

USS REPOSE (AH-16)

ANGEL OF THE ORIENT

L. C. Getzen, CAPT, MC, USN

1970

The USS "REPOSE" (AH-16) is the second hospital ship bearing the same name and built in Chester, Pennsylvania. Both ships were initially planned as passenger-cargo vessels. The original "REPOSE" was built in 1896 by the Delaware River Company of Chester, Pennsylvania and functioned as a coastal trading vessel until the outbreak of the Spanish American War when she was purchased by the Army and converted into the Army hospital ship RELIEF. The parallelism of the two vessels continued in that following commissioning of both ships they were deployed to the Orient. When the U.S. Army hospital ship RELIEF returned from her tour in the Orient to the West Coast of the United States she was transferred from the War Department to the Navy Department on November 13, 1902. Subsequently at the Mare Island Naval Shipyard during 1904 and 1905, she was reoutfitted and became the Naval hospital ship USS RELIEF. However, because of a controversy between the Bureau of Navigation and the Bureau of Medicine and Surgery as to who should command a Naval hospital ship, a line officer or a medical officer, her commissioning was delayed until February 6, 1908.

In 1898 during the Spanish American War, the Navy Department recognized the beneficial potentials of a hospital ship for the care of Navy and Marine Corps personnel during long cruises or for combat support. However, at the turn of the century, a controversy developed between the medical corps and the line over the question of command of the hospital ship. The Surgeon General of the Navy,

Presley M. Rixey, reasoned that since a hospital ship was, in fact, a hospital afloat, the commanding officer should be the senior surgeon aboard. His primary reason for insisting that a hospital ship be under the command of a noncombatant officer was that under the Hague and Geneva Conventions a combatant or line officer in command might disqualify the hospital ship from the immunity of attack. The Bureau of Navigation retorted that medical doctors had neither training nor experience in navigation or ship handling and were therefore not qualified to command at sea. The Bureau of Medicine and Surgery countered with a proposal to place the navigation, deck and engineering functions in the hands of competent line officers and civilian crew members because quote "command is eminently a non-combatant one".

President Theodore Roosevelt endorsed the views of Surgeon General Rixey, and in a letter of 4 January 1908 to the Secretary of the Navy, he wrote the following quote, "The hospital ships of the Navy will henceafter, unless otherwise directed by Congress, be placed under the control and command of medical officers of the Navy, their navigation being exclusively controlled by competent sailing master and civilian crew, the sailing master having the complete responsibility for everything connected with navigation of the ship. Military surgeons, including naval surgeons, have special knowledge of hospital ships, and they have, in addition, certain military duties of command, organizations, drills and discipline, just as do the line, awarding

punishments and being guarded and governed in their military duties by the same regulations and guide and govern officers of the line. The command of hospital ships should unquestionably be vested in a medical officer, and not the line officer aboard". This decision was altered by a Congressional Act on 29 August 1916 which allowed the navigation, deck and engineering duties in a hospital ship to be assigned to line officers of the Naval Reserve Force, but left to the command of a medical officer.

Once this controversy was settled, the "RELIEF" was commissioned 6 February 1908 and surgeon Charles S. Stokes, MC, USN, assumed command. Shortly thereafter, she joined the "Great White Fleet" of sixteen battleships, which were touring the world on a diplomatic cruise under the auspices of President Theodore Roosevelt. She left San Francisco Bay 22 March and proceeded to Magdalena Bay, Mexico, where she arrived the night of 27 March and promptly received 152 sick patients from the battleships. These patients had accumulated aboard the ships during their sailing from Hampton Roads, Virginia to Magdalena Bay. Upon receiving the patients, she returned to San Francisco and transferred the patients to the Naval Hospital on 17 April 1908. These patients subsequently recovered and were returned promptly to their respective ships. Thus, she functioned primarily as a hospital accompanying the touring Atlantic Fleet battleships. On 3 July she aborted an epidemic of scarlet fever aboard the battleship USS NEBRASKA outbound from San

Francisco, California. Again, she came to the aide of the NEBRASKA during a diphtheria outbreak in Honolulu on the 22nd of July. Thus, she prevented any significant delay of the world cruises and continued to give expert medical care, treatment, and consultation for the 14,000 officers and men of the "Great White Fleet" as they cruised to the Pago Pago Island, Auckland, New Zealand, Sidney, Australia, and to Olongapo in the Philippines. However, on 8 November, the Secretary of the Navy was of the opinion that the hospital ship was not a long-range type vessel and the beneficial services rendered could have been performed by anything short of a hospital ship, thus, she was detached from the fleet. Her record with the fleet was her mainstay. During this period, she treated 649 patients, nearly half of whom were returned to duty and 102 underwent surgical operations. Furthermore, there were 125 admissions for contagious disease, all demanding more or less rigid isolation and only 6 deaths occurred.

With the departure of the "Great White Fleet", she departed Cavite, Philippines on 14 November 1908 enroute for Guam on the first leg of her return trip to the United States. However, on the 18th and 19th of November she encountered a severe typhoon which so disabled her that she had to put back to the Philippines. Upon returning to Cavite on 26 November 1908 she was found to be totally unseaworthy and was deactivated. However, she was repaired and functioned as a station hospital for the Naval Station,

Olongapo, in the Philippines, from January 1909 until her decommissioning on 10 June 1910. Following which she continued to serve as a floating station hospital in Olongapo until 15 May 1919. She was officially christened the USS "REPOSE" on 11 April 1918 when the name "RELIEF" was assigned to a new hospital authorized for construction. Following World War I, the original "REPOSE" was sold and scrapped in the Philippines on 15 May 1919.

The second generation USS "REPOSE" (AH-16) keel was laid on 22 October 1943 in the Sun Shipbuilding and Drydock Company, Chester, Pennsylvania, and was commissioned the USS "MARINE BEAVER". However, she was subsequently selected for conversion to a naval hospital ship and was so designated the USS "REPOSE" (AH-16) on 22 June 1944 and was launched 8 August 1944. Following the launching, she was outfitted at the Bethlehem Steel Shipbuilding Yard in New York and was commissioned 26 May 1945. She subsequently departed New York on 16 June to Norfolk for a shakedown cruise. On 8 July, she, as her predecessor, proceeded for duty in the Pacific, passing through the Panama Canal on 14 July and reaching Pearl Harbor the 29th of July. There she received 700 patients, which she returned to San Francisco on 13 August 1945 and where she transferred her patients to the hospital in the area. Thus, one sees the parallelism between the two ships, both being built in Chester, Pennsylvania, and proceeding to San Francisco, where they deployed to receive and return patients to shore-based hospitals in the same area.

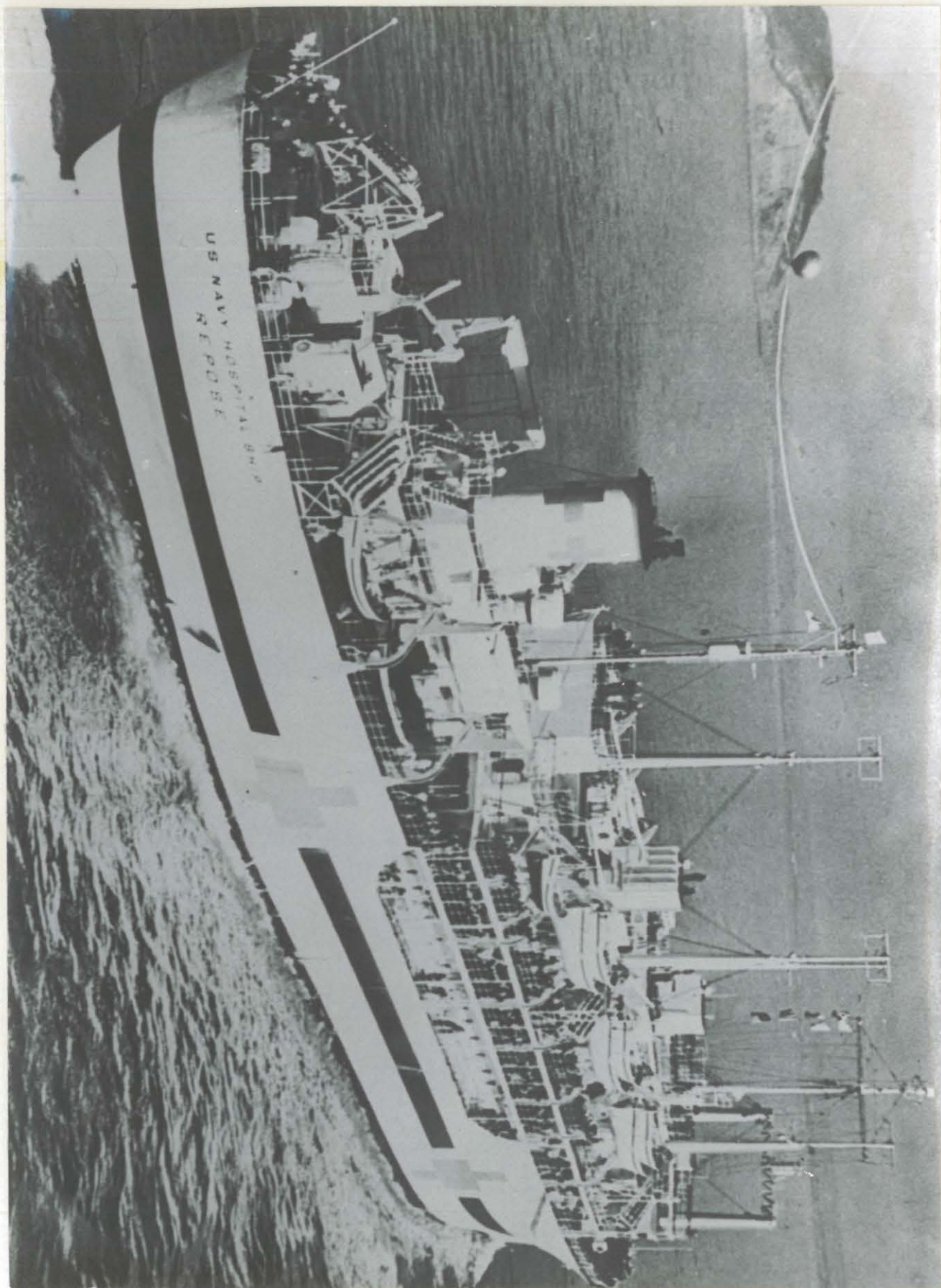
Next, like her forerunner, she steamed for the Orient. The "REPOSE" stopped in Honolulu and embarked 324 Army nurses, 12 doctors, and 36 medics, whom she transported to Buckley Bay, Okinawa. She arrived in Okinawa 15 September 1945, and the following day, due to an impending typhoon, she was ordered out to sea. Due to the lack of speed, she became entrapped in 80 knot wind and 40- to 50-foot high swells. The winds were recorded up to 150 knots during the time she was riding out the typhoon. On 17 September, after the typhoon, she was more fortunate than the original REPOSE and remained very seaworthy and had sustained only minor damages.

