

REORGANIZATION OF THE ARMY MEDICAL DEPARTMENT

DURING fiscal year 1973, reorganization of the Army Medical Department was approved and implemented. Most implementation actions were accomplished during the third quarter of the fiscal year and were in effect on or before 1 April. Three major objectives were attained: (1) The establishment of the U.S. Army Health Services Command, and the reassignment of all MEDDAC's in CONUS to the U.S. Army Health Services Command; (2) the extensive reorganization of the Office of The Surgeon General and the concurrent phasing out of the Field Activities Unit; and (3) the reorganization and redesignation of class II facilities and activities, along with TOE units, from the command jurisdiction of The Surgeon General to that of the Commander, U.S. Army Health Services Command.

The primary reference governing the reorganization of the Army Medical Department and the establishment of the U.S. Army Health Services Command was the "Detailed Implementation Plan for AMEDD Reorganization in CONUS," dated 20 July 1972, and subsequent revisions thereto (30 November 1972, 28 February 1973, and 8 June 1973). The Force Development Division, later redesignated as the Plans and Operations Division, was responsible for handling actions relative to the timely preparation and publication of TAG letters and DA General Orders or OTSG General Orders, as appropriate, for implementing the reorganization.

Reorganization of the Army Medical Department, by relieving the Office of The Surgeon General of most command and operational responsibilities, permitted greater emphasis to be placed upon the staff and technical supervisory duties of The Surgeon General as principal adviser to the Chief of Staff for health and medical matters pertaining to the Army. This, along with other consolidation and realignment actions, will enable the Army Medical Department to fulfill its primary mission of maintaining the health of the Army and conserving its fighting strength with greater efficiency and at less cost.

U.S. Army Health Services Command

On 1 April 1973, pursuant to the AMEDD Reorganization Implementation Plan and DA General Order No. 7, dated 26 February 1973, the U.S. Army Health Services Command was established as a

major Army Command under the jurisdiction of the Department of the Army, with headquarters at Fort Sam Houston; MG Spurgeon H. Neel, Jr., assumed command.

The mission of the Health Services Command is to (1) plan, direct, supervise, and perform health services for the Army, and, as directed, for other departments, agencies, and organizations in CONUS; (2) command all active Army health service organizations, units, facilities, and activities in CONUS, as the Chief of Staff, U.S. Army, may direct; (3) plan, direct, and supervise medical professional education for the Army with policies established by The Surgeon General; and (4) perform technical review and evaluations of nonmedical materiel to determine possible health hazards.

Initial organizational steps toward the establishment of the Health Services Command were undertaken by the Office of The Surgeon General as prescribed by AR (Army Regulation) 220-5 and by verbal orders of The Surgeon General. Headquarters, USAHSC, was established as a "provisional" organization on 1 March 1973. The provisional unit was placed under the command of The Surgeon General and located at Fort Sam Houston. Its mission was to organize Headquarters, USAHSC, and to prepare for the establishment of the Health Services Command on 1 April 1973. In accordance with paragraph 6, AR 220-5, which states that provisional units are to be discontinued when no longer needed, The Surgeon General directed that Headquarters, USAHSC (provisional), be discontinued effective on 31 March 1973.

Reassignment of class II facilities and activities.—Under the AMEDD reorganization plan, all class II hospitals, medical centers, and assigned TOE units were removed from the command jurisdiction of The Surgeon General and assigned to the Commander, USAHSC. A TAG letter directing this action and listing the facilities and units involved was published on 15 March 1973. A total of 19 organizations were affected. Accordingly, the Office of The Surgeon General effected the reassignment of the following units as of 1 April 1973:

