SECRET
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ARMY SERVICE FORCES
United States Engineer Office
P.O.Box 1539
Santa Fe, New Mexico

MEMORANDUM TO: Lt. Col. Ashbridge, Commanding Officer.

SUBJECT: Medical Facilities and Activities in the Year 1943-1944.

1. The enclosed chart has been prepared to indicate, as much as the information is available, the medical services provided to the population of the Post, correlated with the facilities available. Also an attempt has been made to correlate the services with the increase in population. From this chart various facts are presented:

a. Despite the fact that there have been no great epidemics or catastrophies, it can be seen that there has been a steady and rapid increase in the number of patients seen as out patients and also as hospital patients. The curves representing the out patient visits with the military and civilian personnel are more or less parallel in their rise.

b. The curve of the patients hospitalized or in quarters also increases in a manner paralleling the out patients services. The only accurate figure available for the increase in population is that of the enlisted men. This curve increases in a manner which may be correlated to the increase in the number of men on sick call. From this curve the increase in population of other categories of people such as civilian males and civilian females etc. may be interpolated. The only conclusion that such a curve as this may give (and this must be an assumed one) is that the increase in medical services is related to the increase in population.

c. At the top of the chart the nursing and enlisted men's staff is indicated. Although the personnel has increased with time , this increase is certainly not commensurate with the increase in services demanded.

d. Beneath this the number of hospital beds available is indicated in both the normal and the crowded state. These figures indicate that their is not only a deplorable lack of such facilities but also the fact that these are so crowded as to be a menace to the health of the community. It would be quite risky to enter another fall and winter season with such a lack of medical facilities.

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2. Medical services in this project have an important place in the maintenance of morale and effectiveness among the workers. Such factors as isolation, recent removal of the people from more familiar surroundings and the intense drive on the part of the employees all tend to amplify the importance of ilnesses. Because of special hazards of type of employment and terrain a large number of casualties from accidents may present themselves at any time. These problems must be anticipated. Although with consultation more complete medical services are available at Bruns General Hospital , and are given at every opportunity with the utmost good spirit, the distance involved and the administrative routine of such an army hospital cause time wastage on the part of the employees to a considerable extent. A patient going to Bruns for consultation demands transportation and at least a whole day lost from work. If further examination is deemed necessary by the consultant each such examination involves the loss of a whole working day. Patients treated for orthopedic and general surgery or other major diseases for which we do not have the facilities are kept from their work for long periods of time, because of the necessary routine of the hospital. For these reasons, which have been expressed not only by the medical staff but also by the Commanding Officer of the Military Police and heads of the Technical Area, an attempt has been made to keep the demands for services at Bruns General Hospital at a minimum, as far as safety permits. Examples of such patients who demanded long treatment and observation are in the cases of James Coon, Chester Snow and various members of the military detachment.

3. In the past year medical problems have been varied. Because of the type of population there has been a high birth rate and because of the type of work there have been industrial and military accidents. The situations that have developed have been in the main competently handled. The medical staff has been rather fortunate in spite of the fact that there has been such a rapid increase in the population and there have been no general catastrophies or epidemics. However, these things must be anticipated. At times during the past year equipment which has long been on order has not been available. Up until a few months ago no bassinets were available and new born babies had to be kept in padded cardboard boxes. Anaesthesia has also been a problem mainly because the physicians have had to administer such anaesthesia. Though they understand fully the physiology of the agents, they have not had wide experience. This has kept major surgical procedures to a minimum

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and confined them to emergencies. Nursing service has been excellent despite the small staff and the crowding of the available space.

4. There are now available in extremely crowded conditions, only 24 beds. The situation is well illustrated by the following: there are three beds now assigned to obstetrical cases and at the present time there are five obstetrical patients hospitalized. There are ten pediatrics beds and on the basis of use, sixteen would be required to meet the demand, exclusive of infectious disease. There are four surgical beds. These are full, and four times as many should be available as a minimum. There are seven beds assigned to medicine - all of which are also full - and a little over twice that number should be available. Experience has shown that hospital facilities of only 24 beds are not only inadequate, but dangerously so; and that approximately 55 - 60 beds will be required to handle the present population with any degree of safety.

5. The high incidence of single employees and the large military units also present an abnormal situation. Patients in these categories must be hospitalized for any degree of illness which makes it impossible for them to be employed or to be on duty. The present sick call dispensary, designed for three beds, is now overcrowded to ten. The required ratio of beds to military strength indicates that the ward space for 48 beds is required. By utilizing the facilities of a 60 bed hospital for the care of the sick military personnel, a smaller ward capacity would appear to be adequate - i.e. 30 beds in 10 bed units. Additional safety could be obtained by having protected porches which could be used for bed space during epidemics.

6. It is recommended that the present medical facilities be increased to hospital bed capacity of 60 with the proper personnel and services including examination and care of ambulatory patients, and 30 bed open ward type of facility for convalescent civilian and military personnel be provided as soon as possible.

/s/ JAMES F. NOLAN
Capt. M.C. (AUS)

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