

Tracy S. Voorhees, A Lawyer Among Army Doctors
Edited by Dr. Sanders Marble

Tracy Voorhees was indeed a lawyer among Army doctors. His service with the Army Medical Department was partly as a lawyer but more as a management consultant, an outsider who can solve problems because he lacks vested interests. It was a shock to the AMEDD, largely run by physicians, that such outsiders could perform useful, indeed vital, service in these roles. This memoir is about Voorhees' work in the AMEDD and it shows Voorhees from the outside and the Army Medical Department from the inside.



Tracy Stebbins Voorhees was born in New Brunswick, New Jersey, on 30 June 1890.¹ He graduated from Rutgers University with a B.A. degree in 1911 and an M.A. degree in 1914, then received an LL.B. degree from Columbia Law School in 1915 and was admitted to the New Jersey bar in 1915 and the New York bar in 1918. He became a member of the New York law firm of Satterlee, Canfield and Stone in 1917. During WWI he served as assistant to the Director, Bureau of Imports, War Trade Board, which does not seem to have been particularly relevant to any of his later work; he certainly does not mention it influencing his WWII work. He may have gained useful contacts from his government service, because he became a name partner of the firm of Ewing, Alley and Voorhees in 1919, continuing until 1928 when he became a name partner of the firm Blake and Voorhees, where he stayed until 1942.

Something he only mentions in passing in this memoir is his pre-Army work on medical topics.² He had served on the board of the Long Island College Hospital, becoming Vice President and unpaid President. The LICH was a teaching hospital in Brooklyn, and there were plans to reintegrate it with the Long Island College of Medicine. Discussions had been continuing for some five years, exposing Voorhees to topics in medical management. Shortly after Pearl Harbor was attacked he resigned from his law firm to do war work. The first outlet for his energy was the Blood Transfusion Association in New York. As Voorhees told it, the main question there was whether individuals would donate blood for strangers rather than for friends or family. That

¹ Much of the biographical detail here is drawn from <http://www.army.mil/leaders/FormerUSAs/bios/Voorhees.htm>

² This paragraph is based on materials in the Voorhees Interview, discussed below.

was one aspect; others were the management of the enterprise, and the technical problems of separating plasma and storing liquid plasma. (Dried, or lyophilized, plasma would shortly be an option but was not yet practicable.)

By April 1942, Voorhees was seeking other work. From his legal work in New York, he was on friendly terms with Judge Robert P. Patterson, who was then serving as Under Secretary of War. The Under Secretary was mainly responsible for supplies, procurement, and industrial matters, and the assignment of Voorhees to the Medical Department for procurement matters seems a very reasonable use of Voorhees' existing knowledge.

Voorhees would have a range of activities and responsibilities in the AMEDD during WWII. From May to November 1942 he was a civilian consultant, but entered active duty on 15 November 1942 as Director of the Legal Division. He stayed there until 10 June 1943 when he became Director of the Control Division. He was involved with general legal matters, with contracts, and from contracts moved into issues of supplies and storage – what are now called logistics. In that regard he took three lengthy overseas trips, lasting almost to the war's end.

After the war he would become a trouble-shooter in medical matters for Secretaries of War Robert Patterson and Kenneth C. Royall. For six weeks (2 September – 17 October 1945) he was an Administrative Assistant in the Veterans Administration, then was Assistant to the Secretary of War until January 1946, when he became Assistant Secretary of War (23 January 1946-March 1947) which position became Assistant Secretary of the Army and he stayed until 22 August 1949, being promoted to Under Secretary and staying until April 1950. His time (March 1947-June 1948) as Food Administrator for Occupied Areas is mentioned in passing, but is not particularly relevant to the main topic of the memoir. Voorhees' activities with the AMEDD led to him being involved with the Hoover Committee which Pres. Harry Truman appointed to examine the structure of the Federal Government. Voorhees worked on the medical committee while also being Assistant Secretary and Under Secretary of the Army. After leaving the Pentagon, he maintained some medical links through a committee on prosthetic devices. He stayed involved with various political/defense organizations through Pres. Dwight Eisenhower's terms and returned to private life in 1961.

The memoir has several strengths. It was written soon after events, so matters were fresh in Voorhees' mind. He had a ringside seat to important events in the WWII AMEDD, but seldom had parochial feelings. Thus his comments about the Waddhams Committee investigations shed interesting light, although he had relatively little to do with the Committee itself. Voorhees spent considerable time working on medical supply, and had lengthy visits to theaters of operations. While he does not address this directly, he was essentially a management consultant with an outsider's view. WWII was the first time substantial numbers of outsiders came into the military, and this is an account of how it worked by a high-ranking participant.

There are also weaknesses. At times there is little detail, while at other times the detail is essentially war stories. As is normal with memoirs, there is also a reasonable amount of ego involved. Voorhees makes few factual mistakes in his recollection, although his terminology can be imprecise.

This memoir is a compilation of various pieces, most contemporaneous with the events described, but with significant subsequent editing. Voorhees wrote notes on his various trips, possibly because of his legal training in writing memos about meetings and developments, but certainly the notes served as the basis of his reports to his superiors. In 1963 Voorhees was interviewed by someone from AMEDD's History Unit; this apparently revived Voorhees' interest in his wartime service.³ Voorhees thoroughly edited his interview so that it reads as a written document rather than a report; this was not unusual for the time and is a reflection of oral history standards then. Voorhees apparently reviewed and edited his various notes. The editing is apparently more cleaning up grammar and clearing up confusion about ranks than deleting embarrassing material. His interest then lapsed until 1971, when he got back in contact with The History Unit. Correspondence went back and forth until 1975, continuing with Mrs. Voorhees after Tracy Voorhees' death in September 1974. THU had copy-edited an edition, but in late 1975 The Surgeon General transferred THU to the Army Center of Military History. Some personnel transferred and some did not, and in the turmoil the manuscript was never published. This version has been assembled largely from materials at the Military History Institute and the Voorhees Papers at Rutgers University, which apparently have identical versions. The Rutgers papers have some additional material which has provided background and supporting detail. A table-of-contents exists at the Army Center of Military History indicating numerous illustrations at one point, but no illustrated version has been discovered.

As presented here, the manuscript is substantially Voorhees' edited version. Minor additions have been made at the end, when his work was not directly related to the Army Medical Department. This material is drawn from his papers at Rutgers. Material in parentheses are Voorhees' additions; material in square brackets is by the editor. Voorhees used asterisks to add a few footnotes, while editorial footnotes are numbered. The minor textual changes Voorhees made in reading through his draft have been silently incorporated, but where he struck out a section that appeared meaningful it has been reincorporated but struck through. Page numbers have been made continuous; in the original, each section started from page 1. In general Voorhees used double-spaced typescript. Since the intended publication would have changed both the page numbering and the double-spacing, I have changed it here. Capitalization has generally been left as in the original. Voorhees generally wrote in short paragraphs, and that has been left as in the original.

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³ The original of the transcript has not been found, but a copy is in Voorhees' papers at Rutgers University Library.

LAWYER AMONG ARMY DOCTORS
BY

Tracy S. Voorhees

TO THE MEN AND
WOMEN OF THE ARMY
MEDICAL DEPARTMENT
IN WORLD WAR II, SO
MANY OF WHOM GAVE
ME THEIR FRIENDSHIP

*Possible Foreword
by the Surgeon General*

This is the story of a novel, perhaps unique, relationship between a lawyer and the Medical Department of the Army in World War II. We have no guarantee that so-called wars of liberation will not continue, so this review, written at about the time or times in question, may even, if it points out mistakes which were made by the lawyer and some of the doctors, furnish some ammunition to avoid similar errors in the future.

It also relates to portions of our previous publication Crisis Fleeting,⁴ particularly as to “Merrill’s Marauders,” and the diary of Col. Tamraz, the SOS Surgeon who had preceded Col. Haas.

Author’s Preface

This should properly begin by an acknowledgement with thanks to those who helped me with this book. There were many but I think they should not be blamed for it so I omit names except as they occur as part of the story.

As anyone who glances at the following pages will at once see, they were not written with any thought of their being published. They were just an account of some of my experiences with Army doctors written for my own use. They represent my personal recollections and opinions and may be – and probably are – wrong in places. But as they were written at or near the time, I have not tried to edit them, except superficially, as they are more accurate than I could make them by rewriting or severely editing them now.

⁴ Also on the website of the Office of Medical History.

A few obvious corrections were made in 1971 and some additions were then possible because of the many years which had passed.

The reports of the three overseas missions were each written almost immediately after my return from each, and for the most part do not deal with work in the Surgeon General's Office (SGO). So I have placed these separately, after covering my story of my work in the SGO from 1942 to 1945.

Documentation for the serious parts of this story – and for some not so serious, but I still believe true – is being placed with my papers in the Rutgers Library in New Brunswick, New Jersey, together with sufficient funds (paid or promised) to assure their preservation. For the most part this documentation is reasonably complete, including the official reports and papers, so the stories related here can be informally told as I wrote them.⁵

The last subject covered is my work for Secretary of War Patterson as his Assistant for Medical Matters. This was in part written at the time and completed in 1950.

T.S.V.

⁵ Copies of some further material was at The History Unit, then transferred to the U.S. Army Center of Military History and onward to the U.S. Army Military History Institute. Copies of apparently all of the Rutgers and Army materials are now (2008) at the Office of Medical History.

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THE SURGEON GENERAL'S OFFICE (SGO)

At the instance of Colonel (later Brig. Gen.) Edward Greenbaum of the Under Secretary of War's Office, I undertook in May, 1942, to organize a Legal Division for the Surgeon General of the Army. The purpose was to set up a general counsel's office to give legal protection, primarily in connection with the very large contractual and other business problems incident to the Medical Department procurement program, total purchases in which during the war period were one billion dollars or more.⁶

At my request this work was begun as a civilian consultant to The Surgeon General at nominal compensation, and was continued in this capacity until November 1942, when I was commissioned as a Colonel in the Army.⁷

I came to Washington on April 30, 1942, saw Colonel Greenbaum, and through him, Mr. William Marbury who was then organizing legal work for the Army's procurement activities. He had found that The Surgeon General, who was charged with buying medical supplies and hospital equipment for the Army and for Lend-Lease (and who was already receiving an appropriation of almost half a billion dollars for this), had no lawyer ~~to look after the contractual part of the work.~~⁸ Mr. Marbury, General Counsel for Under Secretary of War Patterson,⁹ thought a lawyer was needed. The Surgeon General's Supply Service disagreed. The work had been done in World War I by a clerk, who, I was told, had done very nicely with it.¹⁰

There was in The Surgeon General's Office (SGO) a young man who had just graduated from law school but had not yet been admitted to the bar. His principal qualification seemed to me to be that he had once, as a boy, been President Harding's caddie. He was the only "lawyer" whom The Surgeon General appeared to have.

MY RECEPTION

⁶ On the overall organization of the Surgeon General's Office, see Charles M. Wiltse, Medical Department, United States Army, Organization and Administration in World War II (Washington, DC: GPO, 1963).

⁷ "Dollar a year men" were not uncommon in WWII, bringing civilian expertise into the military. In 1943 there were over 8,000 of them in government service, and in 1944 there were over 275,000 "persons serving without compensation," which could include those serving on a daily as-needed basis. Most apparently served in the War Production Board, and the War Department's highest concentration was in the Office of the Secretary of War. For the corresponding problems of potential conflicts of interest, see below, when Voorhees discusses X-ray contracts. Senator Harry Truman explored the problems through his committee, and eliminated the practice (which was legal, and specifically approved by statute in 1905 and 1916) on 10 June 1946. The topic is covered more fully in James McAleer, "Dollar-A-Year and Without Compensation Personnel Policies of the War Production Board and Precursor Agencies, August 1939 to November 1945," War Production Board Special Study 27, 20 April 1947. I am grateful to Mr. Frank Shirer of the U.S. Army Center of Military History for finding this material.

⁸ Charles M. Wiltse, Medical Department, United States Army, Medical Supply in World War II (Washington, DC: GPO, 1968) is the most thorough treatment.

⁹ Robert P. Patterson (1891-1952) graduated Harvard Law School and then served in the infantry in WWI, receiving a Distinguished Service Cross for gallantry in action. He returned to the law between the wars, and in 1940 was appointed Assistant Secretary of War and then promoted to Undersecretary of War the same year. Keith E. Eiler, Mobilizing America: Robert P. Patterson and the War Effort, 1940-1945 (Ithaca NY: Cornell Univ. Press, 1998) covers Patterson's work as Undersecretary of War.

¹⁰ Edwin P. Wolfe, The Medical Department of the United States Army in the World War volume 3: Finance and Supply (Washington, DC: GPO, 1928) has the official history of medical supply, largely procurement, in WWI.

My reception at the SGO was commented upon in a book, A Lawyer's Job,¹¹ by General Greenbaum. Colonel Francis Tyng, a regular Army medical doctor, was then Chief of The Surgeon General's Supply Service. Mr. Marbury took me to see Col. Tyng and General Magee, The Surgeon General of the Army.¹² It was arranged that I should work on a trial basis as a Consultant. I declined to take a civil service job.

After a brief study of the Medical Procurement Office in New York I came to the Surgeon General's Office early in June 1942. Colonel Tyng was polite, but there was no doubt that he did not want me. I was given a nice room to myself with a fine view of the Potomac. I inquired about how this room happened to be vacant and was told that this was Mr. Huyler's room. In answer to my question as to who Mr. Huyler was, I was told that he was a businessman who had come down to install business practices in The Surgeon General's Supply Service. I asked where he was and was told that he had gone back to Boston after two or three months. I asked what he had done and was told he never seemed to have anything to do.

Later, Under Secretary Patterson (afterwards Secretary of War and usually called "The Judge") told me that Mr. Huyler had been brought in by Colonel, later, General Browning of The Army Service Forces (ASF)¹³ to help the Surgeon General, and that Huyler had reported that Colonel Tyng had welcomed him with the statement that he was very glad to have him, that he could give him a nice room, a telephone and a stenographer, but that he couldn't think of anything for him to do. It did not require much imagination to see that what had happened to Mr. Huyler was on the schedule for me.

Very much later, one of the young officers on duty in the Supply Service of SGO when I came, told me that he and one of his associates had forgathered after I had been there a few days to discuss the new arrival, and had reached the conclusion that the Supply Service was not going to be able to do to me what it had done to Mr. Huyler.

BREAKTHROUGH

Just how the ice was broken I do not know, but several weeks later at lunch Colonel Tyng told me that he had not wanted a lawyer at all, and that, if he had to have one, I was the last man he because I was president of a hospital so he felt that I would think I knew something about medical matters. At the same time, Colonel Tyng told me that he realized that he had made a mistake; that he was now glad to have me, and wanted all the help he could get. Thereafter, all of my relations with Colonel Tyng throughout his life were of the friendliest nature.

¹¹ A lawyer's job, in court, in the Army, in the office, (New York: Harcourt, Brace & World, 1967). Transcripts of lengthy interviews with Greenbaum (1962-65) are also in the Columbia University oral history collection and have been microfilmed as "The reminiscences of Edward S. Greenbaum."

¹² Major General James C. Magee was Surgeon General from 1939 to 1943. A brief biography is on the Office of Medical History website.

¹³ Army Service Forces was a result of an early-1942 reorganization of the Army into Ground Forces, Air Forces, and Service Forces. The reorganization, which centralized many non-combatant functions in the interests of efficient and effective management, may or may not have been effective overall. It created substantial administrative problems in the short run, and the ASF was dismantled shortly after the war. The reorganization may have played a role in bringing Voorhees to Washington. See Wiltse, Organization and Administration, and John D. Millett, United States Army in World War II: The Organization and Role of the Army Service Forces (Washington, DC: GPO, 1954).

How much help of all kinds Colonel Tyng needed is illustrated by a phone call to his office which one of my colleagues happened to overhear. The girl answering the phone for Colonel Tyng said: "The name is Tyng. T Y N G, the Y is silent."

FIRST STEPS

The first steps in organizing the legal work were the selection and procurement of a small group of lawyers of good capacity (most all of whom were partners in large law firms in principal cities) and from them organizing legal staffs for The Surgeon General's Office and for his New York and Saint Louis Medical Procurement Districts.¹⁴ The work of these men resulted among other things in significant improvement in the contract protection afforded to the Government, and much later in effective legal representation in, and conduct of, negotiations for contract terminations. This legal staff also furnished business and administrative assistance to The Surgeon General in countless matters.

When we got into the legal work, we found that the purchases which the Surgeon General was making of less than \$500,000 in amount were made in such a manner that they apparently did not create a legally binding obligation on the contractors.

By the end of the year, we had a good legal organization set up, for the SGO and the two Procurement Districts.

THE JAG

My Legal Division officers were commissioned in The Judge Advocate General's Department (JAGD) pursuant to personal arrangements which I made with General Cramer, The Judge Advocate General. The staff included, among others, Captain, later Lt. Col., Bernard Sobol; Capt., later Lt. Col., Alfred Capen; Major, later Lt. Col., Mason Ladd; Captain, later Major, James Gallagher; and Howard Cashmore who served as a civilian.

The Judge Advocate General's favorable opinion of our Legal Division stemmed from our first contact with his office as to commissioning certain of our officers in the J.A.G.D. In submitting several names to Assistant Judge Advocate General MacNeill, for his determination as to whether their professional standing was satisfactory for acceptance as J.A.G.D. officers, it developed that two of the men had previously applied directly to the J.A.G.D. for commissions and that no action had been taken on these applications, although their records were outstanding. One of these was Bud Sobol, the other Al Capen. General MacNeill told me that, after learning this, he had called in his staff responsible for procuring J.A.G.D. officers and read the riot act to them, pointing out that here were two men whose records showed unusual capacity, whom his staff had not been smart enough to select and commission, even after they had applied to the J.A.G.D., while I had gone out and found them without having the benefit of an application from them. After that, there was no problem in getting J.A.G. approval for commissioning of any officers I selected.

THE SECRETARIAL STAFF

¹⁴ The districts were presumably a leftover of days when there was little manufacturing in the far West. New York could handle procurement on the east coast and St. Louis in the Mississippi valley.

One of the most important steps in creating a Legal Division on a successful basis was the stenographic staff. After trial of several Civil Service stenographers, I had been unable to find anyone who could take shorthand and read it, and who could spell and typewrite. I saw that it was going to be hopeless to set up any real legal office with such assistance, and arranged with my law firm in New York for my secretary, Miss Louise Williams, with assistance from the firm, to recruit an able stenographic staff. By this method we secured, among others, a Mrs. Neville, Miss Hutchinson, Miss Roughton, and Mrs. Powell, in addition to Miss Williams, all of whom were expert legal secretaries. Without them the legal division could not have functioned.

In setting up this staff to advise The Surgeon General what was legal, I, myself, committed at least two illegal acts: first, most of the girls had paid an agency commission in New York for the contact with my law firm which had resulted in their jobs here, although the law prohibited anyone's paying a commission for a Government job. In an effort to straighten this out I made a personal gift to each girl to defray the amount paid for her agency commission. Whether this made it right legally or not, I don't know, but I never went to jail. The other illegality was that the law prohibited anyone from supplementing Government salaries. Since the Government would not pay Miss Williams nearly as much as she had been receiving from my law firm, and since the other girls had extra expenses in coming down to Washington and several of them had worked for some time before the red tape of Government appointments could go through, my law firm had paid Miss Williams and I had paid the other girls various sums which were probably in contravention of the law. These were, however, treated as payment for overtime work, not as actual supplements to their salaries and everyone put in plenty of overtime to earn the extra payments.

OFFICE SPACE AND LIBRARY

Lack of any stenographic assistance was only one of the many frustrations in setting up the Legal Division. No adequate office space was available, and when we did the most important work for General Magee in connection with the Committee investigation of him described below, the Legal Division and the Renegotiation Division – then together consisting of well over a dozen people – were crowded into two small inside rooms.

It was also a great struggle to procure even a tiny legal library. Two other divisions of The Surgeon General's Office would not give up the law books they had, although there was no evidence that they knew how to use them.

Even securing furniture required the assistance of a Philadelphia lawyer, and telephones were virtually unprocurable.

I learned later that all of this was only the typical frustration which everyone went through who came down to try to do wartime work in Washington. ~~Often it seemed that it would not be possible to do a successful job under the handicaps.~~ However, in Government matters, time is a great healer. Finally space, facilities, telephones, and everything except stenographic assistance, which we got ourselves, became available.

COLONEL CUTTER

Representatives of the Legal Divisions of each of the Technical Services met every week or two with Mr. Marbury to discuss problems common to all. These meetings were brilliantly conducted and furnished much constructive information. Mr. Marbury's executive officer was Major (later Colonel) R. Ammi Cutter, a Boston lawyer of great ability and a very good sense of humor (who later became a Judge of the Massachusetts Supreme Judicial Court). At one meeting Mr. Marbury was away and Col. Cutter presided. When occasion permits, Col. Cutter never fails to tell of this meeting at which some of the senior lawyers, representing Headquarters Army Service Forces (ASF) and the various Technical Services,¹⁵ met to discuss a standard form of contract which Headquarters ASF had prepared, and had by directive made mandatory for all Technical Services to use. Col. Cutter's story is that I had protested about this so much that, when it was time to close the meeting, he did so with the statement that the meeting would now adjourn "unless Col. Voorhees cares to make another speech."

The part of the story which Col. Cutter omits is that our Legal Division had previously prepared special forms of contracts for all medical purchases, which contained many provisions applicable only to medical contracts; that these had been printed and saved an enormous amount of time as well as avoiding risks of mistakes; and that the proposed ASF standard form of contract for all Services would have required 20 to 25 changes, either insertions or deletions, by typewriting or rubber stamp, in each of the required 11 copies of many of the medical contracts made. Nor does Col. Cutter mention that my rebellious speech which was the occasion of his closing comment, was merely a story illustrating the situation. I told him that, under the law, certain drugs in sales to the public had to be packed in waterproof transparent packages; that, since the Army did not need this protection and that such materials were in short supply, our medical contract form contained a clause waiving this provision; that if we were forced to use the proposed ASF standard contract, I would like to have Col. Cutter's advice as to whether he felt it would be better for us to typewrite this clause in every one of the copies of many of the medical contracts, or to have it included as a printed clause in the proposed standard ASF Army contract, and so have the Ordnance Department purchase 35-ton tanks under a contract containing a provision that the Army waived the requirement that the manufacturer deliver the tanks in waterproof, transparent packages. This ended the meeting.

Nor does this story include the fact that following this, the ASF standard form of contract was withdrawn as a mandatory provision.

I later found that the plan for this standard form of contract had originated, not with Mr. Marbury or Col. Cutter, but in the ASF Control Division headed by Colonel – later Major General – Clinton Robinson, and that it was a part of the ASF's "Work Simplification Program."

It was a similar struggle against what seemed to me over-standardization and regimentation of all Technical Services into one mold that kept me busy wrestling with the ASF Control Division most of the war years except when I was overseas.

RENEGOTIATION OF CONTRACTS

¹⁵ In the Army's reorganization, Technical Services (such as Ordnance, Chemical, Signal, and Medical) were put under the ASF.

In July, 1942, Col. Tyng had been directed to set up a division for renegotiation of contracts to eliminate excessive profits. This was a subject quite foreign to a doctor's experience, and I don't believe anyone in the SGO had much of an idea of what was needed. I offered to get Col. Tyng some men for the Division. He welcomed this aid, and this led to my selecting and procuring substantially all of the key personnel for The Surgeon General's Renegotiation Division, including: Mr. (later Colonel) Lee I. Park, an outstanding Washington tax lawyer, who headed this work with distinction (until he was drafted by the Chairman of the War Department Price Adjustment Board to serve as a member of that Board which reviewed the renegotiation proceedings of all Technical Services); Mr. Clinton C. Swan, a senior partner of one of the large New York law firms, who gave full-time assistance over several months in formulating the program; Mr. Andrew Young, a leading Philadelphia tax lawyer; and Mr. (later Major) Frank B. Wallis, a successful Boston trial lawyer (afterward transferred at Mr. Justice Jackson's request to assist in the Nuremburg War Crimes prosecutions in Germany).

The above group, in addition to conducting the renegotiation work in a manner later recognized as being of real effectiveness, developed a system of overall company prices, becoming in effect the pricing agency for the Surgeon General. This work was so comprehensive that, on 1944 business, instances of excessive profits on the vast quantity of medical purchases became rare exceptions.

INVESTIGATION OF THE SURGEON GENERAL¹⁶

During the work above described, I found that the Surgeon General's Supply Service, as constituted, was inadequate to carry its very heavy responsibilities, which were in many respects parallel to those of a great nationwide chain-store business. The Supply Service had 19 large warehouses, and two purchasing offices. It was charged with purchase and distribution responsibility for all medical equipment and supplies for our Army, the Army Air Force, and Lend-Lease. This included purchase of whole hospitals except for the buildings themselves. I learned that The Surgeon General was being subjected to severe criticism from higher authority because of the inadequacies of his Supply Service, even though these business responsibilities were entirely foreign to his training and experience as a physician.¹⁷

The Secretary of War in the fall of 1942 appointed a committee to investigate the office of The Surgeon General. Before this Committee, the Surgeon General's Supply Service was especially under fire, as it had purchased up to August 31, 1942, only a small part of the medical supplies it was supposed to buy. While The Surgeon General was under considerable criticism for his failure to act vigorously in other ways, the Supply Service was the principal target. Accordingly, I volunteered to assist The Surgeon General as a legal adviser in this investigation. This work, of course, had to be behind the scenes as he could not have a lawyer formally representing him without making it seem like a prosecution in which he was the defendant. However, I was able, by analyzing a mass of documents, to prove that various of the charges which had been made

¹⁶ This section gives an insider's view of the Waddhams Committee (see Wiltse, Organization and Administration, chapter 5 for more details) that was a response to mobilization and management problems in the Medical Department. The Committee was composed of retired Army physicians, and largely criticized the administration rather than the quality of healthcare.

¹⁷ Voorhees loyally defends Magee, but ignores the question of whether a physician with more administrative experience than Magee should have been Surgeon General in the first place.

against him had been very much distorted, and that certain of the facts had been misrepresented to the Committee. I prepared a statement which General Magee read to the Committee which blew up these charges.

To get this out we worked with a battery of members of our Legal Division until 2:00 a.m. on a Sunday morning, so that General Magee could read the statement at the session of the Committee which was called for 8:30 a.m. that Sunday. General Magee had never more than read over the statement when he took it to the Committee to read, but I learned later that it went over well.

To fend off the attack on the Supply Service by improving the Service itself, I had an idea which Col. Tyng and Mr. John J. Ackerman of Montgomery Ward (a San Francisco businessman then temporarily assisting Col. Tyng) approved for presentation to The Surgeon General. After two attempts, and largely through Mr. Ackerman's efforts in presenting to The Surgeon General the seriousness of his position as to the Supply Service, this was accepted. Mr. Ackerman bluntly told The Surgeon General that he thought the General's official head would come off unless something was done.

My plan was to get a businessman of national reputation, and, with the approval of Judge Patterson, who was in charge of all procurement, and of General Somervell, The Commanding General, ASF,¹⁸ to appoint this man as a special Assistant to The Surgeon General for Supply, and to delegate to him all of The Surgeon General's powers over supply. My theory was that The Surgeon General, as a distinguished doctor, was not supposed to be trained as a businessman, although he was charged with running what was in effect a national chain store enterprise with about 19 large depots and two big purchasing offices. My thought was that the best way for him to discharge this responsibility was to get an eminent businessman to act in his place in supervising supply. I thought that this would be as complete a remedy for existing conditions as the Committee could recommend, and that, if the step had already been taken, the Committee, since it should be approaching matters constructively to assure an effective Surgeon General's Office for the future, rather than trying to convict anybody for what had been done or omitted in the past, would probably be much milder in its findings. This would also help to stymie the effort to use the Committee as a means of removing General Magee as Surgeon General, for which I thought at least part of the Committee had been picked. This suspicion was later confirmed.

On the strong recommendation of Mr. Hare Delafield, who was an intimate friend of The Surgeon General over many years, Mr. Edward Reynolds – later Administrative Vice-President of Harvard – was picked for this position. His background as President of the Columbia Gas & Electric Corporation was not conspicuously suitable for this type of work, but, as his function was merely to supervise it, it was expected that he would obtain merchandising businessmen under him who would have the necessary detailed knowledge.

At General Magee's direction, I had been to see Mr. Russell Leffingwell of J.P. Morgan & Co. (a former Under Secretary of the Treasury), whose judgment I valued highly in such a situation, and he recommended another person whose name I brought to The Surgeon General, but this

¹⁸ Somervell's role in building ASF was, and has been, of some controversy. He apparently left no papers, but some explanation of the ASF way is in Administrative Management in the Army Service Forces, Brehon Burke Somervell et al (Chicago: Public Administration Service, 1944).

proposal was turned down in favor of Mr. Reynolds. I then prepared a statement for The Surgeon General to make to the Committee. Since the step and the name of Mr. Reynolds had already, at my instance, been approved by Under Secretary Patterson and after that by General Somervell, head of ASF, the Committee could hardly do anything but view it with approval. I also arranged to have Mr. Reynolds himself present as "Exhibit A" before the Committee.

