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MINUTES OF THE MEETING OF THE
ARMED FORCES MEDICAL POLICY COUNCIL
ROOM 3E-869, 25 FEBRUARY 1952, 1330 HOURS

RCC1.950408.004b

Members Present:

Melvin A. Casberg, M.D., Acting Chairman
George E. Armstrong, Major General, (MC) USA, Surgeon General,
Department of the Army
Harry G. Armstrong, Major General, USAF (MC), Surgeon General,
Department of the Air Force
H. Lamont Pugh, Rear Admiral, (MC) USN, Surgeon General,
Department of the Navy
Isidor S. Ravdin, M.D.
Alfred R. Shands, Jr., M.D.
Hilton W. Rose, Captain (MC) USN, Executive Secretary

Members Absent:

W. Randolph Lovelace, II, M.D., Chairman
James P. Hollers, D.D.S.

Present at the invitation of the Council:

Rear Admiral F. C. Greaves (MC) USN, AFMPC
Brig. General James O. Gillespie, (MC) USA, AFMPC
Brig. General A. H. Schwichtenberg, USAF (MC), AFMPC
Colonel H. G. Moseley, USAF (MC) AFMPC
Colonel S. S. Brownton, USAF (MC), AFMPC
Colonel T. C. Rich, (MC) USA, AFMPC
Colonel J. Buell, USAF (MSC), Office, Surgeon General, USAF
Colonel F. J. Frese, USAF (MC), Office, Surgeon General, USAF
Lt Colonel V. M. Downey, USAF (MC), Office, Surgeon General, USAF
Lt Colonel F. K. Lawford, (MC) USA, AFMPC
Captain C. J. Simpson, (MSC) USA, Office, Surgeon General, USA
LT F. R. Colman, (MSC), USN, AFMPC
LTJG B. F. Brofft, (MSC) USN, Office, Surgeon General, USN
Mrs. Dorothy Blondheim, AFMPC
Miss Maxine M. Gulde, AFMPC

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I. G-2 Briefing

Captain J. F. Clare of the G-2 Briefing Section presented a summary of the current international situation for the information of the Council.

II. Armed Forces Representation at Politically Sponsored International Medical Conferences. (Agenda Item No. II) (Restricted)

The Surgeon General of the Air Force informed the Council that the "International Medical Conference" which was to be held in Rome in September 1951 was banned by the Italian government because it was sponsored by the Communist World Peace Group. This meeting is now scheduled for early 1952. He continued by stating that it appeared desirable to establish a mechanism whereby meetings such as the foregoing could be identified as political.

Further discussion revealed that invitations extended to the Armed Forces for representation at such meetings are routinely channeled through the State Department where they are screened for political implications. In those cases where invitations are extended directly to the military services without prior reference to the State Department, the invitations are referred to the Council staff who in turn refer them to the State Department. No Armed Forces medical representation at international medical meetings is authorized unless the representation is approved by the State Department. In view of the foregoing the Council took no action on this subject.

III. Coordination of Medical Service Construction Program. (Agenda Item No. III) (Confidential)

The Surgeon General of the Air Force informed the Council that the Chief of the Hospitals Branch of the Bureau of the Budget has expressed concern over the coordination effected among the medical services with respect to the overseas hospital construction programs. These programs often involve areas in which separate theater commands are located. For example, an unusual situation exists in Europe where two commands, EUCOM and USAFE, are established on terms of equality insofar as hospital construction is concerned. Notwithstanding this equality of the two European commands, a coordinating mechanism has been set up for the exchange of information on medical construction programming at the theater level, but is being used only to a limited extent.

The Council was then informed that the Bureau of the Budget, in a letter dated 13 February 1952, had rejected without prejudice the request for the release of funds for hospital construction in Europe. The letter further stated that such action had been taken because the Council had not developed a coordinated hospital construction plan in that area. The Bureau of the Budget was under the impression that such a plan was to be developed in accordance with an agreement reached at the hospital construction conferences held in France and Germany in October 1951. This is contrary to the impression gained by the representatives of the military medical services who attended the conferences. It was pointed out by them that

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they had gained the impression that the Bureau of the Budget was satisfied that there was no duplication of proposed facilities and therefore it would approve funds for the construction program subject to confirmation of various data relating thereto. In addition discussion further revealed that it was impossible for either the council staff or the theater commands in Europe to develop a fully coordinated program because the troop strength and the troop locations in that area have not been definitely established.

