

UNITED STATES ARMY IN WORLD WAR II

The Technical Services

THE MEDICAL DEPARTMENT:
HOSPITALIZATION AND
EVACUATION,
ZONE OF INTERIOR

by

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CENTER OF MILITARY HISTORY

UNITED STATES ARMY

WASHINGTON, D.C., 1989

1942 the Secretaries of War and Navy and the Chairman of the War Production Board agreed upon a directive which required construction to be reduced to the minimum in both quantity and quality.¹⁵ In conformity with this directive the General Staff decided to move units in advanced states of training to field tent camps and to use existing cantonments for the training of new units. They proposed to provide hospitalization for field camps in screened and floored tents.¹⁶ The Surgeon General objected and suggested limiting hospitalization in tents to one third of that required for field camps and providing the rest in cantonment-type buildings, erected either in field camps or as additions to near-by station hospitals.¹⁷ The General Staff approved the limitation of hospitalization in tentage but directed the use of theater-of-operations-type buildings for the remainder.¹⁸ This meant that in some places buildings used for the care and treatment of patients, as well as those for housing personnel and storing supplies, were to be of low quality construction. Again The Surgeon General protested the use of "a hospital of a lower grade than the cantonment type unit."¹⁹ While the policy was not changed, the practice of using tentage and theater-of-operations-type construction for entire hospital plants seems to have been limited chiefly to AGF maneuver areas.²⁰

Conversion of Existing Buildings

Another method of achieving speed and conservation was to convert existing civilian buildings into Army hospitals. In mobilization plans this method had had high priority and in the fall of 1940 The Surgeon General had considered its use.²¹ Soon after war began his construction of-

ficers again started looking for civilian buildings suitable for conversion.²² On 19 March 1942, about the time the decision was being made to construct no more semipermanent hospitals, SOS headquarters suggested the acquisition of civilian buildings to house additional general hospital beds.²³ A little over a month later the Chief of Staff considered the possibility of abandoning entirely the construction of new general hospitals in favor of the civilian-facilities-conversion method. He gave up that idea after The Surgeon General's Construction Division and SOS headquarters pointed out difficulties involved.²⁴

¹⁵ Directive for Wartime Cons, 20 May 42, incl to Ltr AG 600.12 (5-20-42) MO-SPAD-M, TAG to CGs AAF, Depts, CAs, and C of Tec Servs, 1 Jun 42, same sub. SG: 632.-1.

¹⁶ Draft Memo WDGCT 600.12, ACofS G-4 WDGS for CofS, n d, sub: Housing for 1943 Trp Basis. SG: 632.-1.

¹⁷ Memo SG for Col [Lester D.] Flory, Oprs SOS, 17 Jul 42, sub: Comments on Housing for the 1943 Trp Basis. SG: 632.-1.

¹⁸ (1) WD Cir 278, 21 Aug 42. (2) Mil Hosp and Evac Oprs, 15 Sep 42, par 13b (1), incl 1 to Ltr SPOPH 322.15, CG SOS to CGs and COs of SvCs, PEs, and to SG, 15 Sep 42, sub: Mil Hosp and Evac Oprs. HD: 322 (Hosp and Evac).

¹⁹ 1st ind. SG to CofEngrs thru CG SOS, 8 Sep 42, on Memo CE 354 SPEOT, CofEngrs for SG, 27 Aug 42, sub: Hosp Fac for Fld Cp. SG: 632.-1.