On 25 September she departed for Shanghai, China, and spent the next thirteen months anchored to one buoy and serving as a floating hospital for the Seventh Fleet and the Naval Group China personnel. During this 13-month period, there was one 9-day period between the 10th and 19th of March, when she was temporarily deployed to Tsing-tao to evacuate the Marine field hospital there. On 15 October 1946, she departed for her homeport of San Francisco and arrived 1 November 1946. Following a 3-month overhaul period, she again returned to the Far East and took her station once again on 1 March 1947. While on station in Tsing-tao, she again served as a base hospital for the Seventh Fleet until 17 March 1949 when she shifted her portage to Shanghai for 8 days to provide refuge for Americans and British Nationals who were endangered by the communist Chinese

as they proceeded to engulf the mainland. On 21 April she assumed station on the Wong Song River entrance and the following day received British Naval casualties from a Communist attack upon the HMS "LONDON", HMS "ALPIES", and HMS "CONSORT". A total of 77 British casualties and 118 American evacuees were embarked from the Communist endangered Shanghai by the 29th of April when the REPOSE sailed for Hong Kong. She subsequently debarked the British Naval personnel at the British Naval Hospital in Hong Kong and proceeded to Manila and Yokohama, Japan, where the remaining evacuees were debarked. She returned to her Wong Song River anchorage on 17 May and received 22 evacuees who were mixed nationalities, including Americans, British, Chinese, Russian, Austrian, Germans, Dutch, Italian, and Belgians. On the 25th of June, the "REPOSE" departed for home with patient passengers. She received additional patients in Manila and Pearl Harbor en route to Long Beach, California, where she arrived on the 27th of July 1949. Subsequently, she returned to the San Francisco Naval Shipyard where she was inactivated and decommissioned on the 19th of January 1950.

This period of inactivation was relatively short, 7 months, since she was reactivated on the 26th of August 1950 following the Communist invasions on South Korea and the insuing intervention by the United Nations. This time she was assigned to the military sea transport service and her navigational department was headed by merchant ship





The USS REPOSE proudly plies her "Homeward Bound" pennant as she enters San Francisco Bay following the long cruise in the Orient.

master, L. H. Pershing. Captain E. V. Coyal, MC, USN, was commanding officer of the naval hospital embarked in the REPOSE. She departed on the 2nd of September 1950 and arrived in Yokosuka the 16th of September. She then proceeded to Pusan, Korea, where she arrived the 20th of September and served as station hospital for the United Nations forces in Korea. On the 27th of October, she returned to Yokosuka, Japan, with 180 casualties and the following day was commissioned a United States Navy Ship. Her civilian crew was replaced by officers and sailors under the command of Captain Charles H. Purdue, USN. On the 9th of November she returned to Inchon and received 752 casualties from the Pyongyang hospital. While at anchorage in Inchon on the 2nd and 3rd of January 1951, she was so close to the combat action that her bulkheads shook from the concussive force of the heavy bombardment from the fleet supporting the United Nations ground troops. Between November 1950 and January 1952 she made numerous trips from Korea to Japan transporting battle casualties from Korea to hospitals in the Japan area. By the time she departed for the United States in January of 1952, she had admitted a total of 11,025 patients. In addition, many thousands of patients had been treated as outpatients and she had evacuated 1,569 patients from Korea to hospitals in Japan. En route to the United States, she stopped in Pearl Harbor, where she departed the 4th of February with 238 patients bound for San Diego Naval Hospital. These patients were debarked on 11 February 1952.

Following which, she underwent an overhaul period until 18 May. It was at this time that a helicopter platform was constructed on the stern of the REPOSE for the primary purpose of patient transfer. Upon the completion of her overhaul period and her brief shakedown, the "REPOSE" returned to the Orient once again, arriving at Sasebo, Japan, on 9 June 1952 and then proceeded on to Inchon Harbor, Korea. As previously, the hospital ship "REPOSE" received and treated patients in the Korean War Zone and, when practical, transported patients to Japan. On 14 February 1953 she once again departed to the continental limits of the United States and arrived in San Francisco on the 6th of March 1953. With this return, she transferred her patient load to the Naval Hospital at Oakland, California.

Again she underwent a yard period and returned to Japan, where she arrived in Yokosuka on 5 June 1953. As previously, she proceeded to Inchon, taking up station and functioning as a floating hospital until 23 January 1954 when she returned to the continental limits of the United States. This time, with 250 patients, she arrived in San Diego on the 4th of February 1954. Once her patients were transferred to the Naval Hospital, San Diego, she sailed to Long Beach Naval Shipyard. Subsequently she sailed to San Francisco where she arrived on the 2nd of September 1954 and underwent decommissioning the 21st of December 1954 at Hunter's Point, Naval Shipyard.



Reactivation of the USS REPOSE (AH-16) occurred again on the 8th of June 1965 when she was called to duty from the mothball fleet of Suisun Bay, California. On 15 June an extensive overhaul was begun at Bethlehem Steel Shipyard at Hunter's Point, San Francisco, California.

#### NAVAL HOSPITAL IN REPOSE (AH-16) IN VIETNAM

The USS REPOSE AH-16 was recommissioned at the Naval Shipyard, Hunter's Point, California on 16 October 1965 and Captain Paul R. Engle, MC, USN, assumed command of the hospital with Captain Theodore H. Wilson, MC, USN, as executive officer and chief of surgery (Photos Number 1 and 2).



Paul R. Engle, Captain, MC, USN  
Commanding Officer  
Naval Hospital in USS REPOSE  
16 October 1965 - 4 October 1966



Theodore H. Wilson  
Captain, MC, USN  
Executive Officer and  
Chief of Surgery

Under their supervision, equipment was installed in all clinical areas which would afford the most modern technical assistance for current and anticipated advances in patient care. Furthermore, they implemented the clinical spaces in a most practical manner. To effectively receive and discharge both acutely and chronically ill patients by air evacuations, the central admission focal point was located in the "Triage Area", which in turn was located at the most accessible area of patient care nearest the helicopter platform. These two strategic areas, entrance to the "Triage Area" and the helicopter platform, were connected by an inclining ramp which afforded rapid access to and from these two points. The ramp was subsequently covered with a canvas canopy to protect the patients from inclement weather (Photos 3 and 4). The "Triage Area" was functionally equipped for rapid evaluation and resuscitation of acutely ill and injured patients (Photo 5).



The helicopter deck constructed in the spring of 1952 was used until the fall of 1969 when it was enlarged to allow a safer debarkation of patients from the field by large combat helicopters such as the one above.



