

MINUTES OF THE MEETING OF THE
ARMED FORCES MEDICAL POLICY COUNCIL
ROOM 3A-918, 5 November 1951 - 1330 HOURS

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Members Present:

W. Randolph Lovelace, II, M.D., Chairman
George E. Armstrong, Major General, (MC) USA, Surgeon General,
Department of the Army
Clarence J. Brown, Rear Admiral (MC) USN, Deputy Surgeon General
Department of the Navy
Dan C. Ogle, Major General USAF (MC), Deputy Surgeon General,
Department of the Air Force
Alfred R. Shands, Jr., M. D.
Hilton W. Rose, Captain (MC) USN, Executive Secretary

Members Absent:

H. Lamont Pugh, Rear Admiral (MC) USN, Surgeon General, Department
of the Navy
Harry G. Armstrong, Major General, USAF (MC), Surgeon General,
Department of the Air Force
Isidor S. Ravdin, M. D.
James P. Hollers, D.D.S.

Present at the invitation of the Council:

Rear Admiral F. C. Greaves (MC) USN, AFMPC
Brig. General Silas B. Hays, (MC) USA, Deputy Surgeon General,
Department of the Army
Brig. General A. H. Schwichtenberg, USAF (MC), AFMPC
Mr. Stephen Jackson, Legal Advisor to the Council
Colonel T. C. Rich, (MC) USA, AFMPC
Colonel William W. Roe, Jr., (MC) USA, AFMPC
Captain Raymond W. Murray, (MC) USN, AFMPC
Colonel Harry G. Moseley, USAF (MC), AFMPC
Lt. Colonel Frank K. Lawford, (MSC) USA, AFMPC
Captain Charles J. Simpson, (MSC) USA, Office of the Surgeon
General, U. S. Army
LT. F. R. Colman, (MSC) USN, AFMPC
LTJG B. F. Brofft, (MSC) USN, Office of the Surgeon General,
U. S. Navy

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I. G-2 Briefing (Agenda Item I).

Captain J. F. Clair presented a summary of the current international situation to the Council.

II. Comments on Recent Trip (Agenda Item II) (Confidential).

The Chairman discussed his recent inspection trip of military medical installations, and stated that he was accompanied by Dr. C. W. Mayo; Dr. Leonard A. Scheele, Surgeon General, USPHS, (as far as Korea); Lt. Colonel Louis C. Kossuth, USAF (MC), (Cairo to Wiesbaden); and Lt. F. R. Colman, (MSC) USN. He commented in detail on the visit to Korea and Japan where they were gratified to see the quality of medical care being rendered to the casualties. It is even better than World War II. In Korea they visited the Army 7th Div. Sector and the Marine Corps sector and observed casualty handling from the Battalion Aid Stations to the rear hospitals, including the USS Repose and USS Haven. Particular tribute was paid to Col. Oral B. Bolibaugh (MC) USA, Orthopedic Consultant in FECOM, for his fine work in the field. The USS Boxer, an aircraft carrier, was visited. The Swedish Red Cross Hospital was inspected and in Japan, many of the larger service hospitals. Increasing emphasis should be placed on air evacuation, he stated. The Chairman informed the Council that as a result of his visit to the battlefield he had noted certain instances in which medical supply, field surgical procedure and light weight hospital equipment could be improved. The three Surgeons General were given detailed information on this subject.* He pointed out that it was extremely difficult to protect conventional bombers from attack by enemy jet fighters.

Continuing on from Korea, the Chairman detailed his visits to the Air Force medical installations in Saudi Arabia, Turkey, Tripoli, and French Morocco. He stated that the Naval Medical Research Unit #3 in Cairo is conducting valuable epidemiologic research at a minimum cost. In French Morocco they had noted numerous problems in preventive medicine and considerable delay in construction of hospital facilities at Nouasseur Air Base. In this connection he felt that a policy should be enunciated in the near future concerning priority of construction for hospital facilities at new installations. He then went on to state that the hospital construction conferences in Germany had proved highly profitable, both to his group and to the Bureau of the Budget representatives. He paid tribute to the high quality of medical research and surgery being performed in Sweden and to the work being done by Col. Kenneth E. Fletcher, USAF (MC), Assistant Air Attache, London. In closing, he pointed out the need for closer biannual coordination between Swedish, English, and American medical research which has a military application.