<i>Units</i>	<i>Location</i>
Academy of Health Sciences, U.S. Army.....	Fort Sam Houston, Tex.
Brooke General Hospital.....	Fort Sam Houston, Tex.
Fitzsimons Army Medical Center.....	Denver, Colo.
Letterman Army Medical Center.....	Presidio of San Francisco, Calif.
Madigan Army Medical Center.....	Fort Lewis, Wash.
U.S. Army Environmental Hygiene Agency.....	Edgewood Arsenal, Md.
U.S. Army Medical Center.....	Fort Gordon, Ga.
U.S. Army Medical Optical Laboratory.....	Tracy, Calif.
U.S. Army Regional Dental Activity.....	Alameda, Calif.
U.S. Army Regional Dental Activity.....	Brooke Army Medical Center, Fort Sam Hous- ton, Tex.
U.S. Army Regional Dental Activity.....	Fort McPherson, Ga.
U.S. Army Regional Dental Activity.....	Walter Reed Army Medi- cal Center, Washing- ton, D.C.
Valley Forge General Hospital.....	Phoenixville, Pa.
Walter Reed Army Medical Center.....	Washington, D.C.
William Beaumont Army Medical Center.....	Fort Bliss, Tex.
236th Military Police Detachment.....	Washington, D.C.
241st Military Police Detachment.....	Denver, Colo.
250th Military Police Detachment.....	Phoenixville, Pa.
323d Army Band.....	Fort Sam Houston, Tex.

Reassignment of the U.S. Army Garrison, Fort Detrick.—In addition to the units and facilities just cited, command jurisdiction of the U.S. Army Garrison, Fort Detrick, was transferred from The Surgeon General to the Commander, USAHSC, as of 1 July 1973. A TAG letter directing this action was published on 25 June 1973.

Transfer of MEDDAC's in CONUS.—During the fourth quarter of the fiscal year, command of all MEDDAC's in CONUS was transferred from the jurisdiction of USCONARC to the Health Services Command. On 25 May 1973, a TAG letter was published, directing the change of command and listing the MEDDAC's affected. The following U.S. Army MEDDAC's were reassigned:

<i>U.S. Army MEDDAC units</i>	<i>U.S. Army MEDDAC units</i>
Fort Belvoir, Va.	Fort McPherson, Ga.
Fort Benjamin Harrison, Ind.	Fort Monmouth, N.J.
Fort Benning, Ga.	Fort Monroe, Va.
Fort Bragg, N.C.	Fort Ord, Calif.
Fort Campbell, Ky.	Fort Polk, La.
Fort Carson, Colo.	Fort Riley, Kans.
Fort Devens, Mass.	Fort Rucker, Ala.
Fort Dix, N.J.	Fort Sheridan, Ill.
Fort Eustis, Va.	Fort Sill, Okla.
Fort George G. Meade, Md.	Fort Stewart, Ga. (Hunter Army Airfield)
Fort Hood, Tex.	Fort Wolters, Tex.
Fort Huachuca, Ariz.	Aberdeen Proving Ground, Md.
Fort Jackson, S.C.	Carlisle Barracks, Pa.
Fort Knox, Ky.	Dugway Proving Ground, Utah
Fort Leavenworth, Kans.	Redstone Arsenal, Ala.
Fort Lee, Va.	Sierra Army Depot, Calif.
Fort Leonard Wood, Mo.	Yuma Proving Ground, Utah
Fort MacArthur, Calif.	
Fort McClellan, Ala.	

The Medical Department Activity at the U.S. Military Academy, West Point, N.Y., which was under the supervision of DCSPER (Deputy Chief of Staff for Personnel), was reassigned by a separate action. DCSPER concurred in the realignment, provided that it be specifically stated that the commander of the U.S. Army Hospital at the U.S. Military Academy was to continue to fulfill his obligation under Title 10, United States Code, section 4331, to function as professor of military hygiene, to include the supervision of the department's instruction, and to serve as a member of the Academic Board of the Academy.

Reorganization of the Office of The Surgeon General

In accordance with the AMEDD Reorganization Implementation Plan, major organizational changes were instituted in the Office of The Surgeon General which would enable The Surgeon General to discharge his responsibilities more effectively as the principal adviser to the Chief of Staff for all health and medical matters pertaining to the Army; included in the plan also were the command and organizational realignments within the Army Medical Department. Consolidation within the organizational structure of the Office of The Surgeon General reduced the number of Directorates from five to three, and the Field Activities Unit was redesignated as the Staff Support Activity.

Office of The Surgeon General.—During the third quarter of fiscal year 1973, a revised TDA for the Office of The Surgeon General was approved by ACSFOR (Assistant Chief of Staff for Force Development). Under the revised TDA, the following major organizational changes occurred within the Office of The Surgeon General.

