

DEPARTMENT OF THE AIR FORCE
OFFICE OF THE CHIEF OF STAFF
UNITED STATES AIR FORCE
WASHINGTON, D.C.

[Late 1948]

MEMORANDUM FOR THE CHIEF OF STAFF, UNITED STATES ARMY

SUBJECT: Medical Service

1. The Department of Air Force position on medical attendance for the United States Force has been expressed in Mr. Symington's memorandum to Mr. Forrestal of 22 September 1948, subject, "Medical Service" (Inclosure No. 1). This position has been further elaborated in the brief (Inclosure No. 2) and detailed (Inclosure No. 3) presentation of the Air Surgeon made before the Eberstadt Committee of the Hoover Commission.

2. The Air Force position on medical service involves the adherence to two principles of sound business management which, if implemented, would promote both economy and efficiency in the provision of medical attendance for the National Military Establishment.

a. The principle of tripartite policy control of the service common aspects of medical attendance from the interdepartmental level. The recent action of the Secretary of Defense in establishing the Armed Services Medical Advisory Committee (Inclosure No. 4) represents a significant initial step in the elaboration of an interdepartmental mechanism with tripartite-service representation which is authorized to deal with the common service aspects of medical attendance. The working arrangements for the application of interdepartmental medical policy control will doubtlessly be implemented by the Secretary of Defense at his discretion from time to time and with the assistance of the committee.

b. The principle of service identification of medical attendance at the operating or major force level. The provision of adequate medical service for each major force necessitates the existence of service identified medical components responsive to major force command control. The Army and Navy are already legally endowed with such intrinsic medical services; the Air Force requires a similar but less extensive medical segment. This organic medical component must be provided with the minimum legal authority necessary to permit the Air Force to determine its requirements for intrinsic medical service, to procure medical personnel for the support and operation of its

(Memo for Chief of Staff, U. S. Army)

approved program, to participate upon a parity basis in all of the common phases of medical endeavor, to provide station level and troop unit medical service throughout the Air force worldwide, and to conduct specialized care-of-flyer and aeromedical research programs, including the development of an aeromedical center.

3. The establishment of an organic medical component within the Department of the Air Force is a necessary corollary to the implementation of those two principles. The authorization of such a component would supplement the concept of the tripartite approach to the service common problems of medical attendance at the interdepartmental Level, in that provision is made for parity participation by the Air Force in their resolution, thus assuring the flexibility of the medical service in support of the distinctive missions of the three Departments upon the basis of Service-identified medical attendance operating under tri-partite policy control.

4. This desirable end can be accomplished without the necessity for altering Army command and ownership of Army Medical Department Class II installations and activities. Our plea for medical service, as incorporated in the attached proposed memorandum of agreement (Inclosure No. 5, initial Adjustment Regulation (Inclosure No. 6), and Transfer Order (Inclosure No. 7) would provide for the establishment within the Department of the Air Force of a medical segment through the extension to the Department of the Air Force of appropriate Army Medical Department legislation (obviating the necessity for new legislation), through the transfer to the Department of the Air Force of these Army Medical Department personnel currently on duty with the Air Force, and through the transfer to the Air Force of certain troop basis spaces in Army Medical Department Class II installations enabling the Air force to participate in their operation and training programs (these installations continuing under Army ownership and command).

5. It is recommended that the Department of the Army afford consideration to these proposals of the Department of the Air Force to the end that the joint memorandum of agreement may be approved by the two Departments together with the Transfer Order and the Adjustment Regulation, for transmittal to, and implementation by the Secretary of Defense.

7 Incls
As stated
Above
[not included]

HOYT S. VANDENBERG
CHIEF OF STAFF, UNITED STATES AIR FORCE