

HEADQUARTERS, ARMY AIR FORCES
WASHINGTON

AAF LETTER 25-74

20 AUGUST 1945

SUBJECT: Relation of the AAF Medical Service to Command

TO: Commanding Genreals, Major AAF Commands
Commanding Generals and Commanding Officers, Independent AAF Activities
Commanding Generals and Commanding Officers, Subordinate AAF Commands and AAF
Divisions, Wings and Districts
Commanding Officers, AAF Base Units (not included above)

1. The contribution of the AAF medical service under the Air Surgeon to the war time record of the AAF has been so important that I wish to set out clearly fundamental principles essential to the function and operation of the medical service of the AAF. There must be full and intelligent awareness of our responsibility for and the importance of our medical services and of its position and relationship to the organizational structure of each echelon.
2. These fundamental principles are as follows:
 - a. Responsibility for professional care of the sick and wounded is vested only in the Surgeon.
 - b. In order that that responsibility may be fully carried out in the manner required by the best interests of the AAF the surgeon must be assured of the personnel, means, and facilities required for the performance of the mission.
 - c. Professional control of the medical service, including required personnel, means, and facilities must be maintained through technical medical channels.
 - d. Nonmedical administrative supervision must never be permitted to inhibit full prosecution by the medical service of its assigned responsibilities.
 - e. The commanding officer at each echelon is directly responsible for the character of the medical service and the surgeon is his advisor in regard to all medical matters.
 - f. The commanding officer at each echelon must therefore avail himself continuously of direct access to his surgeon and must in turn be directly accesible to his surgeon on all matters whenever either shall deem it advisable.
3. For the sake of efficiency, routine nontechnical administrative business of the medical service will normally be coordinated with the chief of a general staff division or an assistant to the commanding officer. No such required coordination or administrative supervision will, however, be permitted to impair the full effectiveness of the above principles.

SIGNED

H. H. ARNOLD
Commanding General, Army Air Forces