped over a relatively large area.

At Lackland's hospital during the first six months of 1949 there was a total of 5,515 admissions to the hospital. The out-patient clinic totalled 49,443 military visits and 9,779 non-military visits. This volume of business was conducted with a medical officer staff of 30. As of 1 January 1949, 17 Dental officers were assigned with 14 being assigned as of 30 June 1949. This serious loss of medically trained personnel prompted the surgeon to state in June 1949 that "if the loss of medical officers continued at the past rate, the activities of this hospital will have to be reduced to sick call, dispensary treatment, and the examination of incoming trainees." It was the consensus of opinion at this time that it would be most unsatisfactory to transport personnel from the Station Hospital at Lackland to other hospitals at nearby installations, and that the absence of adequate medical care and immediate surgical and medical services for emergency cases on Lackland would not only prove as a bad morale factor on the basic trainee population, but would constitute a health hazard.

During the mid part of 1949 the shortage of Medical officers at the hospital reached a more serious level when the Surgeon was informed that in addition to furnishing medical services for the entire population on Lackland he would be responsible for the processing and hospitalization of patients from the newly re-opened Ellington Air Force Base just outside of Houston, Texas. The situation became so critical in October 1949 that in an interview the Surgeon made the statement "it is the aim of the Surgeon and his staff to practice the highest possible standards of medicine in spite of the critical shortage of personnel; however, all

indications are that in order to continue the barest minimum of operations the standards of medical practice will fall unless additional physicians report to this station."

On 10 February 1950 the Commanding General, 3700th AFIW (which was designated on GO 79, ATRC, 25 October 1949), LAFB, was notified by TWX from the Commanding General, Air Training Command, that the activity known as the Station Hospital was being reduced to a dispensary status with the target date set for the middle of June 1950. Plans were immediately made by the Surgeon and staff to transfer all military dependents to Brooke Army Medical Center located on Fort Sam Houston, Texas. Patients who were found to be in need of hospitalization beyond the target date were also being transferred to Brooke Army Medical Center, and the policy that only those patients who required a minimum of 72 hours of hospitalization would be admitted to the Lackland activity. This reduction in service naturally called for the consolidation of activities and plans were made by Air Installations to close a number of buildings in the hospital area.

With this reduction in activity a necessary reduction in personnel was effected. When notification was received of the change in the hospital's status, 128 civilian employees were on duty. As of 15 June 1950 only 49 of that number remained.

On 16 June 1950 orders (GO 50, Hq, LAFB, Par 1) were issued which in part stated, "...The 3700th Station Hospital, Lackland Air Force Base, San Antonio, Texas, is redesignated the USAF Infirmary eff 2400, 16 June 1950."

With all plans made to operate the facility as an infirmary, information was received later that the Secretary of Defense had authorized continued operation of the facility as a United States Air Force Hospital with a bed capacity of 100. All instructions from Headquarters, United States Air Force pertaining to the reduction of the hospital to an infirmary were rescinded.

Shortly after the issuance of general orders on 16 June 1950, and the subsequent cancellation thereof, the incident on the 38th parallel occurred. Within 45 days instructions were received from the office of the Air Surgeon giving authority to the Commanding Officer of the 3700th Medical Group to set up a 475 bed hospital which was to provide all types of definitive care within the capacity of the personnel and equipment available. This action placed the hospital closer to the status that it occupied in March 1950. The problem facing the Surgeon of re-equipping various technical facilities for the patient load was minor compared to the re-assembling of his professional staff as it had existed in March 1950. Admissions to the hospital during the month of August 1950 amounted to 702; these admissions plus personnel received for classification and transferred to Brooke Army Medical Center for hospitalization and medical processing of the great numbers of Air Force recruits that flooded this station during mid 1950 were conducted with an understaffed professional service.

The following was the staffing personnel situation in the 3700th Medical Group during the month of September 1950:

	<u>Beginning 1 Sep 50</u>	<u>Ending 30 Sep 50</u>	<u>Gains</u>	<u>Losses</u>
MC	13	18	5	
DC	34	38	4	
MSC	9	9		
VC	1	1		
AFNC	19	29	10	
WMSC	1	1		
USAF	2	2		
Airmen	365	435	70	
Civilians	75	86	11	

In addition to the routine duties of which the hospital was required to give personnel of Lackland the additional duty of providing temporary treatment for Korean war casualties was assigned to the Surgeon on 1 September 1950. In the initial stages, the Lackland hospital served as an overnight rest stop for the wounded who had been flown from Hickam Field, Hawaii, or Travis Air Force Base, California, to Kelly AFB, while enroute to military hospitals throughout the country.

