

5410 12 February 1965

MEMORANDUM

Administrative Officer From:

Base Adjutant, Building No. 1, MCB, CLNC

Briefing Data, United States Naval Hospital, Camp Lejeune, M. C. Subj:

dated 1 February 1965

(1) Copy of "Briefing Data" revised as of 1 February 1965

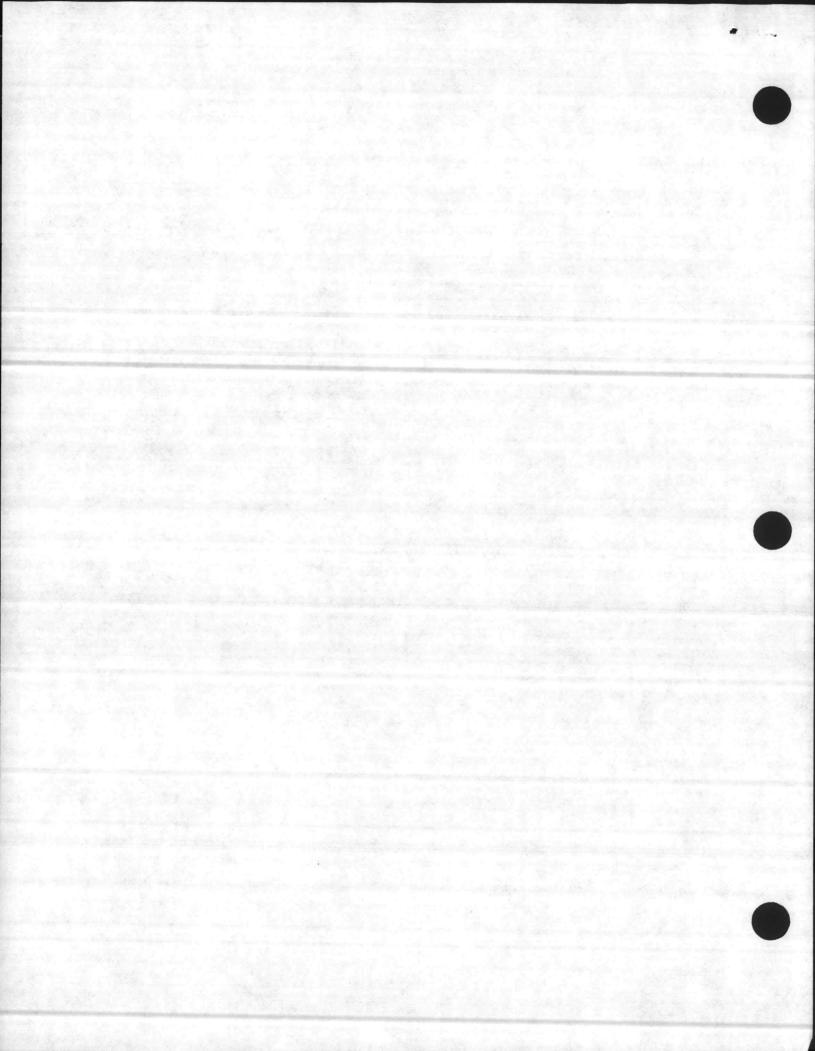
1. Enclosure (1) is forwarded for your information and ready reference.

2. Your suggestions for future revisions will be appreciated.

Bob Sennes

RETURN TO CENTRAL FILES

on Smith - USNIT.
Of the under USNIT.
Organization.



1 February 1965

BRIEFING DATA

U.S. Naval Hospital, Camp Lejeune, North Carolina, commissioned in 1943.

Hospitalization support for Marine Corps Base; Force Troops; 2d Marine Division; Marine Corps Air Facility, MISSION: New River; Marine Corps Air Station, Cherry Point; military, dependents, retired personnel and other

supernumerary patients.

ORGANIZATION: Self contained activity under the command and support control of the Bureau of Medicine and Surgery, Navy Department, Washington, D. C., and under Area Coordination Control of the Commandant Fifth Naval District,

Norfolk, Virginia.

