ARM1.941121.005

For use of this form, see AR 340-15; the proponent agency is The Adjutant General's Office.

REFERENCE OR OFFICE SYMBOL	SUBJECT
MCDJA	H. J. Res 453, 91st Congress, a joint resolution "To provide for a study and evaluation of scientific research in medicine in the United States."

TO CLL FROM TSG DATE 8 MAY 1969 CMT 1

A. Naimon/65988/cl

1. Reference is made to your request, 28 April 1969, for either revision of the Army's report (Incl 1) on subject joint resolution in accordance with the Air Force memorandum, 18 April 1969 (Incl 2), or for preparation of a memorandum to OSD requesting a resolution of inter-Departmental differences.

2. The Air Force memorandum makes three suggestions. The first two are suggested changes in the language of the joint resolution rather than in the Army report. LTC Weathersby, AFJAL, in conversation with Mr. Naimon, the Army's action officer on subject joint resolution, agreed to omission of any comment in the Army's report on these two proposed changes in the language of the joint resolution.

3. The third Air Force suggestion was to word the two sentences beginning on page 2, line 7 of the Army's report "in a more diplomatic (but unspecified) way." Agreement was reached between Mr. Ralph Jones, SAFGC, and Mr. Naimon on two sentences to be substituted for the two sentences in question. While the two substituted sentences make essentially the same points as originally made, the language used is in a softer vein. These two substituted sentences have been incorporated in a revised page 2 of the Army report, copies of which are inclosed (Incl 3).

4. A copy of the entire Army report, including revised page 2 (Incl 4), and of subject joint resolution (Incl 5) are also inclosed for ready reference. It is noted that the Department of the Navy interposed no objection to the Army's report on subject joint resolution (Incl 6).

FOR THE SURGEON GENERAL:

6 Incl
as

Robert P. Campbell
ROBERT P. CAMPBELL
Colonel, MC
Executive Officer

WNRC: 17 Nov 94
RG: 112
Accession #73-0014
Box #2
File Name: 402-3 H.J. Res. 453, 91st Congress, 1969
A Joint Resolution To provide for a study and evaluation of scientific research in medicine in the U.S.

OCLL/Legislative Reference/70.1/1

DEPARTMENT OF THE ARMY
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D.C. 20310

25 March 1969

MEMORANDUM FOR: CHIEF OF LEGISLATIVE AFFAIRS
Department of the Navy

DIRECTOR, LEGISLATIVE LIAISON
Department of the Air Force

INFORMATION TO: GENERAL COUNSEL, DEPARTMENT OF DEFENSE
Attn: Director, Legislative Reference Service

SUBJECT: H. J. Res. 453, 91st Congress, a joint resolution "To provide for a study and evaluation of scientific research in medicine in the United States."

Inclosed for coordination is proposed Department of the Army report on subject joint resolution. Subject report is similar to that report submitted to the Bureau of the Budget on H. J. Res. 1233, 90th Congress, a similar resolution.

FOR THE CHIEF OF LEGISLATIVE LIAISON:

Incl
proposed report

JAMES F. SENECHAL
Colonel, GS
Chief, Legislative
Division

OUT
26 MAR 1969
Office Chief of Legislative Liaison

Mr. Jorgen
The Bureau
Attn: Mr. Reimer

DEPARTMENT OF THE ARMY
WASHINGTON, D.C. 20310

Honorable William L. Dawson
Chairman, Committee on Government
Operations
House of Representatives

Dear Mr. Chairman:

Reference is made to your request for the views of the Department of Defense on H. J. Res. 453, 91st Congress, a joint resolution "To provide for a study and evaluation of scientific research in medicine in the United States." The Department of the Army has been assigned responsibility for expressing the views of the Department of Defense on this joint resolution.

The purpose of the Joint Resolution is to establish a National Advisory Commission on Health Science and Society which would undertake a comprehensive study of the legal, social and ethical implications of medical research. Such study would include an analysis and evaluation of the public and private national effort in the field of health science research, including an assessment of current research and a projection of expected future developments and their implications for man and society. The Department of Defense would be required to furnish such materials as are required by the Commission to make this assessment. The Commission would render both interim reports and a final report to both the President and the Congress within three years after its first meeting. Such final report would contain the Commission's findings, conclusions and recommendations, including recommendations for any legislation and administrative action deemed advisable. The Commission or members thereof would be authorized to hold hearings at such times and places as the Commission deems advisable, and each Department and agency of the executive branch of the Government would be required to furnish to the Commission such information as the Commission deems necessary to carry out its functions.