On 11 December 1950, the Lackland hospital acquired an even more important role in the Air Evacuee Program, which was charged with bringing wounded warriors from the battlefield to the well equipped military hospitals in the United States. On that date, Lackland was designated a major port of debarkation for the Korean returnees. The capacity of the hospital was ordered increased from 475 to 1,000 beds.

This move caught Lackland medical officials completely by surprise. They had but recently prepared a table of distribution for a 725 bed hospital and were formulating their plans for expansion on the basis of this proposal. They had anticipated that only 125 of the 725 beds would be required by the evacuees, whereas, the Washington directive decreed that 500 beds be allocated for this purpose.

The evacuees began streaming into Lackland before the hospital was fully ready to receive them. Washington provided essential personnel to handle this influx by 30 to 60 day TDY from other bases. Lackland officials began a program to recruit its own personnel to supplant the TDY people when they left. Additional doctors were obtained and ambulance drivers were recruited from the Base Motor Pool. In order to man the program adequately, it was expected that some 1,300 persons would be required. This represented a substantial increase over previous strength requirements.

The increased need for medical administrative personnel and for medical corpsmen resulted in a substantially altered table of distribution. The augmented administrative force was required because Lackland was charged with the responsibility of preparing individual case reports and with forwarding them to Washington. On the basis of these reports, Washington determined the ultimate disposition of the patients.

The nature of the treatment provided by Lackland demanded the assignment of approximately twice the number of medical corpsmen as were required for the normal hospital routine. To relieve the critical shortage of these corpsmen, a school to train a consignment of basic trainees was held. No airmen were assigned to the wards as medical corpsmen until after they had completed this training.

The patients received supportive rather than remedial treatment at Lackland. The first necessary treatment had already been provided. Mainly, Lackland fed, shaved, bathed, paid, and replaced the dressings

and damaged casts of the Korean casualties. Quite a few blood transfusions were given. To facilitate this activity, Lackland started its own blood bank rather than storing the blood at Brooke Army Hospital as was previously done. Surgical treatment was available but was provided only when necessary. Only those patients requiring emergency treatment remained at Lackland longer than 48 hours.

Between 1 September 1950 and 11 January 1951, more than 3,500 combat men were cared for at the Lackland Hospital. During the month of December only, some 1,200 wounded men were received.

From 11 December 1950, when Lackland was designated a major debarkation port, to 10 January 1951, 2,774 evacuees poured into the base hospital. Once the program was in full operation, a daily average of 150 patients streamed into the hospital, while the outward flow averaged about 100.

As of 31 December 1950 the assigned and authorized strength of the 3700th Medical Group was:

	<u>Assigned</u>	<u>Authorized</u>
MC	41	32
DC	49	54
MSC	16	15
VC	2	1
WMSC	2	5
AFNC	43	50
USAF	3	0
Enlisted	713	422
Civilian	128	172

During the month of January 1951 when Lackland underwent the Blitz, and was investigated by congressional investigators, civilians appointed by the President, and the Air Surgeon and his staff, the

hospital, still under strength, experienced a high rate of admissions due to high trainee receipts during that time. On 19 January 1951, the Surgeon, Col. Robert E. Lee, announced that military nurses would serve a duty tour of 12 hours a day seven days a week. This emergency measure remained in effect until late in February.

The following figures show the assigned and authorized strength of the hospital as of 31 March 1951. It will be noted that the number of personnel assigned greatly exceeds the number authorized. This was one of the emergency measures taken by the Surgeon to adequately staff his hospital when nationwide charges of a high death rate due to pneumonia and suicides were being levied against Lackland Air Force Base in the nation's presses.

	<u>Assigned</u>	<u>Authorized</u>
MC	56	32
DC	52	54
MSC	29	15
VC	2	1
WMSC	5	5
AFNC	102	50
USAF	3	0