As a result of the foregoing discussions it became evident that a definite method should be established for securing better coordination of overseas hospital construction, not only in areas with separate commands, but in areas of unified commands. Accordingly, the Council approved the following resolution:

"Resolved, that this Council approve the development of a plan to be communicated to the overseas commanders to the effect that in the future, requests for funds for new medical facilities shall be accompanied by adequate justification together with a statement that thorough coordination has been effected with all military services concerned."

The discussion then reverted to the rejection of the request for the release of funds for the European hospital construction. In view of the delay already encountered in this program, and because of the coordination previously effected in the theater, the Council adopted the following motion:

"Resolved, that the Armed Forces Medical Policy Council is convinced that every possible effort has been made to achieve the necessary coordination of the hospital construction program as it affects the European command and the U. S. Air Force in Europe and therefore requests that such funds as are now available for that construction be released to expedite the program."

The Vice Chairman was requested by the Council to determine, after consultation with the Chairman, what further action is desired by the Bureau of the Budget to secure approval of the funds previously rejected for the hospital construction program.

IV. Dependent Medical Care. (Agenda Item No. IV)

General Harry Armstrong informed the Council that information had recently been received from the American Medical Association which indicated that that Association will review the entire function of the Air Force Medical Service in the near future. This review will cover in part the program of medical care for dependents. He then recommended that since the other two military medical services will probably be faced with a similar review, a unified position should be adopted by all three services with regard to dependent care.

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The Acting Chairman emphasized that this problem would become increasingly important and reiterated the forthcoming investigation by the American Medical Association. He also mentioned that a similar study would probably be conducted by the new committee appointed by the President and headed by Dr. Paul Magnusson.

The Acting Chairman then reviewed the present status of the study of dependent care in the Department of Defense. He recalled the establishment of a committee in the Department of Defense on dependent care which was appointed in December 1949 and which is now being reconstituted to continue the study. This committee will be chaired by Dr. Casberg. The Surgeon General of the Army pointed out the desirability of having career military personnel represented on the Committee who could furnish background for this study. The Acting Chairman informed the Council that in his opinion such representation was also highly desirable and that to provide a broad basis upon which the Committee could develop its recommendations, all interested agencies (Office of the Assistant Secretary of Defense, Comptroller, and Office of the Assistant Secretary of Defense, Manpower and Personnel) of the Department of Defense would undoubtedly be represented on the Committee.

The Surgeon General of the Army also pointed out that any further study of the dependent care problem would undoubtedly result in the previously expressed belief that the medical services are not responsible for determining eligibility for such care. Despite the foregoing, it developed that the decision of the Council was to approach the problem from a professional standpoint, realizing that eventually they, the Council, would probably be considered instrumental in any action taken, or position adopted, by the Secretary of Defense with respect to dependent medical care. Dr. Ravdin then made the following motion which was approved by the Council:

"Resolved, that the problem of dependent medical care is one so closely concerned with the fulfillment of the mission assigned the Armed Forces that the Armed Forces Medical Policy Council believes that a general policy by the Council on medical care of dependents be developed and that in order to develop such a policy an Ad Hoc Committee be constituted by the Chairman."

V. Report on Hospital Expansion Planning - Fiscal Year 1953. (Agenda Item No. V) (Secret)

General Gillespie informed the Council that the hospital construction program for Fiscal Year 1953 was being submitted at this time for approval without being coordinated with the Comptroller, Office of the Secretary of Defense and the Bureau of the Budget. This is because the 1952 program has not been acted upon by these two agencies and it was felt that it was better not to jeopardize the program for the Fiscal Year 1953 by further delay. He further stated that the program for Fiscal Year 1953, with the

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exception of two Army hospitals and three Navy infirmaries, had been approved by the Munitions Board for inclusion in the Public Works Appropriation Bill. The two Army hospitals and the three Navy infirmaries were not included in the Public Works Bill because of having been deleted by the two services and the Munitions Board.

Dr. Ravdin questioned the proposed 40-bed Air Force infirmary at Charleston, South Carolina. He stated that it was his opinion that the Charleston Naval Hospital could furnish all medical support required by the Air Force. Using this as an example he pointed out that the Council was obligated to closely screen all hospital construction plans in order to prevent duplication of proposed facilities which has been a part of the criticism of the Bureau of the Budget.

