

Cutting the Umbilical Cord: The USAF Medical Service Achieves Independence

By George M. Watson Jr., Ph.D.

The orders that established the USAF Medical Service in 1949 were a product of drawn out negotiations and compromises between the services which began during World War II and continued after the Air Force attained independence in September 1947. (1)

What were some of the divergent views held by the services and their medical leadership? What were the problems encountered by Army Air Forces (AAF) medical personnel in their efforts to free themselves from the technical grasp of the Army?

Arnold's Views

Anticipating post war separate service status for the Air Force, Gen. Henry H. "Hap" Arnold, commanding general, AAF in August 1945 reminded his commanding officers of the importance of the medical service and of, "its position and relationships in the organizational structure of each echelon," within the Air Forces. Acknowledging the tremendous contribution the medical services made during the war, he listed some fundamental principles which he believed essential to the function and operation of the medical service in the AAF. General Arnold recognized that for the surgeon to be responsible for the professional care of the sick and wounded he had to be responsible for the control of the personnel, means, and facilities required for performance of his mission. General Arnold was adamant that nonmedical administrative supervision ought never to inhibit the medical service from doing its job. In addition, he maintained that the commanding officer at each echelon was directly responsible for the character of the medical service and the surgeon was to be his advisor in respect to all medical matters. (2)

Air Surgeon's Concerns

When considering the possible future transfer of Army medical officers to the Army Air Forces, one area that concerned the air surgeon, Maj. Gen. David N. V. Grant, was promotions. He did not want his people to lose seniority because of a transfer, and he wanted medical service positions established that were

equivalent in rank to other Air Force jobs of comparable responsibility and training. General Grant also desired to ensure advancement opportunities to general officer ranks similar to those enjoyed by officers who worked for the surgeon general of the Army. (3)

Post War Medical Planning

Nonetheless, the huge medical operation that General Grant oversaw—consisting of some 65,000 beds in both regional and station hospitals, and 7,500 doctors—was soon to be dismantled. Indeed, for the AAF Medical Service, the period immediately following the war was characterized by a shift in mission from medical care of the sick and wounded to mobilization of the Medical Service. By mid-1946 only 75 hospitals and 6,000 beds remained.

The program for training medical officers in civilian institutions was discontinued and placed entirely in the services general hospital system. A request for assignment of several general hospital installations to the AAF as compensation for the regional system was rejected by the Simpson Board (4) and later by General Eisenhower. The Air Force was not satisfied with the Army being responsible for some of its medical service.

While the Army continued to control the AAF medical functions, interest and planning for a War Department reorganization that would unify the Navy and Army under a single civilian secretary and the establishment of a Department of the Air Force equal in status to the other services provided an opportunity to rethink the medical organization by representatives at the highest levels of government. In preparation for discussions on the subject of independence, the new air surgeon, Maj. Gen. Malcolm C. Grow, who replaced General Grant in January 1946, directed his staff to prepare an organizational concept for the Medical Service within the proposed national military establishment. In January 1947 the air surgeon's positions were presented before the Hall Board (5) which was convened by the War Department to anticipate and reconcile Army and Air Force views on unification before the 1947 congressional hearings on this subject. Some of the basic recommendations of the



THREE WHO SUPPORTED a separate medical service. From left: Air Force Chief of Staff, Gen. Carl Spaatz; Secretary of the Air Force Stuart Symington, and Gen. Hoyt S. Vandenberg all aided the effort to establish a separate Air Force Medical Service. General Spaatz kept the hope alive after the passage of the National Security Act, and with Maj. Gen. Malcolm C. Grow and others was able to convince Symington to support their cause. General Vandenberg would later sign General Order No., 35 announcing the establishment of the Air Force Medical Service. This photo was taken during the spring of 1948 at the time of General Spaatz's retirement and his replacement by General Vandenberg. Photo by DoD.

Mrs. Malcolm C. Grow

We announce with regret the passing of Mrs. Winifred A. Grow, widow of Major General Malcolm C. Grow, the first surgeon general of the United States Air Force. Mrs. Grow died Jan. 17, 1990 at Annapolis, Md. General Grow died at USAF Hospital Andrews, Washington, D.C., Oct. 20, 1960.