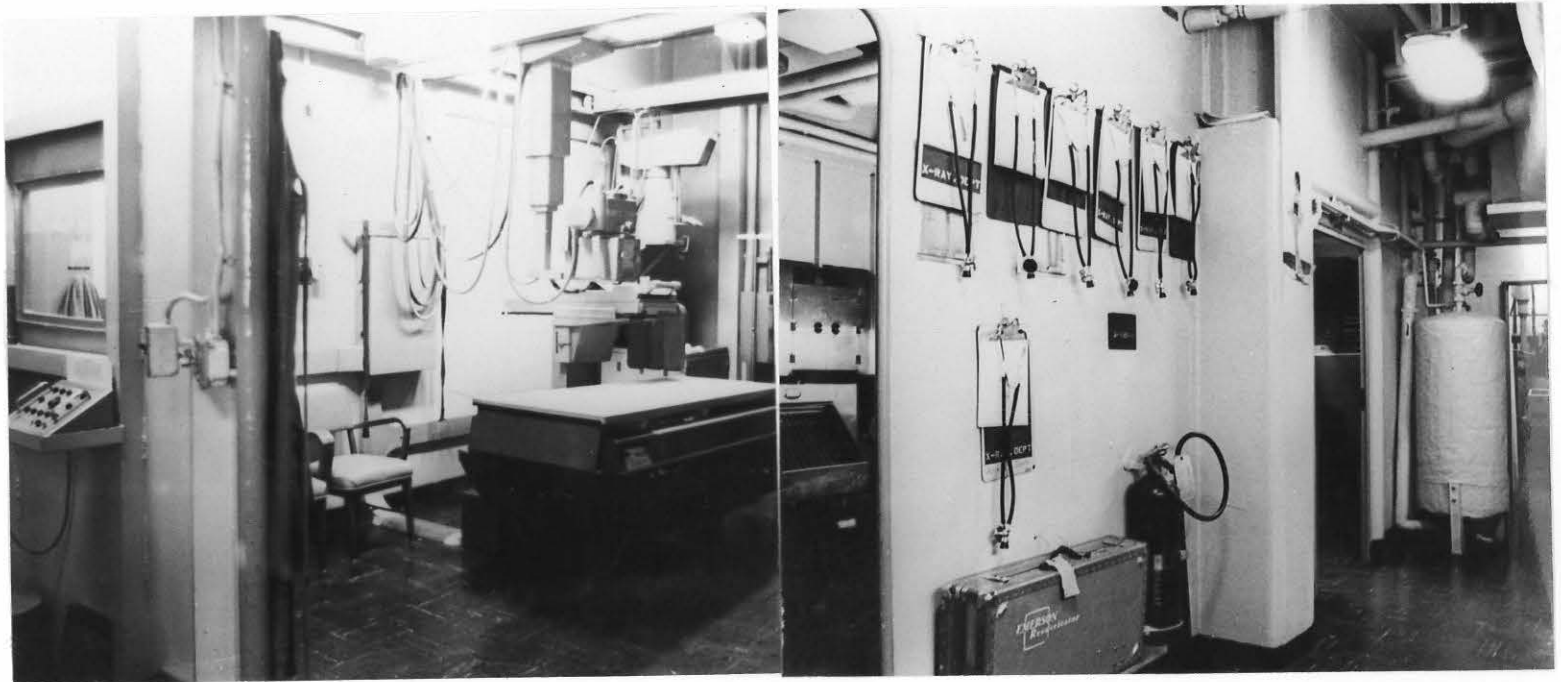
Photographs 4A&B: (A) The covered ramp from the heliport to the triage area from above, (B) Looking from the area at the entrance to triage up the inclining ramp.



Photographs 4A&B: (B) The triage area: 6 gurnies, I.V. fluids prepared for immediate use, preformed clinical records hanging on chip boards - through the passage way the admission desk, (B) Resuscitation and evaluation performed. Note clinical scribe center. Admission data was obtained simultaneously by patient affairs personnel.



In addition, the patient was simultaneously admitted and assigned to the appropriate immediate care area -- a specific ward, X-ray for further diagnostic evaluation, the intensive care unit or the operating room - recovery room suite. Captain Wilson assumed the roll of the Triage Officer and formulated a systematic flow of patient traffic following their initial evaluation and resuscitation whereby the patient was transported from the "Triage Area" to the X-ray Department where all appropriate X-rays were obtained and the patient completely evaluated with the benefit of prompt total body X-rays if indicated (Photo 6). From the X-ray area the patients were truly triaged either to a ward, the intensive care unit or the operating room - recovery room suites (Photos 7 and 8).



The X-ray area contained three rooms, two 500 KW machines, such as depicted in 6A and one 300 KW the entrance to the room in the far right of 6B. The developing areas, to the right of 6B, had 2 rapid processing machines. Total body X-ray, if needed, could be taken in all 3 rooms. Additional studies, such as arteriograms, intravenous pyelograms, Barium studies, etc., were usually made in the 2 rooms with the large machines. Note the clip boards with performed clinical records for the physicians evaluating the patients. The average time for total body X-ray from shooting to a written report was less than 15 minutes.



Photograph 7: Intensive Care Unit with 20 beds for patient care. The equipment in the foreground was for immediate availability.



Photograph 8A: The view of one half of the Recovery War. Acute preoperative and postoperative care was rendered here under the direct supervision of the Chief of Anesthesia also, numerous wounds not requiring general anesthesia were debrided and sutured.

Photograph 8B: One of the 3 Operating Rooms which were always ready to receive acute casualties. An additional smaller Operating Room was located in the EENT Clinic, where most EENT procedures not requiring general anesthesia were performed.





With such a system there was maximal utilization of all available spaces with minimum time lost in instituting whatever definitive care was needed for the patients. The initial formulated flow of patient traffic remained in effect throughout the entire 4-year period the USS REPOSE was in the Republic of Vietnam waters with few alterations. Furthermore, when the USS SANCTUARY arrived to assist the REPOSE in rendering effective off-shore medical facilities for all United States and allied military forces, the same flow of patient traffic was implemented.

Each new military conflict brings forth new and different techniques for treating patients whose injuries resulted from battle wounds. This conflict will probably be known best for the utilization of the helicopter as a means of patient evacuation from the field to an area where complete medical care could be rendered. Each medical facility encountered specific problems created by the rapid absorption of patients and solved their problems in efficient manners. Therefore, the method developed for handling patients aboard the REPOSE could not be transferred in to the medical battalion, field or station hospitals because of structural circumstances. However, the basic principle of initial evaluation and resuscitation followed by triaging to specific treatment areas was an established practice for all groups involved in acute patient care. In addition, the utilization of fixed wing

jet aircraft to further evacuate patients to hospitals outside of the combat zones increased the efficiency of the medical facilities involved in the acute care both in-country and off-shore.

With the initial outfitting of recommissioning some newly proposed techniques and procedures were found to be feasible but impractical. Initially, whole blood was made available by reconstituting frozen blood. However, because of mechanical problems encountered and the time involved in reconstituting frozen blood, the ship reverted to the total use of citrated whole blood which was readily available and easily prepared in mass lots for large volumes of casualties. The echoencephalogram, though proved effective for locating mass lesions in the brain, proved of no real benefit over multiple view X-rays and arteriograms when indicated. The fluorescent antibody staining technique did not materialize as anticipated. The use of the recompression chamber was reserved primarily for treating patients with diving diseases and no significant effort was made to use this form of therapy in the treatment of tetanus or gas gangrene. The volumetron never became functional because a permit for the use of radioactive iodine 131 was not obtainable. The heart-lung machine was initially used for open heart surgery in Vietnamese patients with congenital heart lesions. This program failed to produce the expected results approaching that in the medical centers where the patient volume was sufficient enough to develop a proficient team. The artificial kidney

aboard REPOSE was available but used sparingly because of the ready availability of airevacuation potentials to facilities with an established kidney team. Though the feasibility of these diversified medical potentials persisted throughout the entire tour of the REPOSE in Vietnam, their practicality proved to be less than originally anticipated.

On 9 January 1966 the REPOSE steamed from San Francisco, California en route to Vietnam where she arrived off Chu Lai on 16 February. While in transit she stopped in Hawaii and Subic Bay, Republic of Philippines. Upon arriving off-shore of Chu Lai the REPOSE rendered medical support to Operation "Double Eagle". Between 5 and 11 March she operated off-shore between Chu Lai and Da Nang, rendering medical support for operation Utah. However, on 14 March, she was forced to return to Subic Bay because of a feeder pump malfunction. During this repair period she was off the line for 28 days. While the ship was undergoing repair, a surgical team of 4 doctors and 10 hospital corpsmen from the REPOSE was detached on to the USS PRINCETON (LPH-5) which was supporting Operation "Jack-Stay" on the Long Thanh Penninsula, 30 miles southeast of Saigon.

By April 10th the faulty feeder pump had been repaired and the REPOSE with its returned surgical team once again steamed for the waters of Vietnam where she arrived off-shore of Da Nang on the twelfth. Here she resumed her rotating support of operations occurring in the Da Nang and Chu Lai areas.

Once returned and medically active, the ship's feeder pump malfunction disrupted the effectiveness of the hospital and forced the ship to be withdrawn off the line again on 7 June. This time she returned to Subic Bay, but because of the projected extent of the needed repairs she was referred to the Naval Repair Facilities in Yokosuka, Japan. In addition to rebuilding the feeder pump, the Revco ultra-low temperature refrigeration unit used in conjunction with the frozen blood program was in need of repair. This refrigeration unit never proved satisfactory and was malfunctioning again in September. The mechanical problem of frozen blood was recognized and while the ship was in Yokosuka the blood banking facilities for non-frozen blood were expanded and subsequently completely utilized.