To facilitate getting Mr. Reynolds started in a strange new atmosphere I loaned him my secretary, Miss Williams, who by that time had become an experienced hand in the SGO.

The findings of the Committee as to The Surgeon General were not particularly flattering, but they were much milder than they might otherwise have been. It later developed that they were much milder than those who had been instrumental in appointing the Committee had hoped for, as they did not furnish any basis for removing General Magee as The Surgeon General.¹⁹

It was shortly after this that I received my Army commission. The Surgeon General's Supply Service had received an additional allotment of officers, and Col. Tyng obtained in the allotment a commission as full colonel for me. This was a gracious action if ever there were one, and after some doubts I was able to pass the physical examination. I thereupon took on all the heroic proportions of a Washington desk officer, a class fittingly described as "Rear Echelon Cookies."

ASSIGNMENT TO THE JAGD

Shortly after being commissioned, I was transferred into The Judge Advocate General's Department as a branch assignment. This was more or less meaningless, because my work with The Surgeon General's Office lasted throughout the war and I was later transferred to The General Staff Corps.²⁰ However, the JAGD assignment did have this importance: most of the legal divisions in the Technical Services had been set up in a way to compete with the JAG, and virtually attempt to supply the complete service of a general counsel's office, just as though The Judge Advocate General, as the official chief legal advisor of the Army, did not exist. Gen. Greenbaum had tipped me off about this, so I had expressly made my Legal Division's function subject to the J.A.G. in such a way that all difficult legal questions requiring opinions were referred for confirmation to the JAGD. This resulted throughout in a harmonious relationship with the JAG which helped our Legal Division greatly. It secured for us complete co-operation on all serious legal questions, enabled us to function with a smaller staff, avoided duplication, and was a sound program as events proved. My relationship with Gen. Cramer, The Judge Advocate General, was, therefore, throughout a very friendly one. He has repeatedly commended the way our Legal Division was run, and on September 21, 1945, in a letter to me he officially commended our record. (The original letter is with my papers in the Rutgers Library.)

MR. H.C. HANGEN

In December 1942 I learned something of the work which Mr. H.C. Hangen was doing for The Surgeon General in improving medical depot and stock control systems. I saw that he was of great value to the office, and urged that he be kept for a longer period, instead of returning to the J.C. Penney Co. at the end of December 1942 after the 90-day loan of his services had expired.

¹⁹ When Magee's four-year term expired in 1943 he was replaced with Maj. Gen. Norman T. Kirk. Magee officially retired five months later, short of the mandatory retirement age.

²⁰ At the time General Staff officers were administratively in the General Staff Corps.

However, I was not listened to in this, and Mr. Hangen went back to his company. In March 1943 Colonel Hays (later himself The Surgeon General, but then Director of the Distribution Division, under whom Hangen had worked) came to see me.²¹ He told me that they needed Hangen back, and asked me to help get him. I prepared a letter for Judge Patterson to write to the J.C. Penney Co. and arranged to have it signed by Judge Patterson and sent. This was a virtual draft of Mr. Hangen's services and resulted in his coming back and continuing to work until the following October 31st. At that time he again went back to his company, because he was dissatisfied with the way things were being run in the Supply Service and the use which was being made of his services.

DEVELOPMENTS IN THE SUPPLY SERVICE

Through the winter and spring of 1943, I was more and more involved in different business and administrative problems affecting the Supply Service, and less and less in strictly legal matters. (By that time I had a first rate staff to do the legal work.) One or two of these business problems had amusing aspects.

In the latter part of January 1943, discovery was made that the Supply Service had been procuring components for fixed overseas hospitals on a basis of a total bed capacity of about 650,000, although the "troop basis" which had been fixed some time in November or early December 1942 had called for only about 300,000 beds. In the general rush of business, this little item had simply been overlooked, so I found that they were purchasing components for twice as many hospitals as they were authorized to provide for. The whole thing was then refigured and procurement was cut back to around 400,000 hospital beds, which included various reserves, and also took into account the contention of The Surgeon General that a higher percentage of bed capacity was necessary than the Army Staff had allowed in the "troop basis."²² When the above error was discovered, I worked in connection with correcting the figures and the determination of a proper requirement. The fact that a mistake like this could have occurred and gone unnoticed while The Surgeon General was buying millions of dollars of equipment and supplies, was an indication of the condition of the Supply Service at that time.

There was another incident of which I learned from Mr. Hangen: somebody in the Requirements Division of the SGO Supply Service made a "slight mistake," as a result of which the Army started buying hospital sheets in quantities ten times what were needed or authorized, exhausting the national market before the error was discovered. Six million sheets had been ordered, not 600,000. The mistake was really a "small one" – just the moving of a decimal point which nobody had noticed.

COL. MORGAN

²¹ Silas Hays was Surgeon General from 1955 to 1959. A brief biography is on the Office of Medical History website.

²² Troop basis was the Army's allocation of manpower. From finite manpower, the Army had to provide not only combat strength but all the support that would be required, from the front lines all the way back to clerks processing inducted recruits. For more, see Robert R. Palmer, "The Mobilization of the Ground Army," Army Ground Forces Historical Section Study No. 4, 1946.

I was also actively connected during the winter and spring of 1943 with an internal struggle in the Supply Service as to the method of regulating buying and time of deliveries. Mr. Reynolds had, in the middle of February 1943, put through an elaborate reorganization of the Supply Service. He had brought over a regular Army Medical officer, Colonel Clifford Morgan, who had been at Headquarters ASF and whose services were apparently no longer desired there, and appointed him Deputy Director for Materiel of the Supply Service.

It is said that German Army officers were divided into four classes: first, those who are active and intelligent, who are of course the best and are put on the German General Staff; second, those who are lazy but intelligent, who make good field commanders; next, those who are lazy and dumb, whom they make such use of as they can; and finally, the active but dumb, whom they get rid of at once because they are really dangerous. Colonel, later General, John Rogers, the Executive Officer of The Surgeon General (later Chief Surgeon of the 1st Army, which bore the brunt of the Normandy invasion), told me that Colonel Morgan belonged in the fourth class.

Probably Colonel Morgan's activities were partially the fault of Headquarters ASF, but in any case, in February 1943, promptly after his appointment, he started an empire-building effort in The Surgeon General's Office, in which he had about 40 people engaged in scheduling deliveries under contracts. This was partly the idea of a Major Gunderson, who maintained that the way to buy was to schedule deliveries of one-twelfth of the purchases each month during the year.

This overlooked the difficulties – or worse – of doing it. In the first place, the buying was being done, not in Washington, but in St. Louis and New York and most of the contracts had already been made. So any change in the delivery dates had to be negotiated with the contractors. No bureau in Washington could change the delivery schedule merely by writing out a different schedule on the books. Any such program would, of course, if conducted on an intelligent basis, have to be worked out in the Procurement Districts with the contractors. This, however, was overlooked, and when the problem was pointed out, was brushed off.

Another point was that it was impossible to tell how much would be wanted many months ahead. Mr. Hangen's program had involved proceeding in an entirely different way, by keeping procurement on a flexible basis and at frequent intervals revising it in the light of depot levels. Initially, when the war started, there was no basis for buying except theoretical estimates, but after the depots started issuing in large quantities, the actual issues furnished a practical basis very different from the theoretical computations and requirements. The latter had taken into account estimated percentages for filling the pipeline, initial stocks, submarine sinkings, etc., and were often based merely upon theoretical estimates of what would be used. Experience showed that purchases made on this basis often bore little relation to the actual issues. Mr. Hangen's idea was that the purchasing should be reviewed monthly.

The situation developed into a contest between Mr. Hangen's views, supported by Colonel Hays, and Colonel Griffin (Director of Procurement) on the one hand, and Colonel Morgan's program on the other. Hangen had the qualifications of an expert, Morgan so far as I know had none; but he was allowed to go ahead, and the Supply Service mushroomed accordingly.

Further, such purchasing on a fixed basis was not only approved by ASF, but was in accordance with its "Army Supply Program," which was only revised once every six months. As Mr. Hangen pointed out, such revisions were not sufficiently frequent to correct mistakes before they became terribly serious, resulting either in acute shortages or great overages. But nobody would then listen to this.

Taken all in all, the Supply Service was not in a good way at the time General Kirk came into office as Surgeon General in June 1943. But, at least, all this had resulted in their doing an enormous amount of purchasing, so that instead of being under-bought, as they had been the previous fall, they were now generally greatly overbought. This mistake later proved to be fortunate, however, when the European Theater needs were disclosed by my team's mission to England in 1944.

BLOOD PLASMA

In the winter of 1942-43, I was slightly mixed up in two jobs relative to the blood plasma program, in which I had been active before coming down to Washington.²³

In early 1943, The Surgeon General figured that he needed about twice the number of weekly blood donations than the Red Cross had been able up to that time to supply. Colonel Charles Shook, who had been Deputy Chief of the Supply Service, was removed by Mr. Reynolds' reorganization in February. By repeated efforts, I was able to get General Magee to create a Blood Plasma Unit in his office, and place Colonel Shook in charge of it, to follow up the Red Cross and assure the delivery of adequate amounts of blood donations. This was just the kind of thing Colonel Shook could do best. He made the Red Cross' life miserable for months and jumped personally into the middle of every situation where one of its chapters was falling down on blood donations. The Red Cross was, throughout this period, constantly anxious that The Surgeon General's Office might take over the entire work itself and deprive the Red Cross of this most attractive job, which went far to advertise it before the public. Colonel Shook kept the Red Cross scared enough so that in five months the donations had more than doubled and it was possible to assign Colonel Shook overseas and leave the supervision to his assistant.

Another plasma problem was the discovery, in the winter of 1943, that very large profits were being made out of processing blood into plasma. Colonel Park first brought this to light. My direct connection with this matter was minor, but it was just one of the things that resulted from bringing in men like Colonel Park. Mr. Reynolds, at Colonel Park's insistence, ordered a thorough investigation. All the companies' records were analyzed, and profits running from 25% to 49% for the big pharmaceutical companies were discovered from processing donated human blood. Refunds of these profits were negotiated with the companies at once, reducing their profits on this work to between six and eight per cent. While this was in process, *Life* magazine and a Pittsburgh newspaper got wind of the fact that exorbitant profits were being made in processing plasma, but exposure of the condition was averted by the fact that vigorous steps were already under way by the Army to correct it, and a serious scandal was avoided. For this, Colonel Park deserved great personal credit.

²³ Elizabeth M. McFetridge, Medical Department, United States Army, Blood Program in World War II (Washington, DC: GPO, 1964) is the standard history of the topic.

CONFLICTS OF INTEREST

During the winter of 1942-43, I had, as head of the Legal Division, rather a prolonged struggle over conflicts of interest on the part of various officers who had been put into the purchasing offices. On account of the admitted inadequacy of The Surgeon General's Supply Service up to the fall of 1942, ASF had virtually taken over the direction of it for a time, and had brought in a lot of men from business life whom it had commissioned in a hurry. Some of these men came from companies from which The Surgeon General was buying, and some were continuing to receive salaries from these companies.

Most of them expected to go back to their companies at the end of the war. But they were placed in a position where they were in effect buying from their own companies. Both St. Louis and New York were, therefore, partially staffed – and as it later proved, overstaffed – with men whose business interests tended to conflict with their Government duty, and these men had been rushed into uniform without any apparent thought to such a problem.

The situation was one which might have given rise to serious criticism. One illustration was in X-ray purchasing. There were four principal companies. Representatives of three of them became officers doing the buying. The fourth company was not represented. The three officers passed the proposed contracts around as a matter of form so that no one would actually formally pass on a contract with his own company. Yet such an arrangement constituted in effect contracting by the man with his own company. Where salaries were continuing to be paid by these companies, the transactions were, I felt, a direct violation of the law. But even in the other cases, there would be danger of serious criticism if it turned out later that the companies from whom the men had come had unduly benefited. The whole situation was clearly unsound and dangerous. The facts and the functions varied with each man involved.

I worked out separately with the commanding officers of the St. Louis and New York Procurement Districts a program for each of these cases, limiting, changing or transferring functions in a way which, if thoroughly carried out, should avert criticism. Such steps represented the minimum necessary for this purpose and were checked with The Judge Advocate General's Office, which concurred. Assurance was given to me by the Supply Service and by both commanding officers of the Procurement Districts that this program would be fully carried out. It was not, of course, my function to police such compliance. So far as I know, no criticism did develop. Colonel Bryan Houston, Deputy Director of the Purchases Division, ASF, who had been instrumental in getting some of these men in, later made a vigorous complaint to Mr. Reynolds about the changes which I had insisted upon, but Mr. Reynolds maintained his position. Correction of this condition was one of the strictly legal changes which we brought about.

The complete lack of understanding of the legal implications of these conflicts of interest matters is illustrated by a letter of December 1, 1942, from a Mr. Badgett, one of the men involved. He had stock in a company from which he was buying, but this difficulty he tried to hurdle as set forth in the following paragraph of his letter:

as a matter of further information, while the writer during the course of his employment with Merck & Company did own and have in his possession several shares of common

stock of Merck & Company, please be advised that all of this Stock has been transferred to Mrs. Mamyee Lee Badgett of St. Louis, Mo. (his wife). Furthermore, the writer has completely diverted (sic) himself from any holdings with Merck & Company, his former employer, for the duration and for such time as long as he may be serving in his present capacity.

CONTROL DIVISION

When General Kirk came in as Surgeon General on June 1, 1943, General Rogers, his then Executive Officer, asked me to help him prepare a new organization chart for the Surgeon General's entire office. Gen. Kirk also had asked me for my views as to the Supply Service. Gen. Rogers then recommended that I be placed in charge of The Surgeon General's Control Division, and about the middle of June, 1943, this change was made.²⁴

The Control Divisions in each of the Technical Services, as well as in Headquarters ASF, were one of Gen. Somervell's principal management techniques. It was mandatory for The Surgeon General to have one. The Division which I inherited had been under the direction of a Col. John Welch and contained a total staff, military and civilian, of about 40. "Work simplification" was the watchword at that time and the walls were covered with charts of work simplification schemes. Control Division personnel were rushing from depot to depot with plans for changes in procedures. Much of the work was of questionable value, in my opinion. Some of it was actually damaging. There was also a Management Advisory Branch in the Supply Service, consisting of about six officers who were transferred to the Control Division at the time I was.

The one thing clear about the Control Division at that time was that it was universally and without exception hated. It could hardly have been more successful in generating resentment everywhere throughout The Surgeon General's Office.

The Supply Service and the Fiscal Division, like the Control Division itself, were so overstaffed that it would have been almost funny if it were not serious. Other professional parts of the office were starved. Leveling of the Supply, Fiscal, and Control empires was a "must."

WHAT WAS DONE

The following is a generalized statement of what was finally accomplished in reorganizing, reducing and decentralizing out of Washington a large part of the nonprofessional business portions of The Surgeon General's Office. This was done for the primary purpose of freeing-up officer allotments, civilian personnel positions and office space to make possible adequate staffing of the critically important professional and hospital administration functions of The Surgeon General. This was necessary because it became clear, when General Kirk became Surgeon General, that large areas of his responsibilities were either not covered or were entirely inadequately provided for, and that no substantial increase in officer allotments, civilian personnel, or office space could be obtained to meet such critical needs. For illustration, there was virtually no staff supervision of hospital management. Reconditioning (that is, rehabilitation of sick and wounded for active duty) was not provided for. Neuropsychiatry was entirely inadequate; preventive medicine was understaffed. It gradually became clear that The Surgeon

²⁴ Control Divisions were part of the management and administrative apparatus set up by ASF. Much of the work would now be classified as management consulting.

General needed from 65 to 90 additional officer allotments primarily for professional work. But ceilings of numbers officers in Washington were frozen. Study disclosed that 125 (42%) of all officer allotments to The Surgeon General's Office were occupied by officers engaged in business functions (Supply, Fiscal, and Control) and that 630 civilians were similarly occupied. It became clear that adequate staffing and office space for professional functions could be provided by The Surgeon General only through a radical reorganization of such business divisions.

Through intensive and continued studies leading to specific recommendations, most of which were adopted voluntarily by the Divisions concerned, substantially over half of the officer allotments which had been utilized for such business functions were vacated. Over 400 of the 630 civilian personnel engaged in such duties were released from the work. In substantial part, this was accomplished through more efficient and simpler organization and elimination of red tape. But much of this was brought about through decentralization from Washington of activities which could be carried on equally well or better in the field. No complaints have ever been received that these changes decreased the efficiency of the Division, so reorganized, and it has been generally recognized that they functioned thereafter with increased effectiveness.

Such changes included a reduction of my own Control Division from a total staff of 40 to 23, a cut in the Washington strength of the Fiscal Division by 50%, a reduction of field fiscal offices from 11 to 3; and, in spite of the extensive decentralization, a cut of 40% in the personnel of field Fiscal offices. Mr. Wesley Archibald of my staff was largely responsible for this clean-up of the Fiscal Division. As to the Supply Service, in Washington alone the reductions involved about 50 officers and 350 civilians.

In total these measures it possible for The Surgeon General to make an increase of 38% in the officer allotments available for functions essentially of a professional nature; provided for him several hundred civilians (who in the Washington tight labor market were not otherwise procurable) to assist such officers; and freed approximately 35,000 square feet – or about three entire floors – of The Surgeon General's building (1818 H Street. N.W., later part of the World Bank's office).

One incident of this work was in connection with the Procurement Division. When there had been two field procurement offices, a central coordinating division in Washington was, of course, a necessity. But when the St. Louis office was closed, at my instance, and merged with the New York office in September 1943, there was, of course, no need for such a supervisory office because the New York office could itself be made organizationally a part of The Surgeon General's Office as its Procurement Division. However, simultaneously with the merger of St. Louis and New York, Col. Griffin, who had headed the Procurement Division in Washington, was removed by Mr. Reynolds on the basis that he was not able to do the job. Yet I couldn't see any job still to be done. Col. Paul Robinson, an Army MD and later a Major General, was put in his place. ~~He was a man of ability but an empire builder.~~ He had built up the Fiscal Division to such an extent that, as stated above, my Control Division was able to cut it in half and still do the work effectively. When he came into the Procurement Division he set up an elaborate organization chart, without having complied with The Surgeon General's directive to get the Control Division's approval of it. He soon had about 119 officers and civilians working in his

Division, giving eager staff supervision to the New York office. Later in the fall of 1943 I broke this up, getting Mr. Reynolds to dissolve the Washington Procurement Division of the Surgeon General's Supply Service. This left in Washington only the supply planning activity, which had been part of the Procurement Division.

The next thing I knew, the Supply Planning Division had about 87 people and without authorization of the Control Division had set up an elaborate organization chart, and was going ahead full steam. At this point, I gave up efforts at persuasion, and in January 1944 recommended directly to General Kirk that Supply Planning be taken out of the Supply Service entirely and transferred to his Operations Division. This was done. As I now recall it, after all necessary functions had been provided for it was possible to cut about 40% of the personnel whom Colonel Robinson had had in Supply Planning. ~~Having shot his horses out from under Colonel Robinson twice, his affection for me was, I am sure, not great, although I never had any personal friction with him.~~

In carrying out the above program for decentralization from Washington, unquestionably the most important steps for improvement of the Supply Service were the movement of stock control to New York, obtaining the services of Mr. Hangen to direct it, and basing the buying squarely on depot needs, largely in disregard of the official ASF Supply Program. In October 1943, when we were studying the Army purchasing office in New York, the idea for this transfer occurred to me. I checked it with Mr. Archibald and with Mr. Hangen, who approved. The occasion of it was that I found that the depots' delivery needs report, made as of July 1 to Washington, had actually not been transmitted from Washington to the purchasing office for approximately seven weeks, and that it had then taken ten days more before the first purchase actions were initiated to adjust procurement to the needs of the depots. This meant that we were taking action about Labor Day to supply certain "immediate" needs of the depots on July 1. The obvious answer was to have the depots report directly to the Purchasing Office and adjust the purchases at once.

GETTING MR. HANGEN AGAIN

This plan would have failed unless we could get someone capable of running it, and there was no one I knew except Mr. Hangen. He had become disgusted, and in the early fall of 1943 had told his company that he was not doing much down here, and arranged to go back.

The company maintained that Mr. Reynolds had agreed that he could return finally as of October 31, but I needed him to carry out the new plan. The Surgeon General tried to get him and the company turned him down. Judge Patterson, at my request, asked the President of the Company to come to see him, and the President declined to come. I then asked General Kirk for permission to go and see the company myself. He said it was useless, but he did make the appointment for me. The President, Mr. Sams, and the Vice-President, Mr. Binzen, were both total strangers to me. I laid the need before them and then went into another room while they considered it. It resulted in their letting us have Mr. Hangen full time for another three months, to set up the new program.

Long afterward, I learned from Mr. Binzen what occurred while I was out of the room. Before I got there, they had expected to be high-pressured, and had made a definite agreement between

them that, whatever I said, they were going to turn me down. Mr. Binzen told me, however, that while I was out of the room, Mr. Sams turned to him and said, "Let's not turn him down."

This success in getting Mr. Hangen back, which led indirectly also to his making the missions with me to the European Theater, and later to the CBI²⁵ Theater, was, viewed in retrospect, one of the most important steps in the improvement of the Supply Service. This was because Mr. Hangen's judgment and knowledge changed the awkward, clumsy system into a really functioning enterprise, cut down the shortages and items out of stock, and reduced enormously the excesses. The same capacities produced a profound effect on our studies in the ETO and the CBI Theaters. Without this business knowledge which Mr. Hangen furnished, it would have been impossible for us to bring up the supply organizations in these Theaters to a level at which they could function successfully.

A most significant evidence of the importance of our new stock control plan, and of what Mr. Hangen did, was that in the first month he canceled contracts or authorizations to buy about \$84,000,000 worth of supplies and equipment which he found were not actually needed on the basis of the latest experience, and bought \$35,000,000 of other items which were needed, but the need for which had not been disclosed.

His methods were later studied by Mr. Howard Bruce, Director of Materiel for ASF, General Albert Browning, Director of the Purchases Division ASF, and General Robinson, Director of the ASF Control Division. Later the ASF Supply System was in considerable degree based upon this method. It, however, was so complicated with red tape that Mr. Hangen never owned it as his child, and on the other hand felt that the mandatory injection of the ASF Supply Control System did a great deal later to impair the system which he had set up in New York for medical purchases.

Aside from the stock control and buying, which were dealt with as above explained, the other main direct responsibility of The Surgeon General for medical supply lay in depot operation. In June 1943 there were 19 such depots, with about 10,000,000 square feet of covered storage, employing in total from 10,500 to 14,000 personnel. Sporadic inspections and recommendations for improvements were being made by the SGO's Control Division, but these were of a nature entirely inadequate to meet the problem.

MR. CHARLES HARRIS

In September 1943, I attended a depot conference at Denver. One look at the Denver Depot convinced me of the waste of space and labor there. The reports presented from other depots made me also suspicious of them, such doubts were increased by my personal estimate of some of the depot commanders at the Denver conference, ~~who certainly did not inspire my confidence.~~ So far as I could see, there was no one connected with depot management, either in The Surgeon General's Office or the depots, who had any adequate large-scale warehousing experience qualifying him to direct such a job. I was equally convinced that a good deal of the Control Division's activity in the depots had been unsound, spotty and superficial, and further saw that this was causing irritation out of proportion to its value.

²⁵ China-Burma-India

The obvious cure was to get a man who really knew how to run big warehouses. The Supply Service agreed with this in principle, but did nothing about finding a man. Through various inquiries, the name of Mr. Charles Harris was several times mentioned to me as being an outstanding man in this field, but he had so big a job that it was felt there would be no chance of getting him. Careful inquiries indicated that he was the man, if we could get him. He had managed all Montgomery Ward's warehouses for eight years and was now doing a similar job as Operations Vice-President of Butler Bros., which ran a chain of some 2,500 stores.

Major Rogow of my Division was the man who first mentioned Mr. Harris for this job. I had never seen Mr. Harris, but, through General Greenbaum, I got Judge Patterson to write a letter inviting Mr. Harris to call on him. At this meeting, at which I was present, Judge Patterson presented our need for Mr. Harris' services and appealed to his patriotism. Mr. Harris, who had five sons, said he was willing to do the job if his company would approve. I then wrote a letter for Judge Patterson's signature to Mr. Thomas B. Freeman, President of Butler Bros., and, to leave as little as possible to chance, I arranged to be in Chicago the day the letter arrived. This resulted in an agreement by Mr. Freeman to give us, not only the benefit of Mr. Harris' services, but also of the industrial engineers and other people on Mr. Harris' staff whom he would need to do a good job. My arrangement with Mr. Freeman was that Butler Bros. would take over responsibility for directing the depots and see that a good job was done, and would furnish, without charge, whatever time of Mr. Harris or his assistants was necessary to this end. The Government was to pay only the out-of-pocket expenses of these men for traveling, etc.

The next move was to have Mr. Harris made a Deputy Chief of the Supply Service and also to turn over to him the part of my Control Division which had been working in the depots, in so far as he wanted them, so that he would have a management group which would in effect be a self-contained Control Division. The next step was for the Control Division itself to abdicate except to watch how things went. The following is a summary of what Mr. Harris and Butler Bros. did over about a year and a half in the depots:—

Tonnage handled per man per day in the medical warehouses was increased almost 100 per cent, from .48 to .88 tons; and up to the time of the defeat of Germany (when the character of the mission of course changed), personnel reductions of over 30% were brought about, in spite of the fact that the work load substantially increased during this period. Five of nineteen depots were entirely eliminated, with great saving in warehouse space and cost. Most important, the actual service rendered by the depots through prompt filling of requisitions and good packing was improved. Credit for the successful carrying out of this program after it was placed in effect belongs entirely to those who did the work. My part in it was in seeing the need, developing the plan, selecting and getting the right man, obtaining the consent of his company, securing approval of the Supply Service to the program, and furnishing such Control Division management personnel as Mr. Harris wanted (who were put under his direction) to assist in carrying out the program.

Mr. Freeman wrote me a letter (dated September 20, 1945) saying in substance that he did not believe that anyone could have talked him but of the services of Mr. Harris, but now that it was all over, both Mr. Freeman and the Company were very happy and proud that this work had been done by Mr. Harris and their other men.

The above work with Mr. Hangen and Mr. Harris represented what in my own mind I felt I was useful for. I did not know how to do either of these jobs myself, but I did see the need and then forced through the necessary measures to get absolutely good men into the positions and to see that they got proper backing. After all, the stock control (with the buying made incident to it and dependent on it) and the management of the depots were the two principal parts of the Supply Service. And after these changes, we had two very able men doing this work.

In connection with Mr. Harris' work, an incident occurred out of which I had a lot of fun. Headquarters ASF, led by its Control Division, brought forward in the fall of 1943 a plan under which ASF would in effect take charge of the depots of all Technical Services. One of these plans was known as the "Distribution System Plan." This came out into the open about the 1st of December 1943, just after Mr. Harris and his company, at the personal urging of the Under Secretary, had agreed to meet a critical need by managing The Surgeon General's depots. The impetus back of these ASF Plans was so great that it seemed very doubtful whether we could at my level do anything to stop these changes, but tried one serious and one humorous method of accomplishing this. They were successful.

The serious one was to let Judge Patterson know, through General Greenbaum, that just as Mr. Harris was starting work pursuant to the Judge's personal request, there was apparently going to be nothing for him to do, as The Surgeon General would have no depots; and that we were concerned as to how to explain the situation to Mr. Harris and his Company in a manner which would not cause embarrassment to Judge Patterson for having made the request at the very time these other plans were being formulated. This resulted in a request from the Judge that Mr. Harris and I see him. Mr. Harris explained the situation to him, and Judge Patterson told him to go right ahead and direct the medical depots as he had previously asked him to do, and said that nothing would happen to interfere with his work.

Three weeks later, a funeral of the Distribution System Plan and other accompanying schemes was held at the Pentagon, and the management of the depots was left with the Technical Services. What Judge Patterson had told Mr. Harris several weeks before came true to the letter. I suspected, but never knew directly, that the situation with Mr. Harris was a factor in this thoroughly desirable result for all of the Technical Services.

My other move, which was in lighter vein, was to write what came to be known as the Ring Lardner letter, or 'The Robbie Letter,' to General Robinson. This was dated December 10, 1943. General John Rogers later told me that I was in danger of being court martialled for writing such a letter, but I did not see how anyone could court martial me without making himself ridiculous. I don't know how many copies of this letter were distributed, but many people asked for them. I was a little afraid that one of them might get out by mistake and be published, which could have been serious.

(Those who are of a fortunate generation much younger than I, should know that Ring Lardner was a newspaper sports writer specializing in baseball reporting, who wrote a series of stories in the Saturday Evening Post – the biggest weekly magazine of that era – about a very good, but very dumb major league pitcher. These were in the form of letters from the big league star to his

friend back home in a small town, they were later published in book form with the title, You Know Me, Al,²⁶ and became part of “Americana.”