Air Surgeon were agreed to by the Hall Board. The new unified defense organization would provide the Air Force its minimum medical requirements. The Air Force would participate in: policy formulation; medical service for troop units and installations; a full professional career for its medical personnel, including high staff positions and general hospital service; an aviation medicine program, and all echelons or branches of medical accompaniment for its personnel. However, the Hall Board clearly stated that independence did not mean that the Air Force could set up separate special services, such as its own medical corps. There was to be no duplication in the general hospital or medical supply system. This meant that general hospitals for the Army and the Air Force under the policy control of a joint medical agency of the Joint Chiefs of Staff would be operated by the Army, with the Air Force furnishing a proportionate part of the staff and command personnel. . . . (6)

As expected, General Grow had some reservations about the proposed status of the AAF medical profession under unification. He clung to his often expressed position that the Air Force Medical Service in the unified department must be awarded a recognition in keeping with its specialized mission and the professional character of its composition. General Grow argued that it would be doubtful that the American Medical Association would professionally recognize the Air Force Medical Service if it were not accorded legal status as a corps or department within the Air Force. He noted that medical departments were legally authorized in the Army and the Navy. Thus he questioned whether common legislative programs sponsored by the unified department would be applicable to the Air Force Medical Service if it did not enjoy the same status as the Army and the Navy medical departments. He further maintained that the Air Force Medical Service had to be as attractive as the Army and the Navy to compete for qualified professional personnel. The general believed, however, that any thinking physician would opt for a service whose composition and mission were legally recognized. In addition, General Grow thought that the independence of action in the professional field which was necessary for medical officers employed by the government services might be open to serious question if the Air Force Medical Service were not granted legal recognition. Finally, General Grow called for appropriate legislation that would authorize a medical department within the United States Air Force. (7)

In addition to Medical Corps members, there were other AAF personnel who favored a separate medical service when the Air Force achieved independence. Maj. Gen. Hugh J. Knerr, who was a member of the Hall Board, thought that the War Department's technical services were trying to keep the Air Force dependent upon them after unification. Army Chief of Staff Dwight D. Eisenhower, hearing

of the AAF's fears of not having sufficient War Department support, reminded the commanding general of the AAF, Gen. Carl Spaatz, of their earlier agreement regarding separate services for the Air Force: (8)

"I have repeatedly stated that if there develops an intention either in Congress or elsewhere to set up such completely separate special services, I will oppose the whole plan with all the emphasis I can possibly develop. In this you have agreed with me unreservedly, and yet it appears that many others interpret certain features of the Hall Board report as announcing such an intention."

General Eisenhower was particularly disturbed about the AAF Medical Corps. While he endorsed the consolidation of medical organization, he opposed the specialization of aviation medicine. The focus of Eisenhower's effort was to avoid duplication wherever possible. He thought that any attempt to assign specialized personnel to the Air Force should come from the secretary of national defense.

Eisenhower conferred with General Spaatz, who reaffirmed that he had every intention of adhering to their agreement on separate services. For Gen. Spaatz and other Air Force leaders, independence for the Air Force was the most important objective, and compromises could be worked out after the attainment of that goal.

General Hall told Eisenhower that the intention of his study effort was to avoid duplication and to advocate cross-servicing and cross-procurement. General Hall added that the board had called for organized medical service for troop units and installations while one department operated the general hospital and medical supply systems. Nevertheless, to quiet the protestations of Eisenhower and Secretary of War Robert P. Patterson, General Hall recommended that a statement be attached to the report that read: (9)

"In no case will this report be interpreted to violate either of these basic provisions: (1) The Air Force will not set up additional technical services as an immediate result of unification; and (2) Service support of the Air Force by the Army will continue following unification with the understanding that the secretary of national defense will effect such changes in services as later prove desirable."

The word that promised some hope for the Air Force to establish its own services was "immediate." Nevertheless, for the foreseeable future General Spaatz directed that the Air Force follow the dictates of the Hall Board report when planning for unification. (10)

Struggle For Autonomy Continues

The National Security Act of 1947, which was a compromise among the services to achieve a centralized national military establishment under a civil-