1. *Directorate of Health Care Operations.* The Directorate of Health Care Operations was formed by combining the functions of three former Directorates: (a) Plans, Supply, and Operations; (b) Professional Services and Special Assistant to The Surgeon General for Medical Corps Affairs; and (c) Health and Environment. The Directorate of Health and Environment was redesignated as a division within the new Health Care Operations Directorate. The remaining two former Directorates and the Drug Abuse Policy Office of the Field Activities Unit (later Staff Support Activity) were redesignated as the Plans and Operations Division, Consultants Division, and the Alcohol and Drug Policy Office.

2. *Directorate of Personnel.* The Directorate of Personnel and Training was reorganized as the Directorate of Personnel. Training functions of the former Directorate were reassigned to the Academy of Health Sciences, and the personnel functions were reorganized to provide more effective and efficient operation. In addition, the Medical Corps Career Activities Division, formerly in the Directorate of Professional Services and Special Assistant to The Surgeon General for Medical Corps Affairs, was transferred to the newly created Directorate of Personnel. Other Corps Career Activities Offices, which previously had been a part of the discontinued Directorate of Personnel and Training, were retained within the reorganized Directorate of Personnel.

3. Directorate of Resources Management. The Directorate of Resources Management was reorganized and retained in the revised tables of distribution and allowances.

4. The following offices were deleted: Inspector General, Judge Advocate, Chaplain, Provost Marshal, Special Assistant for Resources Management, Public Affairs, and Medical Intelligence.

5. Staff Support Activity. As part of the reorganization of the Office of The Surgeon General, the USAMEDD Field Activities Unit was reorganized and redesignated as the Staff Support Activity, OTSG, U.S. Army. General Orders directing this action were published by the Office of The Surgeon General on 21 February 1973, with an effective date of 1 February 1973. Concurrent with the implementation of the revised TDA for the Office of The Surgeon General, the AMEDD Reorganization Implementation Plan called for the Staff Support Activity to be organized on 1 April and for the Field Activities Unit to be discontinued as of 31 March. ACSFOR, however, approved the TDA for the Staff Support Activity, with the concurrence of the OTSG Reorganization Team, with an effective date of 1 February; but due to problems encountered at the Walter Reed Army Medical Center regarding assignments of military personnel and issuance of morning reports, the effective date of the reorganization and redesignation action was advanced with Department of the Army approval to 1 April. Since the UIC (Unit Identification Code) for the Field Activities Unit was retained for the Staff Support Activity, the Field Activities Unit was not discontinued, but only redesignated.

Under the revised TDA, most of the functions of the Field Activities Unit (later Staff Support Activity) were phased out, and the number of assigned personnel was greatly reduced. As of 31 January 1973, the authorized strength of the Field Activities Unit was as follows: 122 officers, 1 warrant officer, 13 enlisted personnel, and 603 civilians. Effective on 1 February (1 April) 1973, the authorized strength of the Staff Support Activity was as follows: 39 officers, 0 warrant officers, 1 enlisted personnel, and 17 civilians. In accordance with the AMEDD reorganization plan, the overstrength personnel were to be reassigned by the fiscal yearend. The Staff Support Activity remained assigned to Walter Reed Army Medical Center until 31 March 1973, thereafter being reassigned to the Office of The Surgeon General. Physical relocation of the Staff Support Activity within the Office of The Surgeon General was to be completed by 30 June 1973.

The mission of the Staff Support Activity is (1) to provide advice to, and to represent, The Surgeon General on matters pertaining to medical professional policies, standards, and practices governing the delivery of health care in the U.S. Army; (2) to provide medical and operational

guidance to CONUS installations in support of the DA Alcohol and Drug Abuse Prevention and Control Program; and (3) to plan, develop, supervise, and coordinate the Armywide AMEDD officer procurement programs and activities.

Further details of the organizational changes within the Office of The Surgeon General are mentioned in pertinent sections of this report. The extent of the reorganization of the Office of The Surgeon General is graphically illustrated by a comparison of the organizational charts appended to this volume.

Reorganization and Redesignation of Class II Facilities

During the second and third quarters of fiscal year 1973, extensive reorganization and redesignation of class II facilities and activities were carried out as part of the AMEDD Reorganization Implementation Plan. This action was completed before, or concurrent with, the transfer of these facilities and activities to the Health Services Command and, in most instances, involved no increase or relocation of existing resource allotments.