Also, it should be recalled that several members of the Chicago American League baseball team of 1919, always previously called the “White Sox,” were bribed to sell out the World Series to Cincinnati; were banned from baseball forever and were always thereafter known as the “Black Sox.”)

The letter was as follows:—

Dear General Robbie:

Well, Generul, now you know me and do you remember how John Rogers and you sent this buddie in as a control pittcher on the Surgin General’s ball team instead of as a ambulance chaser, which I had been for him before that. This switch took me out of playin a position for which I had played a whole lot before I got in the Army, as in that ambulance chasin game I was so fast that no catcher ever caught me stealin. Well, Pal I have been pittchin every day mostly as a relief pittcher because our Manager over here the Surgin General is our best pittcher. But now I am in a hell of a lot of trouble and so is our whole ball team and so is our Manager. Now Pal between you and I it is Head Quarters trouble on account of which our team is in a slump and we are losin games until we can get over it.

Now I meant to write you about this in what they call a Memorandum for Director Control Division, Head Quarters, ASF, and doll it all out with 75¢ words, but may be you get so many of those that nobody but the bat boy of your team has time to read them so I thought of what Ring Lardner told me once that the way to tell a story is just to give the facts so I am givin them to you cold, Pal, just like Ring would of done if he was still here and with our club. So this letter is not a official letter at all and I hope you wont get sore at my writin it like this and callin you Robbie instead of General, because I need a pal bad right now.

Now our scheduel calls for us to play all the time versus the Black Sox what is a German team and the Yellow Sox and well pal I guess you have already guessed where they come from, and those teams are both a dirty bunch of players but hard hitters. But it looks now like our chance to lick these guys is likely to be broken up or put off a long time on account of this Head Quarters trouble. And this is what happened to us Robbie:

Some ball players – and they are heavy hitters too – what plays on the Big League team, of which our Surgin General’s team is just a farm club which they own, well these fellas comes and takes battin practice out of our manager or I while we are in there pittchin, and Robbie our team dont get much chanct any more to pittch or to play against the Black Sox or the Yellow Sox because we have to keep pittchin all the time to them Big League players from the Head Quarters club what owns us, just so they can take battin practice out of us. And Robbie they are just takin our team all apart and may be cant beat the Yellow Sox and Black Sox at all unless we get some help from you to call off those guys

²⁶ You know me Al: a busher's letters. (New York, Scribner 1960).

and get them to play in the Big League again like they should be playin in. Or if they come round here to get them to help us instead of tryin to take our team apart and wear it all out.

Now, just take last week for inst., when our scheduel calls for us to play a serious with the Black Sox. Well, on Monday some guys comes over what wants to take the Hospital Fund away from our team.²⁷ Now, that is just like stealin a Pennant what we won years ago. Why our Manager, the Surgin Generul, he loves that Hospital Fund like he loves his own childrun, and did he squawk when he heard that what they call a Percedure committee from Head Quarters was tryin to take it away Because he says he cant run his hospitals without it. So most of Monday we plays against that team what they calls the Percedure committee, to keep the Hospital Fund, and we didn't get no time to play the Black Sox.

Now, on Tuesday we just get warmed up, and what do you think there comes from Head Quarters that day, Robbie? Well, its a Dierective, they call it, but its more like a bombshell, Robbie, because it reads like it takes part of our team and most of our bats and gloves away. And this thing they call a Dierective, Robbie, they wouldn't even show us that day but they read us parts of it and it came from a Generul so high that he must have a halo around his head, if Generuls do have halos, Robbie. And it said that all of our storage and our issure job in everything except drugs and buyerlogicals and electricity apparatus was to be taken over to the Quarter Master team, and that another Dierective was comin out December 15 switchin this. Well, if this was football, Robbie, it would be like the second half of the big game, when the score is tied and our team has the ball on the other guys 30-yard line and first down and a good chanct to score, and if the coach then sends in a new quarter back with a whole new set of signals what the team had never learned; well then things would be just like they was with us last week, Robbie, because none of us could figger out what to do. We have a medical catalog, Robbie, what lists all these things, and to switch a whole lot of them to the Quarter Master catalog and to let all these fellas all over the world what have to requersition this stuff from our medical depots know about this, and order it from Quarter Master, Robbie, well, that would take six months and may be more, and we cant play much ball till that mix up is over. Now if we can stop the war Robbie for a half a year then we could do this. But anyway it would take 4000 freight cars all loaded, they say, Robbie, to switch this stuff. Or else we would have to have Quarter Master players in all our depots, Robbie, tryin to untangle this stuff and ship it from our club house.

Well, the game was called Tuesday on account of darkness, Robbie, and we hadnt had time hardly to play the Black Sox at all. And then on Wednesday, look what happened. There comes another Dierective that looks like a torpedo this time Robbie, and it is called a Distribution System Plan, and it says that all depots is going to be pooled for all the ball teams, and a great big plan comes with it, Robbie, by which our depots would be used for all kinds of different things from what we use them now. And when we would get all straightened out again, if this happens, not any of us on this team knows, Robbie.

²⁷ The Hospital Fund was the account from which hospital activities were paid. The details here are obscure, but presumably ASF sought – for greater efficiency – to take control of most Medical Department monies.

We were pretty groggy by nighttime Wednesday and the game is called on account of darkness again, and we havent had a chanct to make even one run against the Black Sox. Well, we had thought on Monday that we had that Percedure committee team licked like I told you, Robbie, but on Thursday back it comes with some more players includin heavy pinch hitters from your Control Division team, and we have to play em most of the PM till that game was called on account of darkness. And no chanct to play the Black Sox that day. But I think we licked that Percedure team about the Hospital Fund, Robbie, because our Manager went up to bat in the pinch and he hit a home run what knocked their pittcher clean out of the box and in to the showers.

And then look what happens on Friday Robbie. Well, here comes another Dierecive, and this says its goin to switch the Army Regulations and a War Dept. Circular, and its not going to let the Surgin Generul have anything more to do with any medical supplies after they get to a ASF depot. And there is another catch in it Robbie. It says we must give to the ASF depot teams some good players what can handle those medicines and things in those depots. Well, when we look at this Dierecive and lay it up alongside of that Distribution System Plan what we had got on Wednesday, which said that everything was goin to be ASF depots, then we knew where the Surgin Generul gets off.

Well, on that day that we got this last Dierecive which if it and the others goes through, kicks the Surgin Generul pretty near clean out of the Depot League, why, that was the same day that our new star player, Charlie Harris, reports. Now, we just got Charlie to play the Depot position on our team, and he is a real Big League player from Chi, what has played in the World serious more than onct, and knows all about playin Depots and bats over 300 and 50. And we had some fight to get him away from his team in the Business League, what wanted him bad and paid him a big salary. And we only got Charlie because the Judge, and you know, Robbie, that the Judge is the top man in baseball;²⁸ he got him for us and made that other team at Chi give him up as a patriotic action which they did because the Judge ast them to. And then, the day Harris reports, all these Dierecives land on us and we dont know hardly whether we are in the League any more, and the rules is bein switched so fast on us we dont hardly know how to play anyhow, and so our Manager, he dont know what to do with Charlie; so Charlie just takes battin practice with our team that day. And Charlie, he cant figger out all this, and so he was thinkin of reportin back to his old team. But I guess he will stick with us for a little while till we see if we get these things untangled and know what the rules are and if we are still in the League.

Well, last week wasnt over yet. Robbie, because Saturday was comin up and we thought mebbe we could give the Black Sox one lickin that day, what with havin Harris and everything. Well, that day the Percedure committee laid low, and they didnt bother us any. But the Head Quarters Personal Team, which also owns a interest in our Club, why they comes over and says that we must stop and make a inspection of hospitals in the 3 Service Command, because they had made a Dierecive month before last for this. Well,

²⁸ Voorhees analogy is inexact. Judge Patterson was Undersecretary of War. The Secretary of War was Henry L. Stimson.

our scouts was taken care of checking up on these hospitals, and had just been all over the country looking at some, and we didn't need any more inspections of hospitals right now to help our Club win. And our Manager, well, he thought it was his job to tell when more surveys were necessary. But he was told to make this survey anyhow, even if it took one of our best players out of the game for awhile.

So that's what happened to us last week, Robbie, and that's what my Pal Al calls Head Quarters trouble. And since you are so close to the President of our League, and are a General and everything, and the Director of the Control Division of the Big League who owns our Club, couldn't you do anything to help us, Robbie, so we could just play those God Dam Black Sox and the Yellow Sox for a while and not have to play versus them Big League players from Head Quarters all the time or have them take batting practice out of us?

Now, our Manager, he sends his best to you, Robbie, and so does my Pal, Al, but they are pretty groggy too, just like

Yours, etc.

Your

Buddy

I learned that, immediately following the receipt of this letter there was a long meeting called by General Robinson of all the ASF Control Division personnel. General Robinson later made rather a clever reply to this letter, which is now in the Rutgers Library. I was not court-martialed nor even reprimanded. In fact, General Kirk gave me an informal commendation for having written the letter.

In any case "The Distribution System Plan" which would have been a disaster, was abandoned, and Mr. Harris and Butler Bros. tackled with outstanding success the great responsibilities which they had taken on.

For most of the year 1944, I was either away from the office or preparing for my three missions to overhaul Medical Supply in overseas Theaters or making reports and clearing up special jobs which I brought back from the Theaters to be done.

Now, in 1971, there is a story of an assignment General Kirk gave me which can finally be told:—

In December 1943, General Paul R. Hawley, Chief Surgeon of the European Theater, had written a personal letter to General Kirk saying that, while he had the best doctors in the world, his medical supply for the planned invasion of Europe was "lousy." This proved later to be a magnificent understatement. In fact his medical supply was incredibly bad. It was arranged that I should go in January 1944 to England to head a team to survey the situation and remedy it, if possible. Medical Supply included complete hospitals with all equipment – everything except the buildings themselves. (The story of these overseas missions I shall tell later.)

Essentially, I was to go to the European Theater (ETO) as General Hawley's guest and at his request in order to help him with a critical problem. The day before I was to leave General Kirk called me in and told me that he had reports that General Hawley was drinking so heavily that he could not do his job, and told me to find out for him if this were true.

Two thoughts went through my mind instantly and virtually simultaneously: "You are ordering me to spy on General Hawley when he thinks I am there to help him." The other thought was, "I'll never obey this order." But fortunately I succeeded in keeping my mouth shut.

When I got to England, I saw that General Hawley was drinking liberally, perhaps even heavily, but that this was not interfering with his doing a fine job. Also I observed that General Hawley was the ablest regular Army Medical officer I had known.

When I got back to Washington I dropped into General Kirk's office and made my report. It was: "You need have no concern about General Hawley. This is just a case like President Lincoln's comment about General Grant's whiskey: 'Can you get some for your other Generals?'"²⁹

Many years later General Hawley, long since retired – and in fact only a short time before his death – happened to come into my office in Washington and I told him that it was time he heard this story.³⁰ He left the office roaring with laughter. It was the last time I ever saw him.

There was also an incident involving my mission to the China-Burma-India Theater (CBI) of June to August 1944, which it is appropriate to describe at this point as it concerned events which happened in this country.

In June of 1944 I was ordered to go to the Pacific Theaters to survey medical supply. This followed what was regarded by The Surgeon General as the success of my mission to the ETO, for which he had given me an official commendation. General David Grant was the Air Surgeon, and a feud existed between him and General Kirk.³¹ So I called on General Grant to find out what problems the Air Force had with medical supply in the Pacific areas. It happened that an Air Force colonel had just arrived from the CBI Theater with a horrible story of the inadequacy of medical supply in the CBI. Such supply was the responsibility of The Surgeon General, and the Air Force there was the victim. General Grant was seething with indignation and criticism of The Surgeon General. He said that he was going straight to General Somervell, Commanding General of the ASF, to complain. I said to General Grant: "If you want to get something done about this why not go right to the top at once? That means Colonel Reynolds, for he is head of the Supply Service for The Surgeon General and the matter will have to come to him anyway before anything can be done. If you want to do this I think that I can have Colonel Reynolds here in about twenty minutes." This was done. Clearly the situation in the CBI was much more acute than in the Pacific. The charge was that the Air Force couldn't get half the items it requisitioned,

²⁹ Unsurprisingly there is nothing in the official history about this, nor in the correspondence between Hawley and Kirk.

³⁰ Hawley died 13 August 1960. At that time Voorhees was working on Cuban refugee matters.

³¹ The Army Air Forces sought independence as an Air Force, which would become law in 1947. In 1949 The Air Surgeon would become Surgeon General of the Air Force. In medical matters, as with various others, the Army Air Forces sought independence to the annoyance of the rest of the Army.

Voorhees, like many others, consistently wrote "Air Force" when technically it was "Air Forces."

not even aspirin or morphine, from the principal medical depot in Calcutta. It was, therefore, at my suggestion, at once arranged to turn my team around and send us to the CBI. So I was started around the world in the other direction from that which I had intended to go that morning.

General Grant's complaint proved fully justified, but it was not difficult to correct a bad situation very quickly, as later described in the chapter on CBI.

Some months thereafter, General Grant made an inspection trip to CBI and on his return wrote a polite letter to General Kirk thanking him for what had been done. He said that he could find no shortage of medical supply anywhere in the Theater after my team had been there, although the situation had been terrible before. (This letter is with my papers in the Rutgers Library.)

With General Grant thanking and congratulating General Kirk, it seemed that the millennium had indeed arrived.

REORGANIZATION OF THE SGO

My principal work in The Surgeon General's Office in the year 1944 was the plan for a broad reorganization of the Office. This was first submitted in January 1944. Part of it was then adopted by General Kirk. Other parts of the plan which had not been acted upon were subsequently submitted with some modifications in June 1944.

At last, about the end of August, following my return from the CBI Theater, General Kirk accepted almost all of these recommendations and put through a basic reorganization of the office. Included among these changes was dissolution of the large Professional Service, which had been created two years before under a recommendation of the Secretary of War's committee, but which had never functioned effectively. The first breach in this had occurred in January 1944, when I had succeeded in getting the Preventive Medicine Division of the Professional Service separated from it and made an independent Service. Various other parts of the Service, particularly the professional divisions, were extremely restive and were in fact reporting directly to General Kirk, instead of through General Hillman, the Chief of the Professional Service. The time had come to end this Service entirely, and this was done with great relief to everyone, including, I believe, General Hillman, who had not been in a very happy position, through no fault of his.

Another trouble had been that the Professional Divisions actually operated by giving instructions to the hospitals in matters which overlapped the work of the Hospital Division of the Operations Service: My plan, therefore, converted the Professional Divisions into Professional Consultant Divisions, which were to have an advisory function only rather than any operating responsibility. Instructions to the hospitals, therefore, had to be given through the Operations Service and not by the Professional Divisions. Inclusion of the word "consultant" in their titles was intended to emphasize this.³²

³² On the consultants and their organization, see W. Paul Havens, Jr. Medical Department, United States Army, Internal Medicine in World War II, vol. I, Activities of Medical Consultants (Washington, DC: GPO, 1961); B. Noland Carter and Elizabeth M. McFetridge, Medical Department, United States Army, Surgery in World War II, Activities of Surgical Consultants, 2 vols. (Washington, DC: 1962, 1964)

Another change in the function of the Professional Divisions was to give them definite responsibility for all key appointments of professional personnel. Previously, the Personnel Service had made these appointments, sometimes acting upon the advice of the Professional Divisions and sometimes not. The change placed the responsibility for selection of doctors for such key posts squarely upon the Professional Consultant Division involved. This was necessary in order to make the best utilization of the particular skills of specialists, with whose work the Professional Division dealing with that particular specialty was, of course, the best informed. Like many other steps, this change seemed so obvious that it is hard to see why it had not been made long before.

At the same time, my reorganization transferred personnel planning to the Operations Service. This resulted in Dr. Eli Ginzberg's taking over the personnel planning.³³ More effective planning resulted, and without the change I do not believe that we could have met the much greater demand for specialists which later occurred as the casualty load increased.

Another change in the reorganization was the creation of the post of Assistant Surgeon General and the appointment of General Bliss to this position.³⁴ He had previously, as head of the Operations Service, been on a parity with the other Services and independent Divisions, and was not, therefore, in a position to control their activity in a way to coordinate it with Operations. This change effected an improvement, but by no means as great benefits as I had hoped for. One unfortunate incident was that, while I was away on leave, the plan was announced the day before General Bliss went out for a trip to the Pacific, so that the vigorous reorganization of the functioning of these Services and Divisions, which I had hoped he would put into effect promptly, was very much delayed, and in fact never was carried out to the extent desirable.

Taken all in all, however, this reorganization did produce an improvement in the functioning of the office. One important feature of it not stated in the plan was to place Lieutenant Colonel Hall,³⁵ then a relatively junior officer (later a Member of Congress), in charge of the Personnel Service. Although it took some time before this was done, this change represented an improvement, but did not work out as well as I had hoped.

Lacking professional medical knowledge, I felt that my principal usefulness was in management advice as to the business aspects of the Office, and through reorganization of these to free up officer allotments, civilian personnel, and space for more adequate functioning of the professional parts of the Office. An incidental result of such changes was to obtain for me the friendship and complete co-operation of most of the top professional men in the office, because the steps taken had enabled them to get staffs and space to do the job which they were anxious to do but had not previously had the tools with which to accomplish.

HOSPITALIZATION

³³ Ginzberg was a PhD economist rather than a medical doctor, and was doing the same sort of management consulting as Voorhees.

³⁴ Then-Brig. Gen. Raymond W. Bliss would be Assistant Surgeon General 1944-1947 and Surgeon General 1947-51.

³⁵ Then-Lt. Col. Durward G. Hall, of the Personnel Division would stay in the Army Reserve until 1955. He would be Republican congressman from Missouri 1961-73, and was co-founder of the Uniformed Services University of the Health Sciences in 1973.

In November, 1943, I did get pretty directly into this subject. Up to June, 1943, there had been no Hospital Division of any substance, merely a small organization to administer “bed credits” in hospitals.³⁶ Resentment in the office at that time against the transfer of the General Hospitals in the U.S. from The Surgeon General to the Service Commands, and, therefore, out of the direct command of The Surgeon General, had resulted in his failing to furnish even staff supervision over these hospitals, although he clearly was authorized to do this under powers which General Somervell delegated to him.

General Kirk, through General Bliss, brought in Colonel Al Schwichtenberg, an Air Surgeon, to head the Hospital Division. He labored for several months in a little coop of an office, with only two or three officer assistants, (aside from those in the Hospital Construction Division which was a relatively separate function), until I was able to obtain more adequate space for him. In November 1943, he got an Army plane for a week and arranged for a group to travel and inspect three representative large General Hospitals in the U.S. I was invited to join this group, but thought I could contribute nothing and declined. General Lull (the Deputy Surgeon General) then ordered me to go.

Dr. Eli Ginzberg, then of the Control Division, ASF, was also on this trip. He had been writing reports for General Somervell as to the inadequacies of our hospital set-up, and these had caused considerable friction. On the trip, he and I saw many things alike. My official report of the trip explains these in some detail.

In substance, the plan then was for a General Hospital system in the U.S. of about 110,000 beds, designed primarily to take care of returning overseas casualties. However these hospitals also looked after the more serious and complicated cases occurring in this country. We found in November 1943 that this system had about 50,000 beds filled, mostly with Z/I (Zone of Interior) cases, so that there were only approximately 50,000 beds left for returning overseas casualties, although the invasion of France was expected the following spring. We also found that a very substantial percentage of the cases in these hospitals did not require hospital care, but were there for legal reasons, such as delays in discharge, or because there was no other place to care for the mildly ill ambulatory cases who would have been out-patients in any civilian hospital. For example at Percy Jones Hospital (the former Battle Creek Sanitarium) the Chief of the Medical Service there estimated that less than 50% of the medical cases in the hospital on that day needed hospital care.³⁷ It was apparent that, if we were to supply hospitalization adequate for returning casualties, a very intensive reorganization was needed, and that The Surgeon General’s Hospital Division as then staffed was not equipped to do it.

As a result of this trip, I obtained for the Hospital Division much more adequate staff and space, which was made possible by the cuts in the Supply, Fiscal and Control Divisions already discussed.

³⁶ On hospitalization, see Clarence Mc.K Smith, The Medical Department: Hospitalization and Evacuation, Zone of Interior, (Washington, DC: GPO, 1956).

³⁷ Voorhees may inadvertently be side-swiping The Surgeon General. Kirk had been commander of Percy Jones General Hospital until becoming Surgeon General, and thus problems in November 1943 reflect on the commander in May 1943, Kirk.

However, the most important step was to get Dr. Eli Ginzberg as an Assistant to Col. Schwichtenberg. My recommendation that he be brought over here was not enthusiastically received in the SGO. But I pointed out that he was the only man in the Control Division, ASF, who knew enough about hospitals to write the criticisms which that Division had been making to Gen. Somervell, and that we would pull the ASF Control's fangs if we had Dr. Ginzberg over here. In any case Dr. Ginzberg was asked for, and Gen. Robinson, who headed the Control Division, ASF, let him come.

Col. Schwichtenberg showed breadth of mind and judgment in utilizing Dr. Ginzberg with full effectiveness. Dr. Ginzberg's brilliant analytical mind, complemented by Col. Schwichtenberg's sound judgment, promptly resulted in an elaborate statistical study of plans for a reorganization of the Hospital Division. This was much later explained in very clear form by Dr. Ginzberg to the Control Division meeting on July 4, 1945.

Although nominally serving as the Director of the SGO Control Division throughout 1944, I actually did very little in directing its normal functions except in the reorganization plans for The Surgeon General's Office above described. In fact, it was not until the middle of February 1945 that I really picked the work up again, as in 1944 I was overseas for long periods.

POSITION OF THE SURGEON GENERAL IN THE ARMY

At that time there was under consideration a change in the organizational position of The Surgeon General in the Army, or of his functions. Pursuant to an invitation from the Secretary of War, The Surgeon General had pointed out that he had been hampered by his position on a lower staff level under the ASF, and the Secretary of War had directed that an appropriate remedy be considered. General Bliss conducted these negotiations with skill. There was strong resistance from ASF and the General Staff against any change of the position of The Surgeon General, especially against any direct access by The Surgeon General to higher authority above ASF. On the other hand, The Surgeon General had responsibilities which were no part of ASF's job.

During these negotiations, I served behind the scenes as counsel, preparing and revising drafts of the proposed new War Department Circular, and the memoranda which The Surgeon General submitted supporting his position and opposing other proposals which would have effected no substantial betterment in his position. Finally, War Department Circular 120 was worked out, largely by Mr. G. H. Dorr, Special Assistant to Secretary Stimson, and to some extent by General Bliss and myself.³⁸ In approving this change, the Secretary of War stated that he did so with the understanding that he should have direct access to The Surgeon General and the latter to him whenever either thought it necessary; also that the care of the sick and wounded should be considered a direct responsibility of the Secretary of War. The circular, fortified by this letter, gave The Surgeon General for the first time a sound position. It included power to make inspections throughout the Army, thereby giving him real authority in the supervision of medical activities in Theaters of Operations. (However, for some reason these new powers were not greatly utilized.)

³⁸ Goldthwaite Dorr was a New York lawyer and during 1942-45 Special Assistant to the Secretary of War. He would be involved in various government commissions. Voorhees presumably knew him from New York as well as Washington. Dorr was interviewed in 1950, 1960, and 1962. The results are at Columbia University as "Reminiscences of Goldthwaite Higginson Dorr."

NURSES

In March 1945, a Bill to draft nurses was pending in Congress pursuant to President Roosevelt's recommendation of early January, which, in turn had rested upon The Surgeon General's statement of his need for 60,000 nurses, as compared with the 42,000 which he had.³⁹

Judge Patterson telephoned to me one day in New York in March, and asked me to prepare material for him to justify this Bill. He said that he wouldn't go into the Municipal Court (the lowest civil court in New York) in a \$20 case with evidence such as The Surgeon General had given him so far. I had my assistant, Lt. Colonel Sobol, help me with this, and, largely due to his efforts, the facts were untangled and material which was satisfactory to Judge Patterson was produced.

In May, after Germany had surrendered but while the Bill to draft nurses was still pending, nurses were coming under voluntary recruiting by the Red Cross so fast that the Army did not know what to do with them. There was a meeting in Gen. Bliss' office at which Gen. Lull, various representatives of the Hospital Division, and Dr. Ginzberg were also present, the object being to cut off the flow of nurses without getting into an awkward position because of the Surgeon General's insistence upon the need for more.

It developed that we then had 52,000 nurses, and that even this was more than was needed. Unfortunately the statement had previously been made by The Surgeon General that the termination of the German war would not decrease for some time the need for 60,000 nurses. However it developed that, let alone not needing 60,000, they did not have anything for many of the 52,000 to do.

A proposed letter to Senator Thomas, the Chairman of the Senate Military Affairs Committee, who had sponsored the Bill, had been kicking around Headquarters, ASF, and the General Staff for some two weeks or more, as I now recall it, but the subject was too hot for anyone to want to handle it.

About 5:30 one evening, with little previous knowledge of this situation, I was brought down to the above meeting in Gen. Bliss' office, was told that they had a bear by the tail, and asked for advice. It was clear that the first step had to be a letter from the Secretary or Under Secretary, withdrawing the Bill as now being unnecessary, and this letter had to be or at least sound consistent with previous public statements and yet justify an opposite course.

It was also desirable for the letter to placate the Nurses' Association and the Red Cross and to forestall criticism based on the obvious fact that there was not enough work for many of these nurses to do. We got up such a letter for the Under Secretary's signature. This was approved by the Deputy Chief of Staff, Four Star General Handy, but he directed that it should be written only by the Secretary himself. The Secretary was not going to be back until the following week and we simply could not wait that long, with the nurses flowing in. I was then given by The Surgeon General the job of going to see Judge Patterson and getting him to sign a letter, in spite of the

³⁹ Charles M. Wiltse, Medical Department, United States Army, Personnel in World War II, (Washington, DC, 1963) pp.229-31 covers the proposed draft of nurses.

above decision by a four star general. Judge Patterson immediately decided that it was appropriate for him to sign the letter, as he had conducted the entire matter relative to the nurses. He tried unsuccessfully to telephone to the Deputy Chief of Staff, and then signed and sent a letter immediately. This was my only experience in being assigned to overrule a four star general.

Gen. Greenbaum and I had rewritten the letter. It praised the nurses' patriotism, the Nurses' Association, and the Red Cross which had made the bill to draft nurses unnecessary. They were the only organizations which could make a fuss and the letter shut them up.

Then I was asked what to do with all the nurses we had. I said "Put them in the pipe-line," to take the places of nurses who had been overseas for years. This would take two or three months as those nurses could not leave until their replacements arrived. So this was treated as a humanitarian project for the nurses with long overseas duty. The "pipe-line" did its duty and we had no discernible excess of nurses.

SHORTAGES

My trip to the Pacific Theaters of War had disclosed that there were acute shortages of many items, due to the inability of our depots here to fill requisitions. It was hard for me to understand how this could occur, because early in the year 1944 we were in long supply of 82% of all items. I decided to study this on my return, and did make, with the aid of Maj. Kjolsrud, whom I secured on temporary duty for 30 days for the purpose, a study of stock control conditions. (This is embodied in a report dated April 13, 1945.)

The study disclosed that the operation of the ASF Supply Control System, together with the cutting down of authorized depot level from 90 to 60 days, and the continued insistence on not having too much, had resulted in a condition in which, as to many items, our medical supplies were "too little and too late." It brought out, also, that one of the important factors in this was the unpredictable nature of requisitions from overseas. The latter condition was inevitable as long as the Theaters' supply organizations were run as entirely independent enterprises in each Theater, over which The Surgeon General had no control nor even any staff supervision. It was also inevitable, so long as the overseas Theaters were requisitioning on the basis of theoretical consumption rates issued by The Surgeon General, instead of on rates based upon each Theater's actual issue experience. We had tried to get this condition corrected in the Pacific Theaters on our trip. A separate study was made of this subject in the spring of 1945, in conjunction with Mr. Harris and Mr. Hangen, and a report was made dated July 10, 1945.

As a result of the stock control study above mentioned, I was able in April 1945 to persuade Mr. Harris to undertake to head up stock control as well as to correct depot conditions as previously described. This was necessary because there was clearly no adequate direction, and because Mr. Hangen could at that time not give more than a small part of his time to our work and Colonel Reynolds was unwilling to accept him on a part-time basis.

Coincident with Mr. Harris' appointment to head this new work, I had Lt. Colonel Sobol of our Legal Division transferred into the Control Division, and assigned a control group to assist him in helping Mr. Harris with a New York office reorganization. This was to function in the same

general way in which the depot control group had assisted Mr. Harris in that work. A work performance measurement system was developed for New York, and various improvements were under way at the time when the Japs' surrender ended Mr. Harris' work.

GENERAL REYNOLDS

In the spring of 1945, General Kirk told me that he had been blocked for a year in getting Colonel Reynolds' promotion to Brigadier General, which he had promised Colonel Reynolds at the time the latter put on a uniform in March 1944. General Kirk asked me whether I would see Judge Patterson and ask him to do something about this. I saw Judge Patterson the next day. He indicated that he would do something, and later wrote a memorandum as to the matter. About 60 days thereafter, Colonel Reynolds was promoted. But I think that he never knew how it came about.