This in-port period required 23 days and the ship was back on the line the 17th of July. Thus, during the first 5 months in-country, the ship was forced off the line because of feeder pump malfunction for 58 days. Since then no prolonged yard periods were required. A system was established whereby she underwent periodic 7- to 10-day yard periods every 2 months until the SANCTUARY arrived on station and; thereafter, every 3 months. So, in spite of the fact that she only spent 69 days on the line the first 6 months of 1966, she spent 132 days on this line during the second 6-month period.

During this second 6-month period she rendered off-shore medical support for operations "Hastings", just below the DMZ, and "Deckhouse Four" and "Prairie I" near Da Nang.

During calendar year 1966, in spite of arriving in the middle of February and being forced off the line for 2 months because of the need of ship's repairs, she admitted and treated 4,243 patients, 90% were U.S. Marine Corps personnel and the remainder were primarily Vietnamese, either civilian or military (Fig. 1). Of the 4,243 patients treated, 1,555 were the results of battle casualties and 366 were non-battle casualty injuries. Thus, 1,921 patients were casualties which represented 45.2% of the admissions.

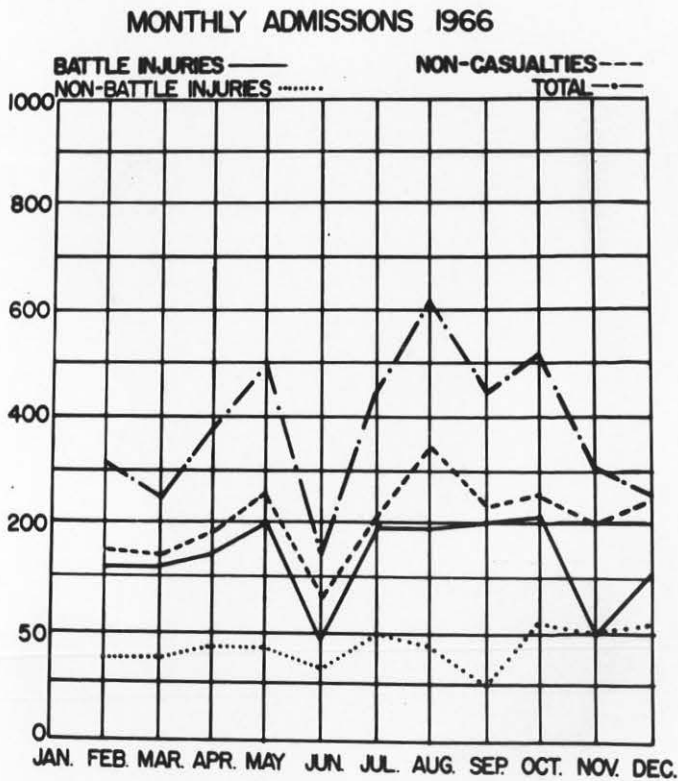


Figure I. Monthly admissions battle injuries\_\_\_\_, non-battle injuries...., non-casualties--- and total-.-.-Note spiking in respect to the time periods the ship was off the line. Secondly, the greater number of non-casualty admissions from July through December.

Of the remaining non-casualty admissions 2/3rd's were medical illnesses and the remaining 1/3rd were related to non-casualty surgical condition. Of the medical illnesses, malaria and fevers of undetermined origin constituted approximately 60% of the admissions. During this first year 3,242 surgical procedures were performed upon 1,425 patients (Fig. 2). Approximately 80% of the 1,425 patients operated upon were casualty admissions and of these approximately 80 were battle casualties.

Of special interest during this first year was that on 9 August the first open heart surgery ever performed aboard a ship using cardio-pulmonary by-pass was successfully performed on a 13 year old Vietnamese girl. Secondly, on 5 October Captain Rudolph P. Nadbath, MC, USN, relieved Captain Paul R. Engle, MC, USN, as Commanding Officer, Naval Hospital, USS REPOSE (Photo 9). Lastly, on 14 October the ship had received its 2,000th helicopter landing without a mishap. All in all, the off-shore support afforded by the REPOSE was well established by the end of her first year on the line. All was not work and no play because the ship made two port calls to Hong Kong during this first year. There were innumerable dignitaries who came aboard to view the plant and patient care. All left the ship impressed with the quality of care rendered and the efficiency by which casualties were handled.

MONTHLY  
MAIN OPERATING ROOM SURGICAL PATIENTS & PROCEDURES

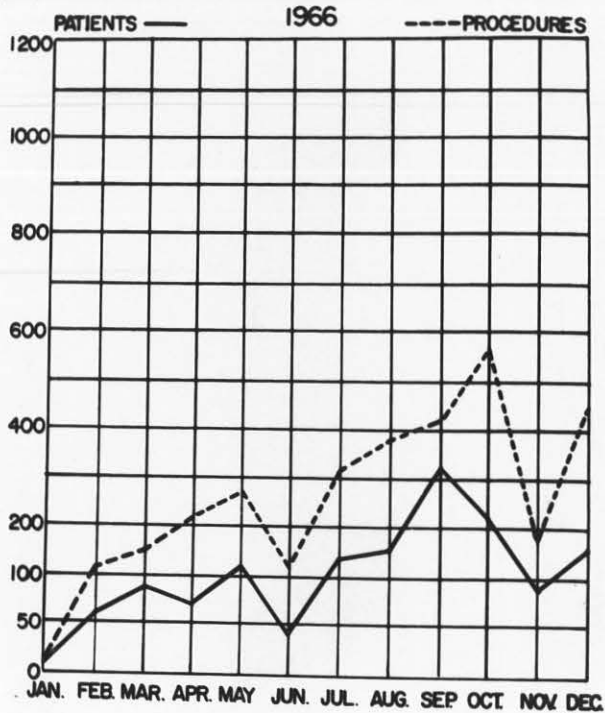


Figure 2. The patients operated upon and the procedures performed in the main Operating Room are grafted by month. Procedures performed in the Recovery Room and ward treatment rooms were not included.



Rudolph P. Nadbath  
Captain, MC, USN  
Commanding Officer in  
USS REPOSE  
5 October 1966 to  
18 September 1967

The second year began by saying farewell to Hong Kong and returning to the line between Da Nang and Chu Lai. By 30 January she had registered her 3,000th helicopter landing. The month of January in addition saw the hospital set a new monthly record of 626 admissions for the month. Lastly, the end of the month saw them rendering off-shore support for operation "De Soto" south of Chu Lai. During the month of March she supported operation "Prairie II" about Dong Ha and operation "Beacon Hill". During the latter portion of these operational supports, on 26 March the ship patient census was an all time high of 491 patients and the March admissions were 635 patients. By April 9 the census had reached 517 patients.

The following day the USS SANCTUARY (AH-17) arrived on the line and thus began the phase of continuous off-shore medical support. With two hospital ships in the area, when one left for yard repairs there was one available to remain on the line; otherwise, both ships were available for medical support. However, even with the SANCTUARY present to assist in the medical support with operations "Beau Charger", "Hickory" and "Bear Bite" the admissions for the month of May were 950 and an all time high for the 49 months the ship was on the line.

The REPOSE, like the men she treated, became a casualty of the Vietnam theater on 12 June when she collided with the USS TAPPAHANNOCK (AO-43) and sustained a laceration of her bow. For this she had to return to her sick bay, in the Philippines. On 20 June she entered the Drydock



(AFDM-5) in Subic Bay. By the 9th of July her wounds had been repaired and she was once again on her way back to the Vietnam waters. She arrived in Da Nang the 11th; however, on the 29th emergency orders were received for the REPOSE to proceed to Yankee Station to assist the USS FORRESTAL (CVA-59) which had sustained severe damage from a shipboard fire. Arriving on the 30th, 32 burn patients and the charred remains of 77 others were received aboard. The following day the REPOSE was back in Da Nang harbor and transferred the deceased patients to the shore-based morgue facilities.

Throughout the remainder of the year the flow of patients to both ships was less than during the spring offensive; however, the workload remained relatively constant during the time the ship was on the line. During the first half of 1967 the station rotations were primarily between Chu Lai and Da Nang. The second half found two additional stations in the rotation, Phu Bai and Dong Ha. By the end of 1967, 5,746 patients had been admitted and treated. Of these patients, 2,285 were battle casualties, 612 were non-battle casualties and 2,849 were non-casualty admissions. Thus, 50.4% were casualty admissions. The ratio of medical illness to non-casualty surgical admissions remained essentially the same as in 1966 (Fig. 3). There were 2,295 patients operated upon in the main operating room and who underwent 5,450 surgical procedures. Again, the ratio of casualty patients operated upon as emergency procedures remained essentially the same as in 1966 (Fig. 4).