Enactment of the proposed legislation could have significant implications and impacts on Department of Defense programs of scientific research in medicine particularly as they pertain to the national security. Accordingly, membership of the Commission should include at least one eminently qualified individual thoroughly familiar with Department of Defense medical research programs, to be nominated by the Secretary of Defense. Since some of these programs are of a classified or restricted nature, members of the Commission and its staff should not be granted access to classified research projects and other classified information except under applicable Department of Defense security directives and procedures. Further, it is assumed that any hearings concerning classified Department of Defense programs would not be open to the public. Subject to the foregoing, the Department of the Army, on behalf of the Department of Defense, interposes no objection to the proposed legislation.

The enactment of this bill will cause no significant increase in budgetary requirements of the Department of Defense.

This report has been coordinated within the Department of Defense in accordance with procedures prescribed by the Secretary of Defense.

The Bureau of the Budget advises that, from the standpoint of the Administration's program, there is no objection to the presentation of this report for the consideration of the Committee.

Sincerely,

DEPARTMENT OF THE AIR FORCE
WASHINGTON 20330

OFFICE OF THE SECRETARY

April 18, 1969

TELEPHONE MEMORANDUM FOR THE RECORD

SUBJECT: H. J. Res 453, 91st Congress, a joint resolution "To provide for a study and evaluation of scientific research in medicine in the United States."

TELEPHONE CALL TO: Mrs. Pounds, D/Army OLL

The Department of the Air Force concurs in the Department of the Army's proposed no objection report, transmitted for coordination on 25 March 1969, subject to the following:

It is suggested that "except officers and employees of the Federal Government" be inserted immediately following the word "Commission" on line 2, page 5 of the resolution.

On line 5, page 5 of the resolution, after the word "Commission" add a period and begin the new sentence "All members" deleting the word "and".

Further, it is suggested that on page 2, line 7 of the proposed report, the next two sentences be rewritten in a more diplomatic way to say the same thing.

JAMES T. ASHWORTH
Action Officer
Congressional Legislation Division
Office of Legislative Liaison

cc: OSD-GC
D/Army OLL
D/Navy OLA
AFMSPC
AFJALC
SAFGC
SAFMRP

Incl 2.

Honorable William L. Dawson

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The enactment of this bill will cause no significant increase in budgetary requirements of the Department of Defense.

This report has been coordinated within the Department of Defense in accordance with procedures prescribed by the Secretary of Defense.

The Bureau of the Budget advises that, from the standpoint of the Administration's program, there is no objection to the presentation of this report for the consideration of the Committee.

Sincerely,

Enc 3

Washington, D.C. 2 13

Honorable William L. Dawson
Chairman, Committee on Government
Operations
House of Representatives

Dear Mr. Chairman:

Reference is made to your request for the views of the Department of Defense on H. J. Res. 453, 91st Congress, a joint resolution "To provide for a study and evaluation of scientific research in medicine in the United States." The Department of the Army has been assigned responsibility for expressing the views of the Department of Defense on this joint resolution.

The purpose of the Joint Resolution is to establish a National Advisory Commission on Health Science and Society which would undertake a comprehensive study of the legal, social and ethical implications of medical research. Such study would include an analysis and evaluation of the public and private national effort in the field of health science research, including an assessment of current research and a projection of expected future developments and their implications for man and society. The Department of Defense would be required to furnish such materials as are required by the Commission to make this assessment. The Commission would render both interim reports and a final report to both the President and the Congress within three years after its first meeting. Such final report would contain the Commission's findings, conclusions and recommendations, including recommendations for any legislation and administrative action deemed advisable. The Commission or members thereof would be authorized to hold hearings at such times and places as the Commission deems advisable, and each Department and agency of the executive branch of the Government would be required to furnish to the Commission such information as the Commission deems necessary to carry out its functions.

Honorable William L. Dawson

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The enactment of this bill will cause no significant increase in budgetary requirements of the Department of Defense.