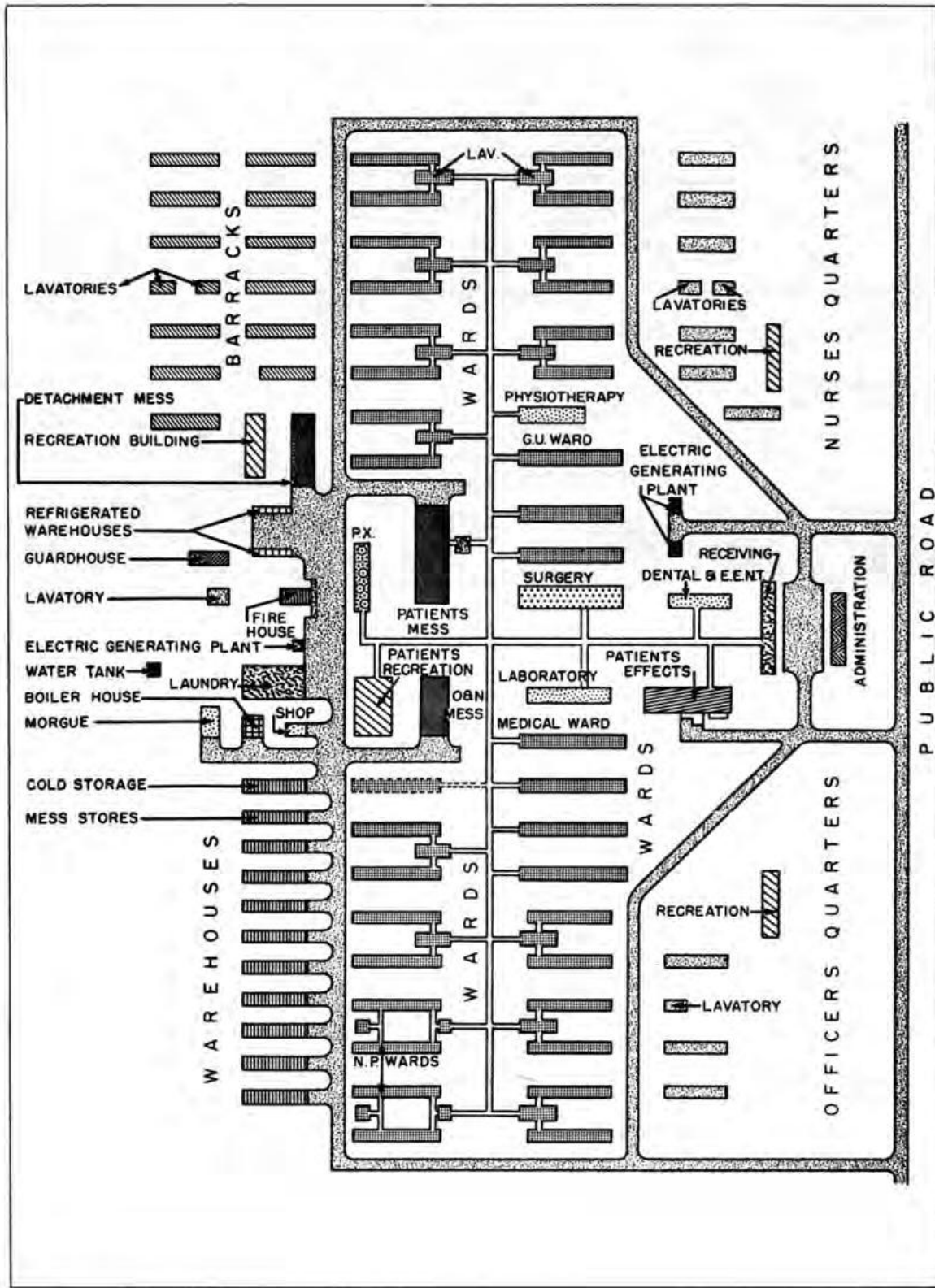
²⁰ (1) See below, pp. 104-06. (2) Tynes, Construction Branch, p. 36.

²¹ Memo, Act ACofS G-4 WDGS for CofS, 12 Nov 40, sub: Gen Hosp Program. HRS: G-4/29135-11.

²² (1) Ltr, Col John R. Hall, SGO to Dr. Morris Fishbein, AMA, 4 Feb 42. SG: 601.-1. (2) Memo, Maj Achilles L. Tynes. SGO for SG, 26 Feb 42, sub: Rpt of Insp Trip to Monroe and Charlotte, NC. SG: 632.-1.

²³ Memo SP 632 (3-19-42), CG SOS for CofEngrs, 19 Mar 42, sub: Add Gen Hosps. SG: 632.-1.