- Captain F. T. NORRIS, MC USN Commanding Officer - Captain G. I. WALKER, JR., MC USN STAFF: Executive Officer

Administrative Officer - Commander R.M. TENNILLE, Jr., MSC US

U. S. Naval Hospital, General Medicine and Surgery TYPE:

Radiology General Medicine SERVICES Pathology General Surgery AVAILABLE: Orthopedic Surgery Pharmacy

Care)

(Inpatient & Obstetrics & Gynecology Physiotherapy Outpatient

Otorhinolaryngology Pediatrics Dentistry

Ophthalmology Neuropsychiatry Urology

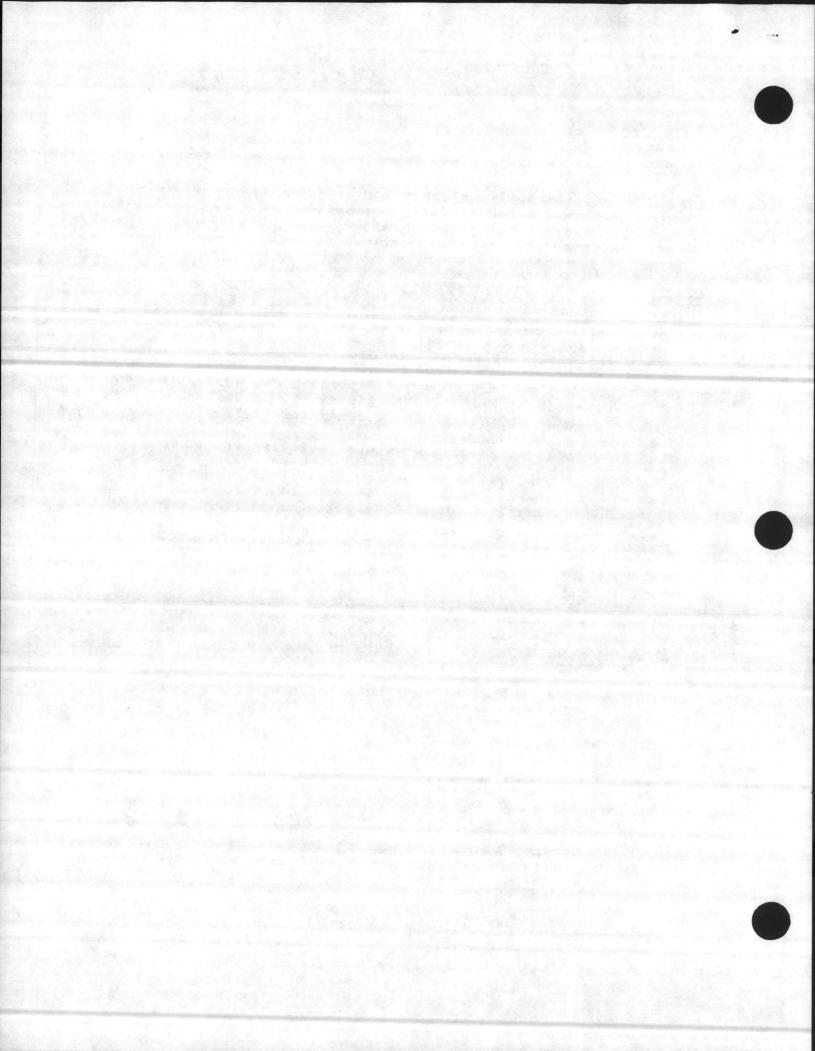
Camp Lejeune Area MCAS, Cherry Point * 7,000 POPULATION Military 36,666 10,000 Dependents 32,000 SERVED: (Estimated) Retired

> *Supported by Station Hospital. This hospital furnishes specialized facilities.

BED CAPACITY: Normal (8 ft. centers) 893 Expanded (6 ft. centers) . . . 1153 Authorized Operating Beds. . . 525

Average Patient Load 1964. . . 418 PATIENTS:

On Board Allowance Officer: 47 PERSONNEL 47 Medical Corps 16 ALLOWANCE: 15 Medical Service Corps 43 52 Nurse Corps 2 2 Dental Corps 2 2 Chaplain Corps.