This report has been coordinated within the Department of Defense in accordance with procedures prescribed by the Secretary of Defense.

The Bureau of the Budget advises that, from the standpoint of the Administration's program, there is no objection to the presentation of this report for the consideration of the Committee.

Sincerely,

OCLL/Deanie Pounds/70277

DEPARTMENT OF THE ARMY
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D.C. 20310

13 May 1969

MEMORANDUM FOR: GENERAL COUNSEL, DEPARTMENT OF DEFENSE
Attn: Director, Legislative Reference Service

INFORMATION TO: CHIEF OF LEGISLATIVE AFFAIRS
Department of the Navy

DIRECTOR, LEGISLATIVE LIAISON
Department of the Air Force

SUBJECT: H. J. Res. 453, 91st Congress, a joint resolution "To provide for a study and evaluation of scientific research in medicine in the United States."

1. Reference is made to this Department's proposed report on subject joint resolution which was submitted for coordination in the Department of Defense on 25 March 1969.

2. Per agreement between Air Force and Army representatives, the USAF agreed to the omission of any comment in the Army's proposed report on the first two changes recommended by USAF in its memorandum of 18 April 1969. The third USAF suggestion was to reword two sentences in the proposed report so that the same points could be made but that the language used would be in a softer vein. Agreement has been reached on two sentences to be substituted for those in question.

3. OSD clearance on the revised proposed report is hereby requested.

FOR THE CHIEF OF LEGISLATIVE LIAISON:

JAMES F. SENECHAL
Colonel, GS
Chief, Legislative
Division

Incl
Revised proposed report

OUT
13 MAY 1969
Office Chief of Legislative Liaison

DEPARTMENT OF THE NAVY
OFFICE OF LEGISLATIVE AFFAIRS
WASHINGTON, D.C. 20350

In reply refer to
LA-33:lle
CDR Gregory
Ext. 75759

MEMORANDUM

15 Apr 1969

For: Chief of Legislative Liaison
Department of the Army

Subj: H.J.Res 453, 81st Congress, a joint resolution "To provide for a study and evaluation of scientific research in medicine in the United States."

1. The Department of the Navy interposes no objection to the proposed report on the subject resolution enclosed with the memorandum of the Department of the Army dated 26 March 1969.

2. This confirms telephonic clearance of this report by CDR Gregory to Mrs. Pounds on 14 April 1969.

MANS JOHNSTON, JR.
Rear Admiral, USN
Chief of Legislative Affairs

Copy to:
General Counsel, DOD
Dir., LL, Dept/AF

HEADQUARTERS, CHANUTE FIELD
CHANUTE FIELD, ILLINOIS

1/SS/am

22 OCT 1946

SUBJECT: Reevaluation of the Medical Department Research Program

TO: Commanding General
AAFTTC
Scott Field, Illinois
ATTENTION: Surgeon

1. In compliance with directives contained in letter, Headquarters, Army Air Forces, Washington, file AFTAS-60, dated 27 September 1946, Subject: Reevaluation of the Medical Department Research Program, to the Commanding General, Air Training Command, Barksdale Field, Shreveport, Louisiana, Attention: Surgeon, and 1st and 2d Indorsements thereto, the inclosure to basic communication was reviewed, this inclosure being Memorandum, dated 27 August 1946, file MEDDH and Subject: Reevaluation of the Medical Department Research Program, as presently set up in The Surgeon General's Office.

2. Aside from investigation into the newer fields of research brought about by the advent of high altitude flying and atomic warfare, both fields being under consideration in the research program as outlined, there occur to us two clinical entities which have proven to be the source of considerable loss of man hours, namely influenza and low back pain.

3. In connection with influenza, in the late summer and early fall of 1945 an influenza vaccine was utilized for the mass innoculation of troops and was later discontinued. Our personal opinion is derived from conversation with numbers of military personnel, who, like this commentator, are unusually susceptible to common respiratory diseases. The majority of personnel so questioned reported an apparently beneficial result of the innoculation against influenza. In so far as this office is able to ascertain, the directive for discontinuance of that immunization program is still in effect. It may be that this project is included in paragraph 1d under Army Epidemiological Board on page 9 of The Surgeon General's memorandum. While this problem, of course, is not one limited in its application to military personnel, nevertheless, since modern warfare on an all out scale involves not only the military effort but a complete utilization of civilian supporting agencies, the problem is believed to be one of immediate importance and its solution by immunization measures would represent a considerable saving of man hours, both military and civilian.