Now in 1971, I can tell this story more fully. When I returned from the European Theater in April 1944 after having successfully overhauled the Medical Supply for the Normandy invasion, I found that Mr. Reynolds had become Colonel Reynolds, and the gossip was that he was at once to be made a General. After I came back from my third overseas mission about January 1st 1945, this had not happened. When General Kirk called me in and asked me to get this done for him, I thought: "How about me? I have been here longer than Colonel Reynolds and have done hard jobs overseas, as well as here, and have never been promoted." However, I succeeded in keeping my mouth shut, and carried out the mission successfully. (Except for this promotion of Colonel Reynolds, every opening in The Surgeon General's Office for a Star went to a doctor.)

HOSPITALS IN EUROPE⁴⁰

After Germany surrendered, I learned that a plan had been agreed to under which all of our surplus hospitals in Europe were to be dismantled, packed up, and either returned to this country or sent directly to the Pacific. This program was apparently based upon a policy of economizing as to all Army stocks, and medical supplies and equipment were caught in the tail of the whirlwind, without consideration having apparently been given to the needs for hospitals for civilians in Europe.

With General Lull's permission, I made a study of this subject, and found that the Foreign Economic Administration was attempting to buy in this country large numbers of civilian hospitals for the Western European countries at the same time that we were dismantling Army hospitals in Europe and shipping them to the U.S. or to the Pacific. After a lot of work on this subject, I succeeded in getting the policy changed by Judge Patterson so that we would leave in Europe any hospitals for which there was need, even though this would require further procurement in this country, provided, of course, that we could purchase the new equipment in time to meet military needs in the Pacific. It then developed that the French needed 50,000 beds, the Belgians 7,000 or 8,000, and the Dutch some smaller number. Arrangements were made for such deliveries at the time President Truman canceled all Lend-Lease following the defeat of Japan. Thereafter, the negotiations were taken up again, I learned, and approximately the above numbers of hospitals were going to be left there. While similar use should be made of more hospitals over there and of stocks of medical supplies which were surplus to the Army's needs,

⁴⁰ Graham A. Cosmas and Albert E. Cowdrey, The Medical Department: Medical Service in the European Theater of Operations (Washington, DC, 1992), chapter 17 covers this.

the release of the approximately 60,000 beds for civilians which were going to France, Belgium and Holland was at least a long step in the right direction.

RESEARCH AND DEVELOPMENT

Commencing in May 1945 – with the aid of Colonel (later BG) Bryan Fenton, whom I had secured temporarily for this purpose – the Control Division made a study of The Surgeon General's Technical Division. This Division was in charge of new development activities. This led into some study of the organization of research in the Office. Finally, after prolonged discussions, this study resulted in the organization of a new Medical Department Research and Development Board, under which there would be a Research Unit and a Development Unit, the latter to be located in New York. This Board would have several full time men assigned to it. The new arrangement also gave an opportunity, which General Hugh Morgan, head of the Medical Consultants Division, had especially insisted was necessary for better organization of clinical research in Army hospitals. The new Board was recently publicly announced.⁴¹

BODY ARMOR

In the spring of 1945, I became interested in the subject of body armor, finding that the Navy Surgeon General had, about a year ago, recommended and secured the adoption of an armored jacket for Navy and Marine amphibious personnel. This was made out of spun glass and nylon and was very light. It had been developed by the Army Quartermaster Department, but the latter had never been able to get the Ordnance Department to take any interest in it, and the Army Surgeon General's representative had apparently taken no affirmative action as to it. In the meantime, Ordnance had developed a steel armored vest, heavier but with better anti-ballistic properties.⁴²

The story of this body armor typifies one thing that was wrong with the Army in 1945. The facts speak for themselves:—

A large number of wounds are caused by shell fragments of relatively low velocity. Even light armor over the vital parts of the body constitutes great protection. Yet the only defensive protection of this nature which our Army ever had was the helmet. Wound ballistic studies indicated that an armored vest might save the lives of ten to twelve per cent of those killed, and

⁴¹ The structure of Army R&D has changed over the years. Research and development for much medical equipment was performed at the Medical Field Service School during the inter-war years; there was relatively little medical R&D organization in WWII except for new equipment. Wiltse, Organization and Administration, covers it on pp.93-96, commenting that it was heavily decentralized. On 23 August 1958 Surgeon General Silas Hays established U.S. Army Medical Research and Development Command, with its commander also the Special Assistant to The Surgeon General for Research and Development Affairs. It continues today as Medical Research and Material Command.

⁴² Body armor was not a quartermaster item, and Voorhees' memory may be faulty. The subject was only mentioned in passing in the two histories of the Ordnance Department, Planning Munitions for War (Constance McL. Green, Harry C. Thomson, Peter C. Roots; Washington, DC: GPO, 1955, pp.379-80) and Procurement and Supply (Harry C. Thomson and Lida Mayo, Washington, DC: GPO, 1960, pp.185-6). A 1946 study by the infantry about equipment unanimously approved body armor (with caveats such as manageable weight) but made it eleventh priority. Infantry Conference report of committee on equipment and supplies, June 1946, Combined Arms Research Library, Ft. Leavenworth, KS. There is also a discussion of body armor, including potential reductions in wound and death rates, in Gilbert W. Beebe and Michael E. De Bakey, Battle Casualties: Incidence, Mortality, and Logistic Considerations (Springfield, IL: Charles C. Thomas, 1952) pp.170-176.

prevent eight to ten per cent of the wounded from becoming casualties at all. Further, an indeterminate number would be less seriously wounded if so protected. The weight of such armor perhaps was such that it could not be carried on long marches, and it might have been necessary to limit it to particular operations or types of work. But no one denies that there was a great opportunity for such protection. It would seem that intensive studies along this line would have been one of the first steps which should have been taken by Ordnance or the Ground Forces or The Surgeon General at or before Pearl Harbor.

As far back as 1942, at Milne Bay in the Southwest Pacific, a Japanese armored vest was captured, and one of our doctors (Colonel Ridgeway Trimble, a surgeon from Johns Hopkins) on duty in the Southwest Pacific Area, worked intensively to develop from that an improved vest. He was, however, completely barred from getting this information out of the Theater and back to Washington until early in 1944, when General Guy B. Denit (chief Surgeon of the Southwest Pacific Theater) obtained or gave such permission. Then the material got back to Ordnance. By May 1945, when I looked into the matter, a vest had been developed from this and 100,000 had been ordered as a trial matter, materials for 400,000 further being obtained.

By this time the German war was over and it was almost too late to use the vest even for the assault on Japan. The Surgeon General was doing nothing about it. The Development Division, which is part of the special staff at the Pentagon, had tried to send two men to the MacArthur Theater to demonstrate the vest, but the Theater had refused to let them come, and had said merely to send the vests over. Pursuant to a further effort, the Theater gave permission to send the men, but only authorized water priority for the sample vests. It would have been impossible in this way to get these over there, have tests made, and buy and ship a sufficient number for general use in either of the two main attacks on the Japanese home islands which had been decided upon. Finally, an air priority for 55 vests – an inadequate number for any practical use – was set up by the Theater after further urging from Washington. Just before the war ended, I had arranged with General Greenbaum to send a special message to General Styer to get an answer as to whether the Theater wanted large numbers of these vests.

In the above work, I learned that the vest could be manufactured in 30 days.

Since the ancient Greeks had armor, the idea of furnishing body protection could not have required great originality. In any case, we had the Jap vest for three years, yet not one of our ground soldiers was apparently ever given this protection.

The matter was apparently primarily handled by an officer in Ordnance who was not enthusiastic about body armor. The MacArthur Theater, being independent, was able to prevent the information as to the Jap vest and Colonel Trimble's experiments being sent back here for a long period, although what reasons underlay this course of action it is impossible for me to understand.

When the subject came up, it was apparently treated as a long, slow, routine development. Even when the Navy did something last year (1944) about body armor, the Army did nothing, in spite of the fact that it was the Army's body armor that the Navy was using.

No clear-cut single responsibility for this job was apparently placed upon anyone. As between Ordnance and Quartermaster, the vest was both clothing and armor. The Quartermaster Corps worked on it as clothing, but Ordnance claimed that it was its function, as armor. (It was like the story of the Quartermaster ants and the Engineer ants.) The development of equipment for ground troops was also in some degree a responsibility of the Army Ground Forces, but the Army Ground Forces is merely a training command in this country and has no authority in the Theaters. The Navy Surgeon General's action indicated that it was in some degree a responsibility of The Surgeon – and certainly it could have lightened his bloody labors – but it was never made a clear responsibility of The Surgeon General of the Army, nor was it assumed by him. Finally, when something really good was developed, the theory of independence of the Theaters was so great that there was apparently no authority – or no disposition to exercise the authority – to send a sufficient number of vests and men to make an immediate test and to require the Theater to use the equipment.

The above conduct should be contrasted with the development of the so-called flak suit, or armored vest, by the Air Force. This was the work of just one man, Brigadier General Grow, The Air Surgeon of the Eighth Air Force.⁴³ Nothing had been done to protect the men who were bombing Germany, but he developed an armored suit over there and had it made in England. This admittedly saved many lives. While this particular garment, designed to be worn only by a person in a sitting posture, was, of course, not usable itself for ground or other troops, it would seem that the success of it should have stimulated some active consideration elsewhere. Just how far a light vest could have been used by ordinary combat troops, no one knows. But that something could have been done, and many lives saved, is obvious.

It would seem that effective staff supervision as to such matters should assure, first, that responsibility is put squarely in one place; second, that there is sufficient “riding herd” and follow-up to see that prompt and effective attention is given to such possibilities; third, to bring about the Army-wide use of whatever improvements are found practical. None of these conditions apparently existed.

Of course, the responsibility for working on this was in no sense mine. Whether or not it was The Surgeon General's, I do not know. I became interested in it first when General Steve Simmons, Chief of Preventive Medicine, invited me to hear the Quartermaster Development Division's talk and see its film concerning the vest which it had developed and which the Navy and Marine Corps used. After that, I obtained some interest in the subject on the part of The Surgeon General. Fortunately, all further steps were needless, since Japan surrendered.

MORTALITY RATES

The final job on which I was working for The Surgeon General related to our reporting activities. The Health of the Army Report was prepared in my Control Division. In June, after Germany's surrender, various items of information came to me, showing that the professional care in the European Theaters had been far superior to that given in the Pacific Theaters. I started a study of this material and obtained official statements, definitely establishing this fact, from the Chiefs of

⁴³ The official history of medical support to the Army Air Forces is Medical Support of the Army Air Forces in World War II by Mae Mills Link and Hubert Anderson Coleman (Washington, DC: GPO, 1955). There is no biography of Grow.

the Surgical, Medical and Neuro-Psychiatric Consultant Divisions. It was clear that the first team, the team which had Big League experience, had been in Europe, and that, compared to the standards there established, there had been great deficiencies in the Pacific.⁴⁴

On Okinawa over 5,000 out of 15,000 casualties had had to be flown all the way to the Marianas, 1,300 miles, without being operated upon. Seriously wounded cases had lain in shock wards for 24 hours before surgeons could get to them. No evacuation hospitals were available for this operation and reliance was placed upon field hospitals. They were not suited to carry such a load and were inadequate in number. In the MacArthur Theater I had seen myself, after the invasion of Leyte, lack of proper hospitalization, with large fixed hospitals thrown into muddy areas and given no engineering assistance to set up, but still required to take patients.

It seemed to me that this general subject was a sufficiently important matter for General Kirk to exercise his right to go directly to the Secretary of War or to make an official recommendation to him through The Commanding General, ASF, and the Chief of Staff. It seemed apparent that the doctors in the Pacific were not receiving the Command support necessary to save all the lives possible. I prepared such a report for General Kirk's signature, proposing remedies including an inspection of the Pacific Areas by a top level team from The Surgeon General's Office. This was delayed while General Kirk was in Berlin with the Secretary of War in July, 1945 although I sent a copy of it to General Kirk in Berlin for consideration. After some revision of it, part of which he did while in Berlin, he was on the point of sending it when the Japanese surrender fortunately made all of this unnecessary.

MEDICAL SUPPLY JOB FOR THE INVASION OF JAPAN

On July 25, 1945, Brigadier General Guy Denit, General MacArthur's Chief Surgeon, was here for a conference on medical plans for the invasion of Japan. Finding that he was woefully short of medical supply personnel and had no one qualified to be chief of medical supply, I volunteered to undertake this work. General Denit accepted the offer. General Kirk had told me that he had arranged for me to go to the Veterans' Administration to assist General Hawley in a study of Veterans' Hospitals,⁴⁵ but the invasion of Japan had precedence until the A bombs went off and Japan surrendered ending the Pacific job. I then closed up my affairs in The Surgeon General's Office and was relieved as Director of the Control Division on August 17, 1945.

⁴⁴ The standard histories are Graham A. Cosmas and Albert E. Cowdrey, Medical Service in the European Theater of Operations (Washington, DC: GPO, 1992) and Mary Ellen Condon-Rall and Albert E. Cowdrey, Medical Service in the War Against Japan (Washington, DC: GPO, 1998) respectively. Statistics are laid out Frank A. Reister, Medical Department, United States Army, Medical Statistics in World War II (Washington, DC: GPO, 1975). Beebe and De Bakey worked in the Control Division at least some time, producing the Health Of The Army reports, and the data in the Control Division provided much of the basis for their study. Their comments on differences between European and Pacific theaters are more measured than Voorhees'.

⁴⁵ During the winter of 1944-45 the quality of care in VA hospitals became a public scandal. President Truman selected Gen. Omar Bradley, known as a soldiers' general, to temporarily take charge of the VA and clean house. Brig. Gen. Paul Hawley, formerly the Chief Surgeon of the European Theater where Bradley had been a commander, retired from the Army and became medical director, implementing a number of changes that addressed and then solved the problems.

The Summer of 1945

FIVE JOBS IN TWO MONTHS

First, I was still the Director of The Surgeon General's Control Division. Then so many things happened so fast that I can only partially keep them in order. There was General Kirk's plan to lend me to General Hawley in the Veterans Administration, as previously mentioned.

Approximately simultaneously there was the job as Medical Supply Officer (under General Denit as MacArthur's Chief Surgeon) for the invasion of Japan. Then, as stated, the A bombs ended that.

Almost at the same time came a call from William H. Davis, an old friend. He had been Chairman of the War Labor Board during most of the War, and then had become Director of the Office of Economic Stabilization, a post with heavy responsibilities, much power, and with Cabinet rank. He wanted me to be Deputy Director of Economic Stabilization and its General Counsel. This, of course, meant release from the Army at once, which was arranged by Judge Patterson at Mr. Davis' request.

I started work, or at least had a corner office, in the Federal Reserve Board's marble building, when Mr. Davis suddenly found his Office abolished through merger into the Office of War Mobilization and Reconversion, headed by Mr. – later Chief Justice – Vinson. This was more than pretty rough on Mr. Davis because of the way the change was handled. Although it didn't make too much different to me personally I felt great sympathy for Mr. Davis.

What happened was that at the press conference the day I returned from vacation, President Truman when he had announced the merger of Economic Stabilization into the Office of Mobilization and Reconversion, a reporter had asked what would become of Mr. Davis. The President had said that he didn't know. Mr. Davis at once saw the President who was apologetic for his mistake in the apparent affront to Mr. Davis, and said that he would do anything possible to correct it.

It was obvious that the story would be in the next morning's papers and that a simultaneous answer was urgently needed. So I wrote a letter intended for Mr. Truman to sign and arranged for Mr. Davis' public relations man to take it to the White House. By the time he got there Mr. Truman was in the Roosevelt swimming pool. He crawled to the side of the pool and while still in the water at the edge of the pool signed the letter, generously praising Mr. Davis.

We got this to the papers in time to make the next morning's editions simultaneously with the announcement of his press conference closing out Mr. Davis' Economic Stabilization Division. It was a close call.

All this occurred before the orders had gone through separating me from the Army.

Then Mr. G. H. Dorr stepped in. He told Judge Patterson, the new Secretary of War, that Judge Patterson would need me to enable him to carry out Secretary Stimson's program, previously mentioned, that the care of the sick and wounded should be considered to be the personal

responsibility of the Secretary of War. Then followed the call from Judge Patterson for me to be Assistant to the Secretary of War.

I started at this work at once although it was some time before the formal order went through. This was my fifth assignment in two months.

(My memorandum of September 21, 1945, entitled "Misadventures of an Army Colonel in the Summer Which Brought Peace to a Troubled World" – now in the Rutgers Library – confirms by a document written at the time, the above summary story. It contains much more detail of the William H. Davis incident, but was written before my assignment by Secretary Patterson to his office.)

OVERSEAS MISSIONS

These have been referred to above in the story of my work in The Surgeon General's Office, but a description of them was deferred. The work consisted of three special temporary-duty, overseas assignments to assist Theater Commands with their medical supply problems, and as such were, of course, outside the regular work of The Surgeon General's Office. This was so because of the doctrine of a large degree of autonomy for Theater Commanders, pursuant to which The Chief Surgeons in each Theater reported to the Theater Commander, not to The Surgeon General.

THE ETO

Previously I have told of the origin of the first of these assignments which stemmed from the anxiety of General Paul R. Hawley, the Chief Surgeon of the European Theater of Operations (ETO), as to the adequacy of his Supply Service, and his personal appeal to General Kirk in December 1943 for help. While this seemed a strange assignment for a lawyer, I was told to undertake it.⁴⁶

I first selected Mr. Herman Hangen for my team because of the unique experience which he had already had in developing a radically new method of stock control for The Surgeon General in this country, which I felt would be needed by the Theater. Also I recruited Colonel Bryan Fenton and Lieutenant Colonel L. H. Beers, both of whom had technical experience in the distribution of medical supplies.

Late in January 1944 we started for the unknown by the Air Transport Command (ATC) route through Newfoundland and Prestwick, Scotland. Upon completion of the mission early in April 1944, I prepared a compilation of our reports and actions which together constitute the history of this mission. (Copies of them are available in the Rutgers University Library to furnish documentation, and I attempt here only a summary statement of the high-lights.)

We reported to General Hawley on arrival in London and then proceeded to Cheltenham, 100 miles away, where the Headquarters of the Theater's Medical Supply System was located. From there we visited various of the principal depots. Within ten days our team unanimously reached the conclusion that only a radical reorganization, undertaken immediately, would make it possible to furnish needed hospitals and other medical supplies for the invasion. We were not then able to prove this, but time was so urgent that we felt that the situation should be laid before General Hawley at once, and Mr. Hangen and I did so on February 7th. He accepted our conclusions, and action started immediately.

We reported that a very grave situation existed. This became clear when the capacities of the supply system and depots were compared with the task before them over the next few months.

Medical supply consisted principally of completed hospitals, except for the buildings to house them; of medical maintenance units to furnish medical supply during the early period of the invasion until a requisitioning system from hospitals on the Continent to the Chief Surgeon's depots in England could be established.

⁴⁶ Medical Service in the European Theater of Operations, pp.177-191, gives the official account.

In very general terms the hospitals were either fixed units of 1,000 or 750 beds or mobile hospitals – that is, evacuation and field units, designed to give the first care to the wounded.

The extent of the problem was illustrated by the fact that the Chief Surgeon's Medical Supply System had issued fixed hospitals for only 40,000 beds and 44,000 more were called for by D-Day to meet the schedule, while only 7,000 of these 44,000 beds were assembled and these assemblies were only in a partial state of completion. One of the largest and best depots had, since November, been working to assemble one general hospital, which by the end of January was only 60% complete. Little progress had yet been made in building the large required number of medical maintenance units, called "A" and "D" units. About half of the "D" units were to be amphibiously packed, so that they could be floated ashore.

The assembly job of hospitals and maintenance units was simply far too big for the depot facilities available, and for the size of the staffs. There was a general maldistribution of stocks and lack of any sound system to correct it.

Further, all of the work ahead had to be done at the same time as great increases in troop strength in the theater and in hospitals to be opened threw an increasingly heavy load on the depots for issue and distribution of supplies and equipment.

Since we were directed to plan for a D-Day, perhaps as early as May 15th, in our judgment only radical measures would be adequate.

Further, the Commanding Officer of the Medical Supply Service was nervously overstrained and the personnel were discouraged.

This situation had developed in substantial part from two causes: Under the so-called Reverse Lend-Lease Program, the British had undertaken to furnish us large amounts of medical supplies. This had seemed important at the time because of the seriousness of the submarine menace, but the latter had recently been brought under control. The British supplies did not fit well into the American system and generally proved unsatisfactory to our doctors. Further, the British were far behind in their scheduled shipments. These conditions were so serious that our team recommended suspending the delivery of most of the British medical supplies, and substituting new shipments from the United States.

The other – or at least one other – great difficulty lay in the fact that hospital assemblies had been shipped from the Port of New York, not as complete hospitals on one ship, but often divided among several ships which sometimes came into different ports, and even when they arrived at the same port it had proved ~~difficult~~ or impossible to get the hospitals completely reassembled.⁴⁷ Instead, parts of hospitals had often been shipped to different depots. Further, the railroad system was heavily overburdened, so that delays in shipments were inevitable.⁴⁸

⁴⁷ This saved shipping space and was not done, as Voorhees implies, simply to make trouble for the Medical Department.

⁴⁸ The possibility of German air and submarine attacks meant little trans-oceanic shipping went to Britain's eastern ports. Heavy use of the western ports meant greater use of railroads to distribute supplies and personnel.

Another serious difficulty lay in the fact that most of the evacuation hospitals, which had been waterproofed or so-called amphibiously packed, had been taken apart by the doctors of the First Army, which was to bear the brunt of the invasion, and they were unable to get them repacked and made waterproof to survive being floated ashore on the beaches.

It was not our function to find fault with what had been done, but solely to find ways to correct conditions in time, whatever the duplication involved.

To do this required, among other steps, the infusion of new personnel, the key post being the Director of the Theater's Medical Supply Service. We knew of only one man who could do this – Colonel Silas B. Hays (who, years later, himself became The Surgeon General).

My team knew from firsthand experience the other personnel in The Surgeon General's Supply System in the United States who would be best able to help Col. Hays with the problems. General Hawley and I personally appealed to General Kirk and Mr. Reynolds by telecon conducted from the basement of Selfridge's store and in cables, to send over Colonel Hays and the other men we needed. They were all reluctantly but promptly sent to us.

As soon as our survey was completed we, with General Hawley's approval, had Mr. Hangen install the stock control methods which he had established successfully for The Surgeon General in the United States. Also we arranged to start Colonel Fenton and Lieutenant Colonel Beers to work at once as part of the new organization.

To handle the amphibious packing, we brought over from the United States the best expert The Surgeon General had, a Major Wagner, who went right to work. We had shipped from the U.S. a new kind of waterproof packing greatly superior to that in which the evacuation hospitals had originally been packed. This consisted of rubber impregnated boxes instead of waterproof paper.

We also developed a new form of organization for the Supply Service. One feature of this was that its Chief would report directly to General Hawley. Strangely enough this had not been the case before.

One key to our plans was our knowledge that The Surgeon General's Office had very considerably overbought most items, so that it would be possible to ship many complete hospitals from the United States.

We estimated that 37,000 – later modified to 35,000 – fixed hospital beds would have to come from the United States, most of which were for complete 1,000 bed general hospitals and the remainder 750 bed units.

Since Bellevue Hospital in New York was at that time one of the largest hospitals in the country, this was roughly the equivalent of shipping about twelve complete Bellevue hospitals except for the buildings. It was necessary to assemble these in U.S. depots, get them to the Port of New York, and then assure that each hospital was all loaded on one ship; following that to have personnel meet the ships when they landed to see that each hospital was delivered, not to one of

the Chief Surgeon's depots, but directly to the site where it would be set up. (Most of these hospitals for the next few months would be located in England.)

By literally prodigious effort on the part of The Surgeon General's U.S. depots under Mr. Harris these hospitals were shipped in time, so that when the cantonment buildings which had been occupied by troops, and were to be used as hospitals, were evacuated by the soldiers shortly before the invasion, the hospital equipment would already be at the sites and could be installed at once.

One major result of the shipping of these hospitals from the U.S., instead of having the depots in the Theater try to assemble and issue them, was to relieve the depots of an estimated one-half of their workload, thus enabling them to perform their other critical tasks.

In the latter part of March Mr. Hangen came down with bronchial pneumonia. He was attended, among other doctors, by Surgeon General Kirk who was over there temporarily, as well as by General Hawley.

Mr. Hangen and I came back to the U.S. early in April to be of such assistance as we could to assure that these tremendous shipments of hospitals which we had planned were actually made in time. They were.

The following comments on our work made by others are included to confirm that our mission was not unsuccessful:

On our return, General Kirk on April 8, 1944 issued an official commendation of my services in the mission.

On April 23, Colonel Hays wrote a letter to Mr. Hangen and myself jointly. It said,
You laid a firm foundation. We all hope we can build a good structure on it that will stand the strain it has got to take. My hair stands on end when I think what would have happened had you not come over here – in fact it stands on end sometimes anyhow.

Some weeks after the U.S. forces had landed in France, General Hawley wrote to General Kirk that he had made careful inquiry as to medical supply and had found that everyone said that it was adequate.

When Operation Overlord – that is, the Normandy landing and campaign – was reviewed by the General Board of the Theater after the German surrender, the General Board made the specific finding that if it had not been for the work of Colonel Voorhees' team it would have been impossible to give medical supply support for Operation Overlord.⁴⁹

⁴⁹ Voorhees presumably means General Board, U.S. Army Forces in the European Theater, report 129, "Mounting the Operation Overlord" but report 93 "Medical Supply in the European Theater of Operations" is also relevant. Both, and others, are available through the Combined Arms Research Library at <http://cgsc.leavenworth.army.mil/carl/eto/eto.asp>

Since “Medical Supply Support” included the hospitals to care for the wounded, and since the estimated casualties in the first two weeks were about 72,000, of whom 20,000 would be dead, leaving some 52,000 in need of medical care, the urgency of adequate action to provide hospitals for them was starkly clear.

In an attempt to lighten the burden of reading of these serious circumstances, I note a few minor personal incidents, recognizing that they are an anticlimax to the “hair raising” problems above described.

While in London, I was billeted in the Cumberland Hotel at Marble Arch corner, and had a double room with an Air Force Colonel. He was a photographer and an analyst of photographs taken from the air. He told me that our Air Force reconnaissance planes were flying regularly over the French Coast, and had obtained photographs of the concrete runways which were later found to be for the buzz bombs. All of these runways pointed toward London. The Air Force succeeded in bombing them out pretty well, but the Germans were able to shift to mobile launching sites which were hard to detect. However, this change delayed them considerably in launching the buzz bomb attack so that it did not come until several weeks after the invasion.⁵⁰ General Eisenhower later stated that, if the buzz bomb attack had come before the invasion, it might well have created such damage as to make the landing impossible.

Whenever there was an air raid – and this was almost nightly during the “Little Blitz”⁵¹ that winter – my Air Force photographer roommate, in the Cumberland Hotel room looking out over Hyde Park, sensibly got dressed and went down into the Underground. He told me that if I had seen what he had seen that day I would do the same thing. However, I enjoyed the view of the excitement from the window, and was only careful to have it open so broken glass wouldn’t blow in my eyes. It never did.

In late March, when our work in the ETO was almost done, when my study of what to do about British procurement of medical supplies had been finished and the new system of supply and the new personnel were all moving ahead full steam, an odd call for my services reached me. This was a request that I go to Northern Ireland to defend a doctor who was being court-martialled for negligent homicide.

A General Hospital of 1,000 beds had been put together by the Long Island College of Medicine, the Long Island College Hospital (of which I had been president), the Brooklyn Hospital, and the Methodist Hospital in Brooklyn. It had been sent over to the European Theater and set up near Belfast, in Northern Ireland.

⁵⁰ Voorhees probably did not know the full details about Allied intelligence and countermeasures against German missiles. This account is certainly somewhat jumbled. See Michael Neufeld, The Rocket and the Reich: Peenemünde and the Coming of the Ballistic Missile Era, (New York: The Free Press, 1995).

⁵¹ Over the winter of 1943-44 the Germans launched bombing raids over Britain. British air defenses had improved since the winter of 1940-41 and the Luftwaffe had weakened, and little damage was done. This is generally referred to as the “baby blitz” in comparison to the “blitz” of 1940-41.

The defendant was an anesthetist from the Methodist Hospital. The charge requiring a general court martial was made by direction of a Major General who was in command of the Base Section in Northern Ireland.

I obtained General Hawley's approval of my answering this call for help, but realized that the last thing for me to do would be to appear formally as trial counsel, as there would probably be resentment at the effort to bring in a New York lawyer to interfere in the case. So all I could do usefully was to advise the defense counsel assigned to the trial.

The facts were that the assistant surgeon at the hospital had developed a condition requiring an abdominal operation and so a general anesthetic. Dr. William Field, a friend and neighbor of mine in Brooklyn, was the Chief Surgeon of the Hospital. The operation by Dr. Field was scheduled for very early in the morning, and the defendant had been up working until after 2:00 a.m. and had had no adequate sleep.