Academy of Health Sciences.—On 10 December 1972, the Medical Field Service School, U.S. Army, a class II activity under the jurisdiction of The Surgeon General, was redesignated the “Academy of Health Sciences, U.S. Army.” Public announcement of the redesignation was made on that day by the Secretary of the Army at the dedication ceremony for a new Academy of Health Sciences building at Fort Sam Houston. DA General Orders to effect the redesignation of the Medical Field Service School as of 10 December 1972 were withheld pending the public announcement by the Secretary of the Army; accordingly, the appropriate DA General Orders were published on 18 December 1972, with an effective date of 10 December 1972. OTSG General Orders directing the redesignation were prepared and published on 27 December 1972.

During the third quarter of the fiscal year, the Academy of Health Sciences was reorganized and redesignated, effective on 1 February 1973. Under the AMEDD reorganization plan, the following major training facilities were reassigned to the Academy of Health Sciences from the Office of The Surgeon General, effective on 1 February 1973: (1) WRAIN (Walter Reed Army Institute of Nursing), Walter Reed Army Medical Center; (2) the U.S. Army Medical Department Veterinary School, Fort Sheridan, Ill.; and (3) the U.S. Army Medical Equipment and Optical School, Fitzsimons General Hospital (Army

Medical Center), Denver, Colo. These training facilities were designated as off-campus activities of the Academy of Health Sciences and continued to receive administrative and logistical support from their respective installations. New Unit Identification Codes derived from the revised TDA of the Academy of Health Sciences were assigned to these units. The U.S. Army Medical Equipment and Optical School was formerly the U.S. Army Medical Optical and Maintenance Agency which was redesignated and reassigned to the Academy of Health Sciences concurrently with the discontinuance of the U.S. Army Medical Optical and Maintenance Agency as of 1 February 1973.

The Medical Equipment Test and Evaluation Activity of the Academy of Health Sciences was transferred to the U.S. Army Medical Materiel Agency, Phoenixville, Pa. The transfer of this function also became effective on 1 February 1973.

In addition, the TDA for the Academy of Health Sciences included personnel and functional elements from the following units which were transferred after 1 February: (1) Personnel Administration element from Headquarters, Brooke Army Medical Center (1 April

1973); (2) Training Division element from the Directorate of Personnel and Training, Office of The Surgeon General Field Activities Unit (1 April 1973); (3) Combat Developments Command Medical Service Agency (1 April 1973); and (4) U.S. Army Medical Training Center (1 July 1973).

On 23 March 1973, the Academy of Health Sciences was transferred to the newly established Health Services Command, effective on 1 April 1973.

The Academy of Health Sciences, U.S. Army, has the overall mission of providing systematic, progressive education for AMEDD officer and enlisted personnel in the field of health sciences (to include, in coordination with civilian institutions of higher learning, undergraduate, graduate, and postgraduate level education) that pertain to the Army Medical Department and to Army related health care disciplines. It develops and implements plans, policies, and procedures relative to the administration of the Academy of Health Sciences and to the administration of subordinate (off-campus) elements.

Class II hospitals.—During the third quarter of the fiscal year, the following class II hospitals were redesignated as Army Medical Centers: (1) Letterman General Hospital, Presidio of San Francisco, Calif.; (2) Madigan General Hospital, Fort Lewis, Wash.; (3) William Beaumont General Hospital, Fort Bliss, Tex.; (4) U.S. Army General Hospital, Fort Gordon, Ga.; and (5) Fitzsimons General Hospital, Denver, Colo.

This action was carried out by the Office of The Surgeon General after receipt of authority from the Assistant Chief of Staff for Force Development, with an effective date of 1 March 1973. No additional funding or personnel were involved in effecting these redesignations, and no changes were made in the Unit Identification Codes of the affected installations. On 1 April 1973, however, the Command Code of the Unit Identification Codes for each installation was changed from "MD" to "HS" to coincide with its transfer to the Health Services Command.