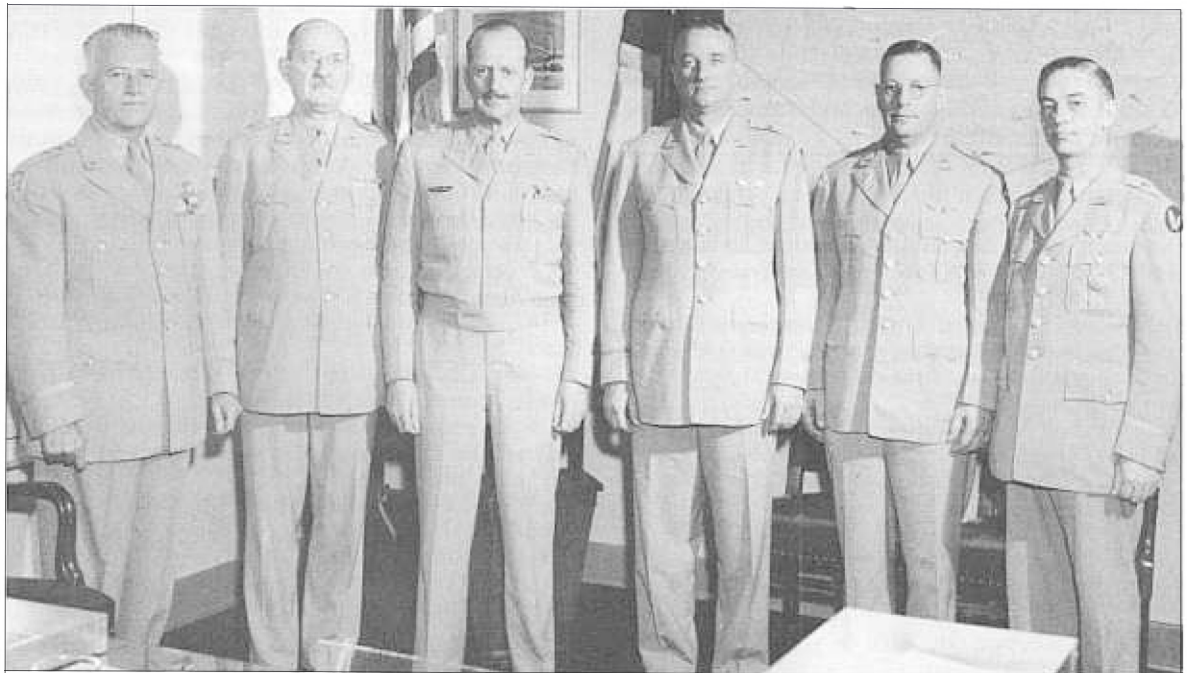
ian secretary of defense, and attain equal status for the Air Force with the Army and Navy, did not address the problem of medical organization. The Air Force Medical Service did not like its status as an appendage of the Army Medical Service and made its position clear: (11)

"The Air Force has not attained parity so long as an operational veto remains in the hands of the Army, whose failure or inability to provide the medical attendance required by the Air Force in emergencies might jeopardize the mission of the latter arm . . . it is difficult to minimize the effect of the present organization upon the morale of these medical officers who have served with the Air Force and contributed so much to the advancement of aviation medicine."

Nonetheless, after assuming office, Secretary of Defense James Forrestal established an interdepartmental medical committee composed of the Army and Navy surgeon generals, the air surgeon and one civilian physician, Paul R. Hawley (12), to study the three medical services and recommend any appropriate changes. Sensing that this committee provided an opportunity to reopen the organization question for his service, General Grow wrote to Stuart Symington, the first secretary of the Air Force, to solicit his support for a separate medical service. General Grow flatly stated that the Air Force required a medical service worthy of the "splendid organization it is to support," a medical service designed to "fit into airplanes," and cope with the medical problems of the flier. He did

not believe the Army Medical Department was prepared or even willing to meet this requirement and recommended a departure from any course of action which would deny establishment of an Air Force Medical Service. (13) In his more specific presentation before the Hawley Board, as the Subcommittee on Medical and Hospital Services of the Armed Forces was subsequently called, General Grow while again calling for an independent medical segment within the United States Air Force, also wanted Forrestal to initiate a transfer order that would equitably divide the personnel, material, installations, and funds of the Army Medical Department between the Army and the Air Force based on the command strengths of the two arms. (14)

By mid-1948, Air Force support for a separate medical service was almost universal. In September 1948 Secretary Symington recommended to Secretary of Defense Forrestal that the medical services should be a unified pattern of operation. The air secretary suggested that the operation of general hospitals, procurement of medical supplies and other functions which lent themselves to common service should be unified under control of the secretary of defense. Symington believed each department should operate its own medical elements and participate on a parity basis in all phases of medical services. The air surgeon expressed his views before both the Voorhees and Eberstadt Committees of the Hoover Commission which was called to study the organization of the



KEY FIGURES in the Air Force Medical Service: From left: Maj. Gen. Malcolm C. Grow, Brig. Gen. George R. Kennebeck, Maj. Gen. Harry G. Armstrong, Brig. Gen. Dan C. Ogle, Brig. Gen. Albert H. Schwichtenberg and Brig. Gen. William H. Powell Jr. Photo by DoD.