In the U.S., the cylinders containing oxygen are painted green. The anesthetic which should have been used should of course have included oxygen. However, the anesthetist had gotten mixed up by the different colored cylinders which the British used, and had given the patient no oxygen, as a result of which the Assistant Surgeon of the hospital died on the operating table.

When the Base Section Commander insisted on a general court martial the hospital people, knowing that I was in the Theater, asked me to come over to defend the anesthetist. A young lawyer, inexperienced and brash, had been assigned as defense counsel. I tried to help him in the preparation of his case, and I did not see how the prosecution could produce enough evidence to convict. However, for physical reasons (dysentery) I could only be in the courtroom part of the time and sat far back in the audience when I was there.

The prosecutor produced no case which could convict, but the young defense lawyer – disregarding my advice – put witnesses on the stand who, when they got through with their examination and cross-examination, came close to presenting a prima-facie case against the defendant.

The trial went on all day long, and I was so sick physically and mentally that I left when the court adjourned to consider its decision. Then the word came about supper time that the doctor had been acquitted. It was probably the worst-trying case I have ever had anything to do with, but only the result was important.

So I was ready to fly back to London the next morning. Some officers of the hospital apparently spent the evening shopping around among local farmers for fresh eggs – something which did not exist in London. Just before I left, they presented me with two dozen fresh eggs, which I guess constituted my fee. I distributed most of these among my colleagues who had not seen a fresh egg since they had reached England.

Another personal incident of no particular importance – except to me – was that one night I was to go by train from Paddington Station in London to Cheltenham. Paddington Station is a very old-fashioned affair consisting of a half cylinder of glass and steel over perhaps seven or eight

tracks. It was built in the days of coal burning engines so there was a pit under each engine space into which they could rake the coals. The pits were about five feet deep, several feet long and perhaps four feet wide. This is just a guess, but I looked one of those pits over carefully later as it may well have saved my life. This was during the "Little Blitz." I got into the Cheltenham train, and had a compartment. After I had gone to bed, a German plane dropped a 500 pound bomb, which went through the roof of the station without exploding. By an odd chance it landed in one of the empty engine pits where it exploded. So the force of the explosion was directed largely upward instead of spreading out over the station and the trains. In those days a 500 pound bomb was a pretty good sized affair. Due to the ashes pit, the force of the explosion just knocked a hole out of the roof of the station of twenty to thirty feet or more across and otherwise did little serious damage.

My train was several tracks away from the place where the bomb landed, and all I can recall is that I thought I was dead. Finding that I was mistaken in this idea, I took a sleeping pill, and after an hour or so they disconnected the damaged cars and towed the rest of us to Cheltenham on schedule.

(The detailed documents supporting the above account of this mission to the ETO are in the Rutgers Library.)

So much for the ETO; now on to the CBI.

THE CBI

Previously I have told of the origin of our mission to the “China-Burma-India Theater” (CBI) which stemmed from complaints of the Air Force that The Surgeon General, who was charged with medical supply for the Air Force, as well as for the Army, had completely fallen down on this job in the CBI.⁵² Because of this I was ordered to the CBI and was successful in recruiting Mr. Herman Hangen again for this mission. The third member of my team was Lieutenant Colonel Louis (Bill) Williams who was an experienced medical supply officer. The mission lasted from June until August 1944. In September 1944, I prepared a detailed story of the expedition and attached to it all the important reports and papers. This is in the Rutgers University Library, and furnishes the necessary documentation. So my present story is merely to summarize the task with some highlights.

We traveled by the so-called “Fireball” route from Miami to the eastern tip of South America, to Ascension Island, Accra, Khartoum, Aden, Karachi and thence to New Delhi. This was a regular Air Transport Command (ATC) supply route to the CBI. The planes, in Army parlance C-54s, were DC-4s. Our plane had real seats, not the so-called bucket seats. This was fortunate, since we spent four nights on the plane, except for three or four hours rest before taking off across the Atlantic.

Our joint conclusion was that the Air Transport Command (ATC) had a basic principle against permitting sleep. An enlisted man on the plane developed an infected leg and made the flight on my air mattress for which a small place on the floor was found.

In Karachi the “best hotel” had been taken over as a billet for American officers and an American enlisted man had been put into the kitchen to supervise the food which was prepared by the Indian management. The necessity for the enlisted man’s presence had arisen because they had found the Indian dishwasher sitting in the kitchen sink taking a bath while he washed the dishes around him. The Americans’ fussiness in protesting about this was not understood by the Indians.

At New Delhi we stayed at the Imperial Hotel, an imposing structure, but the kitchen of which was so dirty that the sanitary officers wanted to put the hotel off limits, but had been prevented by some senior officers who did not want to be moved.

New Delhi was the Theater Headquarters. The office of the Acting Theater Surgeon, Colonel George Armstrong – later The Surgeon General, and the youngest Surgeon General ever appointed⁵³ – was on one side of town and the Services of Supply (SOS) Surgeon, Colonel Haff, had his office on the other side of town.

⁵² Medical Service in the War Against Japan, chapter 9, covers this. See also James H. Stone, Crisis Fleeting: original reports on military medicine in India and Burma in the Second World War, (Washington, DC: GPO, 1969) on the Office of Medical History website.

⁵³ George E. “Army” Armstrong was Surgeon General 1951-55. A brief biography is on the Office of Medical History website.

Colonel Haff had only recently arrived. His responsibilities covered medical supply for the entire Theater. Including, of course, the Air Force. He had an able Medical Supply Officer under him, a Major LaFors, who, however, had only arrived for duty a few months before.

I could find no very clear distinction between what was the Theater Surgeon job and what the SOS Surgeon was supposed to do. Someone said that the Theater Surgeon settled policy and the SOS Surgeon operated. The facts seemed to me to be that both did both, and neither office was adequately staffed to do either.

Many more Air Force complaints of lack of medical supply were promptly made to us to add to those which we had received in Washington. The Air Force, in desperation, had prepared a big requisition for supplies to cure their situation and were seeking to send a Colonel Leedham to Washington to get it through. This requisition was an interesting museum piece but not otherwise useful. First, it called for supplies to come by water, which meant several months for the trip south of New Zealand and Australia to Calcutta. Also, it had been prepared without considering the large requisitions which Major LaFors had made the previous January and which were due to reach the Theater before long. So I saw to it that Colonel Leedham did not make a pleasant but useless trip to Washington.

The deplorable situation in which the Air Force had not been able to get from the SOS principal depot in Calcutta about half of the items which it needed had arisen from a bizarre pattern of circumstances. The story of Colonel Haff's predecessor as SOS Surgeon – principally consisting of moans about the failure to promote him – has been told in the book Crisis Fleeting. He had fortunately departed about five weeks before we arrived and the able Colonel Haff took over. The Chief Medical Supply Officer in the SOS Surgeon's Office until about January 1944 had been a dentist.⁵⁴

In opening a Theater of Operations it is necessary to begin by automatically shipping medical maintenance units, each theoretically sufficient to supply medical needs of 10,000 men for a month. This had been done until September 1943 when ample notice of discontinuance of this system had been given and the Theater properly placed on a requisitioning basis. The dentist, however, had not bothered to place any requisitions until Major LaFors arrived. So when the medical supply units ran out some months later the cupboard was bare. Our suspicion was that the dentist must have pulled teeth in the morning and been so tired in the afternoon that he could not even order what he could get merely for the asking. Major LaFors' requisitions had not yet arrived, and its arrival date was still uncertain.

It was perfectly apparent that the Air Force complaint was thoroughly justified.

While commenting on the strange selection of personnel, it was of interest to me to note that the Medical Depot Company which was running the biggest medical depot in the Theater – that in Calcutta – had as its commander an officer with the following experience: Until 1936 he had been the proprietor of an ice cream parlor, earning \$125 a month. Thereafter, until he entered the Army, he served as a clerk in a pharmaceutical firm, earning \$140 a month. After entering the

⁵⁴ Crisis Fleeting, pp.135-187, is an edited version of the diary of Col. John Tamraz, Services of Supply Surgeon for the theater, which has numerous comments on supplies.

Army in 1941, he had been an Adjutant most of the time. We promptly arranged for him to seek fields other than medical supply for his talents.

I pondered over the Army's keen personnel work in selecting a dentist as Chief of Medical Supply and a proprietor of an ice cream parlor as Commanding Officer of the Medical Depot company with the heaviest task. It was hard for me to get rid of the haunting suspicion that it might have been better for the Army to send some men out in the first place who had some chance of knowing a little about their jobs, instead of waiting until the work had been confused beyond recognition for many months, and then sending our team as a mission to survey the wreckage.

In the general stew it had apparently never occurred to anyone – or at least no action had been taken – to get some medical supplies sent in by air. My first move was to look into this and I promptly secured an allocation of 50 tons of medical supplies, to come by the “Fireball” route. This could deliver them in two weeks. Something told me that this would provide quite a lot of pills, but I kept negotiating and later got an allocation for August air shipment of 300 additional tons.

My first step after getting the 50 tons allocation had been to bring the Air Force Medical Supply boys from Calcutta up to New Delhi; to sit them down with Major LaFors and my team to work out during the weekend a complete agreement on the most urgent supplies needed for the initial 50 ton quota. They sweated while I rode herd on them and sweated too. New Delhi in July was not what one might call “Marlboro Country,” but the cowboys worked until Monday morning when a requisitioning cable got off on which all agreed. The result was that in about two weeks the really urgent medical supplies began pouring in.

So much for the immediate emergency treatment. Now for a real survey of the Theater's medical supply. Colonel Haff, the SOS Surgeon, and Major LaFors decided to make the trip with us. After celebrating the Fourth of July without any firecrackers by working all day we started for Calcutta. We took the ATC by surprise and got a day plane.

At Calcutta monsoon had begun, there had been torrential rains, and there was plenty of mud. Calcutta was the big port through which almost all U.S. supplies were flowing. Many of its jute mills had been taken over for warehouses. Part of our medical depot there was known as “Hoboken” – but there were no beer halls across the street as in Hoboken, New Jersey.

The Medical Depot Company ice cream parlor Commander mentioned above had three fine officers under him and they were doing a good job under difficulties. We promptly learned that pressure for warehousing space threatened to result in a move of the medical warehouse just at the time when the expected big shipments of supplies would be coming in, and when speed in distributing these shortage items would be of the utmost importance. My efforts of persuasion with the Base Section Commander to stop this nonsense were not initially successful, but later worked.

We next visited Chabua in Northeast India, the principal airport for shipments over the “Hump” to China, and about 50 miles west of Ledo, which was the beginning of the new Burma Road, or

the so-called "Pick's Pike."⁵⁵ The climate was about 90% humidity, with about 100° temperature day and night. We were billeted at a place called the Polo Grounds, It was said that the game of Polo had originated there with the British, but it must have been played at a different season of the year.

The Medical Depot at Chabua was where most medical supplies were stored for expected shipment over the "Hump" to China. They were in so-called "bashas," which were thatched buildings, also sometimes called "godowns." There was not enough warehousing because about two-thirds of the supplies were shipments intended for the Chinese, but which it had never been possible to ship over the "Hump." Some of these were damaged by lack of adequate protection from the wet. About three months before, 80 medical maintenance units – consisting of a total of 700 to 800 tons each unit – as mentioned above, being theoretically enough medical supplies for 10,000 men for a month – had arrived in Calcutta and been shipped to Chabua without any advance notice to the local depot operators there. These had been dumped out into a field where they had stood for 80 days, protected only by tarpaulins. Most of these supplies could not be shipped over the "Hump" anyway. Many were not needed. Those that could be put in covered storage were blocking up the warehousing space.

Although as explained the Army had found that the medical maintenance system had become no good for our troops, it was still being used for the Chinese forces. This condition almost became the funeral of the Chabua Medical Depot which was doing the best it could, but the trouble never should have arisen. There was not much we could do about that situation.

Next, we flew the 50 miles to Ledo in a hospital plane. As the road was washed out by floods this was the only way to get there. The top of the hill just west of Ledo was decorated with the wreck of a C-46 transport plane which had kissed a mountain during a fog.

Ledo was rated as a "combat area," so here our forces were not dependent upon the British and Indians for construction of roads, as was the case at Chabua. In Ledo the Army engineers were certainly doing a job. It had all the signs of drive and hustle in spite of the insufferable heat. Clouds of dust were so thick on the road that head-lights were kept on in daytime, and it was often hardly possible to see a car a few feet away. The comedian Joe E. Brown had been there and had said, "The Ledo Road is the finest road I ever tasted." I tasted it and did not agree with Joe.

Our optimism was restored at Ledo by two things: First, the Medical Depot was doing an excellent job. But there was some needless paper work and red tape which was not the depot's fault. We eliminated this at once.

I was assigned a billet which had the remarkable convenience of a concrete floor. This had been built for General Rankin, the Surgical Consultant for The Surgeon General who had been in India with a touring group of Senators. They had never gotten to Ledo but it was fine to think what they had accomplished just to get me one night's sleep.

⁵⁵ Medical Service in the War Against Japan, pp.304-5 is a map of the theater.

In the Officers' Mess there were big burlap flaps hung from long boards several feet above the tables, which were all hitched together and were swung on ropes from the ceiling. Coolies stationed outside at each end of the building would alternately pull a rope, flapping these slowly back and forth as big fans. This prevented the room from being entirely suffocating and at least kept the flies on the move.

The second encouraging thing at Ledo – and this was certainly the finest accomplishment that I saw in the Theater – was the 20th General Hospital. This played an important role in the story told in Crisis Fleeting about “Merrill’s Marauders.”⁵⁶ The hospital had been organized at the Pennsylvania University Medical School and was a 1,000 bed general hospital, yet, when I saw it, it was taking care of 2,480 patients, of whom about half were Chinese. It also included a ward of about 24 Japanese prisoners, said to be the largest group of captured Japs in the Theater. They were utterly emaciated. Most of the Chinese were battle casualties flown up from the fighting near Myitkyina and were principally cases of illness. Colonel Ravdin,⁵⁷ Commanding Officer of the hospital, was the Professor of Surgery at Pennsylvania University Medical School and many years later he was a Consultant brought in on one of President Eisenhower’s illnesses. (My papers at the Rutgers University Library contain a review of the work and problems of this hospital.)

Colonel Ravdin had courage and ability. When “Merrill’s Marauders” had gotten into trouble he received a command to send back to the fighting line any patients able to walk.⁵⁸ This was due to the emergency which General Stilwell’s troops faced near Myitkyina. Colonel Ravdin refused to comply with the order and had been threatened that he would have to answer personally to General Stilwell for this. However, this doctor was too smart for them and used the threat that he must answer to Stilwell personally to write directly to General Stilwell, telling why he as a doctor could not as a matter of professional integrity send men back to the fighting line who were too ill to fight. He then received an order to fly down to see General Stilwell in Myitkyina. Arriving there with the expectation of having his official head chopped off, Colonel Ravdin had a big surprise when General Stilwell apologized to him for the orders that had been given, said that he had not known about them, and that he agreed with Colonel Ravdin’s position.

In the chummy moments which followed, Colonel Ravdin had gotten General Stilwell to order various generals in the Theater to give up air conditioning units, saying, “You know where they are and I know where they are,” and ordering them to turn the air conditioners over to the hospitals. These were window conditioners which were put in operating rooms, where before, the surgeons had perspired so much that they had trouble keeping the sweat out of the wounds; post-operative wards where the patients were kept for the first few days after surgery, and the rest of these received by the 20th General Hospital were put into medical wards for very sick patients.

⁵⁶ Crisis Fleeting, 293-396.

⁵⁷ Isidor S. Ravdin, already a distinguished clinician.

⁵⁸ Merrill’s Marauders, properly the 5307th Composite Unit (Provisional), were a long-range penetration unit sent to seize an airfield in Japanese-occupied Burma. The operation lasted longer than expected and casualties, largely from malaria, were very high. See Merrill’s Marauders, February - May 1944 at <http://www.history.army.mil/books/wwii/marauders/marauders-fw.htm> for more detail.

I went through these wards and operating rooms. There had been an epidemic of mite typhus among “Merrill’s Marauders” and 14% of the cases received by the hospital had died in the heat wave – literally men were dying like flies. The air conditioners had been installed about three and one-half weeks before I visited the hospital. On the day they were installed there were seven mite typhus cases who were expected to die. In the interval about one new case a day had come in, but in the three and one-half weeks no case had been lost in the air conditioned ward, and all of the seven expected to die had recovered.

I learned that someone in Washington had decided that no more fans or air conditioning units were to be shipped to the CBI Theater. If this were true there were plenty of men in the CBI who would have liked to find that man in Washington and shoot him, and I would have wanted to join in that hunt. No one fortunate enough to escape experiencing the summer weather in Chabua or Ledo can have any idea of what that combination of heat and humidity was like – and it was especially hard to appreciate it from the air conditioned comfort of the Pentagon.

At the airport we watched many casualties arriving by plane from Myitkyina – more than half of these were Chinese but there were some English and American soldiers in a very weakened condition, yellow with atabrine,⁵⁹ and so spent that they were able to walk only a few steps.

On our return to Chabua we found that the pilot of our C-47 (DC-3) must have been trained in western rodeos. He got the plane off the ground like a scared rabbit and then flew less than 30 feet above the top of the jungle all the way, scaring the bright colored birds off the trees as we went by. As we zoomed into the airport at Chabua, the pilot made a sharp right angle turn a few feet from the ground, and a perfect landing. I asked him how he got that way, and he said he was just practicing for air drops. I, of course, was glad to be used as a guinea pig for this practice flight, but was even more happy that, unlike most guinea pigs, I had survived the experiment.

We then went to the “Hump Co.” which is Army gobbledegook for the Hump Control Officer, who decides who will be given the priceless privilege of flying the “Hump” to China. The G-4 of the Theater agreed that some of us ought to go. We sent Colonel Williams and Major LaFors back to Delhi, and Colonel Haff, Mr. Hangen and I started over the “Hump.” We learned that we had to have GI shoes in order to have a chance to walk in the jungle if we had to bail out. We wore parachutes, carried gas masks and had either a carbine or side arms. We were to go about noon, and with parachutes fastened and all the other equipment we sweated at the airport for an hour under the impression that we were hot. After we got in the plane we knew we had been wrong, as all the heat in the world was inside that aircraft. It taxis around the airport for twenty minutes and perspiration did not drip but ran in a continuous stream from Hangen who sat next to me. Our plane, which was called the “Katy Baby,” was the hottest Turkish bath in the world before it took off. A few moments later, at 15,000 feet, it was an equally good refrigerator.

We flew to Myitkyina where we could see the airstrip just captured from the Japs. The “Hump” flight is all right if the engines run, and the Jap planes don’t bother you, and the weather does not get bad. Nothing like this happened to us, and about sundown we came out at a big lake just south of Kunming, China, and saw the encouraging sight of various wrecks of planes around the

⁵⁹ Atabrine, the trade name for quinecrine, a synthetic anti-malarial, could cause patients to turn yellow.

airport. Three C-46 planes like ours had been lost in the last few days on the run. This cheered Hangen up mightily.

We then became the overnight guests of Madam Chiang⁶⁰ at one of the hostels where the Chinese “entertain” Americans. The meal was a fried egg and a piece of ancient toast (of course no butter), undrinkable coffee, and nothing else. The water was unfit to use even to clean teeth. We were certainly grateful to Madam Chiang for her hospitality. All water in China except that which was boiled for drinking was equivalent to raw sewage in the opinion of the doctors there. Not even chlorination made it safe to drink, as in any concentration which leaves the water drinkable at all it is not sufficient to kill the amoebic cysts.

We arranged to spend the next night at the 95th Station Hospital which was a great improvement. Almost everything the hospital in the hospital was produced by the Chinese. Only 40 pounds per month for each American soldier in China was allowed as “Hump” tonnage, which included clothing and everything else, so that there was virtually complete dependence on local supplies for everything. For example, cords strung across beds were substitutes for springs.

Almost all Chinese who could speak English were working for the Americans. At least half of them would be disqualified for health reasons if there were careful physical inspection, but there were no others to do the work if these were discharged. There was little in the way of inspection of food or sanitary control over messes.

In all essential respects Kunming was a besieged city. The only access to the outer world was by the flight over the “Hump.” One American dollar was worth about 200 Chinese dollars. It was easy to spend 10,000 Chinese dollars for a dinner, but we did not try it.

Kunming was filled with Chinese troops engaged in various domestic operations such as farming and carrying wood, but there was no drilling or preparation to fight. The explanation was that the Governor of Yunan Province had a lot of troops and was not friendly to the American effort. Therefore, it was necessary for the Gissimo⁶¹ to maintain an equal number of his own troops in Kunming. This prevented a revolution because, under the Chinese custom, no one fights if the number of troops is the same on each side.

The 14th Air Force was General Chennault’s “Flying Tigers.”⁶² It was virtually the sole defense of Kunming.

The medical depot setup could only have been invented by Rube Goldberg. There were four depots – the Army SOS depot, the Air Force depot, the local Air Force depot, and the “Y” Force depot. The “Y” Force, also called the “Yoke Force,” was the Chinese army fighting under

⁶⁰ Soong Mei-ling, wife of China’s unelected president, Chiang Kai-Shek and a formidable politician in her own right with strong contacts in the United States.

⁶¹ Generalissimo, i.e. Chiang Kai-Shek. China’s central government was weak and, as Voorhees describes, some provincial governors were semi-independent warlords.

⁶² The Flying Tigers started as the American Volunteer Group, American mercenaries (all of them formerly military pilots) recruited by China in 1940-41 to reduce Japanese air dominance in the Sino-Japanese War (1937-45). After the U.S. declared war on Japan the Flying Tigers were brought under American military discipline and Chennault became the commander of the 14th Air Force.

General Stilwell along the Salween River.⁶³ We developed alternative plans for consolidation or elimination of some of these depots, and later learned that the “Y” Force and the Army SOS depots were going to be merged. However, the Air Force in China was entirely independent, since General Chennault did whatever he liked, so the duplication of the two Air Force depots was sacred and beyond our power.

The Command relationship described in my report above mentioned was as tangled as the depots. As describing it could cause dizziness, I charitably omit it here except for a very brief reference later.

The 14th Air Force was the real obstacle in the path of the Japs, since the Chinese armies were neither equipped nor disposed to fight much. The Jap supply lines were bombed by Chennault’s planes, and this held back their advance.

One difficulty with getting the Chinese to fight was that as long as the war lasted they were getting American supplies, and had never had it so good. When the war ended they would be reduced to fighting for some war lord, with life uncertain, food poor, and no medical care.

Another oddity of the Theater was that its Commander, General Stillwell, was at the fighting front around Myitkyina, 1,200 miles away from the Theater Headquarters. The story I heard was that he stayed there so no one from the Southeast Asia Command (SEAC) could get at him.⁶⁴ SEAC was commanded by Lord Mountbatten in Ceylon, although the Theater Headquarters were in Delhi, the Theater commander in Myitkyina, and the Advance Section of Theater Headquarters in Chunking, each hundreds of miles from one another, with very poor communications.

When we were in Kunming, a controversy was raging about the medical depot at Kweilin. This battle was not against the Japanese but between the Army SOS and the Air Force. It is described in my report but omitted here.

Since there were no other depots in Kunming we did not go further into China but returned to Chabua, by chance on the old “Katy Baby.” Mr. Hagen and I then returned to Delhi by the regular daily plane, an old C-47.

Taking off from the town of Gaya (an intermediate stop) about sunset, a big thunderstorm, south of the airstrip, was moving slowly toward us. The strip ran parallel to the direction from which the storm was coming. The pilot was in such a hurry getting off before the storm broke that, after we had flown several miles and were tapering into the storm, he tried to balance the plane with the right aileron, and found that the red block which is used while the plane is on the ground to immobilize the aileron had not been removed. This was the job of the crew chief, an enlisted

⁶³ U.S. Army involvement with China is chronicled in three volumes of the official history: Charles F. Romanus and Riley Sunderland, Stillwell’s Mission to China, Stillwell’s Command Problems, and Time Runs Out in CBI (all Washington, DC: GPO, 1953, 1956, 1959).

⁶⁴ Command relationships were complex not just between Stillwell’s American forces and the Chinese, but between Stillwell and the British, who held overall theater command. Stillwell was notoriously prickly, and Mountbatten seems to have interfered as little as possible.

man, but it is also routine procedure for the pilot to double-check this by testing his controls. Neither had been done. The pilot tried to wiggle the block off but this did not work. I didn't know that a plane could fly without using the aileron, but learned the hard way that it could. A gradual turn could be made. There was no other airfield for some 300 miles; the storm was moving close but the pilot figured that his best bet was to get back there anyway. He told us to get strapped in tightly for a bump, but he made a perfect landing. In 30 seconds the block was pulled off and we started again, flying through the storm. Everything went well until we got to Agra, where one of the engines caught fire.

I would have been willing to trade my interest in the Taj Mahal for one good engine, or even a poor one that was not on fire. However, we got down and they put the fire out. It took two to three hours to repair the plane, and as we taxied down the ramp to take off again one of the flood lights of the plane would not work. Some scientist who apparently had had experience fixing flashlights by banging them on the table repaired the light in the same manner. So we took off. It was only a 100 mile flight to Delhi but the radio went out of commission about half way there. Luckily we flew out of the clouds into clear air so that the loss of the radio made no difference. The suspicion began to haunt my expert mind that there might not be adequate maintenance on these aircraft – a horrible thought which was never dispelled. However, there was a big difference between the part of the ATC routes which were flown by commercial airlines under contract, which included the trans-Atlantic flights, and those flown by Army Air Force pilots. The latter generally known by foot soldiers as “Junior Birdmen of America,” of course lacked the experience of the airline Pilots on the contract lines. But the worst trouble seemed to me to be with the maintenance of the planes.

At Delhi, we digested our material and prepared a report, which was taken up first with the Commanding General of the SOS. We reached agreement with him on the recommendations.

The next step was to report to Major General Sultan (later Lieutenant General), the Deputy Commanding General of the Theater, who was away.

This gave us time for some needed work. Our team went over the medical supply situation in the Theater item by item, set up new levels for each, and determined what should be requisitioned by air and what by water. It was at about this time that the 300 additional tons of air cargo space above mentioned were allocated to us and we were sure that the Theater would soon be lush with medical supplies.

At least one of us also visited one of the big hospitals in each of the cities in which we had been and inquired as to what supplies were lacking. We promised to get these for them in a hurry, and did so.

One personal incident consisted of a boy scout job I did, although I never heard of a boy scout being honored in that organization for getting 3,000 bottles of liquor. One of the bitterest rows between the Air Force and the Army's SOS was that the Air Force boys were entitled under prescription of General Grant, The Air Surgeon, to a ration of two ounces of whiskey for every combat flight. To meet this critical need, Major LaFors had requisitioned 20,000 bottles on the

British several months before. However, it was found that this would diminish British liquor supplies in India unduly and it had been decided to cancel this, except for 3,000 bottles.

Due to these acute shortages, the Air Force was having trouble in getting its planes off the ground. The “Flying Tigers” of General Chennault’s 14th Air Force were also drinking tigers. Major LaFors, in a desperation effort to meet the crisis, had bought some native rum from the Indians, known as “Rosa Rum,” which came in kegs. The cumulative noses of all the pilots and General Chennault had been turned toward the sky at the thought of drinking this vile stuff, which was said to be really bad, and the blame for this crime was, of course, placed by the Air Force upon the Army SOS.

My inquiry established that there were about 1200 bottles of imported whiskey, or brandy, in the entire Theater in the latter part of July; also that the Air Force Combat Mission ration alone would require about 3000 bottles above the 1200 on hand before any relief could be expected from America. The thought occurred to me that the British could disgorge the 3000 bottles and I determined to make the effort even at the risk of some parched British throats. This required a cash purchase from the British and could be done only with approval of General Covell, Commander of the SOS. I not only obtained this approval at once, but the General wanted to know why some one had not told him about this before.

We could not get the liquor on Reverse Lend-Lease because of an agreement that the U.S. would not ask the British under Reverse Lend-Lease for imported food stuffs, and the British, true to their traditions, classified liquor as food. However, it appeared that we could buy this amount from the British canteen stores and so meet this gripe of the Air Force, and “keep ‘em flying.” For this, it was necessary to send a representative to Simla up in the mountains where a number of the British officers were keeping cool in the summer. The last report that I had before leaving the Theater was that this purchase had been arranged and the only catch was whether we would have to pay the tax, amounting to about \$8,000 of the \$10,000 cost. I thought that this was not too high a price to keep the Air Force in the air. Based upon this noble accomplishment, I was on the point of nominating myself for the Air Medal which, I believe, is the lowest medal given in the Air Force.

Before leaving, we had another session with the Air Force medical supply boys, to make sure that they were satisfied with the medical supplies coming in the 300 ton air shipments in August. They were.

We also proposed that duplication in various Air Force depots be eliminated, though I had no confidence that it would be.

Finally, General Sultan returned to his Headquarters. Our report was reviewed with him and his staff. They concurred enthusiastically and we also had Colonel Armstrong’s concurrence as the Acting Theater Surgeon.