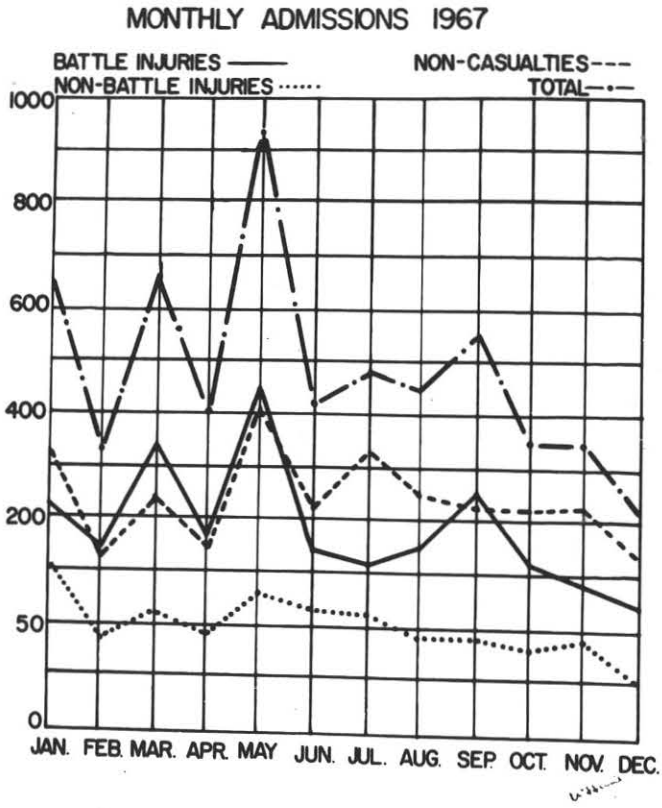


Figure 3. Monthly admissions 1967 by month and by category.

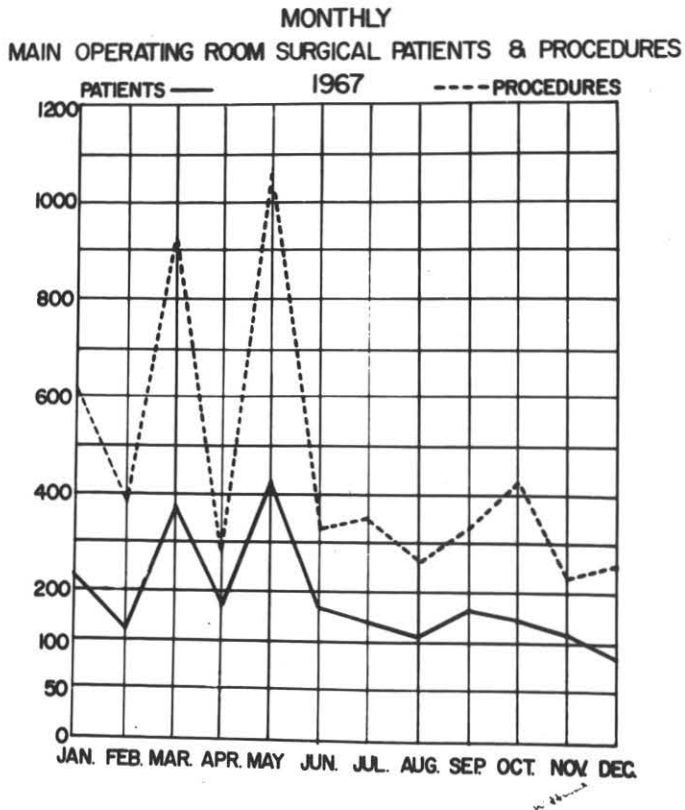


Figure 4. Monthly patients operated upon and the surgical procedures performed in the main Operating Rooms.

Of special interest during calendar year year 1967 was that on 19 September Captain Herbert A. Markowitz, MC, USN, relieved Captain Rudolph P. Nadbath, MC, USN, as Commanding Officer of the Naval Hospital, in USS REPOSE (Photo 10). Secondly, the ship received its 5,000th accident-free helicopter landing on 1 December. The entourage of distinguished visitors continued, and they as before, left the ship both impressed and pleased at the quality and quantity of medical care rendered the ill and injured aboard the REPOSE.



Herbert A. Markowitz, Captain, MC, USN  
Commanding Officer Hospital in USS REPOSE  
19 September 1967 to 6 September 1968.

The REPOSE saw the New Year emerge while she steamed off-shore of Da Nang where she had resumed her rotating station with the SANCTUARY between Chu Lai, Phu Bai, Dong Ha and Da Nang awaiting the forthcoming Tet Offensive. The Tet Offensive of 1968 proved to be the largest single offensive action the Communist were able to generate in this conflict in the I Corp area. In conjunction with this offensive the patient workload reached its maximum during the month of May. Thereafter, the workload continued its monthly spiking characteristics as in the past and the overall average was greater than the preceding two years. A second significant admission spike was noted in the late summer months which was related to an increased patient load from malaria (Fig. 5). By the end of 1968 6,720 patients had been admitted and treated. Of these patients 2,866 were battle casualties and 643 were non-battle casualties. Thus 3,509 were casualty admissions which represented 55.6% of the admissions (Fig. 5). There were 2,290 patients operated upon in the main operating room and who underwent 6,525 surgical procedures. As in the two previous years, the casualty patients operated upon as emergencies dominated the surgical workload. (Fig. 6)

Excluding the continuing visitations by dignitaries which in frequency remained essentially unchanged, the items of special interest were Captain Charles K. Holloway, MC, USN, relieved Captain Herbert A. Markowitz, MC, USN, As Commanding Officer of the hospital on 7 September (Photo 11).

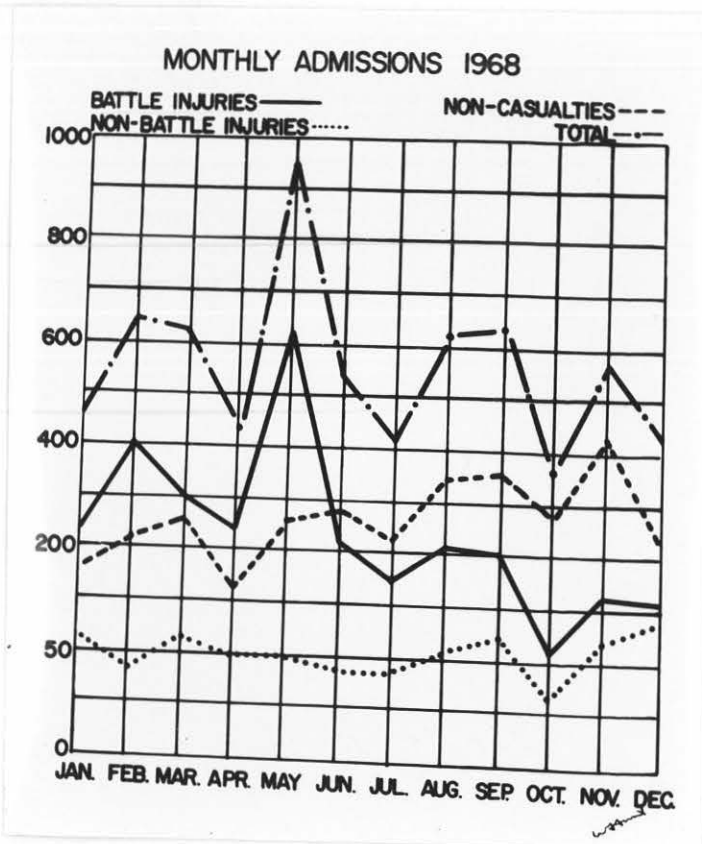


FIGURE 5

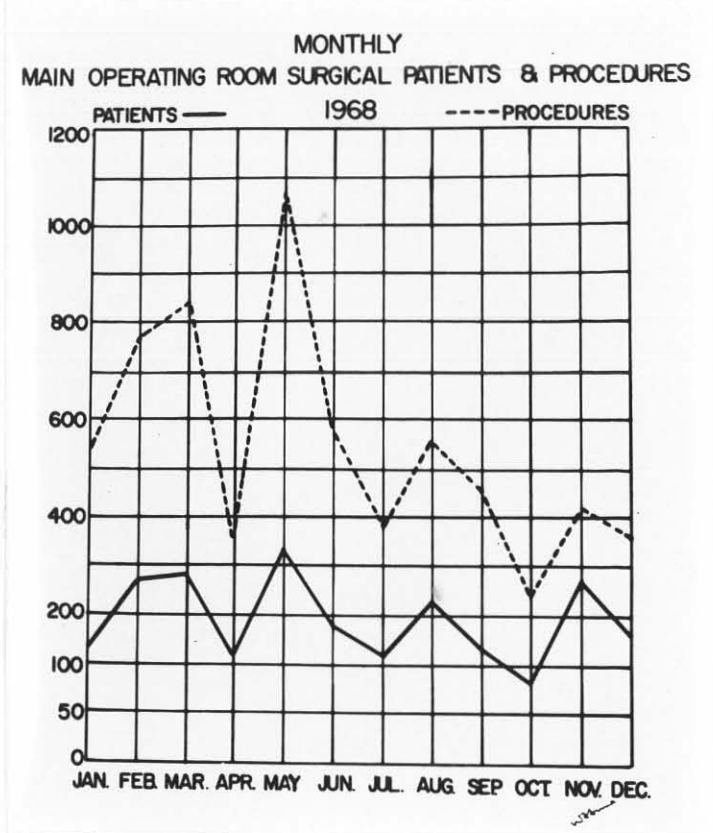


FIGURE 6



Charles K. Holloway  
 Captain, MC, USN  
 Commanding Officer  
 Hospital in USS Repose  
 7 September 1968 to  
 1 August 1969