²⁴ (1) Memo SPEX 632 (5-1-42), [Maj Gen Wilhelm D.] Styer for [Lt Gen Joseph T.] McNarney, 1 May 42, sub: Acquisition of Existing Hosps, . . . in lieu of Cons of New Gen Hosps. (2) Memo, CG SOS for CofSA, 3 May 42. (3) Memo, JTM[cNarney] for CofSA, 5 May 42. (4) D/S 632 (5-3-42), Dep-CofSA for SG, n d. All in SG: 632.-1. (5) Ltr, SG to CG SOS, 3 May 42. SG: 601.-1.



PLAN FOR THEATER-OF-OPERATIONS-TYPE HOSPITAL



OLIVER GENERAL HOSPITAL *converted from the Forest Hills Hotel.*

A "Directive for Wartime Construction," issued two weeks later, confirmed as policy the practice of converting existing buildings into hospitals whenever practicable and of constructing new buildings otherwise.²⁵

Difficulties involved in the civilian-facilities-conversion method restricted its use. Of hundreds of buildings which civilians offered to the Medical Department, not over 3 percent were suitable for use as hospitals.²⁶ Many were too small. Some had corridors, stairways, and doors that were too narrow to permit the passage of patients on litters. Others that were several stories high lacked adequate elevator service. Still others were in undesirable locations.²⁷ In some instances, where both the buildings and locations were suitable, local politicians and owners tried to get higher prices than the War Depart-

ment was willing to pay. In others, local citizens banded together to prevent Army acquisition because they feared a depreciation in neighboring property values.²⁸ Finally, even after suitable buildings were found and all arrangements for acquisition completed, additions and alterations had to be made before the Medical Depart-

²⁵ Directive for Wartime Cons, 20 May 42, incl to Ltr AG 600.12 (5-20-42) MO-SPAD-M, TAG to CGs AAF, Depts, CAs, and C of Tec Servs, 1 Jun 42, same sub. SG: 632.-1.

²⁶ Ltr, Maj Lawrence G. King, SGO to Lt Col Albert Pierson, Off ACofS G-4 WDGS, 18 Jun 42, sub: Util of Existing Bldgs as Hosps. SG: 601.-1.

²⁷ (1) Ltr, SG to CG SOS, 3 May 42. SG: 601.-1. (2) Memo, SG for CofSA thru CG SOS, 19 May 42, sub: Preliminary Surv of Atlantic City Hotels for Hosp. HD: Hosp Insp Rpts, p. 680.

²⁸ (1) Pers Ltr, Col Harry D. Offutt to Col Don [G.] Hilldrup, 21 Apr 42. SG: 632.-2 (3d SvC)AA. (2) Notes on Conf, Hosp Cons Div SGO, 26 Mar 42, sub: Gen Hosp Program. HD: 632.-1.