4. The second project, namely that of low lumbar or sacroiliac back pain is one which has come to the attention of the Surgeon of this station

in that it occasions an appreciable clinical load of investigative procedure as well as therapeutic measures. An interesting feature of this condition which has been noted by us is the relative frequency of its occurrence in younger age groups of military personnel, and particularly its frequent association with spina bifida occulta. While in our experience this problem is not of an equal degree of importance to that presented by influenza, nevertheless, its appearance in persons of such relatively young age groups and its frequent association with spina bifida occulta of very minimal degree appears to us to indicate a problem which could possibly be made the field for both interesting and profitable investigation.

5. The program as set up in The Surgeon General's memorandum appears to be excellently conceived and the above suggestions are offered for inclusion in the project.

FOR THE COMMANDING GENERAL:

F. D. Hutchins

F. D. HUTCHINS
Colonel, AC
Adjutant

72974

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

U.S. ARMY SAVE CONSERVATION PROGRAM

AAF REGIONAL HOSPITAL
MAXWELL FIELD
MONTGOMERY, ALABAMA

L:.C/hr

17 October 1946

Col. William L. Lowell, Jr. M.C.
Acting Deputy The Air Surgeon
Headquarters, Army Air Forces
Washington 25, D.C.

Dear Bill:

Under date of 27 September 1946 you sent copies of the Surgeon General's research program, which I have answered officially in a relatively innocuous manner. I have had no opportunity to prepare specific research or project study forms but personally would like to see additional consideration given to several additional items not shown in the research program. Some of these obviously are not proper research projects but are certainly worthy of experimentation and consideration in organization and administration. The major portion of this letter is constituted by what I had originally intended to be the official reply but then felt it better to bring up these additional items informally whereby you might have a better opportunity of ignoring them.

It is difficult to tell on reviewing the proposals as outlined by the Surgeon General the extent to which investigations are being made relative to the effect of climatic extremes on human physiology, personal comfort and efficiency. It would appear that additional importance should be given this subject with some attempt directed specifically to aids in rapid adaptation to either extreme cold or extreme heat with minimal loss of efficiency or health impairment.

The subject of anoxia apparently is not receiving adequate consideration and while it appears on the surface that this is more particularly a specialized problem of the Army Air Forces, in my opinion it is a general problem and should be given further consideration in general research projects as well as in specialized Army Air Force projects.

During World Wars I and II, particularly during World War II, much attention was focused on the various elements of psychiatry. The present concepts of military psychiatry are confusing and inadequate to provide doctors in the field with sufficient information or principles whereby military psychiatric problems can be adequately solved. There remains a confusion as to what place military psychiatry holds in relation to psychiatry as practiced by the civilian psychiatrist in his dealings with an individual as distinct from the military picture as a whole. Psychiatry remains a strictly individualized procedure in which each psychiatrist is a law unto himself and the general concepts as have been repeatedly promulgated by individual civilian psychiatrists based on their

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individual experiences in the last war have failed to solve the military psychiatric problem.

As a corollary of the psychiatric problem mentioned above, it is believed that continued interest should be maintained in the field of psychological research as it relates to personnel selection, placement, and the maintenance of mental hygiene. This psychological research is as vital in the selection and training of any type of soldier as it is for the airplane pilot.

For a great number of years the Medical Department has adhered to a relatively fixed type of hospital organization as pertains to both professional and administrative services. It is believed that some research should be done or at least experimental hospitals be instituted in which internal organization is altered in some effort to improve the professional services rendered by the Medical Corps officers and to reduce the number of doctors required to adequately care for sick and injured military personnel. At the present time, doctors still are forced to spend large amounts of their time in non-medical activities, particularly in the fields of administration, sanitation, property accountability, personnel training, and non-medical boards. Some hospital should be organized with the principle in mind that all administrative, property and training responsibilities be established by officers other than doctors. In such an organization doctors would be assigned to a hospital with the sole responsibility of treating patients and maintaining appropriate clinical records. In such a hospital no doctor would be considered a ward officer and might conceivably have patients on several different wards whom he would visit in much the same manner as civilian doctors visit their patients in city hospitals. It is a waste of time, talent, and training for a medical officer to be required to spend his time in sanitary inspections, accounting for property, disciplining patients or medical department personnel, or inspecting a post to determine whether or not there is insect breeding or dirty kitchens or latrines. Such a plan would materially reduce the number of doctors required to care for the sick and would allow them additional time to spend in medical laboratories, in medical libraries or in clinical conferences, improving the standard of professional training of the whole Corps. Certainly such a concept is not too radical to be considered.

