

Headquarters
49th Tactical Fighter Wing (USAF)
UNITED STATES AIR FORCE
APO 123, US Forces

1 August 1960

MEMORANDUM FOR: Office of the Surgeon, Headquarters 17th Air Force

THRU: Commander, 49th Tactical Fighter Wing

SUBJECT: Organizational Position, Director, Base Medical Services

PROBLEM:

1. The ambiguous command status of the Director, Base Medical Services should be clarified by designating him as a Wing Deputy Commander for Base Medical Services.

FACTORS BEARING ON THE PROBLEM:

2. Facts

a. The Director, Base Medical Services exercises both staff and command functions.

b. The Director, Base Medical Services is the only staff officer who is both a commander and a staff member.

c. The Base Medical Service is a function which affects all aspects of the wing/base operation.

d. The Base Medical Service has separate budget program, funds, base level supply as well as a separate unit supply.

e. The Director, Base Medical Services acts for the wing/base commander in all matters pertaining to the medical mission.

f. The Director, Base Medical Services manages all base and medical resources required to carry out the medical mission.

g. The Director, Base Medical Services provides operational control for implementation of medical portions of the base disaster and survival plans.

3. Assumptions

- a. That there will be no essential change in the basic medical mission in the near future.
- b. That command function of the Director, Base Medical Services will be limited to medical personnel.
- c. That problems of communication and coordination will continue if the ambiguous status of the Director, Base Medical Services is not clarified.
- d. That, by definition, command and staff are pure functions and an overlap creates confusion, ambiguity and complications.

4. Criteria

- a. Does this change involve additional personnel or expenditures of funds?
- b. Does this change involve major organizational changes?
- c. Does this change create any new problems?
- d. Is it workable at all levels of a Wing/Base organization?
- e. Does it violate basic doctrine?

5. Definitions

- a. Command: The exercise of leadership and power of decisions over persons, units or forces to effect units of effort in carrying out a mission. The authority arising from exercise of leadership. The status of authority held by an officer in charge of and responsible for an unit.
- b. Command element: An element in the command echelon of an organization that exercises command.
- c. Staff: A group of officers who assists the commander in his exercise of command. "The staff proper, which serves without power of command."

d. Staff element: An element in a staff organization not considered to have command functions.

DISCUSSION:

6. Introduction

a. The problem hinges on the definition of command and staff. The Director, Base Medical Services has a duality of roles - both as a staff officer and as a commander. His position on all wing/base organizational charts is such that the staff role is overemphasized and his command role underemphasized.

b. A comparison of the Base Medical Service with other staff offices reveals the incongruity of the situation. Other staff offices, at their largest, consist of two to eight individuals, whereas at the 49th Tactical Hospital the base medical services consist of 21 officers, 23 civilians, and 67 airmen for a total authorized command of 106. This is a small command element but an excessively large staff element. Generally, this situation prevails at all USAF bases.

c. The Director, Base Medical Services is the officer directly responsible to the Wing/Base Commander for the entire scope of the Base Medical Service. Any functional overlap with other areas is concerned only with items and situations peculiar to the medical service. The Director, Base Medical Services must present a separate medical budget, deal with separate medical funds (478) and operate a separate base medical supply (AFM 67-1) and separate unit supply.

d. It can be seen from an examination of the organizational charts that the basic organization of the base medical service parallels that for the directorates of Material, Operations, and Services. A Medical Hedronsec is established for command of assigned airmen and there are

similarities in all the other functions.

e. Part of the current confusion can be traced to a failure of other staff and base personnel to fully comprehend the expanded and expanding role of the Base Medical Service.

f. The scope of medical service extends far beyond the old basic service of "holding sick call". The expanding role of Air Crew Effectiveness, Industrial Health, Preventive Medicine, Veterinary Service, etc., plus the involvement in operational problems of nuclear safety, radiological defense, MMPNC, etc., brings the medical service into contact with all levels of command. And it is for this reason that all confusions regarding organizational level, authority, scope of responsibility, etc., should be dispelled. The prestige and command effectiveness of the Director, Base Medical Services would be greatly enhanced by proper recognition of his proper position in the organizational structure.

g. The Director, Base Medical Services has responsibility for the entire scope of the medical mission. However, due to his position in the staff element, he must carry out his responsibility only through the medium of "advising" the commander. A realignment which would emphasize that he speaks "for the commander" in all matters pertaining to the medical mission would serve to strengthen his responsibility with concomitant authority.