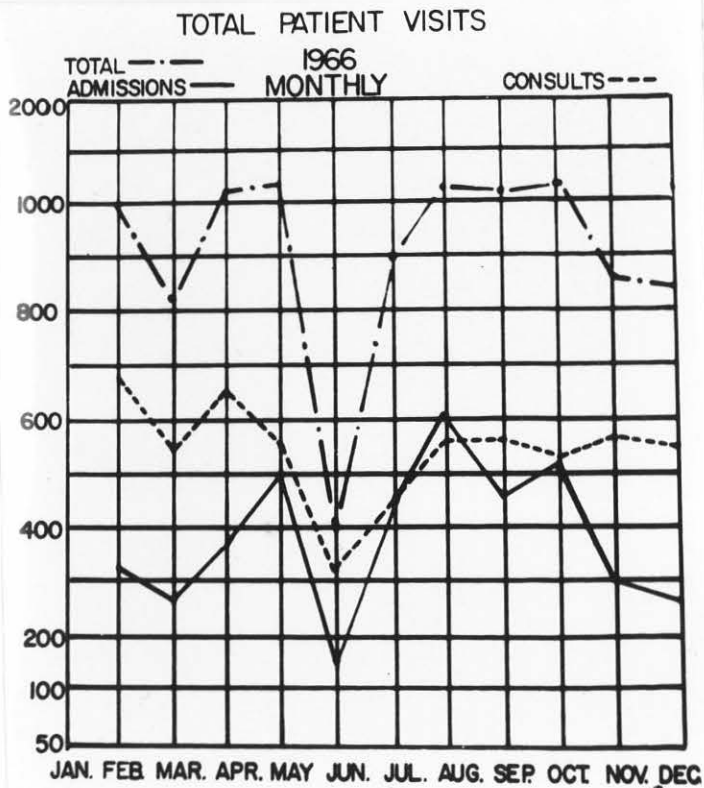


FIGURE 7a Total patient visits for 1966

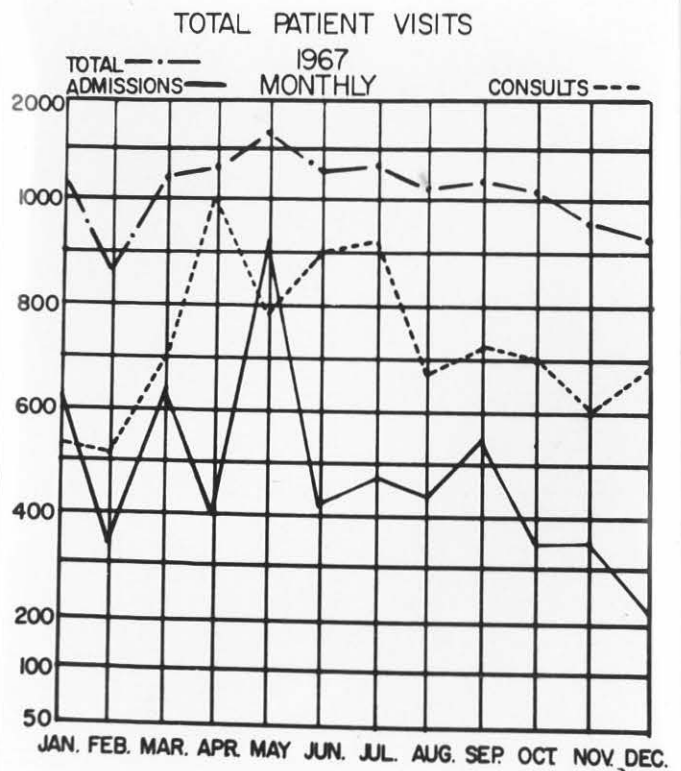


FIGURE 7b Total patient visits for 1968

On 23 October the first baby was delivered aboard the REPOSE, a male child born to an 18 year old Vietnamese patient. Lastly, by the end of the year over 9,500 accident-free helicopter landings had been performed on the ship.

The old year ended and the New Year 1969 was ushered in with the ship in Subic Bay, Philippines, undergoing one of her scheduled yard upkeeps. The pattern of patient admissions paralleled that of 1968 both with the increased casualty workload during the months of February, March, April and May, and also the increase in malaria patients in the late summer. However, where in the past the outpatient consultations showed a decrease in the last 3 months of each year, this year revealed a consistent increase during these 3 months (Fig. 7).

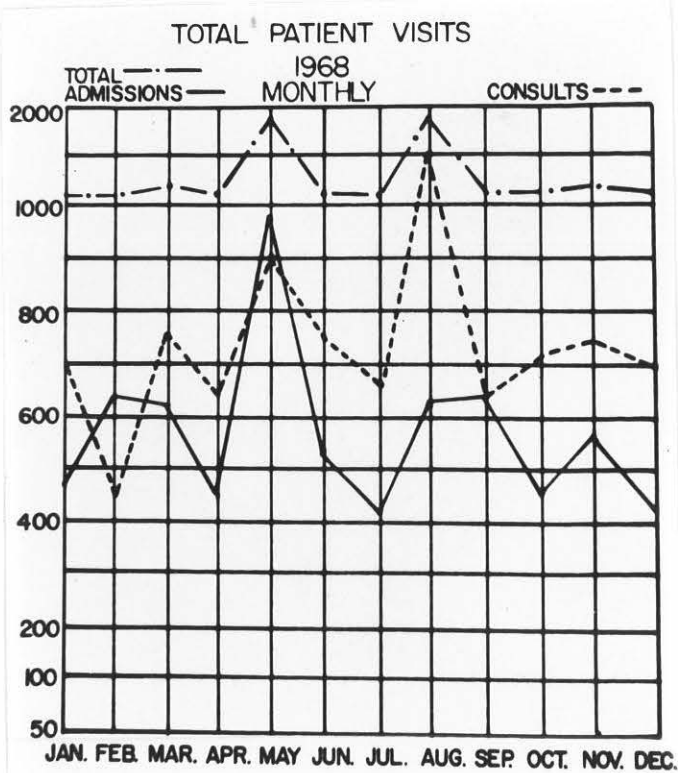


FIGURE 7 C Total patient visits for 1968

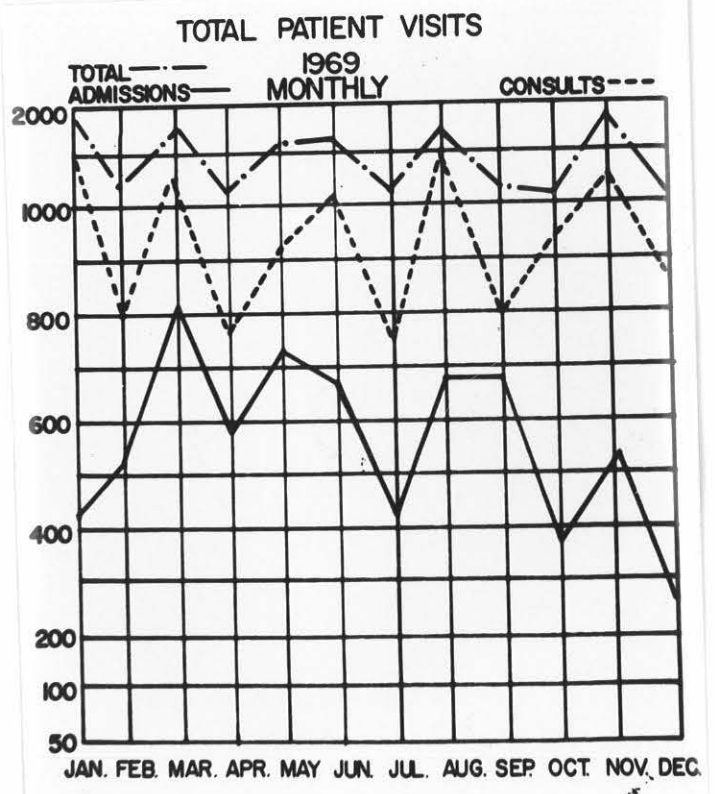


FIGURE 7D Total patient visits for 1969



The decrease in the casualty admissions and the increase in the outpatient consultations were related to the changes which occurred logistically during the last quarter of this year. The enemy action reduced significantly and the Third Marine Division was removed during the month of November. The U.S. Army assumed the troop areas previously under the control of the Marine Corps in the northern I Corps area. With the reduction in enemy action and the medical support being rendered by the Army in the northern area, the consultations increased and the battle casualties remained low. In addition, the medical treatment rendered the personnel of the Army of the Republic of Vietnam, and Vietnamese civilians, both for casualties and non-casualties, illness increased aboard the hospital ships because of the absence of the Third Marine Medical Battalion which had rendered a significant amount of medical coverage to these patients. Thus, when the Third Marine Medical Battalion was withdrawn, the REPOSE, along with the SANCTUARY, assumed the roll of medical coverage for a considerable greater number of Vietnamese patients in the northern I Corps area.