After the large meeting, I had a talk with General Sultan, personally, and suggested to him the consolidation of the Theater Surgeon’s Office with that of the SOS Surgeon by making the latter the Deputy Theater Surgeon. This was done. I also suggested to him the need for a Medical

Mission to the Theater to cover problems other than supply, with which our team was neither qualified nor authorized to deal. General Sultan asked me to act as his “personal emissary” to General Kirk to request that such a mission be sent.

This finished Mr. Hangen’s and my work in the Theater. We left Col. Williams temporarily, to break in the Inventory Control officer who on our recommendation was already en route, and to clean up various other matters. We were then ready to start home.

The afternoon of our departure Colonel Armstrong and Colonel Haff invited us to have a drink with them. I had brought out from the U.S. a bottle of Haig and Haig for Colonel Armstrong, better known as “Army,” and a bottle of bonded bourbon for Colonel Haff, which I had given them on arrival. On the afternoon of our departure they brought out these bottles unopened, and said they had saved them for a party for us. If there ever was a generous, self-sacrificing, courteous act, this was it. I could not bear to drink any of it, as we were going to be somewhere soon where whiskey was available. So I settled by drinking a little of the beautiful perfumed Indian gin which was all that was available locally. This party was a going away present indeed – one which I have always remembered.

A discovery I had made in the Theater was that I was entitled to a “jungle ration,” that is, the right to buy two bottles of liquor. This privilege occurred once in a while for officers in the Theater, but none had been available for several months. So I put up my money and bequeathed one bottle to Major LaFors and the other to the former proprietor of the ice cream parlor, making Bill Williams the executor of this my last will and testament, to see that they were delivered. He later reported “mission accomplished.” This was indeed real medical supply business.

After leaving Colonel Armstrong and Colonel Haff and their deluxe cocktail party. Mr. Hangen and I said goodbye to Bill Williams. We thought for a moment that it was goodbye forever when we saw what happened to him as he climbed into a “tonga.” A tonga is a two-wheeled cart with a little awning over it, with one seat facing forward and the other backward – the backs of both seats being a single board. The horses of these substitutes for taxicabs are a little bigger than a Shetland pony but much thinner, and the “tonga wallas,” that is, the drivers, are also undersized. Bill Williams, who certainly had not lost any weight in India from his ample frame, climbed on the back seat at the same second that the driver whipped up the horse. The shafts of the cart started for the sky and lifted the horse right off Queensway. The poor beast pawed the air like a hobby horse, but more actively. Bill was saved by the tonga walla, who jumped far out on the shafts and with this leverage brought the horse to a safe landing and Bill to an even keel. This is illustrative of some of the more dangerous features which an officer encounters in a Theater of war.

The only similarity to Saint Paul which I have ever observed in myself is that Saint Paul made a well documented departure from a certain city by shaking the dust of the city from the soles of his feet. It is within the truth to say that I followed Saint Paul’s example in leaving New Delhi.

On the flight home, we chose the so-called “Crescent” Route instead of the “Fireball” Route. This went through Cairo, Casablanca, and the Azores. One plane after another broke down, but all landed on airports, so no harm was done. Along the route at Abadan, near Basra, at the heat of

the Persian Gulf, where the temperature had cooled off in the latter part of the afternoon to only 130°, I made a profitable purchase of some scotch and a bottle of Russian Vodka for the girls in my law firm. This was real Russian Vodka and was said to be better than 75% straight alcohol. I understood that there was a guarantee that if a person moistened his lips once a day by rubbing the cork over them, a comfortable state of inebriety could be maintained. So I thought it would be just what would be needed to help my former law office – a judgment admittedly influenced by the fact that I was no longer interested in the firm's profits.

Abadan was a center of great activity. Many U.S. fighter planes were brought in by ship to go to Russia, under Lend-Lease. At that time the route through the Mediterranean was open. There was an American airplane assembly plant at Abadan. The Russians' first aim was to get a big red star painted on each. After that they were at peace with themselves. Over 1,000 trucks a day left for the North with supplies for the Russians, and there was also a railroad running north. As in so many other places, this impressed me with the overwhelming might of American production. We might be doing it clumsily but we were producing weapons on such an unheard of scale, particularly airplanes, that victory was assured.

The CBI Theater is a remarkable place. In other Theaters the Services of Supply support the combat troops. But in CBI the objective was the Services of Supply and most of the combat troops were supporting it. (An exception was the "Merrill's Marauders" operation.) This paradox resulted from the fact that the Theater was principally created to aid the Chinese and to keep them in the war. This meant getting supplies to them by the flight over the "Hump" and the building of the Ledo Road to connect up with the old Burma Road. The object of the fighting was to push the Japanese back so that roads and pipelines could be built and also to make the flight over the "Hump" safer.

My very amateurish appraisal – which later turned out to be correct – was that it would develop that the CBI theater would have small part in the defeat of Japan; that this would be due, first to the difficulties of getting the road through under delays from natural obstacles and the job of kicking the Japs out of the area, and second, to the fact that the speed of our Navy's progress across the Pacific and of General MacArthur's attacks in the Southwest Pacific would make it probable that China could be reached from the sea before the CBI Theater could reach the coast from the land.

However, as a matter of foresight in 1942 the effort seemed to me to have been a logical one, as it was then thought that the Pacific route might take years longer to reach China than was actually the case. Also the CBI Theater had undoubtedly had a morale value in keeping China in the war, including holding the Japs back through maintaining the 14th Air Force. At the time I was there, Stilwell and Chennault typified America in the minds of the Chinese.

A VOLUNTEER MISSION

The unsanitary conditions throughout the CBI Theater, as I observed them and as above to some extent illustrated, were bad indeed. I felt that much of this was avoidable. So, as mentioned above, in my talk with General Sultan, I recommended that a preventive medicine mission be sent at once to the Theater; he promptly accepted this proposal, and designated me as his "personal emissary" to get The Surgeon General to do it. This resulted in a mission headed by

General Kelsner of the Veterinary Division of The Surgeon General's Office, which included two preventive medicine experts, and which went promptly to the Theater.⁶⁵ General Kelsner's selection for this was, of course, because the lack of any adequate inspection of meat supplies was one of the grave causes of the bad sanitary conditions. Every one had dysentery. Many cases were amoebic dysentery, at that time virtually incurable. Also the loss of strength and vitality in our U.S. Personnel in the Theater was a tremendous handicap to morale, effort and accomplishment. The tale of "Merrill's Marauders" certainly proved this.

General Kelsner's mission proved, I was later informed, to be a great success in correcting many of these deficiencies. Why some action of this nature had not been taken long before I do not know, but at least I had the satisfaction of getting this work started.

The controversy over "Merrill's Marauders" has been mentioned above. My report on our CBI Mission also touched on this. As I was about to leave the Theater, a Captain Hopkins, a Battalion Surgeon from "Merrill's Marauders" put into my hands a request that I personally bring to The Surgeon General a report by him containing very grave criticisms of this operation. My documents of our CBI Mission contain my notes of this, my report of it to Colonel Armstrong as Acting Theater Surgeon, and my decision that it would be improper for me to carry it out of the Theater, followed by my notification to Captain Hopkins of this, and the statement that I was burning my copy. Colonel Armstrong had another copy of Captain Hopkins' report and was taking all steps which he could reasonably do through regular channels about it, pending General Sultan's return.*

Shortly following our return from the Theater an official commendation of our team by General Sultan arrived. (A copy of this is with the papers above mentioned in the Rutgers University Library.)

*See Crisis Fleeting [ed. - pp.383-86] for my report to General Kirk in August 1944.

I leave our CBI story with a report of the best piece of medical advice which I received while in that Theater of Operations, which I can better describe as that Theater of Dysentery. This advice was given by my good friend Colonel Haff, the SOS Surgeon. It was: "Relax and breathe through your mouth and don't get your bowels in an uproar." Only the first two parts of this wise counsel were easy to follow in the CBI.

⁶⁵ Brig. Gen. Raymond A. Kelsner was the first Chief of the Army Veterinary Corps promoted to general officer rank. For veterinary support in the CBI, see George L. Caldwell, Medical Department, United States Army, United States Army Veterinary Service in World War II (Washington, DC: GPO, 1961), pp.340-80.

THE PACIFIC

This was my third and last overseas mission. It had been planned in April 1944 and was an outgrowth of the European Theater survey. When General Kirk found the serious condition which had existed in medical supply in the European Theater he wanted me to make similar studies in the Pacific and CBI. For reasons already explained, the order of these was reversed, and it was not until about October 1st that it was possible for me to start for the Pacific.⁶⁶

There had originally been three Theaters of Operations in the Pacific area – the Central Pacific (Admiral Nimitz); the South Pacific (Admiral Halsey); and the Southwest Pacific (General MacArthur). The South Pacific Theater had just been absorbed into Admiral Nimitz' Theater, thereafter called Pacific Ocean Areas (POA). However, its installations, with the Headquarters in Noumea on New Caledonia, still remained as a Base Command.

For this mission I was fortunate to have Mr. Charles Harris supply the business knowledge of stock control and depot methods which Mr. Hangen had contributed for the earlier missions. Also, I again had Colonel Williams to furnish the requisite professional knowledge of medical supply items and their issue. Since contact with the Pacific Theaters was through the San Francisco Port of Embarkation, I arranged to have Major Kjolsrud, who was in charge of the Overseas Medical Supply Office of the Port, accompany us. This established a direct liaison between the Port and the various requisitioning points and gave the port a firsthand knowledge of their needs and problems.

Our team gathered at Hamilton Field in the San Francisco Bay area ready to take off for Hawaii. Colonel Williams, Major Kjolsrud and I were called on a Saturday for a flight that evening, but Mr. Harris was not included on the plane's list of passengers.

Learning this, I contributed \$1,000 worth of legal argument, at my own valuation, to try to get him on the plane. In a long legal life, I have frequently shown up in court with what I thought was good evidence, only to have my case disintegrate. But on this occasion I entered court without any evidence and got some on a silver platter. For I learned that the plane, which had no room for Mr. Harris, was able to provide space for a woman entertainer. Without bothering to inquire who this was, I gave another \$1,000 worth of legal argument – the valuation still being mine – and pointed out in eight different languages and with my customary restrained understatement, what a horrible crime it was to put a woman entertainer on a plane and leave, cooling his heels at Hamilton Field, an important businessman who had been brought into this work by the personal efforts of the Under Secretary of War, who was making the trip at great financial sacrifice to himself and his company, and who was going in order to assure hospitals and medical supplies for the fighting men.

⁶⁶ Overall logistics in the Pacific are covered in Robert W. Coakley and Richard M. Leighton, Global Logistics and Strategy, 1943-1945 (Washington, DC: GPO, 1968), parts 5 and 6 (pp.391-626). Page 409 has a map showing most of the places Voorhees mentions. The Army's operations in the Pacific are recounted in four volumes of the official history: Robert R. Smith, The Approach to the Philippines; M. Hamlin Cannon, Leyte: The Return to the Philippines; Robert R. Smith, Troumph in the Philippines; and Roy E. Appleman, James M. Burns, Russell A. Gugeler and John Stevens, Okinawa: The Last Battle (all Washington, DC: GPO, 1953, 1954, 1963, and 1948). Medical aspects are given in Medical Service in the War Against Japan, chapters 8, 10, 12, and 13.

Perhaps this flood of oratory did not produce the result and the change which occurred would have happened anyway, but about half an hour later, when my blood pressure was still far above normal, the message came that Mr. Harris had been put on the plane. This, for the time being, produced general rejoicing.

That evening about 9:30, we finally got off and flew out over the Golden Gate. At that time it had become quite impractical to make any changes in the passenger list. No woman was aboard, but Harris was. Col. Williams and Major Kjolsrud happened to talk with one of the crew and then bore down on me with unmeasured profanity and abuse, sputtering together and separately that I had done it now; that I had ruined their trip. At my inquiry as to what I had done now, they said I had talked too much. I told them that this was nothing new; that I had done it many times before and that they must bear up under it, and just tell me what trouble I had caused this time. Their reply was to ask me if I knew whom I had bumped off the plane. I said that I didn't care who was off as long as Harris was on. But they said they cared, and cared a lot, because the person I had bumped was – Olivia De Haviland. (Olivia was, of course, then a reigning movie queen.)

Just at sunrise we swung over Pearl Harbor and down to Hickam Field. The stir which our arrival brought about was marvelous. There was a large group of officers and civilians to meet us, and, in spite of war time, many leis. We felt that this was a high tribute to us and that it was especially notable as we had not known that they knew we were coming. But when we produced Harris instead of Olivia, even the leis faded. A handsome public relations officer, who was there with a big Packard limousine to meet Olivia, was so disgusted that he wouldn't even ride with us. But we did inherit Olivia's Packard and so proceeded to Fort Shafter in style.

Besides the depot in Honolulu we found that there were medical depots on three of the other islands, and that these had not been inspected for many months, so we divided our forces to cover each of them, Mr. Harris and I going to the "Big Island," Hawaii.

There we found a big medical supply depot, occupying a store that looked like a big, old-fashioned drug store. There were several outlying warehouses with supplies stored in them. It was apparent that there was no need either for the depot or for any of the warehouses, as there was frequent enough steamer service from Oahu to fill the hospital requisitions. A somewhat similar condition existed on Kauai, which Major Kjorsrud visited, and on Maui which Colonel Williams inspected.

We had also found that on Oahu there were many widely dispersed warehouses with large stocks of supplies. Recently a very large new warehouse on Oahu had been secured which was only partly filled. Great excesses of many items existed on the Islands. Many of the stocks were old, some of them apparently dating from the last war. Shortly after Pearl Harbor, when the mission was a defensive one, stocks had been dispersed against danger of further bombing, and depots had been placed on outlying islands to meet emergencies from possible Jap landings. The whole setup in October 1944, however, looked as though no one had ever heard of the Battle of Midway of June 3 [sic; 4-7], 1942, because the dispersion of supplies was carried on just as though the islands were still subject to attack, although this had not been a danger for upwards of two years prior to our visit. We, therefore, recommended that all the depots on the outlying

islands be closed; that the few hospitals and installations on those islands requisition regularly from Oahu; that the excesses of supplies should be cleaned up and surveyed out or sent back to the U.S., and that on Oahu the stocks should be concentrated in the new big warehouse and the four other modern warehouses at Schofield Barracks. These were sufficient for any currently needed stocks. We urged that all the other warehouses should be given up.

Apparently months later the depots on the outlying islands were finally closed, but this had not been done on our return in December, 1944 nor had other recommendations been carried out.

We also found that the requisitioning on San Francisco was done from the Base Surgeon's Medical Supply Office which was across the street from the Depot, and that for this purpose the Depot was required to prepare a monthly stock report (which took six people a week of each month to make up), although the requisitioning could have been better done directly from the Depot's stock cards, which were always up to date. We recommended that these functions be merged, but this was apparently never carried out.

We also found that there were approximately two hundred people engaged in medical supply, including one full depot company and various detached personnel. Part of their work was preparing medical supplies for expeditions. It seemed to us that such supplies, particularly hospital assemblies and probably also Medical Maintenance Units, could be procured from the mainland by proper requisitioning and that a small reserve stock of hospital assemblies could be carried, making it possible, together with closing down of the outlying depots and eliminating the excess stocks, to cut the personnel by about one-third. A particularly unfortunate feature of the existing use of personnel was that we were told (and later confirmed) that there was an acute shortage of medical personnel on Saipan. Our recommendations as to cutting personnel were, however, apparently not carried out.

We felt that radical attention was necessary to make medical supply an up-to-date, efficient job. But there was far too much satisfaction, on the part of those concerned, with the way they were doing the job for our efforts to produce much result.

On both of my two previous missions my team was greeted enthusiastically and received outstanding cooperation. The Pacific Mission, except for my individual work on Leyte, met with little enthusiasm or cooperation. While there were grave faults which could have been readily corrected, there was generally little disposition to do this, with the result that much hard work on our part led to relatively minor improvement. Fortunately the most critical place where reform was needed was in the Philippines at Leyte – in the preparation for the coming invasion of Luzon. This work alone would have made the entire trip worth while.

Most of the conditions which we found were more in the nature of waste than in failures which affected the medical care of sick and wounded.

The new Theater Surgeon for the Pacific Ocean Areas (POA) had taken over before my return to Honolulu in December and he had arranged for our Colonel Williams to be his medical supply officer. We hoped, therefore, that it would be possible for Col. Williams to carry out the recommendations which he himself had participated in making. However, even here the changes

had to be made through the Base Command, a separate headquarters, and there was reluctance on the part of the Base Command Surgeon and his medical supply officer to make radical changes.

We also, before leaving Hawaii, arranged for Major Morton Rogow, an expert in warehousing, to be sent out from the U.S. on temporary duty, to assist in the reorganization of the warehouses. This was done and Rogow worked effectively in this field both in the Central and South Pacific Base Commands and at Saipan.

After filing a full report, dated October 19, 1944, and reviewing it with the Pacific Base Command Surgeon, the Medical Supply Officer, and the Acting Theater Surgeon, we headed for the South Pacific Base Command in New Caledonia, which had been the Headquarters of the South Pacific (Admiral Halsey's) Theater until absorbed into the POA.

After the customary wait, we were notified to be at Hickam Field Saturday evening to take off. We weighed in for the plane only to learn that our tickets, which were only at that time distributed to us, read to Canton Island as a final destination, not to New Caledonia; also that the plane we were scheduled on was proceeding from Canton to Guadalcanal, and would never be within 1,500 miles of New Caledonia. Canton is an isolated coral reef with a landing strip, one tree, and absolutely no medical supply problems.

At the same time we learned that a plane for New Caledonia had gone the day before which we could perfectly well have taken. Thankful at least that we were not going to have to spend the rest of our lives on Canton Island, we debarked from the plane and were told that it would be two or three days more before we could get a plane for New Caledonia.

Further inquiry developed, however, that there was a plane due to leave California that night to arrive at Hickam Field Sunday morning which would go through to New Caledonia, but the aircraft was delayed due to necessary repairs and would leave the next day. So finally, after four days of struggling to get off, we boarded a plane really scheduled for New Caledonia. After a refueling stop at Canton our next stop was Fiji.

Assuming that our troubles for that day were about over, I relaxed when in came Colonel Williams bursting with the news that the plane was not going to stop at New Caledonia at all but was going directly to Brisbane, Australia. This furnished further evidence that no party ought ever to travel on the ATC without its private lawyer in order to arrive at least in the same part of the world as its official destination. Brisbane is, of course, hundreds of miles beyond New Caledonia and I learned that the traffic load from Brisbane back was so heavy that we might be stranded there indefinitely.

Locating the Commanding Officer of the airfield, whose principal distinction was a peaked cap with a visor about four inches long, I learned that the cause of the change was that the plane would arrive at night over New Caledonia and that, as there were mountains near the airfield, it was not safe to land except in daylight; that one or two planes had already crashed against the mountain there and that, therefore, the only thing to do was to go to Brisbane direct. So I started digging for the facts and found that, of about sixteen passengers on the plane seven were for New Caledonia. Also I ascertained the approximate time of the flight to New Caledonia and found that

we would arrive there about two hours before dawn. The plane was 18 hours late, with these facts I went to work on the Commanding Officer, convinced that the real explanation of his decision to bypass New Caledonia was so that he could get the plane off and go to bed, whereas to postpone the departure 2½ to 3 hours so that we could reach New Caledonia in daylight would either keep him up or wake him up.

I, therefore, told him that I had found that almost half the passengers were going to New Caledonia and were very uninterested [in] seeing Brisbane; that I was thoroughly sympathetic with his desire not to have the plane crash against a mountain in New Caledonia, as I like to have any planes I am on land on airstrips and not against mountains, but that I had examined the plane and found that it was resting very comfortably and safely on the airstrip, and that it could wait there for 2½ hours without any danger and then would arrive in New Caledonia at daybreak on the exact middle of the airstrip, with no risk of damaging the mountains. I pointed out further that if he postponed for 2½ hours the departure of a ship which was already 16 hours late, it would not seem too serious, and that this would appear to be justified in order to get about half the passengers to their real destination instead of to some other part of the world to which they had no need to go. I also pointed out the importance of Mr. Harris' time, the fact that he was a businessman with large interests who was serving at the request of the Under Secretary on virtually a volunteer basis, and that I thought that shipping him to Australia under these conditions would create a very unfortunate appearance when the matter was later reported by him to Washington. The C.O. took these matters under advisement and in about five minutes the plane's departure was postponed for 2½ hours. We got two hours' sleep in a thatched hut, started again, and arrived at New Caledonia just at sunrise. My bills for legal services have not been paid by any of my associates.

At Noumea the capital, which had been General [sic; Admiral] Halsey's headquarters, Navy officers were naturally quartered in the best hotel in town, the Army having an old warren for its officers' billets. Noumea was about as far removed from the battle fronts as the United States was. The function of this place was over and retrenchment was in order. However, the old empire building game was on. Using materials which had been sent for hospital construction purposes, and employing a large amount of labor, a big new headquarters building was being built next to the beach, with an imposing entrance and an even more impressive office for the Commanding General. There was much complaint about this construction. The building was politely called the Coconut Pentagon, but more frequently known as the Coconut Octopus. Every officer whom I have seen who went through this area while such construction was going on spoke of the obvious waste, but nothing was done about it.

"Eager" supervision had been established over everything else. Medical supply requisitions were limited to three months, although it took four months from date of requisition to get anything out there. This did no harm to medical supply, however, because the excesses already there were too great for even these foolish regulations to make much difference.

There were two depots: a small one in the City of Noumea presided over by a 2nd Lieutenant. We called him the "one-man depot company." He was a competent and vigorous executive, could also take shorthand with great speed, type 100 words a minute, and was physically the

strongest man in the outfit. His depot had all the supplies that the island needed, and was in excellent condition. But it was used only for local supply.

In a valley fifteen miles north, we found the main depot, which was a series of large warehouses with enormous stocks of medical supplies, in quantities, as to many times beyond those which could have been used in years. Why these had ever been brought there, why they were kept there, how such things could have happened, I never understood. But there they were, with a whole medical depot company taking care of them. This company was commanded by Major James Russell Lowell of Boston. Whatever his inherited literary abilities, Major Lowell was not much of a depot commander, and the depot was mess. The first need, as we saw it, was to get the excess stuff out where it could be used. We found that some excesses had been reported to the War Department months before and authority to return them had just been procured. But the excesses then declared were by no means all that they had.

We took a look at their actual issues, and found that the consumption rates which they were using had been taken for The Surgeon General's catalog. This bore no relation whatsoever to their actual issue experience, but no efforts had been made to develop their own rates. Taking a few sample items, we found, on the basis of actual issues, one on which they had 30 years' supply, one 83 years' supply, and one 267 years. There was over 8½ years' supply of blood plasma. We computed rates based on experience for about 100 items to show them how it could be done and suggested that this be extended to the rest. We then tried to get blanket authority to ship out all surplus above a years' stock. This was disapproved by The Surgeon General's Office, but was finally pushed through after our return to the U.S.

In seeking at least something good to say about the setup in making our report, we noted with magnificent understatement that "the outstanding fact is that throughout medical supply is adequate." It was. It would have been adequate for the next war too.

This Base Command had staff supervision over the Island Command of New Caledonia (which was also set up in Noumea and constituted a separate headquarters with another surgeon) and also over the depots on Guadalcanal and Espiritu Santo. In the latter capacity, this headquarters reviewed the requisitions from Espiritu and Guadalcanal, but apparently nobody had been over to look at those depots for a period of the last four to six months. We took the Base Command medical supply officer along with us to the other depots. Similar, but not such serious, conditions of excesses existed in each of them, but on other items there were shortages. The Espiritu Santo depot was in a good deal of a mess and we recommended that the captain in charge be relieved.

On Guadalcanal, which we reached about November 5, it developed that their August requisition had been returned by the Base Command at Noumea disapproved because it was said to be erroneously made out. They had then prepared a combined requisition for September and October as well as August, and this had been sent shortly after the 1st of October to the Base Command Headquarters, but no word had come from it. It then developed that the Medical Supply Officer of the Base Command who was with us still had it with him and had not sent it forward because it was erroneously prepared. Three months had, therefore, elapsed with no requisitioning of any kind getting through. Undoubtedly the requisitioning was done upon an erroneous basis, as we found on examining the stock control system. However, some things were

badly needed. It was claimed that the items needed could be supplied from New Caledonia, which we were prepared to believe due to the size of their stocks, but such delays in acting upon requisition seemed to me at least to be indefensible.

Although our forces had been in Guadalcanal since the fall of 1942, it was only recently that warehouses for medical supplies had been built. Most of the supplies were now under cover, but for a period of many months the supplies had been exposed to tropical conditions of high humidity and enormous rains. The island headquarters on the side of the sound looking toward Florida Island (and, to the northwest, Savo Island) had a view of the area in which some of the most punishing assault landings and Naval battles of the war had taken place. It was fittingly called Iron Bottom Sound. It was here that a U.S. fleet was caught unprepared, the Japs coming in unexpectedly at night and sinking several ships although losing very heavily themselves. An ancient Marine amphibious tank was on the beach. Here again the war had moved far away, and, except for the sticky climate, hardships were nonexistent.

One officer swimming in the ocean near the mouth of the river while I was watching him from the beach, was startled to see an alligator about six feet away. He swam in out of breath and considerably scared. Such are the dangers of war.

After preparing a final report for the Base Command and attaching to it the reports which we had made to the Island Command at Espiritu Santo and Guadalcanal, we left early in the morning on November 7 (Election Day) for New Guinea in a converted Liberator bomber, flying over the Russell Islands on the way. We came in to New Guinea at about Lae and landed at the airport 20 miles inland, known as Nadzab, which was then the terminus of the ATC. Here we saw five Jap prisoners who were being taken to Australia by plane. Jap prisoners were a rare commodity. They were apt to become still rarer because the Australians in taking either this or another group at about that time, arrived in Australia without any of them and reported that they had "tried to escape." The Australians did not love the Japs and customarily took no prisoners. At times they even shot Jap prisoners of the Americans.

We soon got a C-47 to fly to Hollandia. Hollandia harbor was filled with seemingly hundreds of ships. Part of this was a great armada which was collecting for the assault on Manila, but a big part of it was composed of ships which just could not be unloaded. Many of them had stayed there at anchor for longer times than it had taken to come from U.S. ports. We found that this was the condition in other ports where the engineering work never seemed to have caught up with the shipping.

The airport near Hollandia was 23 miles inland; there was no transportation and no way to get any transportation to Hollandia. After several hours, we finally got an ambulance from a nearby hospital and went in along one of the dustiest roads in the world.

Near the airstrip was the famous MacArthur Headquarters on a nearby mountain, where the air was cool and the view of the lake beautiful. In fairness to General MacArthur, he apparently knew nothing about the building of it, but some eager, apple-polishing assistants had spread

themselves.⁶⁷ Engineering equipment and personnel which should have been working on docks had built a road several miles long to get to the top of the mountain. Fabricated buildings, some of which were intended for hospitals, and various other hospital equipment had been used in constructing the headquarters. The hospitals had then been set up in tents in the valley below, where the weather was sticky and hot. There was intense bitterness throughout the command everywhere over the building of the headquarters and the road. GHQ and USAFFE Headquarters were both on the mountain. GHQ was the Allied Headquarters, although it was mostly American by that time. USAFFE was the U.S. Armed Forces of the Far East. I could never straighten out the organizational tangle between them. The point is that they both lived on the mountain and fresh meat and vegetables were flown in from Australia every couple of days, whereas the food down in the valley was strictly G.I. and often very poor at that. I never heard more bitterness or disloyalty toward a command than existed at Hollandia. It was universal.

Down by the Bay, 20 miles from the mountain Headquarters, the SOS Headquarters was located in a series of four warehouses, only two of which had cement floors and none of which had walls. File cabinets and desks were spread around on the dirt. One warehouse was used for a mess hall. The Generals and a few senior Colonels had refrigerators; otherwise, cold water was unknown. This was a temporary location for the SOS Headquarters, which had only recently been brought from Australia.

The outstanding feature of this Theater seemed to me to be the contrast between the brilliant military strategy and the utterly complicated red-tape organization. Requisitions and other technical communications from one base to another had to go through command channels, with startling delays. The Chief Surgeon of the Theater could not himself approve the issuance of certain additional equipment for hospitals such as ice machines, generators or other items which were absolutely necessary under the conditions. The application of each hospital for each such item had to go all the way to USAFFE Headquarters, and delays in action of upwards of two weeks after the application had gotten through the SOS Headquarters were not uncommon. So hospitals sometimes moved forward to the combat zone lacking essential equipment. But many times in the last emergency rush before they took off for an assault landing things would be supplied somehow, in disregard of regulations and red tape. It was apparently a general practice throughout this Theater to take hospital equipment for officers' comfort, many officers for example using excellent hospital beds.

The Chief Surgeon's office consisted principally of officers who were not formally assigned for duty there, but who were theoretically assigned as commanding officers of hospitals. Some of them had never seen the institutions they were supposed to command, having been immediately placed on detached service at SOS Headquarters. This was the only way that any consultants or other needed personnel for Headquarters could be obtained, as sufficient officer allotments were never given.