TABLE 2—ARMY HOSPITALS ESTABLISHED IN CONVERTED CIVILIAN BUILDINGS BY END OF 1943

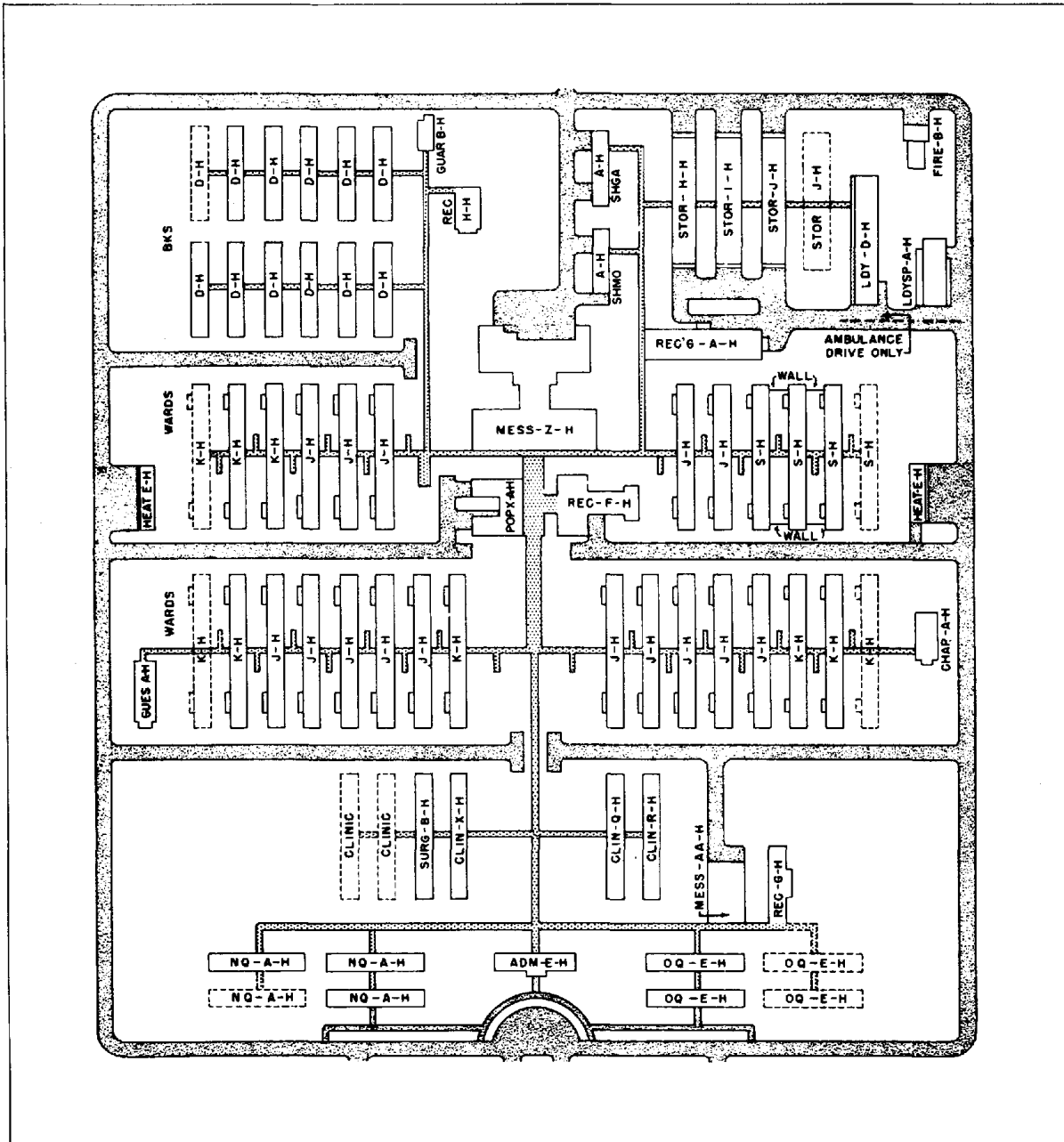
Hospital	Civilian Buildings
AAF Regional Sta Hosp.	Miami Biltmore, Floridian, Gulf Stream, King Cole, Nautilus, Pancoast, and Tower Hotels
Army & Navy Gen Hosp Annex	Eastman Hotel
Ashford Gen Hosp.	Greenbrier Hotel
Bronx Area Sta Hosp.	Lebanon Hosp
Camp Shanks Sta Hosp.	Rockland State Hosp
Charlotte, N. C., Sta Hosp.	Charlotte Sanatorium
Dante Sta Hosp, San Francisco, Calif. (Later part of Letterman Gen Hosp)	Dante Hosp
Darnall Gen Hosp.	Kentucky State Hosp
Deshon Gen Hosp.	Butler Hosp
England Gen Hosp (Formerly AAF Sta Hosp, Atlantic City, N. J.)	Haddon Hall, Cedarcraft, Colton-Manor, Dennis, Keystone, New England, Rydal, Traymore, Warwick, and Chalfonte Hotels
Gardiner Gen Hosp (Formerly AAF Sta Hosp, Chicago, Ill.)	Chicago Beach Hotel
Halloran Gen Hosp.	Willowbrook School
Hoff Gen Hosp Annex	Jefferson School, Calif.
Los Angeles, Calif., Sta Hosp.	Villa Riviera Hotel
Mason Gen Hosp.	Pilgrim State Hosp
New Haven, Conn., Sta Hosp.	Wm. Wirt Winchester Hosp
Oakland Area Sta Hosp.	Oakland Hotel
Oliver Gen Hosp.	Forest Hills Hotel
Pasadena Area Sta Hosp.	Vista Del Arroyo Hotel
Percy Jones Gen Hosp.	Battle Creek Sanitarium
Percy Jones Gen Hosp Annex	Kellogg Estate, Battle Creek, Mich.
Ream Gen Hosp (Formerly AAF Sta Hosp, Palm Beach, Fla.)	Breakers Hotel
Rhodes Gen Hosp Annex	Marcy NYA Facility, N. Y.
St. Petersburg, Fla., Sta Hosp.	Don-Ce-Sar Hotel
Seattle Area Sta Hosp.	New Richmond Hotel
Staten Island Area Sta Hosp.	Seaside Hosp
Torney Gen Hosp.	El Mirador Hotel
Walter Reed Gen Hosp Annex	National Park College