executive branch of the government. The position of a separate Air Force Medical Service was approved by both committees. Then direct negotiations by representatives of the surgeon general and the air surgeon resulted in the establishment of a separate Air Force Medical Service in June 1949. Under the agreement the new medical service could determine its own medical requirements; provide for a program of base level and troop unit medical service, worldwide; participate in manning and administering medical technical service activities operated by the Department of the Army, including the Army general-type hospital system; and be responsible for conducting an aviation medicine program, to include an aeromedical center. Subsequently, six corps components of the USAF Medical Service were established—Medical, Dental, Veterinary, Women's Medical Specialists, Nurse and Medical Service. (15)

To achieve independence in 1947 the Air Force had to make compromises. One included accepting Army control of its medical service. It took the Medical Service two additional years to separate from the Army. Persistence can best characterize its efforts to attain that goal. Members took every opportunity to expound their belief in the essential importance of a separate medical service, and convinced the Air Force leadership of the soundness of their views. ¶

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Ed. note (General Arnold, who earned his nickname, "Hap" at the U.S. military Academy, is considered the father of the Air Force. General Arnold assumed command of the Army Air Corps at the start of World War II. He died in Sonoma, Calif., in 1950.

References

1. The orders that created the USAF Medical Service were General Order No. 35 of 8 June 1949, and Transfer Order No. 36 of 12 May 1949.
2. AAF Letter 25-74, H.H. Arnold, commanding general, Army Air Forces to commanding general, Major AAF Commands, Subject: Relation of the AAF Medical Service To Command, 20 August 1945.
3. Memorandum for chief of air staff from Maj. Gen., David N. V. Grant, the air surgeon, 25 September 1945, Subject: Integration of Medical Department Officers into the Regular Air Force.
4. Lt. Gen. William H. Simpson had commanded the U.S. Ninth Army in World War II. The board he chaired was tasked in late 1945 to examine into the War Department organization. The board was deliberately weighted against the Army Service Forces. Its members were drawn chiefly from technical services and from General Eisenhower's staff. They opposed continuance of Army Service Forces because they felt it had become far too large and had wielded excessive power.
5. The Hall Board was named after its chairman, Army Maj. Gen. William E. Hall.
6. *Report to Chief of Staff United States Army on Army and Air Force Organization Matters Under Unification*, Hall Board Report, January-March 1947, pp. 64-67.
7. Memorandum for the Air Judge Advocate: AC/AS-1, from Maj. Gen. Malcolm C. Grow, the air surgeon, 14 March 1947, Subject: Integration of Medical Department Officers.
8. Memo for Gen. Carl A. Spaatz, CG, AAF, fr General Dwight D. Eisenhower, CSA, Mar 21, 1947, RG 340 (SAF), Air Bd. Gen File, 1945-1948, Box 12, National Archives.
9. Hall Board Report, *Op. Cit.*; See also, Herman S. Wolk, *Planning and Organizing the Postwar Air Force 1943-1947*, (Washington: Office of Air Force History, 1984), p. 196.
10. Memorandum for General Upston, deputy, AC/AS-1, from Maj. Gen. Malcolm C. Grow, the air surgeon, 8 July 1947, Subject: Integration of the Professional Corps; Memorandum for General Grow from Maj. Gen. I. H. Edwards, USA, AC/AS-1, 11 September 1947, Subject: Integration of the Professional Corps.
11. Quoted from Herman S. Wolk, *Planning & Organizing the Postwar Air Force*, *op. cit.*, p. 203, quote attributed to Lt. Col. Hayden W. Withers, Ch/Plans Br, Med Plans and Svs Div, Ofc of Air Surgeon, in a memo to Mr. Garver, subject Medical Service for the United States Air Force, December 12, 1947.
12. Dr. Hawley retired from the United States Army Medical Corps as a major general. When called from retirement to serve as chairman, he was the secretary of the American College of Surgeons. While Hawley's committee did not present its final report until July 1949, it served as a sounding board for medical planners to work on solutions of complex command and logistical problems.
13. Memorandum for the Secretary of the Air Force, from Maj. Gen. Malcolm C. Grow, the air surgeon, 3 January 1948, Subject: Medical Service for the United States Air Force.
14. Maj. Gen. Malcolm C. Grow presentation before the Hawley Board in March 1948.
15. Point paper on, The Medical Service and its Relationship with the USAF, on file in the Office of Air Force History under microfilm reel No. K1117, Call No. K141.282-1 May 1948-November 1949, Frame No. 1120.