

MEDDA

28 February 1952

## MEMORANDUM FOR THE RECORD

SUBJECT: Twenty-fifth Meeting of the Armed Forces Medical Policy Council, 1330 Hours, 25 February 1952

The twenty-fifth meeting of the Armed Forces Medical Policy Council was attended by all members (less Doctors Lovelace and Hollers), various members of the Policy Council staff, and the undersigned. Prior to the meeting, a briefing period took place, during which non-agenda items were discussed. A resume of this briefing period will be found in Section II below.

I. AGENDA ITEMS CONSIDERED BY THE COUNCIL

1. G-2 Briefing. Captain Clare briefed the Council on current world-wide military affairs, and their implications for the future.

2. Armed Forces Representation at Politically-Sponsored International Medical Conferences. General Harry Armstrong requested that the Council make a decision as to what policy should be adopted in regard to invitations which come to the three medical services for attendance at international medical congresses or conferences--some of which are sponsored by political organizations, rather than by national or medical organizations. It was the decision of the Council that all such invitations, whether they were sent directly to the Surgeon General of one of the three services or arrived through military channels, should be referred to the Department of State for appropriate clearance. As a matter of policy, too, in making a courtesy reply to any such invitation, the addressee should be advised to submit formal invitations through diplomatic channels. (Executive Officer and Chief, Medical Intelligence Branch, Preventive Medicine Division, to note.)

3. Coordination of Medical Service Construction Program. General Harry Armstrong outlined to the Council the current situation confronting the Army and the Air Force particularly, with regard to the medical construction programs in overseas areas--with special emphasis on the situation in Europe. He advised that in recent discussions and conversations with Mr. McNamara, of the Bureau of the Budget, the latter had stated that

28 February 1952

SUBJECT: Twenty-fifth Meeting of the AFMPC, 1330 Hours,  
25 February 1952

he would not approve the release of any funds for medical service construction in overseas areas, unless said requests were accompanied by a master plan which would include statements to the effect that complete coordination had been achieved between the services concerned, so as to insure no duplicative planning. As a general rule, the Council was in agreement with Mr. McNamara's request for receipt of a coordinated plan for all future overseas construction, although the mechanism whereby this might be achieved was somewhat difficult to define, since it touches so strongly on command prerogatives. General Gillespie stated that he had been exploring this particular problem, and that although no final decision had been reached, it was his understanding that it would be necessary for the Joint Chiefs of Staff to request a coordinated plan from one of the major overseas commands, and thence refer said plan to the AFMPC.

Along these lines, and for future actions only, the Council approved a motion which would recommend to the Secretary of Defense that he issue a directive (through appropriate channels) to all overseas commanders, instructing them to include with all future requests for construction funds, complete proof of coordination with other interested services, and thorough justifications for all said requests.

Discussing the point of issue--the current EUCOM hospital construction program--it was the opinion of those members of the Council and the Council staff who had met with Mr. McNamara in Europe, in October 1951, that coordination of the EUCOM-USAFE hospital construction program had been achieved, and had been approved by Mr. McNamara. There appears to be a certain difference of opinion in this regard, since Mr. McNamara has stated that the European meetings were merely preliminary steps taken prior to the submission of a coordinated plan. No one present at the Council meeting knew of any such agreement, and it was decided that Doctor Casberg would ask advice from Doctor Lovelace as to whether or not he had personally promised Mr. McNamara such a plan. In the event that Doctor Lovelace denies any knowledge of any such promise to Mr. McNamara, Doctor Casberg is to contact Mr. McNamara, and advise him of the following motion which was passed by the Council:

"That the Armed Forces Medical Policy Council is convinced that every possible effort has been made to achieve coordination of the hospital construction program as it affects EUCOM and USAFE, and requests that such funds as are now available be released to expedite hospital construction in these areas."

28 February 1952

SUBJECT: Twenty-fifth Meeting of the AFMPC, 1330 Hours,  
25 February 1952

In the event that Doctor Lovelace did promise a coordinated plan to Mr. McNamara, it was agreed that a message would be sent to the Surgeons of EUCOM and USAFE immediately, requesting them to submit such a plan at the earliest possible date. (Medical Plans & Operations Division to note.)

4. Dependent Medical Care. This subject was brought up by General Harry Armstrong, who stated that it was most necessary for the three services to have a uniform policy in regard to dependent care, since the matter would be undoubtedly given considerable "publicity" by the AMA, the Doctor Magnuson Committee, and other committees and agencies in the future. In this regard it was decided that an ad hoc committee would be established within the AFMPC to study the problem of dependent care, and make recommendations to the Council as to what the professional position of the Council should be on this problem.

Doctor Casberg also advised that a committee which had been established in 1949 by the then Secretary of Defense, Louis Johnson, which had died by attrition, was now being reactivated with Doctor Casberg as the Chairman. This committee will study the problem of dependent care and make recommendations directly to the Secretary of Defense. Doctor Casberg stated that at this juncture he did not know the entire membership of this committee, but that a "line officer" would certainly be on the panel, so that the career military point of view would be available. (Medical Plans & Operations Division to note.)