Sources: (1) Ltr, SG to Sec War thru CG ASF, 18 May 43, sub: Gen Hosp Program. Use of converted hotels (Air Forces), with 7 nds. HD: 632.-1 (Hosp Expansion). (2) Incl, Record of Expansion and Contraction, Hosp ZI, and Hosp Ships, to Memo, Chief Cons Br SGO for HD SGO, 1 Nov 46, same sub. Same file. (3) Diary Hosp Cons Br SGO, 15 and 20 Jul 44. HD: 024.7-3. (4) An Rpt, 1943, England Gen Hosp, p. 3. HD. (5) An Rpt, 27 Nov 44, Hq AAF Reg Sta Hosp No. 1, pp. 1-6. HD.

ment could move in and set up functioning hospitals. Despite these difficulties and problems, the Army acquired enough civilian buildings by the end of 1943 to house twenty-three hospitals and expand five others. (Table 2)

Development of One-Story Semipermanent Type Hospital

Concurrently with increasing emphasis on conservation of building materials, forces were at work during 1942 which



PLAN FOR TYPE A HOSPITAL

were to cause the War Department to turn again to the construction of semipermanent hospitals. As early as February 1942 the Clay Products Association of the Southwest began a campaign for the use of its materials by the Army, at least in hospital construction.²⁹ In April the Ad-

ministrator of Veterans Affairs protested against the repetition of a World War I

²⁹ (1) Ltrs. Norman W. Kelch, Engr-Mgr, Clay Products Assn of the Southwest to UnderSecWar, 13 Feb and 3 Mar 42, sub: Fire-resistive Cons for Cantonment Type Hosps. (2) Ltr, UnderSecWar to Kelch, 19 Mar 42. (3) Ltr, CofEngrs to Kelch, 6 Mar 42. All in CE: 632 Pt 1.



BIRMINGHAM GENERAL, A TYPE A HOSPITAL

mistake—the construction of hospitals that could not be converted to postwar use.³⁰ By June shortages of lumber had begun to develop in some areas, while surpluses of brick and tile had begun to accumulate. In some places, therefore, the Engineers began to build cantonment-type hospitals of tile and brick instead of lumber.³¹ Then, on 10 August 1942, the War Production Board informed The Surgeon General of the availability of tile and brick and urged their use in hospital construction. The Surgeon General replied that he had always preferred noninflammable materials for hospital construction.³² Soon afterward, his representatives joined the Engineers in work on plans for a new type of hospital.

The chief obstacle to development of plans for a one-story semipermanent hospital, which the Chief of Engineers pro-

posed on 26 August 1942, was a difference of opinion between his Office and The Surgeon General's over the internal characteristics of various buildings. Feeling it necessary to hold the cost of construction as near as possible to that of cantonment-type buildings, the Engineers were prone to limit improvements and refinements to the absolute minimum. On the other hand, Colonel Hall of The Surgeon General's Construction Division saw no reason to

³⁰ Ltrs, Admin of Vet Affairs to CG SOS and to SecWar, 1 Apr 42. SG: 632.-1.

³¹ (1) Ltr, CofEngrs to SG, 11 Jun 42, sub: Use of Structural-Tile Exterior Walls at Ft Des Moines and Cp Dodge Hosps, with 1st ind, SG to CofEngrs, 15 June 42. SG: 632.-1. (2) Exhibit A to Memo, Col John R. Hall for SG, 13 Jun 42, sub: Rpt of Fld Trip covering Insp of 1411-bed Hosp at Cp Atterbury and of the French Lick Hotel Property. HD: Hosp Insp Rpts, p. 726.