7. List of possible solutions

a. Continue the present organizational arrangement with ~~reempha-~~sis of the command role of the medical service with emphasis placed upon the use of the term Director of Base Medical Services, rather than a

commonly and incorrectly used title "Wing Surgeon".

b. Place the Director, Base Medical Services into the position of a wing deputy commander for medical services.

8. Tests: The past history of military medical services reflects long experience in the utilization of "Surgeons" in staff roles. The problems generated from this lack of recognition of command responsibilities given to the surgeon has created confusion to the extent that it is the general consensus of most medical personnel that a continuation of the present structure is far from ideal.

CONCLUSION:

9. The new role of the Director, Base Medical Services and the medical service itself demands that the old concept of a purely staff agency be scrapped in favor of one more in line with the realities of the current operation. An attempt should be made to place the base wide medical service and the Director in an organizational alignment that will permit other line and staff officers to view them in their proper perspective. The operational responsibilities of the Director, Base Medical Services require him to deal with fellow commanders at an equivalent level and to speak for the Wing/Base Commander in all matters relative to the medical mission.

ACTION RECOMMENDED:

10. That a test wing/base organization be modified to include the Director, Base Medical Services as a wing deputy commander for medical services. This will involve no additional expenditure of funds or shifts of personnel on the base or within the organization structure. It will,

in fact, merely give official recognition to a working relationship
currently in being.

4 Incls

1. Tab A

2. Tab B

3. Tab C

4. Tab D

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Major, USAF (MC)

Director, Base Medical Services

Authority, Director of Base Medical Services

1. AFM 160-20 states "For economy and efficiency, the Director, Base Medical Services manages all Air Force medical resources located on or satellite to an Air Force Base".
2. AFR 160-105 states "Director of Base Medical Services is responsible to the USAF Base Commander for management of base medical resources which include the manpower, funds, material and property of all elements of the medical service. The mission of the medical service is to provide support, medical care and treatment, aviation medicine, veterinary service and dental care for all personnel. The Director, Base Medical Services will manage all base medical resources and control all personnel required to carry out his mission, without regard to their organizational assignment.
3. AFR 160-105 states the specific responsibilities of the Director, Base Medical Services as follows:
 - a. "Supervising and directing the utilization of the base medical resources."
 - b. "Assuring proper programming and budgeting."
 - c. "Having knowledge of the medical requirement placed upon tactical units by the "Final Operational Plan" (AFR 5-47) when personnel of such units are under his operational control."
 - d. "Insuring that the training of personnel is carried out so as to reach and maintain the proficiency prescribed by the parent command and by USAF directives."
 - e. "Preparing the medical portion of base plans, including emergency war plans, defense plans and disaster control plans. Providing oper-

ational control for the implementation of disaster and survival plans by local military medical resources. Insuring close liaison with other staff activities and local civilian medical agencies."

f. "Recommending to the base or installation commander the scope of medical services to be furnished."

g. "Acting for the base or installation commander in matters pertaining to the base medical mission."

h. "Advising the base or installation commander on the health of personnel."

Fiscal

1. P-478 and P-479 funds are controlled and allocated by medical staff offices of higher headquarters.
2. Justification of proposed medical budgets to higher headquarters, rests with the Director, Base Medical Services.
3. Programming within the medical P-478 budget requires:
 - a. Payment for TDY of medical personnel (including MATS required on PCS) and patient referral.
 - b. Transportation of coal and certain items of medical supplies and equipment.
 - c. Reimbursement to the base for telephone service.
 - d. Monthly payment for electricity used within medical facilities.
 - e. Reimbursement to the base for maintenance or minor modifications accomplished within the medical facility.
 - f. Monthly payment for laundry service received.
 - g. Reimbursement to the base for maintenance and replacement parts required in maintaining medical vehicles.
 - h. Payment of civilian employees working within the medical facility.
 - i. Payment for all gasoline, oil, and coal required in the operation of medical facilities or vehicles.
 - j. Payment for all medical Air Force clothing supplies required by the base medical facility.
 - k. Payment for all medical and Air Force equipment.