* A report will be prepared on the entire trip.

III. Legal and Legislative Program for FY 1952 (Agenda Item III) (Restricted).

Captain Murray discussed four legislative proposals which are included in the Department of Defense legislative program for FY 1952 and which are pertinent for council consideration. These are:

- (a) OSD Item 19 - A bill to authorize appointment of qualified women as physicians and medical specialists in the medical

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services of the Army, Navy, and Air Force. After a brief resume of former council action on this proposal, Captain Murray stated that as a result of a recent meeting of Mrs. Rosenberg and the Joint Secretaries, a proposal was made and an agreement reached to include the above legislation in the FY 52 program. He went on to state that it appeared desirable to form an ad hoc committee to study the implications and the implementation of this proposal should it become law. The Council approved this course of action.

- (b) OSD Item 48 - A bill to amend the Army-Navy MSC Act of 1947 to remove the 2% limitation on the number of colonels on active duty in the MSC, Regular Army, and to permit an 8% ceiling. This proposal had previously been concurred in by the Council, but reaffirmation was required in view of its inclusion in the FY 1952 program. The Council reaffirmed its former approval.
- (c) OSD Item 235 - A bill to provide for appointment of a Chief of the MSC, Navy, and for other purposes. This proposal had also previously been concurred in by the Council, but reaffirmation was required in view of its inclusion in the FY 1952 program. The Council reaffirmed its former approval.
- (d) OSD Item 243 - A bill to authorize the transfer of hospitals from the Veterans Administration to a military department. In reviewing this proposed bill it was pointed out that it had been predicated on former approval of the legislative proposal to authorize the transfer of Birmingham General Hospital from the Veterans Administration to the Army (OSD Item 200). The Medical Policy Council representative at the legal and legislative conference held September 25 had invited attention to OSD Item 200 as affording the basis for a broad legislative proposal whereby it would be possible to transfer from the cognizance of the Veterans Administration to the military services those hospitals in excess of the needs of the VA and urgently required by the Armed Forces. Captain Murray went on to state that the legislative conference was in complete agreement with this proposal, but that Council approval of the action and the proposed legislation was required. The Council approved the action taken and the proposed legislation.

IV. Policy Determination in Legislative Programs within Purview of the Medical Policy Council (Agenda Item VI).

The Deputy Surgeon General of the Air Force discussed legislation affecting the medical services of the Army, Navy, and Air Force and its coordination with the various interested agencies of the Department of Defense. His discussion was primarily concerned with the problem of those legislative proposals which had not been referred to the Council until after they were in the programming stage. His remarks also dealt with preparation of similar legislative proposals in the respective military departments. In this connection he stated that there had been instances noted where such legislation had not been properly coordinated with the respective Surgeon General. Mr. Jackson

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of the Office of the Assistant Secretary of Defense for Legal and Legislative Affairs, who is also legal advisor to the Council, stated that he felt the first problem would be minimized in the future in view of the closer liaison which has been established between the Council and the Office of Legislative Liaison. Under the present procedure the Office of Legislative Liaison will coordinate all proposed legislation of a medical aspect with the Council prior to final OSD action.