Brooke Army Medical Center.—Brooke Army Medical Center was reorganized and redesignated in accordance with the AMEDD reorganization plan. Under authority from the Assistant Chief of Staff for Force Development, the Office of The Surgeon General discontinued the existing Brooke Army Medical Center and its Unit Identification Code, effective on 31 March. Manpower and equipment resources were transferred to Brooke General Hospital, effective on 1 April 1973. On 23 March 1973, the Office of The Surgeon General directed the transfer of Brooke General Hospital to the U.S. Army Health Services Command as of 1 April 1973. On 1 April 1973, the

U.S. Army Health Services Command redesignated Brooke General Hospital as Brooke Army Medical Center, incorporating the missions and resources transferred from the discontinued Brooke Army Medical Center. The Unit Identification Code of Brooke General Hospital was retained for the newly redesignated Brooke Army Medical Center.

Walter Reed Army Medical Center.—Walter Reed Army Medical Center was also redesignated and reorganized during the third quarter of the fiscal year. To accomplish this objective, a similar procedure was followed as with Brooke Army Medical Center, except that the reorganization and redesignation action was completed by the Office of The Surgeon General before the transfer of the redesignated Walter Reed Army Medical Center to the U.S. Army Health Services Command on 1 April 1973. The existing Walter Reed Army Medical Center was discontinued, and its manpower and equipment resources were transferred to Walter Reed General Hospital, effective on 28 February 1973. Concurrently, Walter Reed General Hospital was redesignated as Walter Reed Army Medical Center and was reorganized to incorporate the missions and resources transferred from the discontinued Walter Reed Army Medical Center, effective on 1 March 1973. The Unit Identification Code for Walter Reed General Hospital was retained for the redesignated Walter Reed Army Medical Center.

William Beaumont Army Medical Center.—During the third quarter of fiscal year 1973, the TDA of William Beaumont Army Medical Center was revised as a result of an onsite equipment survey of William Beaumont General Hospital (Army Medical Center), conducted by the OTSG General Equipment Survey Team on 20–26 February 1973. Sections III and IV of the TDA for William Beaumont Army Medical Center were updated on 8 March 1973, with an effective date of 23 February 1973.

Fitzsimons General Hospital.—Revision of the TDA for Fitzsimons General Hospital (Army Medical Center) was accomplished before its redesignation as an Army Medical Center and was necessitated by the transfer of the optical fabrication mission of the U.S. Army Medical Optical and Maintenance Agency to that facility on 1 February 1973. The optical fabrication activity was reorganized as the Optical Fabrication Laboratory and delineated as a separate paragraph on the TDA for Fitzsimons General Hospital. These changes were effected by the Office of The Surgeon General as of 1 February 1973. Under the AMEDD Reorganization Implementation Plan, the U.S. Army Medical Optical and Maintenance Agency was discontinued as of 1 February 1973.

U.S. Army Medical Materiel Agency.—The AMEDD reorganization plan directed that the Medical Equipment Test and Evaluation Activity, assigned to the Academy of Health Sciences, be transferred to the U.S. Army Medical Materiel Agency, Phoenixville. OTSG General Orders updating the TDA of the U.S. Army Medical Materiel Agency to include the new mission were required. Upon receipt of DA approval of the new TDA, the requisite General Orders were published on 1 February 1973, effective on the same day. The mission of medical equipment test and evaluation was deleted accordingly in the revised TDA for the Academy of Health Sciences, which also became effective on 1 February. The activity was directed to remain at Fort Sam Houston and to continue receiving administrative and logistical support from the Academy of Health Sciences.

U.S. Army Medical Optical and Maintenance Agency.—As part of the AMEDD reorganization plan, the U.S. Army Medical Optical and Maintenance Agency was discontinued as of 1 February 1973. The optical fabrication mission of the U.S. Army Medical Optical and Maintenance Agency was transferred to Fitzsimons General Hospital (Army Medical Center), and the optical training mission was transferred to the Academy of Health Sciences, also effective on 1 February 1973. Both functions remained at Fitzsimons General Hospital (Army Medical Center), with the optical fabrication activity being redesignated as the Optical Fabrication Laboratory, and the medical maintenance and optical fabrication training program being redesignated as the U.S. Army Medical Equipment and Optical School, an off-campus activity of the Academy of Health Sciences.