4. Programming within P-479 and P-341, the Director, Base Medical Services is required to submit the requirements, justification and defend before the construction review board, for major repair, modification and/or construction required within the Base Medical Facility.

5. The Director, Base Medical Services is responsible for programming for 57X fund required in the purchase of supplies and equipment from Log Terminal.

Coordination

1. Areas of interest and communication between the medical service and base function include but are not limited to the following:

- a. Seriously ill and deaths (Personnel and Organization)
- b. Operational plans - EWP, NEO, etc., (Operations, Materiel, Services and Wing Staff).
- c. Air Crew Effectiveness Program (Wing)
- d. Base Nursery Operation (Services)
- e. Battle Staff - multiple coordination at all levels to include casualty reporting, support, radiological defense, disaster control, etc.
- f. Preventive Medicine - Base Engineer, Material, Services, Operations, all aspects of Industrial and Occupational Health.
- g. Physical Fitness Program (Wing)

Medical Materiel

The Director, Base Medical Services is responsible to establish and supervise a numbered stock record account, AFM 5621, for medical materiel which consists of the following integral sections:

1. Requirements and Administration Section - subdivided as follows:

a. Base Single Manager for Medical Materiel.

b. Medical Dental Stock Fund.

(1) Administration and Management of 57X Funds. (Supplies and Equipment.

(2) Accounting procedures.

c. Requisitioning and purchasing of supplies and equipment.

d. Planning and budgeting of funds (57X).

e. Files and records.

f. Reports in excess reports, stock status, WRM and retention etc.

2. Stock Control Section - subdivided as follows:

a. Procurement:

(1) Local - by requisitioning

(2) Foreign - by requisitioning

(3) Domestic - by requisitioning

b. Purchasing and Contracting:

(1) Petty cash (57X Funds and 478 Funds)

(2) Purchase request (57X Funds and 478 Funds)

(3) COD

(4) Certificate of acceptance

c. Stock Fund Sales, P-478 Funds:

(1) Supplies

(2) Equipment

d. Accounting:

(1) Budgeting

(2) Obligations

(3) Commitments

e. Editing:

(1) Authorization

(2) Expenditures

f. Vouchers and Voucher Register:

(1) Depot Receipts

(2) Issues

(3) Vendors Receipts

(4) J.A.V.'s

(5) Out shipments

(6) Non Stock Fund

(7) Plant Account Transfers

(8) Destruction and R & M

(9) Return from users

(10) Certificates

g. Stock Records: Postings, categories and dates)

(1) Receipts

(2) Issues

(3) Repairables

(4) Suspensions

(5) WRM

- (6) MMPNC
- (7) Dates Items
- (8) Operating
- (9) Economical Retention
- (10) Excess
- (11) Salvage and R & M
- (12) Inventory

3. Plant Account Section - subdivided as follows:

a. Medical UAL:

- (1) Allowances
- (2) Justifications
- (3) Change Requests
- (4) Maintenance and Records

b. AF Forms 90-A.

- (1) Postings
- (2) Certificates
- (3) Custody Receipts
- (4) Maintenance

4. Seaweed Section:

a. WRM:

- (1) MRAL's
- (2) Supplemental listings
- (3) Records and reports
- (4) Storage and Maintenance

b. MMPNC:

- (1) Phase I

- (2) Phase II
- (3) Phase III
- (4) Phase IV
- (5) Records and Reports
- (6) Storage and Maintenance

5. Storage and Warehouses - subdivided as follows:

- a. Receiving and classification
- b. Loose Issue
- c. Bulk storage
- d. Shipping
- e. Repairable Whs
- f. Minimum security
- g. Hazardous storage
- h. Vault storage

6. Medical Maintenance - subdivided as follows:

- a. Hospital Engineering
- b. Work orders
- c. Construction
- d. Modifications
- e. Repair shop
- f. Spare parts