V. Artificial Respiration - Adoption of New Method (Agenda Item IV).

Colonel Moseley explained to the Council that a research problem on manual artificial respiration had been underwritten by the Armed Forces and conducted by the Army Chemical Center. As a result it was revealed that (a) the currently utilized prone pressure method (Schafer) is unsatisfactory and should be abandoned because it is of little value to the deeply asphyxiated individual and in certain other situations, (b) the back pressure-arm lift method (Holger Nielsen) is the manual artificial respiration method of preference, and (c) the back pressure-hip lift method is an acceptable alternative when the back pressure-arm lift method cannot be used because of injuries to the upper extremities, for example. The results of the above mentioned research were presented to the National Research Council and approved by that body. The back pressure-arm lift method provides for a far greater exchange of tidal air than the Schafer method; it is easily taught, and it can be performed by a child or woman upon an adult. He explained further that, since this method was the one of choice, there had been a joint meeting of representatives of the Red Cross, Armed Forces, and the major industries interested in artificial respiration. Most of this group were ready to teach this method in lieu of the Schafer method. The representatives of the medical services of the Armed Forces also indicated that they are ready to immediately supplant the Schafer method with the newer methods upon the formal approval by the Armed Forces Medical Policy Council. In addition, it was explained that, subject to this, there would be a press release on 6 December 1951. The Armed Forces Medical Policy Council concurred in the adoption of the back pressure-arm lift method as the method of choice in manual artificial respiration for the Armed Forces, with utilization of the back pressure-hip lift method and the modified Silvester method on special occasions.

VI. Dental Care Furnished Members of the Armed Forces, and Duplication of Federal Medical Services (Agenda Item V).

The Council discussed two resolutions adopted by the ADA and the Doctors Committee for Improved Federal Medical Service. The first resolution recommended against provision of any dental care, by military personnel, for servicemen's dependents. The second report implied that there was wastefulness in the federal medical services. The Council decided that no action was indicated on either of these items.

VII. Congressional Committee Action on the Appropriation Bill and Its Effect on the Hospital Construction Program (Agenda Item VII) (Restricted).

Colonel Rich informed the Council that the House-Senate Conference Report on the Second Supplemental Appropriation Bill, 1952, had

eliminated the hospital construction items from the Department of Defense Military Public Works Section of the bill, but that the authorization for the hospital construction was subsequently restored the next day, subject to review by the Secretaries and approval by the Secretary of Defense. The funds which were stricken from the construction appropriation when the hospitals were deleted, were not restored. This means that any hospitals which are constructed will have to be funded by the departments from their overall departmental appropriation. It appeared that the temporary elimination of these items had been occasioned by the belief that a restudy of the hospital construction program, with a view toward better utilization of existing structures, was required. Colonel Rich also informed the Council that a meeting had been held with representatives of the three medical services, at which it was agreed that each medical service would submit a restudy of the hospital construction program. The Council concurred in the proposal to commence a five year hospital construction program study, to be conducted by the present committee on hospital construction.

VIII. Armed Forces Medical Services Reserve Policy (Agenda Item VIII).

General Schwichtenberg informed the Council that the staff of the Reserve Forces Policy Board had prepared a study on the subject of a medical services reserve officer program, to be incorporated in the proposed Department of Defense policy regarding reserve components. He went on to state that this staff study indicated that it is inappropriate at this time to develop a special program for any specific type of specialists (line or staff), and that the issuance of additional policies relating to categories of specialists will probably be held in abeyance pending development and implementation of the present long range reserve program being formulated by the Department of Defense. The Council was also informed that the Reserve Forces Policy Board will discuss this subject at their meeting on November 7, 8, and 9, and that the Medical Policy Council has been invited to have a representative present during the discussion of this subject. The Council requested that the results of this meeting, pertaining to medical specialists in the reserve program, be communicated to them at their next meeting.

IX. Present Status of the Blood Program (Agenda Item IX) (Confidential).

General Schwichtenberg briefly discussed the present status of the combined Red Cross-Department of Defense blood program. He stated that the amount of blood collected in October was in excess of 200,000 units. He further stated that if this rate of increase continues, the present processing capacities in the east and middle west will soon be exceeded. Plans have been made to handle this increase.

X. Armed Forces Medical Policy Council Policy on Medical Research (Agenda Item X) (Confidential).

A brief statement of the progress to date in review of medical research at the Council level was made by Admiral Greaves. He stated that by the terms of its charter the Council was required to review

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medical research programs in the armed services. In order to accomplish this mission it was felt that the Council should enter medical research review at the project initiation level. The Council was informed that the Chairman had been given an associate membership on the Medical Sciences Committee of the Research and Development Board. Consideration of a proposed directive to reemphasize the mission of military medical research was postponed at the request of the Department of the Navy member for further study. To be acted upon at the next Council meeting.