By the end of 1969 6,689 patients had been admitted and treated. Of these 2,021 were battle casualties and 791 were non-battle casualties. Thus, 2,812 were casualty admissions or 42%. However, the 1968 admission load was only 31 patients greater than that in 1969 (Fig. 8).



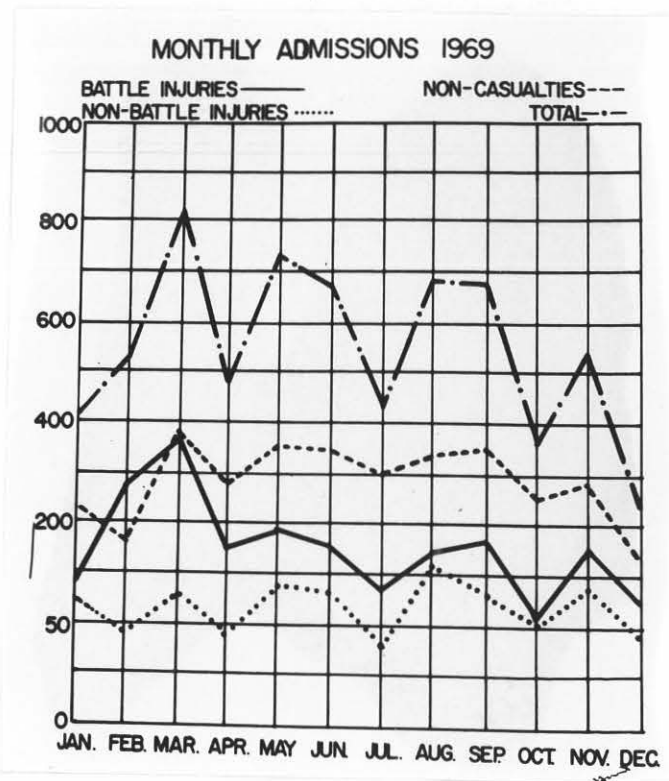


FIGURE 8 Admissions 1969

The non-casualty admissions were 3,877 for 1969 in contrast to the 3,211 admissions of this type for 1968. This reversal in non-casualty to casualty admissions reflect the increase significance of malaria and fever of undetermined origin during the past year. By contrast, as the enemy action decreased the casualty admissions also decreased. Proportionately there were 1,768 patients operated upon in the main operating room and who underwent 5,160 surgical procedures (Fig. 9).

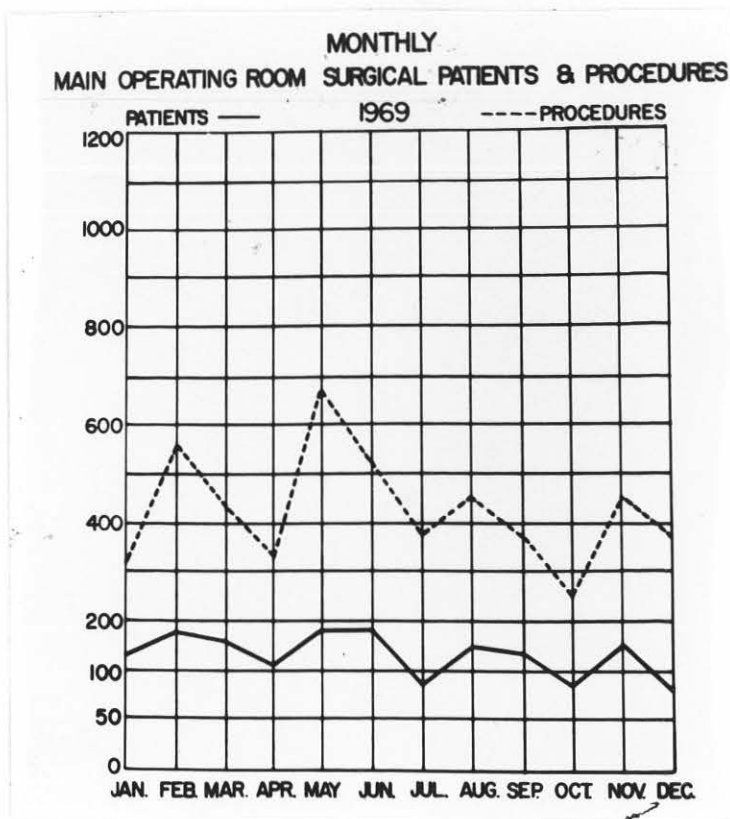


FIGURE 9 SURGICAL PATIENTS  
and PROCEEDURES in the Main  
Operating Room 1969

As in all preceding years, the list of distinguished visitors was impressive and they, as in the past were, always impressed by the medical and surgical accomplishments in the realm of patient care, especially the efficiency with which emergency casualties and large volumes of incoming patients were handled. The items of special interest were Captain Arthur J. Draper, MC, USN, relieved Captain Charles K. Holloway, MC, USN, as Commanding Officer of the Naval Hospital, in REPOSE, on 2 August (Photo 12).



Arthur J. Draper, Captain, MC, USN  
Commanding Officer Hospital in USS  
Repose 2 August 1969 to Decommissioning

Shortly after Captain Draper's arrival, the hospital received its largest group of freshly burned patients from the field, 22 in all. These patients were all resuscitated and within 72 hours after their admission those who would require prolonged and intensive care were transferred to the Army burn unit in Japan by a special medevac. The flexibility of the ship was best demonstrated on 1 and 2 September when the entire I Corp area was devastated by Typhoon Doris. The ship weathered the harsh winds and rain and then returned immediately to the off-shore off the northern I Corp area where she gave immediate medical support while the fixed-based facilities recuperated from the effects of the typhoon.

Lastly, as the year ended, the ship had effected over 15,000 accident-free helicopter landings. Approximately 6,000 landings had occurred in this 1-year period, twice those received the first year and 50% more than the preceding year.

The New Year and New Decade was observed in Subic Bay, as the year before, during a scheduled upkeep yard period. Upon returning to the Da Nang area from this upkeep period, the month of January resembled the preceding 4 months except for the uncertain atmosphere of the forthcoming Tet. This year in contrast to the preceding 3 years saw no significant increase in direct enemy confrontations. The casualties received were primarily of mine or booby trap origin and there were proportionately more Vietnamese than the U.S. military patients. The end was drawing to a close for the REPOSE. Her dye was cast on 6 February with the release of the ships listed to be deactivated, the REPOSE was one of 41 ships selected. On 17 February 1970, the REPOSE had been in the waters of Vietnam for 4 years, during which time 23,831 patients were admitted and treated. Of these 8,869 were the results of battle casualties and 2,479 were non-battle casualties. Thus, the total casualties admitted during this period were 11,348 or 47.6% of the total admissions. There were 12,483 non-casualty admissions, which included both medical

and surgical diseases in a 3 to 1 ratio. Approximately 30% of the medical admissions were either malaria or fever of undetermined origin. The bulk of the remainder were equally distributed between dermatological, gastrointestinal, infectious diseases, especially mononucleosis and hepatitis, and cardiopulmonary diseases. The total number of patients operated upon in the main operating room was 7,952 and 20,856 surgical procedures were performed on these patients.

The day after the official release of the selection of the REPOSE for deactivation, she registered her 16,000th accident-free helicopter landing. On the 11th of February the 3rd undetonated grenade removed by a team of Navy physicians was removed on the REPOSE. Historically, this was the only such procedure performed aboard a ship rendering off-shore medical support. Captain L. C. Getzen, MC, USN, Chief of Surgery and Commander D. M. O'Neal, MC, USN, Chief of Orthopedics with the assistance of Commander R. B. Humphreys, NC, USN, and Lieutenant Commander C. H. Lang, MC, USN, removed an undetonated 79 mm rocket-propelled grenade from a young Vietnamese male. This operation depicted the entire course of the time the REPOSE had been on the line. There was no single individual responsible for the type of care the ill and wounded received - - IT WAS A TEAM EFFORT. The team was composed of all the doctors, nurses, corpsmen, medical service corps and ships company personnel who served on the REPOSE.



An undetonated 79 mm rocket-propelled grenade being removed by Commander David O'Neal and Captain Lindsay Getzen. The preparation for the procedure, the patient and the operative procedure itself, was team effort involving the ship's crew, hospital personnel, and assistance from the shore-based demolition team.