Closely allied to strictly organizational problems mentioned above would be additional consideration for the standardization of hospital design which apparently has received little attention. The hospital designs that were available for distribution at the outset of the last war were archaic and resulted in a tremendous loss of time and unnecessary expenditure of funds when such designs were forced upon building and contracting agencies

at the outset of the emergency. This cannot be better explained than by the oft-repeated statement coming from the authorities in Washington when a new hospital was being constructed, to wit: "We realize that the design of this hospital is inadequate for your needs; however, we are unable to make any alterations in this basic or standard plan and all we can do is require you to build it exactly as these plans call for and we will provide you immediately with sufficient funds to make whatever alterations you deem necessary for the efficient operation of the hospital". It will indeed be damning if any such condition as this should ever recur in the future.

Finally, further in the line of organization and administration it is felt that some standard policies should be established relative to the care of the dependents of military personnel. The variable policies that exist at different stations create a constant nidus of friction and serve as much as any other one thing to create disaffection for the Medical Department.

No apologies are made for mentioning the above items in a discussion of the professional research program required by the Medical Department to increase its professional and administrative efficiency. We should not ignore the minor procedures that are so necessary in providing an adequate and efficient medical service wherever it is required.

Sincerely yours,

DAN C. OGLE
Colonel, Medical Corps
Staff Surgeon

STATION HOSPITAL

TABM/MSN/eh

OFFICE OF THE BASE SURGEON
McCHORD FIELD, WASHINGTON

28 October 1946

SUBJECT: Medical Research Program

TO : The Surgeon, Fourth Air Force, Hamilton Field, California

The following subjects are suggested for inclusion in a Medical Research Program:

I. LONG RANGE AND HIGH ALTITUDE FLYING

a. Revision of physical standards for flying.

It is generally accepted that in future wars airplanes will fly at much higher altitudes and over much longer distances than in the past. The physical and mental types which stood up best under long range, long distance, and very high altitude offensives against Japan and Germany might well be reviewed and the physical and mental characteristics noted at the selection examination of these individuals be studied and if a sufficient number of noteworthy factors be found common to all that they be incorporated in a special physical and psychological standard for this type of flying duty.

b. Increase of oxygen reserve

Research into some practical method of increasing the oxygen reserve of individuals subjected to long continued low oxygen with depletion of the bodies oxygen reserve is in order. Numerous instances have been reported where death has occurred with startling rapidity in crew personnel subjected to a long period of flying at high altitudes with the demand or other oxygen supply methods after a brief removal of the oxygen supply. Death from strangulation is said to occur in from ten to fifteen minutes. I have been told of deaths occurring within two minutes from absolute cerebral anoxia when a crew member became separted from his oxygen supply for a few minutes after a long period of flight at considerable altitudes. It may be possible to increase the oxygen combining power of the blood and thus prolong the period during which oxygen and artificial respiration may revive the anoxic person. In this connection studies might be undertaken to demonstrate if vital capacity has a direct and significent relation in the matter, and if so, to limit duty in high altitude aircraft to individuals with a proved high vital capacity.

c. Improved insulated clothing

I do not believe that the last word has been said on the matter of adequate clothing for the extreme cold of high altitudes. Research into the feasability of improving the remarkably light weight warm clothing now on the market for hunter and sportsmen insulated with spun glass is suggested. An effective warm glove, one that permits the wearer to work with it on, is a real need.