XI. Proposed Medical Supply Test, Present Status of (Agenda Item XI).

The Deputy Surgeon General of the Army discussed the proposed medical supply test which is to be conducted as the result of the Department of Defense directive of 17 July 1951 dealing with assignment to a single military department the responsibility for procurement, distribution, and depot maintenance of medical supply items for the three military services. He also discussed the 9 August 1951 Department of Defense directive which dealt with implementation of the above study. The following salient facts emerged from this discussion.

A Medical-Dental Group was established within the structure of the Supply Systems Study Project. The first project assigned to the Medical-Dental Supply Group was the Proposed Medical Supply Support Test.

Several sites were tentatively considered for the proposed test. The Atlanta General Depot was originally proposed and acquiesced in by the Surgeon General of the Army. Later, however, he proposed that the St. Louis Medical Depot be used because he felt the Atlanta Depot would not completely achieve the objectives of the test, as outlined in the Department of Defense directive of 17 July 1951 (paragraph 5c), because of its limited distribution mission. This recommendation was forwarded in a memorandum, dated 28 August 1951, to the Assistant Chief of Staff, G-4.

On 1 October 1951 a meeting of the Munitions Board Supply Systems Study project and assistant project officers was held, and it was decided to reject both the Atlanta and St. Louis sites and carry out the test in the Sixth Army Area at the Alameda Medical Depot. It was felt that a test conducted here would conclusively prove the value of single service distribution for both war and peacetime operations. The test would include support for Zone of the Interior Army, Navy, and Air Force installations, as well as Army and Air Force overseas operations and Navy fleet support. It was pointed out that the Navy Medical Supply Depot at Oakland would be in a position to momentarily resume operations if the test threatened to fail.

The Acting Chief of Naval Materiel, in memorandum, 3 October 1951 to the Chairman, Munitions Board, non-concurred with the site selection of Alameda Medical Depot. This non-concurrence was based upon the undesirability of assigning medical logistic support for the Pacific Fleet to the Army and the assumption that Alameda Medical Depot is not

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in a position to accept an additional workload due to the recent relocation from the Oakland Army Base. The memorandum further stated, "That there should be no segregation of the service stock of the depot conducting the test and that the Navy should be entirely dependent on the Army depot for its logistic support of medical supplies."

The Munitions Board, in memorandum for the Chief, Supply Division, Assistant Chief of Staff, G-4, 3 October 1951, which inclosed a copy of the 3 October 1951 Navy memorandum, stated that the 6th Army Area had been selected as the site for the Munitions Board approved Medical Supply Support Test and directed that the Alameda Medical Depot would conduct the test. The general plan for the conduct of this test indicated that Alameda Medical Depot would support all military installations in the 6th Army Area, Alaska, and overseas, including fleet units. A separate stock account (S) would be established thereat for Navy stocks. The test would extend over a period of approximately seven months commencing 15 November 1951 on a limited basis with an operational test to commence on 15 February 1952.

The Surgeon General of the Army on 9 October 1951 forwarded another memorandum to the Assistant Chief of Staff, G-4, which stated the Surgeon General's position regarding the proposed test. The principles enumerated are as follows:

- a. The test should in no way affect the ability of the three medical services to discharge their primary mission of providing medical care for the sick and wounded. ✓
- b. A thorough study should be completed to develop procedures and overcome problem areas. Upon completion of this initial phase complete plans for an operational test should be formulated and objectively analyzed to determine that the Department of Defense Supply Systems Study Project objectives will be met. In the event that it is determined that the objectives can be met, it is desired that approval of the Joint Chiefs of Staff be obtained prior to initiation of a full scale operational test. ✓
- c. Common ownership becomes inoperable during a period of national emergency; therefore, separate Navy stock account (S) should be established at the test depot.

