



NAVY MEDICINE IN 1976

A Look Back at the Bicentennial Year



NAVY MEDICINE LEADERSHIP



SURGEON GENERAL / BUMED CHIEF: Vice Adm. Donald Custis retires in August and is succeeded by Vice Adm. Willard Arentzen (27th Surgeon General).

DEPUTY SURGEON GENERAL / DEPUTY CHIEF: Rear Adm. Charles Waite, MC, USN retires in July and is succeeded by Rear Adm. Paul Kaufman, MC, USN.

MASTER CHIEF PETTY OFFICER OF NAVY MEDICINE: HMCM Horace Anderson.

CHIEF, MEDICAL CORPS: Surgeon General remains de facto head of the Medical Corps.

CHIEF, DENTAL CORPS: Rear Adm. Robert Elliott, Jr.

DIRECTOR, NURSE CORPS: Rear Adm. Maxine Conder.

CHIEF, MEDICAL SERVICE CORPS: Capt. Albert Schwab retires in September and is succeeded by Capt. William Green, a healthcare administrator who had served as an Independent Duty Corpsman (IDC) in World War II.



Did you know?

There were 20 Navy medical flag billets in 1976 (15 Medical Corps, 4 Dental Corps, and 1 Nurse Corps). The Medical Service Corps was still six years away from getting its first flag officer.

The Hospital Corps was divided into the Medical Group (86%) and Dental Group (14%). There were 170 corpsmen serving at E-9 grade (89% Medical Group and 11% Dental Group).

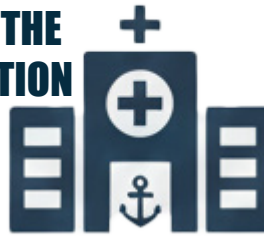


PERSONNEL OVERVIEW*

- Hospital Corps: 27,660
- Medical Corps: 3,600
- Dental Corps: 1,750
- Nurse Corps: 2,570
- Medical Service Corps: 1,750

*Active Duty / Reserve on Active Duty, July 1976

MEDICAL CARE AND THE ERA OF REGIONALIZATION



Navy Medicine was at the end of regionalization which began in 1971 with Naval Regional Medical Center Portsmouth, Virginia. During this period, branch clinics were consolidated in a geographic area under specially designated medical and dental centers.

Across the U.S. Navy, there were 807 medical treatment facilities (MTF) including regional medical centers, hospitals, clinics as well as 527 shipboard medical facilities (surface and submarine); and 295 dental facilities including regional dental centers, branch clinics and shipboard dental facilities.

CY1976 PATIENT CARE STATS

225,300
admissions

14.3 million
outpatient visits



15.4 million
dental procedures

32,500+
Bicentennial babies
born at Navy MTFs



NAVY MEDICINE *FAST FACTS*



CY1976 HIGHLIGHTS



FEBRUARY

BUMED launches **Navy-wide Child Advocacy Program** to increase awareness of child abuse and neglect issues in military families.

MARCH

Bureau of Medicine and Surgery begins advance work for **transfer of the U.S. Army Hospital at Camp Kuwae, Okinawa to the Navy**. Navy takes formal command in February 1977.

MAY

Navy provides aid to Guam following the destruction caused by **Super Typhoon Pamela**.

JUNE

Navy establishes **Naval Medical Research Institute Toxicology Detachment at Wright-Patterson Air Force Base**. Detachment would be the forerunner of today's the Environmental Health Effects Laboratory (EHEL) at NAMRU-Dayton. // Navy launches new physical fitness program under OPNAVINST 6110.1.

JUNE-JULY

Navy Medicine helps **evacuates hundreds of Americans and foreign civilians from Beirut** during Lebanese Civil War (Operation Fluid Drive).

JULY

The first women enter the U.S. Naval Academy. Among this class is **former hospital corpsman Kathy Shanebrook**. // Navy Medical Field Research Laboratory (NMFRL) is disestablished.

AUGUST

First class at the Uniformed Services University for Health Sciences (USUHS) begins. **Class includes 9 Navy medical officers**. // Vice Adm. **Willard Arentzen** becomes the 27th Navy Surgeon General.

SEPTEMBER

Capt. **William Green**, a healthcare administrator who had served as an independent duty corpsman (IDC) in World War II, becomes the new MSC Chief.

OCTOBER

Naval Regional Dental Center, Orlando, Florida is established.

DECEMBER

Naval Regional Medical Center New Orleans, Louisiana becomes fully operational.

NAVY MEDICAL INNOVATIONS OF '76

Psychiatrists at Naval Regional Medical Center Portsmouth develop the **Special Psychiatric Rapid Intervention Team (SPRINT)** program // **Remote Medical Diagnosis System (RMDS)**—an early telemedicine effort—was used to improve shipboard medical care and alleviate the shortage of Navy providers. // The Navy Civil Engineer Support Office—in conjunction with the Naval Facilities Engineering Command and the Bureau of Medicine and Surgery—**developed a prototype for new fleet hospital**.