To prevent further delay the Council approved the program for hospital expansion planning for Fiscal Year 1953 (with the exception of the two Army hospitals and the three Navy infirmaries already excluded) and with the exception of the proposed Air Force infirmary at Charleston. The Surgeon General of the Air Force is to look further into the needs of the Air Force for 40 beds in the Charleston area and, if necessary, to resubmit the request to the Vice Chairman for final action. The Council members requested that they be informed of the final action taken.

VI. Acquisition of Former Cushing General Hospital for Army Use. (Agenda Item No. VI) (Restricted)

The Council considered a request from the Secretary of the Army for approval of the acquisition of the former Cushing General Hospital for Army use. At present this hospital is being operated by the Veterans Administration. In the request for acquisition of Cushing General Hospital, the Army proposed that the Murphy Army Hospital be inactivated and that the staff and the facilities at the Murphy Army Hospital be transferred to Cushing. The Surgeon General of the Army pointed out that the acquisition of the Cushing General Hospital was a logical procedure in view of the fact that (1) the Murphy Army Hospital is not expandable, (2) the Cushing General Hospital is not desired by the Veterans Administration, and (3), the acquisition of Cushing General Hospital would result in a consolidation of medical activities in the Fort Devens and Camp Edwards area. In the event the Cushing General Hospital is acquired, the Murphy Army Hospital would be placed in an inactive status and would serve as a portion of the ready and mobilization reserve beds for Army hospitals.

In view of the above the Council approved the request of the Secretary of the Army to proceed with acquisition of the former Cushing General Hospital for Army use. The Council also approved a proposed letter for the signature of the Secretary of Defense to the Bureau of the Budget concerning acquisition of this hospital.

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VII. Consideration of Policy Relative to Conduct of Research in Medical and Health Fields by Department of Defense and the Three Military Departments. (Agenda Item No. VII)

General Schwichtenberg invited attention to the staff study prepared by Captain Murray on the above subject. This matter had been precipitated by proposed legislation to increase the number of professional and scientific positions authorized for the Secretary of Defense and the three military departments. The proposed legislation was developed by the Department of the Army and would, among other things, establish two scientific positions under the jurisdiction of the Quartermaster General for the prosecution of research in fields directly related to medical and health. Establishment of these positions was not coordinated with the Surgeon General of the Army. In the staff study it was pointed out that by its charter, the Council is required to review the medical and health aspects of broad policies, plans and programs which other Department of Defense agencies are responsible for establishing. The conduct of research in the medical and health fields is definitely a matter with which the Council is directly concerned. The Surgeons General are responsible within their respective departments for the conduct of medical research and development projects within their cognizance. Within their respective departments they are the principal advisory agent to their respective Secretaries in the medical and health fields, and within the Department of Defense they are members of the Armed Forces Medical Policy Council. It would therefore appear that any matter which affects health either directly or indirectly or pertains to research within the medical or health fields should be a matter of their cognizance and supervision.

In view of the fact that the proposed legislation previously mentioned would establish research positions for the conduct of research entirely outside the cognizance of the Surgeon General of the Army, the Council approved the following recommendations which will afford the basis for a directive to be issued by the Chairman of the Council to the Secretaries of the Army, Navy, and Air Force:

"As a matter of policy, 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.

"Research relating to the medical and health fields, when conducted by any agency of a military department not a part of the Medical Services of that Department, will be presented to the office of the cognizant Surgeon General for his information so that necessary coordination and evaluation may be effected."

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VIII. Announcements by the Acting Chairman and Other Business. (Off Agenda)

The Acting Chairman announced that the next meeting of the Council would be held on Monday, March 17, at 1330 and that it would be preceded by a morning briefing. He also announced that a joint meeting of the Council and the Health Resources Advisory Committee would be held sometime in April.

Dr. Casberg, acting for the Council, expressed a deep note of sympathy to Mr. Coolidge, Assistant Secretary of Defense, in his recent bereavement.

General George Armstrong expressed the Council's appreciation to Admiral Greaves, who is soon to be transferred, for his outstanding work during the time he was Chief of his division.

Dr. Ravdin paid tribute to the outstanding staff study prepared by Captain Murray on Agenda Item VII (Consideration of Policy Relative to Conduct of Research in Medical and Health Fields by Department of Defense and the Three Military Departments).



HILTON W. ROSE
Captain, (MC) USN
Executive Secretary

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