This memorandum was returned on 11 October 1951 with a statement indicating the Assistant Chief of Staff, G-4, understood the Surgeon General had concurred in the conduct of the test at Alameda with a target date of 15 February 1952. This memorandum inclosed a copy of the Assistant Chief of Staff, G-4's, memorandum for the Director, Supply Systems Study Project, Munitions Board, dated 11 October 1951, which concurred in the designation of Alameda as the test site and outlined the Army concept of the test procedures.

In reply to the 11 October 1951 memorandum from the Assistant Chief of Staff, G-4, The Army Surgeon General forwarded another

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memorandum on 22 October 1951 which re-stated that the Army Medical Service could not support a test at Alameda Medical Depot unless stocks are made available from Navy sources, either by central procurement or from existing naval stores. "The Army has neither budgeted for nor received stock for the proposed additional logistical responsibility." Existing Army stocks are not sufficient to support the proposed additional logistic responsibility. Therefore, Navy stocks or funds must be provided to procure and store the computed requirements for the Naval distribution area at the Alameda Medical Depot prior to initiation of a full scale test. Further, the Surgeon General requested he continue to be afforded the opportunity to study and make comments relative to all operational details developed prior to initiation of the test and that operational or command directives regarding the test be forwarded to his office for implementation.

In view of the fact that the proposed test involves the supply of large numbers of troops of the three services, including all the troops engaged in combat, the execution of this test which includes certain changes in established supply procedures is potentially dangerous. Failure to supply these troops is inconceivable. Consequently, the plan must have as its first and paramount aim the continuation of uninterrupted logistic support. Efficiency, economy, and supply theory must be definitely placed in second priority. Furthermore, the plan must include provisions to terminate the test promptly should signs of failure of logistic support develop.

The Surgeon General of the Army has taken the position that he must be satisfied that the plans are workable prior to the initiation of the test. ✓

XII. Approval of Plans for 250-500 Bed Hospitals for Construction, Fiscal Year 1952 (Agenda Item XII).

The Council approved the plans for the 250-500 and 500-1,000 bed permanent type hospitals to be constructed under the Public Works Program for Fiscal Year 1952, with the provision that changes in these plans to meet local mission and climatic or terrain factors are permissible. These plans were finalized on 5 October 1951 by the Task Group for Development of Design Requirements and Construction Standards for Military Hospitals of the Munitions Board. They constitute the basic plans for construction of permanent type facilities of the bed capacities indicated. In addition, the Council approved the construction of a chapel, which is to be used also as a professional staff conference room and will be a part of the above permanent type hospitals, subject to the approval of the Chiefs of the Chaplains Corps of the Army, Navy, and Air Force.

XIII. Approval of Air Force Dental Clinics - FY 52 (Agenda Item XIII).

The preliminary plans for the three basic sizes of Air Force dental clinics in the FY 52 program, as submitted by the Department

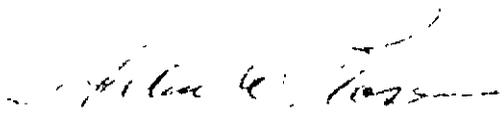
of the Air Force, were approved by the Council. These plans were developed on the basis of 108 square feet per dental operating room and met with the approval of the dental member of the Armed Forces Medical Policy Council, Dr. James P. Hollers, and the Bureau of the Budget.

XIV. Discussion of Army Medical Library (Off Agenda).

General George Armstrong advised of informal discussions with Mr. McNamara incident to a new Armed Forces Medical Library building since the Secretary of Defense has decided that the Library is to be retained in the Department of Defense. He (General Armstrong) gathered that Mr. McNamara feels that a national medical library supported by the federal Government and other interested medical agencies should actually evolve.

Mr. McNamara stated that the Bureau of the Budget intends to make an independent study of the entire library question after the Bureau of the Budget receives official information of the stand taken by the Secretary of Defense. It was suggested to the Chairman, and he agreed, that he would discuss this matter with Mr. McNamara at a very early date and urge Mr. McNamara to undertake the above-indicated study without delay.

The next meeting of the AFMPC will be on 26 November 1951 at 0930 hours - Room 3A-918.



Hilton W. Rose
Captain (MC) USN
Executive Secretary