The REPOSE ended its Republic of Vietnam tour the 14th of March 1970 with a formal departure ceremony and completed a continuous 49-month tour when she steamed toward Subic Bay that afternoon. The work-load ended as precipitously as it began in 1966 (Figure 10). Between 16 February 1966 and 14 March 1970, the USS REPOSE admitted 24,107 patients while serving as off-shore medical support in the I Corp, Republic of Vietnam. During this 49-month period the average monthly admission rate was 472 patients. Twelve thousand six hundred and thirty-eight of the 24,107 admissions were non-casualty admissions and the remaining 11,469 were casualty admissions. Therefore, 52.42% were non-casualty admissions and 47.58% were casualty admissions. Eight thousand nine hundred and fifty were battle casualties and the remaining 2,519 were non-battle casualties. Thus, the battle casualties represented 37.13% of the total admissions and 78.03% of the casualty admissions.

In addition to the 24,104 patients admitted and treated, 37,949 outpatients were evaluated and treated or returned to the referring facility for further care. Thus, 62,056 patients were seen aboard the REPOSE during her 49-month tour. The primary source of transportation for these 62,056 patients between the ship and the shore-based facilities was the helicopter. The bulk of these patients were received aboard the ship and returned to their parent facility through 16,536 accident-free helicopter visits (Photograph 14).

The end of the REPOSE saga follows the parallelism which the two ships exhibited in the inception of their careers. The original REPOSE became a station hospital in the Philippines and now the present REPOSE is in the process of ending her career as a station hospital in Long Beach, California. Even though she is no

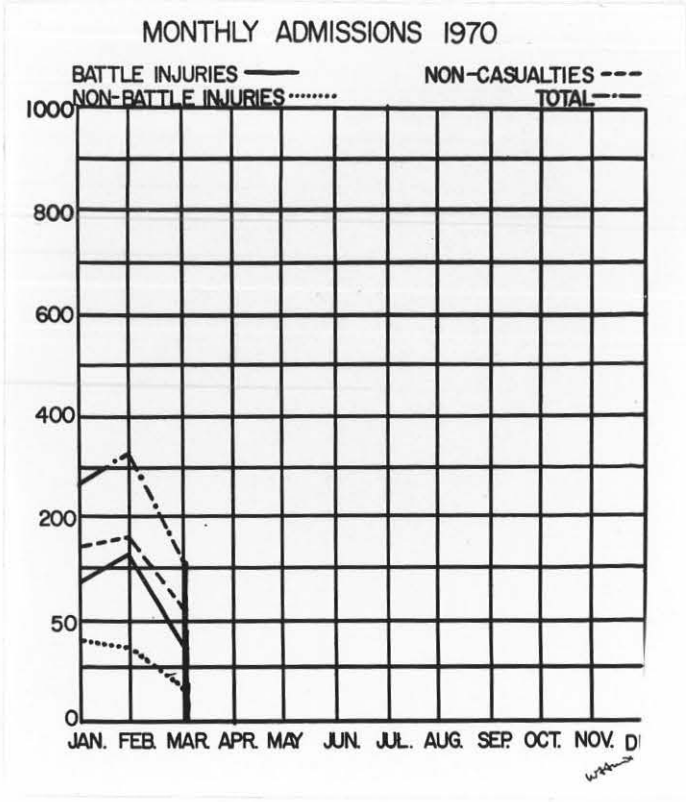


FIGURE 10 A

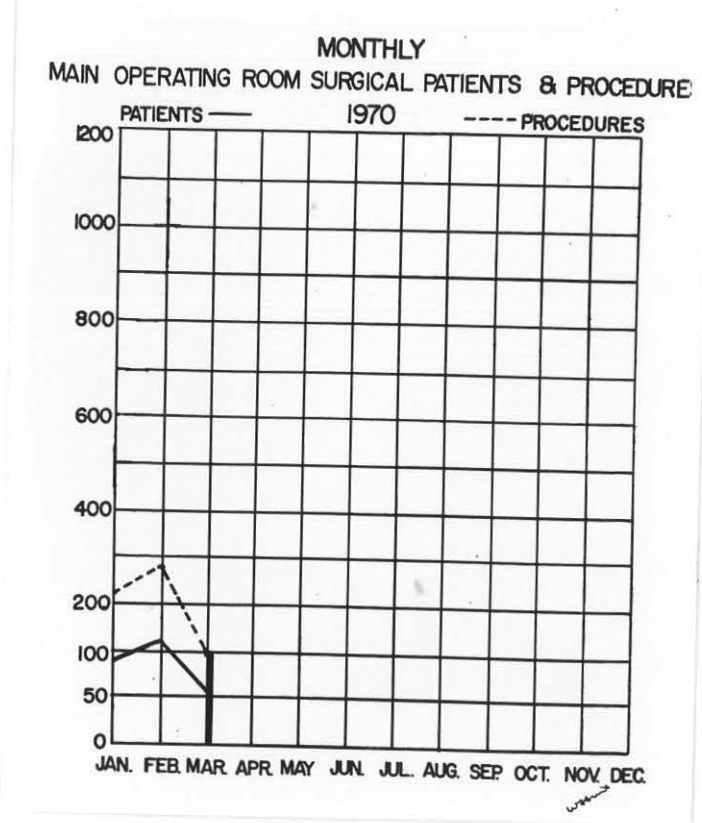


FIGURE 10 B

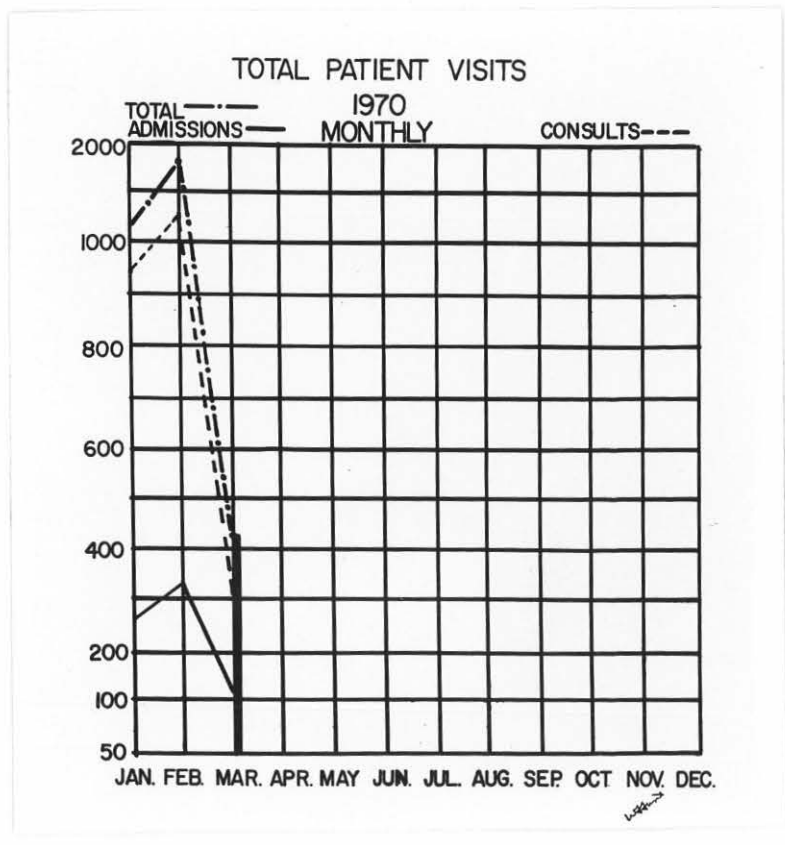


FIGURE 10 C





Photograph 14 A and B. From dawn throughout the day and dusk into the night patients arrived for treatment or evaluation and departed the ship either returning to their parent unit or transferred to a PACOM or CONUS medical facility by helicopters. In addition to receiving patients needed medical supplies and ships force supplies were received by helicopter as vertical replenishments. The helicopter was the true vehicle of support both for the hospital and the ship.



in the Orient she will always be remembered as the "Angel of the Orient" and the patients who received treatment in those waters will remember her for what she gave of herself to them - concerned patient care regardless of color, creed or nationality.

THE END



37m  
1A  
2  
B18

NAVAL HOSPITAL  
SAN DIEGO, CALIFORNIA 92134

*Getzen*  
A

IN REPLY REFER TO:  
December 8, 1970

Dear Admiral Norris:

The enclosure is a brief history of the REPOSE which I started prior to going to the SANCTUARY. If it is of any value I will consider the effort worth while. I am sending a copy to Admiral Voris since the ships were under his command. Also, I have a copy for Captain Barton in case any of the manuscript may be of value for the News Letter. ~~Lastly, I am sending Captain Ted Wilson a copy since I understand he is interested in the history of the ship.~~

Edith and Val are fine now that I have returned. The work here has the potentials to be very stimulating. I have always said this hospital is a gold mine for clinical research in almost any field. The greatest thing is the patient work-load is sufficient so that a project can be worked out in the laboratory and evaluated in the patient care areas. Many places have either laboratory facilities or patients but very few have both. If this area can be exploited it will really boost Navy academic medicine and overall patient care. Lastly, the teaching potentials are unlimited with these facilities.

My best to you and Mrs. Norris at this Holiday time.

Respectfully,

*Lindsay Getzen*  
Lindsay Getzen