³² (1) Ltr, Chief Bldg Materials Br Oprs WPB to SG, 10 Aug 42. (2) Ltr, SG to WPB, 14 Aug 42, sub: Hosp Cons. Both in SG: 632.-1.

design a third type of hospital if it was not materially better than the cantonment type and equal, in most respects, to the two-story semipermanent type. For example, he wanted larger and more efficiently arranged clinical buildings, stronger and safer neuropsychiatric wards, increased administrative space, and better-equipped messes. After numerous conferences and what must have seemed to the Engineers an uncompromising attitude on the part of the Surgeon General's Office, they composed their differences and during the winter of 1942-43 a civilian architectural firm employed by the Engineers completed drawings for the new type of hospital.³³

The Type A hospital, as plants constructed according to the new design were called, came to be considered by the Surgeon General's Office as the best for emergency construction in the zone of interior. Basically, it was the two-story semipermanent hospital reduced to one-story form. Being only one story high it was safer for patients and did not require expensive and unhandy two-story ramps. Its clinical facilities were more adequate and more efficiently arranged than those of the two-story hospital. It also cost less to build. Because wards were placed on both sides of corridors and were lengthened from 262 to 287 feet, the Type A hospital covered a smaller area than other one-story plants. Its chief disadvantage was that it was designed on the dispersed-pavilion principle. Before the war's end, twelve hospitals were constructed on this plan.³⁴ (Table 3)

*Modification of the Type A Hospital
for Postwar Use by
the Veterans Administration*

In the spring of 1943 plans for the Type A hospital were modified as a result of at-

tempts to co-ordinate wartime hospital construction with postwar needs. On 31 March 1943 the President directed the Federal Board of Hospitalization to review plans for hospital construction of all federal agencies, including the War and Navy Departments.³⁵ The next month the Board proposed that the Army build some of its hospitals according to standard plans of the Veterans Administration, for use after the war. SOS headquarters raised no objection, but disclaimed any responsibility for justifying and defending this proposal.³⁶ Anticipating its approval, The Surgeon General's construction officers and the Engineers, in collaboration with the Veterans Administration, prepared layouts for Type A hospitals which substituted five two-story VA-type ward buildings for ordinary wards. In May the President approved the Federal Board's recommendation that two Army general hospitals—McGuire at Richmond, Va., and Vaughan at Hines, Ill.—be constructed on that plan.³⁷

Many factors thus shaped the kinds of hospital plants which the Army acquired

³³ (1) Ltr, CofEngrs to SG, sub: One-Story Masonry Wall Gen-Hosp, 26 Aug 42, with 3 inds. (2) Ltr, SG to CofEngrs, 12 Nov 42, sub: One-Story Masonry Cons Hosp, 1100 Series, Drawings by York and Sawyer, with 4 inds. All in SG: 632.-1.

³⁴ (1) Tynes, Construction Branch, pp. 37, 40-41. (2) The Type A hospitals were Battey, Birmingham, Crile, Cushing, DeWitt, Dibble, Glennan, Madigan, Mayo, Baker, and Northington General Hospitals, and Waltham Regional Hospital.

³⁵ Ltr, President of US to Sec War, 31 Mar 43. SG: 632.-1.

³⁶ Memo, CG SOS for SG 17 Apr 43, sub: Completion of Gen Hosp Program in U.S. SG: 632.-1.

³⁷ (1) Memo, SG for CofEngrs, 3 May 43. SG: 632.-1. (2) Ltr, CofEngrs to CG ASF, 10 May 43, sub: VA Type Ward Bldgs, with 1st ind SPRMC 600.12 (5-10-43), CG ASF to CofEngrs, n d. CE: 632 Vol 4. (3) Ltr, Dir Cons VA to Col John R. Hall, SGO, 19 May 43, with 1st ind, SG to CofEngrs, 1 Jun 43, sub: Hosp Cons. SG: 632.-1. (4) Ltr, SG to CofEngrs, 7 Jun 43, sub: 1785-bed Gen Hosp, Richmond, Va., Area. SG: 632.-1(McGuire Gen Hosp)K.