Incl #2

d. Improved and specially processed food for long range flights

There has been some dissatisfaction, on this base at least, with the kind and quality of food supplied the crews on the long range weather reconnaissance ships. It consisted principally of sandwiches and beverages supplied from the menu of the day. The crews of these airplanes, until recently, were making a daily weather flight 800 miles west from this base. Going out at an altitude of 500 feet and returning at an altitude of 10,000 feet. No particular complaint was made of physical symptons following the use of the more or less standard diet for the base. There was complaint however of the quality and its preparation. It should be possible to develop a number of menu's, specially processed and packed, so that personnel engaged in long range, high altitude work would have a variety of prepared and assembled menu's to choose from which would require heating only for serving. These should be tasty, supply required calories and be non gas forming.

e. Reduction of fatigue from flying

Because of the fatigue from long range high altitude flights, provision might well be made in the future for a specially insulated and heated compartment where off-duty members of the crew might rest in comparative quiet and comfort, reduce the fatigue incident to the flight and arrive relativly fresh and rested in the target area.

II JET PROPELLED AIRPLANES

The "G" effects of sudden and great acceleration and deceleration have been pretty well worked out. However, further research may be in order and is suggested primarily to insure that personnel selected for duty in this type of aircraft are physically fit for it. A limiting age factor should be fixed for operators of this type of aircraft to insure that operating personnel are young enough to have resilient blood vessels, have a very high orthostatic tolerance, and have no disease of the blood vessels. Mild varicosities presently accepted for flying duty should not be permissable for personnel flying this type of aircraft.

III CLINICAL RESEARCH

a. Air Otitis

I have been impressed by the number of applicants for Reserve Training at this base who have had Air Otitis and still have some of its residuals. Research into practical preventative and prophylactic measures would seem to be indicated. This is all the more important in view of the greater likelihood of this disorder in the long range high altitude flights. The course of instruction at The School of Aviation Medicine could be made to include (a) An expert examination of the orifices of the Eustachian tubes for recognition of adenoid or other strictures. Prophylatic and curative treatment (radium) to be instituted if indicated. The record of this examination could be included on an amended AAC Form 64 and be made a part of the standard physical examination for flying to preclude acceptance for flying training of individuals with potential obstruction of these tubes.

b. Combat Fatigue

A study of the physical and psychological entrace examination of individuals who suffered from Combat Fatigue after a limited period of combat duty might disclose some common denominators whereby those prone to develop it after limited actual combat experiences might be detected and eliminated prior to beginning training. It would seem that our large experience with this disorder would provide ample material for studies on this subject.

IV ATOMIC BOMB

The radiation effects of Atomic Bomb victims are generally known to a limited extent. It may be possible to devise light weight clothing of a protective material to eliminate or reduce the radiation effects of Atomic Bombs. This for use not only of aircrews but for others who may be subjected to the radiation effects of these bombs. Lead lined gloves and lead aprons used by X-Ray operators may point the way to a partial solution of this problem. Because of the facts demonstrated by the Bikini tests the Navy Department is probably working on this now. It may be feasible to insulate a compartment against radiation effects of the big long range aircraft which have to fly thru or near the vicinity of Atomic Bomb explosions to which most of the crew could retreat when in the proximity of these rays.

V PLANNING

Although not germaine to this subject it is desired to mention the extreme importance of making such studies and such preparations as is possible to protect the civilian population, and particularly those in the industrilized areas, against both Atomic Bombs and guided missiles.

I believe that every industry essential for a maximum war effort should be required by law to provide real bomb shelters for the protection of the workers. This is a big subject and no more than mention of it can be made here.

Essential industries should be located in hilly or mountainous sections which would permit the construction of large subterranean shelters as less expense than in a more open, flat terrain. A further suggestion is the development of facilities for the treatment and hospitalization of civilian casualties on a large scale in the vicinity of industrial areas.

It is understood that there were 75,000 casualties at Hiroshima. Preparation for the immediate care for any such number of cases staggers the imagination, but when such a catastrophe occurs it has to be done and some planning would certainly work to lessen the difficulty. Very large railway or airborne hospital units complete in every respect, might be devised and assembled ready for transport to points on this Continent when needed for the treatment of mass emergency casualties.

It would be well to plan and have ready for dissemination a brochure or TB Med dealing with the symptoms of atomic bomb casualties and their treatment.

Wood S. Woolford

WOOD S. WOOLFORD
Colonel, Medical Corps