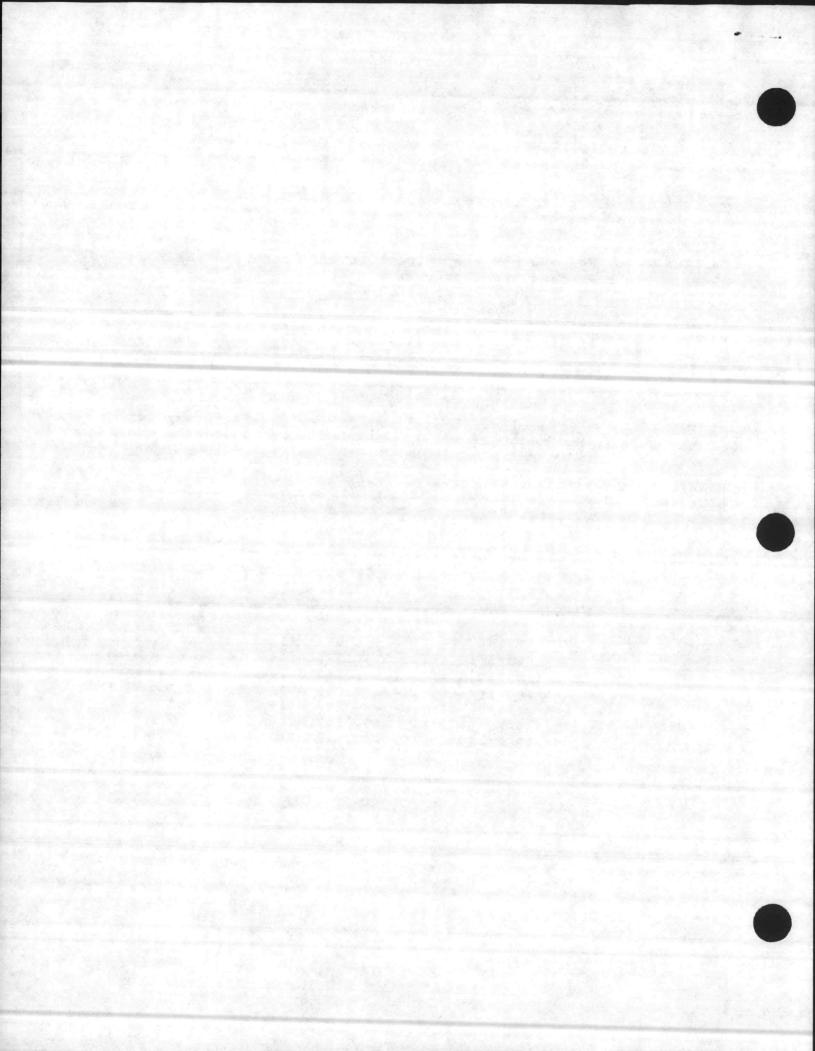
Enlisted:
Civilian: Graded:
Civilian
Modern, permanent brick, steel, concrete construction. Two and three stories with elevators and basement. 144.6 acres of ground.
Land and Buildings \$8,427,026.00 Equipment
Water, power, sewage disposal, steam and fire protection are purchased from the Marine Corps Base. Hospital Emergency Steam Plant is equipped with three 500HP boilers. Emergency lighting is provided by a modern 187KVA diesel generator.
Bachelor Officers Quarters - Capacity 96 Hospital Corps Quarters - Capacity 224 Waves Quarters - Capacity 36 Married Officers Quarters - Units 24
Located at Hadnot Point, a peninsula formed by the juncture of Wallace Creek and New River. Elevation: 12 feet above sea level. Highway: N. C. Route 24 (Paved) Distances from: Washington, D. C 349 Miles Jacksonville, Fla 536 Miles Portsmouth, Va 210 Miles Beaufort, S. C 295 Miles Charleston, S. C 229 Miles Columbia, S. C 263 Miles Jacksonville, N. C 10 Miles