⁶⁷ MacArthur is a polarizing historical figure, and was controversial at the time. Regardless of his talents as a general, his staff was extremely loyal but sometimes of limited capability. See, for instance, Wesley K. Wark, "Douglas MacArthur and the fall of the Philippines, 1941-42" in Brian Bond, ed., Fallen Stars : eleven studies of twentieth century military disasters (Washington, DC: Brassey's, 1991). Voorhees does not ascribe administrative problems to MacArthur directly but ultimate responsibility was MacArthur's since he was theater commander.

Between the SOS and the different bases strung along New Guinea there was another organizational layer, the Intermediate Section Headquarters, known as "Intersec." This was located at Oro Bay near Buna, 1,000 miles southeast of Hollandia. It also did all the requisitioning from the U.S. for the entire Theater, which was handled through an organization called Distribution Division. This should have been, but was not, a part of SOS Headquarters. We went down there after Mr. Harris and Colonel Williams had gone up to Biak to look over that base, and after Major Kjolsrud and I had inspected the base at Finschhafen.

Finschhafen represented the one bright spot. There the depot C.O. was a Lieut. Colonel Asbill, a really competent medical supply officer with an excellent depot, ample warehouses and good stocks. This of course should have been used as the main base and small balanced stocks kept in the other bases. However, supplies came in at any port where the ships happened to land, and there was no dependable transportation between bases. The depot at Hollandia was, therefore, out entirely of 20% or more of the items it should have had. And, due to some organizational red tape and confusion, it was not allowed to requisition, except in emergencies, even though the automatic distribution system which was supposed to have been run from Intersec had actually been abandoned as unworkable. Lack of balanced supply was, therefore, inevitable. The biggest trouble was in an over-all shortage of many items.

Apparently the system had been pretty good up to January 1944, when it had been run by the Surgeon. At that time, however, a great reorganization took place, and requisitioning for all Technical Services was moved from Brisbane to Sydney and placed in charge of the Distribution Division. The medical requisition for January, which should have gone forward that month, was kicked back and forth through the red tape for weeks, and at least once was disapproved by the SOS, G-4 at Brisbane and returned to Sydney. In any case it did reach the San Francisco Port until April 19. There was, therefore, a gap of three months in requisitioning, and by June this had started to create acute shortages which became progressively worse throughout the summer. It would seem that asking for something which you could get free would be an easy thing for anyone to do, and this is all requisitioning is anyway. But the red tape prevented even that.

We had been told many times before coming to this Theater that the medical supply system was perfect, without fault or flaw. This might have been an interesting historical statement, but it bore no relation to the facts of life in the fall of 1944. Probably the setup was that they were still requisitioning on one Theater-wide basis, although depots, since we were already in Leyte, were spread over a distance of at least 2,500 miles (even without considering Australia) and would soon be spread farther, as we moved into Manila. There was no dependable transportation between bases within the Theater, and yet if stocks existed anywhere in the Theater, they did not requisition more.

Supplies for the Philippines, except for a limited number of items contained in the medical maintenance units were therefore dependent upon general Theater requisitions and might come in wherever the ships happened to land in the Theater. If the Theater was short of an item, a lot would be on requisition, all of which might go to the Philippines and none to New Guinea or vice versa. On the other hand, if the Theater had plenty of an item, these stocks might be largely in New Guinea, none would be requisitioned, and the Philippines would have none. It was elementary that such a system could not work.

Our most important recommendation was to separate the requisitioning for the Philippines and have Leyte and Manila each requisition for direct shipments from San Francisco to such bases. This was done at least temporarily, but months later when Headquarters moved to Manila we heard reports that they had gone back to the old system.

At the Oro Bay Headquarters of Intersec there were upwards of 1,000 WACS serving as clerks, the first 700 of whom had been requisitioned for duty as truck drivers and mechanics. Under the primitive conditions in New Guinea they could not be used for such purposes and a school had been set up to train them as clerks. As stenographers and clerks, I think that most of them were good truck drivers. As to how such a condition could have existed, I never got any adequate explanation. The most plausible one was that they had been requisitioned when the Theater was still in Australia by some officer who had never envisaged the possibility that the Theater would move forward into other areas.

We prepared a report for the Intermediate Section dated November 23 and a report for the Commanding General of SOS on November 26 at Hollandia. Since the Theater consisted, except for Leyte, principally of the Intermediate Section, the former report covered most of the field.

There was considerable discussion as to whether we should go to Leyte, resulting in the other three members of the mission going directly to Saipan via Manus Island, and my going to Leyte, as permission for more than one to go was refused. The only transportation was one B-25 Mitchell per day, which could take only two passengers. After struggling for several days to get my orders issued, I finally got them by a personal trip to the mountain Headquarters and hand processing them through after several hours' work. Then I found that the hospital ship Hope was about to start for Leyte, and I was exhausted enough to justify being a patient. This was one of the Army-Navy ships, the medical complement being Army and the crew Navy. The Commanding Officer of the medical complement, Lieut. Colonel Tom Protzman, a doctor from Englewood, N.J., offered to take me in as a patient and carry me forward to Leyte. As a patient, I made some records. First, I was the only patient I ever heard of who was evacuated from the rear to the front. Second, I was the best cared for patient, as I was the only case in a hospital ship equipped for 700, and to make sure of adequate care, there were 170 additional nurses who were going forward as passengers. In spite of this, I didn't get my temperature taken although I was aboard under a diagnosis of "fever of undetermined origin."

The trip is about 1,500 miles. I went aboard the ship on the night of November 29 and sailed the following Thursday afternoon, November 30, which I remembered was my father's birthday. We were due to arrive in Leyte the following Monday morning, December 4. Complete rest and the excellent Navy food at the Captain's table made a new man out of me. Everything was fine until Sunday the 3rd, when a Jap submarine followed us for awhile. It was some three miles astern and did not bother us. About 4 o'clock that afternoon, however, general quarters was suddenly sounded when we were about 150 to 200 miles off Mindanao (on which the Japs were then very strong) and were crossing the so-called Mindanao Deep, where the ocean is almost 7 miles deep. A Jap plane was coming in directly out of the sun, doing evasive tactics. I saw it just in time to watch the torpedo coming, saw the Jap plane circle very near us as it pulled out of its dive, and then as the wake of the torpedo got out of the path of the sun, saw it approach and miss us under

the stern. In my ignorance I thought that the wake showed where the torpedo was, but learned afterwards that the torpedo itself is well ahead of the place where the wake first shows on the surface.

The Captain radioed the Navy immediately that we were under air torpedo attack. Planes of this type could carry only one torpedo, but everyone expected to be strafed. However, the Jap pilot departed. The Navy immediately acknowledged the report of the attack and broadcast it, assuring that other Japs would know exactly what our position was. But neither the Navy nor the Army ever sent anything to protect us after the attack, so we sailed on with nothing but the doctors' hypodermic needles for defense.

Under the Geneva Convention, such ships have to be lighted at night, so when darkness came we lit up like a Christmas tree, and to make doubly sure that the Japs could see us, had a movie screen erected on the stern and showed a movie that night.

The explanation of why one pilot attacked us and no one else did I could not understand. Apparently slap-happy or trigger-happy Jap airmen had attacked other hospital ships before, but had not succeeded in hitting any. It was only a question of time when they would. The hospital ship Comfort, a sister ship of the Hope, was later hit and a number of doctors and nurses killed in a Kamikaze attack off Okinawa.

We came up Leyte Gulf early the morning of the 4th, very glad to be in sight of the battleships, cruisers and destroyers.

As soon as we had anchored off the Leyte shore, an LST equipped as a floating hospital came alongside and transferred to us a group of patients. Other patients were brought out from shore. I watched these transfers for a time and in the afternoon went ashore in an LCM with a pile of baggage, a lot of nurses, and some other officers, landing on the beach several miles south of Tacloban. Headquarters were in Tacloban, the principal town, which was a sea of chocolate mud.

Meeting the Base Surgeon, Lieut. Colonel Paul Wells, that night, he told me that his medical supply situation "bordered between the critical and impossible;" that less than one-third of the medical supplies which were supposed to be unloaded had actually come ashore, and that on most of the essential items he was entirely out. I proposed getting all medical supplies off the Hope and this was done the next day. This gave us everything except the minimum it would need for the Hope's 5-day trip back to Manus Island.

We got an LCM – one of the smaller square-bowed landing craft – to bring the medical supplies ashore. Loading them took some time and perhaps we stalled a little in order to get a good Navy dinner – the last good meal any of us would see for some time. While we were at dinner, one of the patients on the ship died suddenly, and just as darkness was falling they swung his body, tied in canvas, onto the LCM on top of the medical supplies. We went into Tacloban in the night as a combination funeral barge for the dead and transport for medical supplies for the living. I got the boy's name and serial number and on my return located his parents through the Adjutant General's Office records, so that I was able to write them some of the details about him and where he was buried.

I also got them to prepare a requisition for the Hope to fill at Manus and bring back on her return voyage, and set up a regular system of emergency requisitions by hospital ships. Also I got them to send a radio requisition and took other emergency measures as indicated in full in my memorandum for General Denit dated December 11. A formal report to USASOS Headquarters was made, identical with the memorandum to General Denit, except that it omitted any reference to supplies by hospital ships, which he wanted left out of the formal report.

Certain officers had been decorated for planning medical supply for the Leyte and Luzon invasions, but supply was really not well planned, and there were grave defects other than the unloading problems. No adequate plans had been made for about 2,500 items which were not contained in the medical maintenance units, although many of these were needed at an early date. Plans for the Luzon invasion were similarly deficient.

After a considerable struggle, and over the objection of the Chief of Medical Supply for the Theater, I got General Denit, the Theater Surgeon, to send the medical supply officer for the proposed base at Luzon, back to Intersec at Oro Bay to develop immediately emergency radio high-priority requisitions on the San Francisco Port, both for Leyte and Luzon, to cover the above shortages. Then, learning that the hospital ship Comfort was on the way to Los Angeles, I decided to try to ship out by it some of the most needed supplies under the radio requisition above mentioned. Having little faith, however, that even a radio requisition could get through the red tape in time, I got from the Luzon medical supply officer before he left for Intersec his estimate of the items and quantities most needed immediately for Leyte and Luzon, and grasping this in my hand, started or attempted to start out.

In spite of the awful mess of mud, rain, dirt and poor food, which was not made any more comfortable by my gradually increasing dysentery, I really felt that I had friends in this group and that they were glad to have help. This also held for General Denit, who had arrived at Leyte after I had, and had been shocked as to the conditions of medical supply, and particularly as to the hospitals. For the Headquarters on Leyte had grabbed all the good buildings and the beach, which was the only dry land, and had thrown the hospitals into muddy areas which were literally quagmires. No adequate engineering assistance was given to set them up, and one 1,500-bed hospital was required to take 100 patients the day after it landed, in an area which was nothing but a sea of mud. This hospital was a general hospital which had no equipment or staff to set itself up and was not intended for such a mission.

Conditions of confusion in that base passed anything which I had imagined could exist even in war with a campaign going successfully. Food stocks were down to a three or four-day level at one time while I was there. And this existed although we had surprised the Japs and had found only one Jap division on the island, had cleaned up the eastern shore of the island, and were fighting farther west Jap divisions which had more recently landed. If the strategic campaign had not been an overwhelming success, the supply condition would certainly have spelled disaster. The Commanding General of the Base was relieved while I was there. The red tape passed any belief, even a radio requisition had to go from the medical supply officer to the Base Headquarters, from Base Headquarters to Advance Service Command Headquarters (known as ASCOMI; I felt that the accent should be strongly on the first syllable), from there to Sixth Army

Headquarters, from there to USASOS Headquarters at Hollandia, and from there to Intermediate Section 1,000 miles farther away, at Oro Bay. Even then Intersec could not deliver the items, but only proceed to distribute the requisitions to the depots which were supposed to fill them. Everyone complained of the impossible red tape organization, but nobody seemed to be in a position to do anything about it. GHQ was too lofty and remote for anyone to get it to change things.

One morning in Tacloban, when it had rained all night and the chocolate mud was a thick soup anywhere from six to eighteen inches deep, our jeep was too wet to start. It was a mile or so to the mess, the traffic made it rather disadvantageous to walk, so we struggled in a heavy rain with the jeep without success for upwards of half an hour. Negro truck drivers speeded up as they went by in order to give us an ample coverage of mud, and I felt about the general level of cheer indicated in most of Bill Mauldin's cartoons, though with less reason for low spirits than the famous Willie of the cartoons had. It had gotten too late for us to get breakfast and I was soaked with rain and mud, and began to feel a little sorry for myself, particularly as the well-known stomach and intestines were working in the well-known way that they do in these countries where dysentery is the rule and not the exception. Just then a big truck came by piled high with a load. The load was a tangled heap of GI corpses, sprawled in every conceivable direction with feet and heads hanging out being hauled unceremoniously from the battle area to the cemetery. I stopped feeling sorry for myself.

Finally finishing my work about December 15, I spent December 16, 17, and 18 waiting on the airport for a plane to Saipan. I was assured every day that planes were on their way from Saipan and would return there the same day. But no plane ever came. Every inquiry as to the cause led nowhere. Later I learned on Saipan that General MacArthur's Headquarters themselves had ordered Saipan not to send the planes on those days. These Headquarters were of course right at Tacloban but the liaison officer of GHQ who came out to the field every day not know this. One day 100 or so patients were brought out over the rough roads in ambulances and waited in the hot sun in those ovens on wheels for hours, only to be taken back when the planes did not come, although the order not to send them had emanated right from the local headquarters in the same town. To make matters worse, other patients had been moved into these patients' beds when they had left, so it was almost impossible for the Base Surgeon even to take care of these patients overnight. Confusion which is inevitable under war conditions is one thing, but confusion, like this, the suffering and the loss of life entailed, is something else again.

Finally, on the fourth day I went out to the airport and learned that no planes were coming from Saipan. Hunting around, I finally found a Navy C-47 cargo plane which was going to Peleliu Island in the Palau Group. Nobody could tell me whether if I got there I would be able to get to Saipan, but I was in the mood to move somewhere and took the plane. I found at Peleliu that a C-47 route had just been opened by the Marines from Peleliu to Saipan and the next morning got a plane without any trouble. I spent the night on Peleliu at a field hospital saw an excellent movie, flew past 25,000 Japs shut up on Babelthuap, the big island in the Palau Group, flew near Yap, on which the Japs were still strong, landed at Ulithi, an enormous Naval base on a tiny atoll with a big lagoon protected by reefs but with very little dry land, then to Guam, then over Tinian, and direct to Saipan, where the airstrip was bordered by newly arrived B-29s.

On Saipan the survey had been made by my group who had preceded me and gone on. They left a proposed report which I went over with the Surgeon. Conditions there had been unsatisfactory, due to inadequate medical supply planning for the invasion, and partly also to shortage of medical supply personnel, but the men there had done the best job within their power and had gotten matters well under control by the time I arrived. They badly needed additional personnel, which could have been freed by the changes we had recommended either at Hawaii or in the South Pacific Base Command. But neither was done. However, help was given at about this time by sending some other personnel to Saipan.

Finishing up at Saipan in a day – which was possible because the others had done the real work – I got a C-54 that night for Hawaii, landing at Kwajalein on the 22nd. Leaving Kwajalein the morning of the 22nd, I reached Johnston Island the evening of the 21st, having crossed the International Date Line again. Johnston is so tiny that it just has room for an air strip, some buildings alongside of it, and nothing more. But this was a Navy base with excellent buildings and superior food. Changing from Army to Navy food and back again is like moving from the steerage to the luxury class on an ocean liner and then returning to the steerage again. The Navy sails in a different social class when it comes to eating, buildings, and comforts generally. (I would have enjoyed the food even better, had I felt better.)

We flew all that night and arrived at Hickam Field early in the morning of the 22nd. This was the one trip on which I had a berth, as they let me use, during most of both nights, the copilot's berth, which was not going to be occupied.

At Fort Shafter I found Major Rogow, who had been following up our recommendations on warehousing. He was having difficulties but was making progress. Here again the others of the party who had preceded me had done the real work and had left a proposed report. There was, however, little further for me to do. General Willis had arrived for duty and was giving Major Rogow backing in certain changes which he had recommended. Other needed changes, however, were not being made. Arrangements had been made for Colonel Williams to come out as chief of Medical Supply and there was nothing further which could be done until he arrived. We counted on him to straighten things out.

By this time the dysentery condition had gotten pretty bad and I was treated at Tripler Hospital as an out-patient, to avoid getting put in the hospital. Dysentery was there regarded as a communicable disease although treated in India as a regular condition of life. Anyway, on the same day I got treatment (paregoric) at Tripler Hospital for the dysentery and also a certificate of health indicating among other things that I did not have dysentery. This certificate was necessary to get me on an ATC plane for California. With this, I left on Sunday, Christmas Eve, on an old converted Liberator bomber which I learned, after we were in the air, had flown 1,000 hours, the maximum permissible as a bomber, and thereafter 9,000 hours as a transport, and was going back now to be dismantled as it was not considered safe for further use. Whatever its safety was, it answered all right for us, and we landed Christmas morning at a field on the east side of the Bay, as Hamilton Field was closed in.

An Australian officer who had gotten duty in the U.S. and who was also going to be married when he arrived, accompanied me in to the St. Francis Hotel, where we succeeded with another

officer in getting a room for three. The room had just been the scene of a rather expansive drinking party, judging by the condition of the bottles, glasses and general mess, but little things like that were not subject to criticism in view of the confusion of war. Later the hotel cleaned up the room and we got a bath, drink, dinner, and were home again.

The next day I went at once to Letterman Hospital for treatment as an out-patient and had trouble again keeping out of being an in-patient of the hospital. Proceeding to the Port Medical Supply Office, I found Major Kjolsrud and later Colonel Tyng (then the Port Surgeon), and learned that the radio requisition from the Theater had not come. Fortunately, I had the other copy of the requisition in my pocket, and with certain other material which had come from the Theater, Major Kjolsrud worked out a "port requisition" for the most needed supplies. Major Kjolsrud and I then flew down to Los Angeles.

I saw the captain of the Comfort, which it was previously thought might be able to carry 500 tons of supplies in its hold. At my request he agreed to load supplies also in the wards, and I later learned that he had gotten about 2,000 tons aboard. My friend Colonel Stacey, the commanding officer of the Los Angeles Medical Depot, reported to Washington that he didn't have a medical depot any more as Voorhees had taken it and loaded it on the Comfort.

Everything was fine, except that the Comfort had just received orders from the Navy Department that it was to proceed to Hollandia, not to Leyte. There was not time to be sure of getting these orders changed and still to load the ship afterward, but I gave the word to load the ship and guaranteed that I would get the orders changed. Then I started the supposedly easy flight to Washington on a comfortable commercial plane. The plane was comfortable, all right, but it didn't fly very far. We were grounded at Las Vegas, Nevada, overnight, grounded again at Albuquerque, and finally for good at Kansas City. From there, after a 16-hour wait, I came on to Washington by train, partly by coach.

The next day, with the help of The Surgeon General and after a personal visit to the Navy Surgeon General (Admiral Ross McIntyre, President Roosevelt's doctor) I got orders issued changing the destination of the Comfort to Leyte.

One feature of life in Leyte was the conspicuous absence of any spirituous liquors and the desire of the officers to relieve this condition. I promised to do something about this, if possible. In Los Angeles I found that the captain of the Comfort, who was going to break his neck for me carrying medical supplies, was a teetotaler, and would allow no liquor of any kind aboard ship. But Dengue Fever was prevalent in Leyte, and it seemed to me that the officers there were entitled to protection against it or at least to the best treatment for it. I, therefore, greatly aided by my cousin, Barton Stebbins, purchased two cases of the best liquor we could obtain, after a careful hunt around Los Angeles and the influence of Barton who was an important citizen. This liquor was not too good, but under the conditions not too bad either. I arranged with Major Kjolsrud to have it taken to the Los Angeles Medical Depot, packed in medical supply boxes with the standard Medical Department maroon corners, officially marked as Anti-Dengue Serum – Experimental, and given an official number big enough to be impressive. Arrangements were also made for this to be delivered to the Medical Supply Officer of the ship, for personal delivery to the Chief Surgeon at Leyte. To make sure that they would be on the lookout there, I wrote, by

air mail of course, that a special serum contributed by the Voorhees Laboratories in the interests of research would be specially delivered by the Medical Supply Officer of the Comfort; that the product was Anti-Dengue Serum – Experimental, and that the more of it that was taken more experimental it became. The Surgeon’s office, I later learned, kept a careful lookout for the arrival of the Comfort and when she was reported they secured a Navy boat and met the Comfort 10 or 15 miles down Leyte Gulf. So the serum was delivered and a scientific gathering (which they called a “medical symposium”) was held consisting of half a dozen of the officers who had just been promoted, including the Surgeon himself, and some nurses. During this scientific gathering, units of the new serum, their report stated, were administered and tested in the proper scientific fashion by the officers using themselves as guinea pigs. Apparently all symptoms of dengue among the group were cured, but report of the scientific proceedings indicated that there was a “serum reaction” the next day which was treated with bed-rest, aspirin and ample fluids.

Some weeks after my return, I learned on one and the same day that our official reports, which had inevitably included some mention of inadequacies, had caused annoyance to certain of the high brass in SOS Headquarters; that the Comfort had arrived with its large shipment of critically needed supplies 60 days before these could have come by any ordinary means, and that this shipment had been immediately utilized in connection with the Luzon campaign. These pieces of news, coming together, were most satisfying:— the resentment by the high brass of criticism being accompanied by simultaneous proof of its need for the reforms which we had actually effected.

After the Comfort’s orders had been changed for her to go directly to Leyte, I felt that my job had been done, and entered Walter Reed Hospital to get over my troubles. After a week there the doctors felt that the right thing for me to do would be to take a two weeks leave in Miami, in which regard I responded in an alert manner to the call of duty.

After our return from the Pacific, Mr. Harris and I arranged with Colonel Reynolds to send out several good men to the Southwest Pacific to fill certain jobs. This had been arranged by us with General Denit. (These men, we later learned, became the backbone of the Supply Service over there.) Colonel Williams went back to P.O.A. as planned, to head up medical supply there.

Thus ended my third and last overseas mission.

WORK FOR THE SECRETARY OF WAR
ON
MEDICAL DEPARTMENT MATTERS

How it Began and Other Jobs to which this Relationship Led

In the fall of 1945 I entered the Office of the Secretary of War. Until my resignation as Under Secretary of the Army in April, 1950, I served continuously, except for one brief interval, in various capacities assisting the Secretary of War and his successor under the Unification Act, the Secretary of the Army.⁶⁸ This work covered at least five main jobs.

These varied activities ranged into such fields as the liberation, following the cessation of hostilities, of thousands of doctors and dentists who were really surplus to the Army and Air Force needs and who were being held in service unnecessarily, and conversely, the retention of indispensable specialists needed to treat the war wounded, who were about to be released from service under general criteria determined by statistical methods; the reopening of 16 ammunition factories to make nitrogen fertilizer to deal with famine conditions in Germany, Japan and Korea;⁶⁹ as War Department Food Administrator for the Occupied Areas, the administration of relief feeding programs for the defeated enemy countries totaling several billion dollars, including obtaining from the Congress most of the annual appropriations for this; the jobs as Assistant Secretary and later Under Secretary of the Army dealing with the occupied areas; and, finally, while Under Secretary, the survey through the Voorhees Group Report as to how Western Europe could be defended. While some of these different tasks seem unrelated to each other, the fact was that one led into another.

The following is merely a narrative of the highlights of the part of those experiences which related to medical matters (as I remembered them in September 1950 after refreshing my recollection in some degree from the files and as I corrected such notes in September 1966). Much of this work was never covered by formal reports.

In the year 1948, there was laid on over these activities the chairmanship of the Task Force on Federal Medical Services of the Hoover Commission, resulting in the published report of November 30, 1948.⁷⁰

As previously noted on April 6, 1945, Secretary Stimson had issued a formal memorandum stating:

⁶⁸ The National Security Act of 1947 merged the War Department and the Navy Department into the National Military Establishment, which would be retitled the Department of Defense in 1949. The Secretary of War became the Secretary of the Army and lost Cabinet rank.

⁶⁹ Some papers from Rutgers shed further light on this. Study revealed it was seven times cheaper to manufacture fertilizer in the US for use abroad than to ship food abroad, and in addition the US lacked spare food to ship abroad. As a lawyer, Voorhees added comments about the Texas City explosion of a ship laden with fertilizer, and the first ever class-action lawsuit that resulted. He blamed carelessness by the French crew of the ship.

⁷⁰ The Hoover Commission, or Commission on Organization of the Executive Branch of the Government, was appointed in 1947 to examine ways to improve efficiency and effectiveness of the Federal Government. It would report in 1949. The medical recommendation would be a Federal Medical Service. The report was published in various places, for instance The Hoover Commission report on organization of the Executive Branch of the Government, (New York, McGraw-Hill, 1949).

I consider that the care of the sick and wounded and the character of the hospitalization in the Army are matters for the direct responsibility of the Secretary of War; also that the Surgeon General should be his principal adviser in regard to these vital matters. To that end I wish it clearly understood that I am to have direct access to him and he to me on such whenever either of us deems it to be essential.

This accompanied a new War Department circular (WD Circular 120, 1945) redefining The Surgeon General's functions and marking a new day for The Surgeon General. Mr. Goldthwaite H. Dorr, Special Assistant to the Secretary, and I had both been instrumental in bringing about the above action by Secretary Stimson.

When Secretary Patterson succeeded Secretary Stimson in the early fall of 1945, Mr. Dorr brought this situation to his attention, and recommended that he continue this policy of personal responsibility, and bring me into his office to advise him on Medical Department matters. Secretary Patterson requested my transfer to his office by memorandum dated October 15, 1945, to the Deputy Chief of Staff, in which he stated:

I propose to use him to aid me in carrying out the responsibilities of the Secretary of War as outlined in his memorandum dated April 6, 1945, with reference to the care of the sick and wounded and the character of the hospitalization in the Army and matters relating thereto.

On December 12, 1945, by memorandum to the Deputy Chief of Staff, Secretary Patterson appointed me "as an Assistant to the Secretary to aid in the handling by me and by my office of matters affecting the Medical Department, and particularly to assist in discharging the personal responsibility which the Secretary of War had assumed by Secretary Stimson's memorandum dated April 6, 1945, accompanying War Department Circular 120." These papers merely formalized the assignment on which I was already at work.

My assignment from Judge Patterson under which I began my work was oral – in his characteristic words: "Tracy, you know how to deal with the docs, now its up to you." It was.⁷¹

Change from Military to Civilian Status

When I first came into the Secretary's office in the fall of 1945, I was in uniform. After a brief period, it seemed to me that I would be more useful with the freedom of a civilian status. Secretary Patterson approved this change, and I was released from active military duty in January 1946, my terminal leave expiring February 3, 1946.

⁷¹ In a 1966 version at Rutgers ("Misadventures of an Army Colonel during the summer which brought peace to a troubled world"), Voorhees goes into more detail about 1945. He recounted a meeting in Washington where lessons from Europe were presented to medical leaders from the Pacific. As Voorhees sat through it, he reflected that while he wanted to leave the Army, "it would be hard to live with myself" if he did not volunteer to handle medical supply matters for the Pacific. He says his offer was accepted, but Gen. Kirk wanted Voorhees to help Gen. Hawley, who was taking over medical matters at the Veterans' Administration. When Japan surrendered, Voorhees was on leave and the Pacific option was rendered nugatory. Instead, he was contacted about work for the Office of Economic Stabilization, as recounted below.

I declined to take a Civil Service job thinking that my usefulness would be reduced if it were felt that I was seeking a Government position. My feeling was that, since I was giving up probable large potential earnings as a lawyer, it was better to contribute my services to the Government. and I am sure that this was a factor in enhancing my usefulness during the more than two years before I was appointed Assistant Secretary of the Army.

In November 1946, a new responsibility for famine relief in the occupied countries came along unexpectedly, and soon turned into a full time effort of the most exacting character. With minor exception this unavoidably virtually ended my active work on medical matters, although there was no formal termination of it until long afterward.

Discharge of Doctors and Dentists

At the cessation of hostilities we had almost one-quarter of a million patients in Army hospitals. We had over 45,000 doctors, most of whom were civilians in uniform, anxiously and impatiently seeking their release from the service. This was but one phase of the business in which we were then engaged of breaking up the greatest war machine in history before we had appraised our danger.⁷²

The situation was in great confusion with some 18,000 doctors still in the European Theater although most of the patients had been brought back here, with Air Force stations and small hospitals in the U.S. often loaded with more doctors than patients, and with highly vocal complaints from the doctors to the press and to their representatives in the Congress that they were being abused by being held in service with nothing to do. Bitter attacks were being made on the War Department – which then of course included the Air Force – especially by Senator Reed of Kansas. I assured Senator Reed that Secretary Patterson would assume personal responsibility for getting this situation corrected. He did.