5. Report on Hospital Expansion Planning, FY 1953. General Gillespie stated that the report for FY 1953 on hospital expansion had been approved "all along the line", except that it had not yet received the sanction of the Comptroller's Section, OSD, or the BOB, the reason being that these two latter organizations are still deliberating on the FY 1952 program, and it has been impossible thus far to impose the 1953 program on them. General Gillespie was requesting approval by the Council of the 1953 program. This program, as we understand it, excludes two Army installations (Ord and Lee) and three Navy infirmary-dispensary type installations. A certain amount of discussion took place incident to the Air Force requirement for a 40-bed installation at Charleston, South Carolina. General Harry Armstrong was unable to justify it on the spot, and in consequence, the program as outlined above (and particular notice should be taken of the qualifications indicated above) was passed and approved by the Council. The Air Force is to make separate justification for its 40-bed installation at Charleston, S. C., directly to the Chairman of the Council, who will act for the Council, and will report his decision at the next meeting. (Medical Plans & Operations Division to note).

SUBJECT: Twenty-fifth Meeting of the AFMPC, 1330 Hours,  
25 February 1952

6. Acquisition of Former Cushing General Hospital for Army Use. General Gillespie oriented the Council on the subject of the Army's request for the acquisition of the Cushing VA Hospital at Framingham, Massachusetts, and the placing of Murphy Army Hospital, at Waltham, Mass., in a stand-by status. The Council approved the request of the Secretary of the Army to the Secretary of Defense for the acquisition of this VA facility. (Medical Plans & Operations Division to note.)

7. Policy Relative to Conduct of Research in Medical and Health Fields by Department of Defense and Three Military Departments. General Schwichtenberg read the salient points of a detailed staff study on this subject, and requested that the Council approve two recommendations, which would be incorporated in a directive to be issued by the Secretary of Defense on the basis of the approval given at the 4 February Meeting of the Council, on the matter of the establishment of a policy in regard to research responsibilities at the Policy Council level. The two recommendations which were approved by the Council are quoted herewith:

"1. Research in the medical and health fields conducted by a military department shall be under the auspices of and be evaluated by the Surgeon General of the respective department concerned as a matter of policy.

"2. Research relating to the medical and health fields, when conducted by an agency of a military department not a part of the medical service of that department, will present to the office of the cognizant Surgeon General such plans and programs for research for his information, so that necessary coordination and evaluation may be effected." (Medical Research & Development Board to note.)

MEDDA

28 February 1952

SUBJECT: Twenty-fifth Meeting of the AFMPC, 1330 Hours,  
25 February 1952

II. NON-AGENDA ITEMS DISCUSSED

1. Reactions Regarding Medical ROTC Program and Scholarship Plan. Doctor Casberg advised that during his recent trip to Chicago he had discussed these two matters with several deans of medical schools. In regard to the proposed scholarship plan, he found the several deans strongly in favor of this plan, but stated that they did not believe that it would permit them to increase the size of their schools. He also advised that there appears to be considerable enthusiasm for the concept of incorporating ROTC-type subjects into the curriculum of the medical schools, and that the pilot study plan which is to take place at four medical schools should prove most interesting for all concerned. (Education and Training Division to note.)

2. Schools of Osteopathy. Doctor Casberg informally told the three Surgeons General that he felt it was most important for the three medical services to give considerable thought to the situation with regard to the potential utilization of graduates of schools of osteopathy, since it is his belief that osteopaths will achieve a certain additional recognition in the not too distant future. He emphasized, too, that this problem must be considered intelligently by civilian medicine, as well as by the military. (Personnel Division to note.)

3. Hospital Construction. Doctor Casbert discussed the problem with which the services have been faced by the fact that they could not use the word, "replacement" in any construction program. It was his understanding that heretofore the Munitions Board has stated that no replacement factors could ever be included in permanent hospital construction. It is Doctor Casberg's understanding now, however, that the BOB has removed the stigma from the word "replacement", and furthermore, that Mr. McNeil has stated that the three services must be realistic, and should therefore utilize the word "replacement", if such is a true description of the requirement. (Medical Plans and Operations Division to note.)

MEDDA

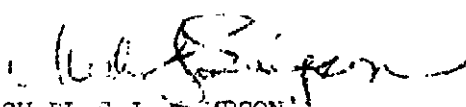
28 February 1952

SUBJECT: Twenty-fifth Meeting of the AFMPC, 1330 Hours,  
25 February 1952

4. Blood Program. Doctor Ravdin discussed the Cummings Blood Committee reports, and stated that there was a considerable amount of divergency of opinion with regard to the recommendations of the Cummings Committee and the stated needs of the military. In particular it was his opinion, and this was sustained by the individuals present, that a single stockpile of blood is extremely dangerous, from the military point of view, since it is imperative that the military have and control its own war reserve of blood. Doctor Ravdin also touched on the problem of the 1,200,000 units of blood which the Armed Forces are currently authorized to stockpile, and questions the sensibility of stockpiling this blood at this time, since much of it may well be contaminated by hepatitis virus. If, as is anticipated, a virus-free solution is achieved within the next several months, it would be extremely costly for the military, if they had at hand a stockpile of infected blood which would, of necessity, have to be reprocessed at an extremely high cost per unit, and with a resultant loss of a certain substantial quantity of the stockpile. This entire problem is to be further pursued by General Schwichtenberg, who will report at an early date. (Blood and Blood Derivatives Group to note.)

5. Visit of Queen Juliana, of The Netherlands. The Council was advised that H. M. Queen Juliana of The Netherlands would arrive in Washington for a visit 2 - 5 April, and intends to visit both Walter Reed and Bethesda Hospitals, for the purpose of seeing Korean veterans. Appropriate notification will be received as soon as possible; however, this information was transmitted as an advance warning. (Executive Officer to note.)

6. Next Meeting of the Council. The next meeting of the Policy Council will take place on 17 March. There will be briefing in Doctor Casberg's office at 0930 hours, followed by the formal meeting at 1330 hours.

  
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Captain, MSC  
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The Surgeon General