Nearest Air Line - Commercial - New Bern, N.C. - 49 Miles

Nearest Railroad - Commercial - Wilson, N.C. - 105 Miles

HISTORICAL NOTE

A peninsula known as "Hadnot Point" was selected as the site of the Naval Hospital. The area encompassed 144 acres and was chosen because of its central location. Captain T. L. MORROW, MC, USN, reported for duty as Prospective Medical Officer in Command on 20 February 1942. Construction work began on 13 March 1942. By June of that year, the first building was turned over to Captain MORROW as "substantially complete." Chief Pharmacist V. M. COULTER, USN, reported on 30 March



1942 and began preparing requisitions for equipment and supplies to blace the hospital in operation. Captain J. F. RIORDAN, MC, USN, place the hospital in operation to assume the duties of Prospective Medical reported on 14 May 1942 to assume the duties of Prospective Medical Officer in Command, and Captain MORROW was detached on 21 March 1942.

The hospital was commissioned on 1 May 1943, at the construction cost of \$7,500,000. On that date, patients were admitted as transfers from the Field Hospital, Camp Lejeune, which up to that time, had cared for the sick and injured of the entire Marine Barracks.

The largest patient load during World War II was 2087 in the fall of 1944. Beds were placed in the passageways, and double-deck bunks were used exclusively for malaria patients.

In July or August of 1950, the hospital began receiving Army patients from Korea. A large number of these were frost bite cases. Hospital-ization of Army patients lasted for about a year. The largest patient load during the Korean War was 1865.

In March 1958, the hospital assumed responsibility for outpatient care of dependents, a service formerly furnished by the Base Dispensary at Camp Lejeune. In order to provide this service, Wards 1 and 2 were converted into outpatient clinics.

Since 1961, significant improvements have been made in many areas which contribute to better patient care, increased comfort and more efficient operations. Projects completed include the installation of more than 255 tons of central air conditioning capacity for tion of more than 255 tons of central air conditioning capacity for temperature and humidity control in clinical spaces; consolidation of separate clinic facilities in Ward 3; relocation and consolidation of the EENT services into a centrally-located, air-conditioned space; of the EENT services into a centrally-located, air-conditioned space; of the EENT services into a centrally-located, air-conditioned space; and expansion of the Laboratory Service; establishment of an adequate and expansion of the Laboratory Service; establishment of an adequate and expansion of the Surgical Suite; relocation of the Medical Blood Bank adjacent to the Surgical Suite; relocation of the Medical Blood Bank adjacent to the Surgical Suite; relocation of a new and accessible and efficient locations; installation of a new and accessible and efficient locations; installation of a new and adequate emergency generator and electrical system; and renovation of the Dining Room spaces, including new furniture and improved

The most unusual thing about the local medical situation is the high incidence of illness caused by Adenovirus (Type IV). After establishment of the 1st Infantry Training Regiment in 1953 there was a slow build-up in the incidence of adenoviral infections. Was a slow build-up in the incidence of adenoviral required the By fiscal 1962, 1014 cases admitted to the hospital required the emergency assignment of 4 TAD physicians. In fiscal '64, the annual emergency assignment of 4 TAD physicians. In fiscal '64, the annual incidence grew to 1650. In calendar 1964, for the first time, a incidence grew to 1650. In calendar 1964, and through most of year round incidence of ARD became apparent, and through most of that year from one to four additional wards were open. These were that year from one to four additional wards were open. These were that year from one to four additional wards were open. These were that year from one to four additional wards were open. These were that year from one to four additional wards were open. These were that year from one to four additional wards were open. These were that year from one to four additional wards were open. These were that year from one to four additional wards were open. These were that year from one to four additional wards were open. These were that year from one to four additional wards were open. These were that year from one to four additional wards were open. These were that year from one to four additional wards were open. These were that year from one to four additional wards were open.