My study developed that forceful directives had been issued for the discharge of surplus doctors, but that in the general confusion of demobilization they had frequently not been carried out. This was particularly true in the Air Force in this country and in the Army in Europe.

I organized and sent out as representatives of the Secretary of War two teams: One, consisting of an Army officer, an Air Force officer, and a reserve officer whom Senator Reed had suggested, to various installations in the continental United States; the other to Europe headed by Colonel Durward G. Hall, Chief of the Personnel Service of The Surgeon General's Office, and Lieut. Colonel Bolling R. Powell, Jr., of the Legislative and Liaison Division of the Staff, to the European and Mediterranean Theaters. Both these missions had rather dramatic effects.

The European survey team found that the War Department Circular dated October 6, 1945, which had contained stringent directions for release of all surplus medical and dental personnel, had never even been distributed in the European Theater, and that the Theater Surgeon had never been informed of it until November 28.

⁷² Hospitalization and Evacuation, Zone of Interior, chapter 18, and Personnel in World War II, chapter 13, cover demobilization of both personnel and hospitals.

During the sixty days after the arrival of Hall and Powell in Europe, the Theater sent home 58% of all of its doctors, 51% of its dentists, and 85% of its nurses.

No such trouble was found to exist in the Mediterranean and Middle East Theaters.

The matter wound up with Senator Reed requesting me to furnish him with the material for a speech in the Senate commending the Secretary of War for his vigorous action in accomplishing the release of surplus doctors and dentists.

The inspection in this country, which had taken much less time, had disclosed the retention, especially in various Air Force installations, of large numbers of excess doctors and dentists, whose release was speeded up.

On January 31, 1946, I reported to Secretary Patterson on the demobilization of doctors and dentists in part as follows:

This has proceeded reasonably satisfactorily. ... No action by you at this time is necessary. ... Colonels Hall and Powell, who went to the European Theater, have made interim reports, but are still over there. ... I believe that any substantial excesses over there have been, or are in the process of being, eliminated.

It is now possible to announce a complete plan of medical demobilization which will give the doctors still in service knowledge as to when they will be released, enabling them to make plans. ... It includes a further downward revision of criteria both as to number of points and length of service, and provides a three-fold method of control.

1. The Army-wide criteria for discharge on the basis of points, and alternately on length of service (now to be 39 months except for a limited group of specialists) and age.
2. An authorization to discharge any officer who is surplus in his present Command if he will become eligible for release within four months. This is to prevent the waste of time incidental to short-time assignment to a new position which would not be occupied long enough for the service to be really effective. This also applies to doctors and dentists returning from overseas who would be eligible for discharge within four months. Another great advantage of this step is that it will provide needed elasticity, allowing surpluses in certain local areas (particularly in the Air Forces) to be discharged when not actually needed. The Army-wide criteria constitute a coat of one size only, to be worn by all of the boys. It must be big enough so that it will cover each boy (that is, each Theater, ASF, AAF, etc.). This leaves it loose on others. The present plan permits tailoring of such coats, within the four months' limitation, to fit the various local boys who need different sizes. This does not, however, involve any discrimination in favor of the Air Forces as it applies generally. To make this equitable, the 90 days holding time – that is, the period over which retention of an officer is authorized after he has met the discharge criteria – is being reduced to 30 days for all except a few critically needed specialists, and 60 days as to most of them, as surplus under the 4-month expectancy plan and most of the others who are held.

3. A quota system. This is entirely new. Under it, The Surgeon General has fixed quotas for each Service Command, the Air Force, Z.I., and each Theater. These quotas have already been agreed to by the Theaters. This will limit the overall numbers of

doctors and dentists which each such command may have, based upon the actual workload of each. This again is a coat cut to fit the boy, and will be a much closer control than is possible under the overall criteria.

Before the discharge of surpluses under paragraph 2 above was authorized, all ASTP (Army Specialist Training Program) graduates available for the purpose were so far as needed ordered overseas as replacements to accelerate the return of doctors with long overseas duty.

With announcement of this program, and the close follow-up of it, which the Chief of Staff, ASF, The Surgeon General, The Air Surgeon and General Snyder⁷³ of the Inspector General's Office have each personally assured me that he will give, I believe that the medical demobilization job is well in hand. ... Your assumption of personal responsibility in this field unquestionably averted what would otherwise have been a very awkward situation.

As matters now stand, I would not be at all afraid of an investigation by the Senate, as I think our record is now a wholly defensible one.

Retention of Certain Medical Specialists

In November 1945, while studying the above matters, I looked into the discharge of medical specialists, and found that the Army was speedily releasing specialists in certain categories whom it could not do without. For example, I found that there were 10,000 operations requiring plastic surgery; that, if all specialists in this field were retained and worked full time, it would take ten months to clear up this patient load; that, under the statistical processes establishing the criteria for the release of doctors, half of the plastic surgeons were going to be discharged on November 30.

Colonel Michael E. DeBakey⁷⁴ (later Professor of Surgery at Baylor University Medical School) was then Chief Consultant in Surgery for The Surgeon General. At my request he made a check of specialist needs, not only in plastic surgery but in all other branches, to determine how many doctors in each specialty it would be necessary to retain to assure for the wounded the best possible care. This resulted in development of a list which we called the one hundred indispensable men. Actually, as I recall, it finally came down to about eighty. Orders were issued, as an exception to the general discharge criteria, which kept them on duty. This was done on the principle that doctors entering the Army certainly owed a duty to stay in uniform after hostilities ceased until the wounded received proper treatment.

The difference between the best specialist care and ordinary care for many of these difficult cases measured the difference between a normal, useful life and hopeless invalidism. The plastic surgeons could make skin grow where no one else could. The orthopedic specialists had learned how to operate to prepare stumps which in most cases would be free from pain, and with which arms or legs could be utilized. It always seemed a curious incongruity to me that this mistake in planning for specialist care was discovered by a lawyer rather than by a doctor, but it illustrates the errors which can follow wholesale planning on statistical bases only.

⁷³ Maj. Gen. Howard McC. Snyder III, a physician, served in WWII in the Inspector General's office and became Pres. Eisenhower's personal physician.

⁷⁴ Dr. Michael E. DeBakey, 1908-2008, would go on to pioneer a number of cardiac surgery procedures.

Closing of Hospitals

The Army Medical Department functioned upon the basis that it would keep a man in the Army until he had received the maximum benefit of hospitalization. This meant in various cases protracted hospital care. However, the case load progressively diminished through the spring months of 1946. The remaining cases were consolidated so that fewer specialists could supervise the care. The closing of Army hospitals created repercussions in Congress and among the patients who had to be transferred.

The Thomas M. England General Hospital in the Traymore Hotel at Atlantic City became the cause celebre.⁷⁵ It had been slated for closing in the winter. The closing was postponed until spring, and finally became completely effective in the early summer. It was an amputation center. Large conventions were held in Atlantic City in the spring and a group of amputees made a practice of taking off their artificial legs, going in wheel chairs to the meetings, getting the platform and protesting the outrage of closing the hospital so that the rich could enjoy the hotel during the summer, and so that the owners could make a profit, while the amputees were sent to less desirable locations. The answer to this was that the reduction in the amount of specialist care was such that high quality care could not have been continued had the hospital been kept open. Unbelievable pressure was brought to bear upon Secretary Patterson to change the order closing the hospital. The hospital was finally closed as scheduled, but before this was done I had seen to it that the small group which had been the ringleaders in the trouble had been one by one at separate times transferred to other hospitals, ending the uproar.

Provision by the Army of 10,000 Beds for Veterans Administration Patients

The rapid demobilization of the Army in the winter of 1945/46 tremendously increased the hospitalization responsibilities of the Veterans Administration. This was met in part by its taking over certain Army hospitals, but it was inadequate to meet the problem. General Omar Bradley, as Administrator of the Veterans Administration, appealed to the Army to provide in its own hospitals 10,000 beds for veterans. I worked on this request and was instrumental in obtaining a favorable response to it by Secretary Patterson. However, this had to be qualified by limiting it to our ability to obtain specialists to give high quality medical care and the trained enlisted medical corpsmen necessary to operate the hospitals. This agreement was made by Secretary Patterson in a letter to General Bradley dated February 11, 1946.

On January 31, 1946, I reported to Secretary Patterson on the requests of the Veterans Administration for beds in Army hospitals as follows:

You directed me orally that no approval for any large number of such beds should be given without personal submission to you. The pending requests are of two quite distinct and separate kinds: (1) a temporary emergency one for 10,000 beds in Army hospitals to become available on a progressive basis over a period of a number of months; (2) a request for 500 permanent beds to be included in the planning for the proposed new Letterman General Hospital, San Francisco. The Surgeon General recommends approval of both of these requests.

⁷⁵ The hotel had been leased in 1943 as the Medical Department expanded the General Hospital system. It would be closed (returned to the civilian owners) on 7 June 1946.

However, as to (1) above, this should be subject to the Veterans Administration furnishing such assistance as may be necessary in supplying specialist personnel and also civilians to take the place of enlisted men. With the ASTP graduates, we will have sufficient numbers of doctors, but we will have a qualitative shortage due to lack of specialists. The Veterans Administration can probably get specialists under its new medical service law, which takes such personnel out from Civil Service, provides salaries higher than Army commissioned pay, and permits part-time employment of doctors on a liberal pay scale.⁷⁶ The above reservations in our assumption of responsibility for the 10,000 beds can be readily worked out in negotiation with the Veterans Administration if you approve the over-all plan. General Kirk informs me that the Navy has made available 10,000 beds. To assure adequate medical care of our discharged soldiers, it is the Surgeon General's judgment, with which I concur, that we should give this aid. Approval by you is therefore, recommended.

As to the request for 500 beds at Letterman, the situation and the conditions applicable are entirely different. In the proposed new permanent hospitals at Fort Totten, New York and San Francisco, and also at Walter Reed, the Veterans Administration wants, and the Surgeon General desires that they have, about 500 beds in each. The Surgeon General's purpose is to supply a wider variety of clinical teaching material.⁷⁷ This is most important in order to maintain, permanently, a high standard of Army professional medical care. Since, for every thirty veteran patients the Surgeon General can place on active duty a reserve officer at the expense of the Veterans Administration, this plan does not constitute a problem in furnishing doctors. Equitable financial arrangements with the Veterans Administration for the cost of such care had been worked out before the war, when the above proposed arrangement was a regular practice on a smaller scale. I recommend acceptance of the Surgeon General's judgment in the above matter.

This was done, and all of these beds were furnished to the Veterans Administration.

Project for Loaning ASTP and V-12 Medical and Dental Officers to The Veterans Administration

The provision by the Army of 10,000 beds in its hospitals for Veterans Administration patients was not sufficient to meet the problem which faced the V.A. Its Department of Medicine and Surgery had been a poor service until General Hawley, aided by Dr. Paul Magnuson, started to overhaul it in the fall of 1945. The greatest step taken was the creation of the Veterans Administration medical service by a law which took doctors out of Civil Service. The key feature of the law was permission to employ doctors on a part time basis. With these aids, the Veterans Administration built hospitals close to medical schools, and obtained the part time services of members of the faculties of such schools. This process was getting under way early in the year 1946.

⁷⁶ Public Law 293-79 gave the VA much more flexibility in hiring physicians, and was used to improve the quality of medical care, largely through collaborative work with medical schools. Robinson E. Adkins, "Medical care of veterans," (House Committee on Veterans' Affairs, 1967) is a useful source on the VA of the period.

⁷⁷ Surgeon General Kirk was starting a Graduate Medical Education program in the Army to improve standards of care.

The total full time doctors which the V.A. had numbered only a little over 3,000. Yet, with the tremendous number of discharges from the Armed Services, the total number of veterans stepped up in a period of months from between 2,000,000 and 3,000,000 – mostly from World War I – to perhaps 18,000,000. Even with the new law, it was not possible for the V.A. to get enough doctors.

The Army, through its Army Specialized Training Program (ASTP), and the Navy, through its comparable V-12 program, had permitted the deferment from the draft of medical students, and had paid their tuition in medical schools. The expectation was that these men would render two years service after graduating and taking their internships. As to both the Army and the Navy, this was a temporary feast (to be followed by a sure famine two or three years later) as in 1946 large numbers of these men were becoming available for the two year service.

As to dentists, the Army had in 1944 terminated its similar ASTP dental education program, but the Navy had kept up its program.

In April 1946, I learned that the Veterans' Administration was making a request that the Army loan it 1,000 doctors. This information came to me through Gen. Harry Vaughan, the President's White House Military Aide. I found at the same time that the Army was not able to utilize all of its young and relatively inexperienced doctors, and was releasing many of them with less than two years service. For the same reason, the Navy was not requiring any service of many of its V-12 men. On the other hand, the Army was desperately short of dentists while the Navy had a surplus. (Large numbers of Army personnel had neglected dental care during the war and urgently needed it before discharge.)

This matter was being handled in the Army by G-1 of the General Staff, which Maj. Gen., later Lieut. Gen., W.S. Paul then headed. There was a very brash Colonel – whose name I have forgotten – who was conducting it for Gen. Paul in a routine, and so far as I was concerned, an entirely uncooperative manner. Much to his disgust, I insisted on looking into the situation as Secretary Patterson's representative.

It became clear that the Army could not, without great criticism, send its ASTP men for a two year tour of duty with the V.A. while the Navy was letting out its V-12 graduates without any service, as such a situation would be thoroughly inequitable. Also, my study brought out the Army's problem above stated as to dentists.

It turned out that the V.A. could well use 1,500 doctors, and that, if the Navy required a period of service from its V-12 graduates, comparable to that which the Army was prepared to require of its ASTP's, the Navy could furnish 500 doctors and the Army 1,000 to the V.A.

Also, as to dentists, by making the Navy's period of service comparable to that required by the Army, the Navy could make available for the Army 800 dentists.

I reported this situation to General Vaughan, and said that I thought we could handle it in the Army provided the Navy would play ball. He later told me that he took the matter up with the

President and, with the President's approval, took whatever action was necessary to obtain the full cooperation of the Navy.

On this basis, we made the biggest mass deal in medical and dental personnel which I had ever heard, the Army giving the V.A. 1,000 doctors, most of them for a period of two years' service, the Navy giving them 500 doctors, and the Navy making 800 dentists available to the Army.

The negotiations with the Navy led to Secretary Forrestal's memorandum for the President of May 17, 1946. A week later I learned from General Vaughan that the plan was approved by the White House.

This represented almost a 50% increase of doctors available to the V.A., and was one of the key steps in improving its medical care. It also greatly improved the Army's dental care before it discharged its returning soldiers.

It was surely just that these doctors and dentists, who had been deferred from active military duty and had received their professional education at the expense of the Government at the time other men were risking their lives, should discharge their duty to United States by giving professional care to veterans, or to persons still on active duty.

Later the V.A. wanted to have these doctors serve in their hospitals in civilian clothes. The Army objected to this, but after some difficulty I got the permission granted. My argument was that, since the Army was loaning the doctors to the V.A., it certainly ought to let the V.A. use them in the manner which it felt was most effective.

Looked at in retrospect, it would be difficult to measure the effect of this infusion of young, able, professional skill in the V.A. at that critical time. General Hawley and Dr. Magnuson have both often told me of the importance which this was to the V.A.

~~I am morally certain that this would not have been done if it had not been for my active part in it.~~ So far as any official record is concerned my anonymity in this matter could hardly be more complete.

This illustrates, it seems to me, the necessity for anyone trying to render public service to do these things for the satisfaction of the job itself without expecting either private or public recognition. These problems boil up, are solved and forgotten. This is the way things go in Washington. The philosophy necessary to stand work here must be to be thankful if you are not criticized, and to expect nothing more; to recognize that there are many things in a tangle at all times, and that the most you can do is to straiten out some and not worry about the others.

Work in Connection with Research in Artificial Limbs

While there is a large market for any new gadget like an automatic electric toaster, there is, fortunately, only a limited Army market for artificial limbs. Estimates of the total number in the entire country of persons who had lost arms or legs, including those resulting from civilian accidents and illness, were 300,000 to 500,000. Total amputations as a result of World War II

military service were about 17,000, including the Navy, some of which were due to accidents rather than wounds.

The artificial limb industry was a small craft and apprentice-type of operation, with little companies, handmade devices, and high prices.

Very little, if any, progress had been made for many years in the development of artificial limbs, and virtually none since World War I. The Surgeon General of the Army had tried to standardize to some extent artificial arms and legs, and had bought large numbers.⁷⁸

The Surgeon General had been instrumental in setting up in the spring of 1945 a Committee on Prosthetic Devices under the National Research Council for research in this field. The Committee included Dr. Paul Magnuson, later the Medical Director of the Veterans Administration, and Dr. Philip B. Wilson of New York, both among the country's leading orthopedic surgeons. Its Chairman was Dr. Paul E. Klopsteg of Chicago, who was not a physician. The Committee had not made great progress.

In the summer of 1945, Robert S. Allen, formerly of the Washington Merry-Go-Round partnership of Pearson and Allen, had come back from Europe as a Colonel. He had been in Patton's army; had had been captured by the Germans; had his right arm amputated a few inches below the shoulder; had been liberated by the American Army and returned to duty – all in the space of eleven days.

On returning to the United States and finding that virtually no progress had been made in improving artificial limbs, he made a bitter complaint to then Under Secretary Patterson and the latter's Executive Officer, General Edward S. Greenbaum. Under Secretary Patterson then directed that a fund of \$1,000,000 be set up for The Surgeon General for research in this field. This was resented by General Kirk (The Surgeon General) who felt that, as an orthopedic surgeon himself, laymen were interfering with his function. The result of this was that The Surgeon General had little interest in the research which he had been directed to set up, and that this activity was not coordinated with the work of the Committee under the National Research Council. In fact, the initiation of this Army research almost resulted in the Committee's disbanding. All this had occurred before I had any connection with the matter.

General Greenbaum left the service in the fall of 1945. Up to then, he had been Judge Patterson's representative actively interested in the limb research project. As part of the plan under which I came into the Secretary's office, his responsibility was turned over to me. He introduced me to Bob Allen, and Bob promptly afterward told Greenbaum that they had "certainly picked a weak reed" to take over the work. (Much later, after we had become friends, Bob gave me a copy of one of his books autographed to me as the "weak reed." (This is now in the Rutgers Library.))

⁷⁸ The VA was responsible for permanent prostheses, with the military responsible only for temporary limbs. Since limb amputees were expected to be discharged from the military instead of returning to duty, it was an effort to draw boundaries in government medical care. However, low VA medical quality during the war led the military to hold patients longer and thus need to fit permanent prostheses. In 1945 the Army, apparently unilaterally, began research and development of permanent prostheses. This was likely related to the VA's public embarrassment in the winter of 1944-45.

Voorhees' papers at the MHI contain lengthy extracts of Committee on Prosthetic Devices material.

My study of the situation made it apparent that the two research projects had to be merged, and that the National Research Council represented the best hope. To appraise the situation, I attended as a guest a meeting of the Committee in Boston, resulting in little help on the part of Dr. Klopsteg, but full cooperation from Drs. Magnuson and Wilson. Bob Allen had no faith in the Committee, particularly in Dr. Klopsteg.

The best chance seemed to me to be to have the Committee get a good full time Executive Director, but this proposal annoyed Dr. Klopsteg. However, it was necessary, and action to accomplish it was taken at the next meeting in Chicago. The man first selected helped somewhat, but did not do as effective a job as we had hoped.

Colonel Leonard T. Peterson, an orthopedic specialist and a member of the Regular Army, was in charge for The Surgeon General of all matters relative to the Army's research in artificial limbs. He was a man of ability, but, in spite of the Army's need for orthopedic specialists and the fact that he was in the Regular Army, he was given permission by The Surgeon General to resign from the service.

Although strongly disagreeing with this action, I felt that it was impractical do anything about getting it changed without causing damaging repercussions.

In the spring of 1945, Colonel Peterson accompanied a mission which we had set up to make a study of the progress of artificial limb research in Germany. Dr. Klopsteg was one of the members of the mission.

In some ways the Germans had made very little progress, and their devices were crude. However, they were using effectively a suction socket leg for above-the-knee amputations, which had the great advantage of dispensing with the very complicated and uncomfortable over-the-shoulder [sic] harness otherwise required.

My recollection is that the first patent application for a suction socket leg was filed in the United States Patent Office during the Civil War, but in practice nothing effective had been done about such a device in this country. One of the effects of the trip to Germany was the centering of active research upon suction socket legs. These were soon standardized with great improvements (including a very light plastic) and were made available for veterans.

Another thing which it was found that the Germans were doing successfully was an operation on the arm to establish "muscle motors" through eyelet "tunnels," made in muscles of the arm-stump and lined with normal skin of the arm.⁷⁹ By means of these, motions of an artificial hand could be controlled by cables connected with ivory pegs passed through the "tunnels." Some work had been done by the Navy in this field. The trip, however, stimulated much further research, and I arranged to have several Germans who had been so treated brought to this country for demonstration purposes. My impression is, however, that the results of this operation proved somewhat disappointing in that it benefited only a limited class of cases.

⁷⁹ This process was called kineplasty, and is now little practiced. Experiments in nerve-activated powered prostheses are now state-of-the-art.

About July 1, 1946, the Committee arranged to have in California a series of demonstrations of the developments made by its various contractors. I went out for these, and took Bob Allen with me. He was still in uniform and receiving some treatment at Walter Reed. The demonstrations showed that real progress was being made by the contractors.

Particularly impressive was the work done by the Northrop Aircraft Company. Jack Northrop, the President, had initiated this before the Committee was formed. He was working with a group of a half dozen arm amputees, several of whom had lost both arms. With the new Northrop arm, these men could drive their own cars, and had made remarkable adjustments toward useful and effective lives. (One double amputee had driven his car all the way to Texas.)

Bob Allen had never worn an artificial arm, in large part because of his criticism of the inadequacies of the arms available. After we saw what these men could do, I urged upon him that, as a leader among the amputees, he owed a duty to wear an arm and set a good example to the others. It was largely for this reason that he had a Northrop arm fitted.⁸⁰

Following this trip to California, Bob and I brought the group of arm amputees above mentioned to Washington. I arranged for a demonstration at a dinner in the Pentagon given by Secretary Patterson for these amputees, General Bradley (who was then Administrator of the Veterans Administration) and others to draw attention to the work which was being done. This event turned out successfully, and also gave a great lift to these amputees.

It had become clear by the summer of 1946 that a new full time Executive Director was required for the Committee's work, and at the suggestion of Dr. Roy D. McClure of Detroit, a member of the Committee, I got in touch with retired Brigadier General F. S. Strong, Jr., who undertook this work and carried it on for years.

Through the cooperation of Dr. Magnuson, acting for General Hawley as Chief Medical Director of the Veterans Administration, the separate V.A. activities in research on artificial limbs were consolidated under the Committee. Later, for a brief period at least, the Navy also made some contribution toward the Committee's expenses.

It was appropriate that the function should be gradually taken over principally by the Veterans Administration, and the respective contributions to the funds for the Committee were, therefore, progressively adjusted year by year in this direction.

After getting General Strong to undertake the work, my activity became much less, consisting principally of assuring from time to time the continuance of the Army's appropriation for the project manifesting the Army's interest, and doing whatever I was called upon to do by General Strong or Bob Allen to help to keep the work going actively.

While the progress has not been spectacular, a real advance was made as a result of these activities. Because of the small market, there was no effective research in artificial limbs as a

⁸⁰ In 1946 the movie "Best Years of Our Lives" would earn multiple awards, including two Oscars for Harold Russell, a double-arm amputee who received an Oscar specifically for being an inspiration to disabled veterans.

private matter, and there would have been none. Yet the 17,000 service amputees furnished a complete justification for the armed forces and for the Veterans Administration to do everything possible for them, and of course this research, which was directed primarily to only 5% or less of the country's total amputees, in turn was of inestimable benefit to the remaining 95% of civilian amputees. This was particularly just, as many of such amputations had resulted from accidents in war industries.

The Secretary of War's Medical Advisory Committee

Another step which I took in assisting Secretary Patterson in his Medical Department problems consisted of the formation of his Medical Advisory Committee.

In the spring of 1946, the Army's plan was to have a total force of 1,070,000 for the next several years, and later a strength of 875,000. At the accepted ratio of doctors to total strength, this would have required initially over 5,800 doctors, to be later reduced to 4,800. However, there were only about 1,200 in the Regular Army Medical Corps, and doctors were then making so much money in civilian life that reserve officers were not willing to stay on duty. The Army was having a temporary feast from ASTP (Army Specialized Training Program), which met its numerical needs, but it was woefully lacking in mature specialist care. Almost all of the specialists who served during the war had come from civilian life only for war service, and had since been released from the Army.

The simple fact was that civilian medicine, through the development of specialist care, had advanced far beyond Army medicine before the war; that Army medicine had caught up during the war because of the service of the civilian specialists, but it was sagging after the war. The quality of Army medical care was already down, and this was bound to go further.

The Army was attempting to train some of its Regular officers in the specialties, but this was not going to be adequate to meet the need either in time, quantity, or quality. Most of the civilian doctors who had been in uniform were fed up with the Army. The situation was throughout a serious one.

My studies in the spring of 1946 brought out the above facts. As a result of discussions with Dr. Michael E. DeBakey, who had been the Chief Surgical Consultant for The Surgeon General after Brigadier General Fred W. Rankin left, and who was already one of the leading national reputation, I was instrumental in arranging for Dr. Edward D. Churchill of Harvard, who had been the Army's Consultant in Surgery in the Mediterranean Theater, and Dr. Hugh J. Morgan of Vanderbilt, who had served as the Chief Consultant Internal Medicine for The Surgeon General during the war, to write Secretary Patterson pointing out the seriousness of the situation, and offering their services as advisors should he desire them.

Following the receipt of this letter and my discussion of the situation with Secretary Patterson, the Secretary of War's Medical Advisory Committee was set up and announced in a press release of August 22, 1946. I had a large part in selecting the membership of this Committee, as well as in getting it formed.

The members of this Committee were among the most distinguished doctors in the nation. All had served in the military forces during World War II, and all were deeply interested in maintaining the quality of military medicine. The Committee included among others such eminent doctors as the two Professors of Surgery at Harvard Medical School, Dr. Morgan, Dr. DeBakey, and Dr. William Menninger, the psychiatrist.

While I did not participate formally in the Committee's work, I attended all of its meetings, and served, to the extent the Committee desired, in assisting it. My report to the Secretary of July 6, 1946, described the critical situation and the action needed.

To provide for both quantitative requirements after the ASTP men had finished their compulsory service, and also to meet the qualitative requirements to bring the standard of Army medical care up to that of the recognized civilian hospitals, the Committee first undertook the job of procurement of medical officers. In many meetings it made a really exhaustive study of the situation, and filed a report to the Secretary dated November 21, 1946, containing five major recommendations.

The legislative changes necessary were drafted into the form of a bill in February 1947. The underlying purpose was to make professional service in the Army acceptable and not to rely solely upon compulsory duty. It proposed a fixed increase in pay of \$100 a month, also the right to commission specialists in the higher grades. It is hard to believe that up to that time, under the law, the War Department could not commission in the Regular Army an outstanding specialist in the grade of Lieutenant Colonel or Colonel. Quite obviously, therefore, it was entirely impossible to attract the leading men necessary to replace the specialists who were returning to civilian life.⁸¹

The Advisory Committee's report also proposed the creation of four professorships in Medicine, Surgery, Neuropsychiatry, and Preventive Medicine respectively which would have the assimilated rank of Brigadier or Major General, and have virtually the equivalent of academic tenure. The purpose was to obtain in each of these major fields an outstanding leader who would attract other good men.

G-1 of the General Staff objected to Medical Corps officers getting more pay than Regular Army officers, and the plan met real difficulties. Secretary Patterson at my instance obtained the full co-operation of Secretary Forrestal. When the bill came up for hearing, we had Forrestal, Patterson, and Eisenhower, among others, supporting it. This resulted in getting through the first two provisions above mentioned, but not the professorships. However this did make a real contribution.

The Committee planned to undertake work on other phases of Medical Department problems. However, Secretary Royall, who became Secretary of War in the summer of 1947 after Secretary

⁸¹ Voorhees is indignant here, but it was possible to appoint eminent physicians and surgeons to higher ranks in the reserves and have them on active duty. It was indeed not possible to have them in the Regular Army, but that administrative distinction would not have affected their pay, working conditions, or ability to treat patients.

Patterson resigned, took less direct interest in the Medical Department than Secretary Patterson had, so the Advisory Committee did not pursue further studies and later resigned.⁸²

After November 1946, when I undertook the famine relief job for Germany and Japan, it was impossible for me to give much time to the medical problems of the Army. Beginning in the spring of 1946 I divided my time between medical matters and getting about 16 Army ammunition factories re-opened to make ammonia fertilizer for the occupied areas.

However, I did find time for a little fun with the members of the Secretary's Advisory Committee. In May 1947, I gave a dinner for Secretary Patterson, the Committee doctors, General Kirk and Air Surgeon Grow.

Dr. William C. Menninger, the eminent psychiatrist, was not able to be present and I reported to him by letter. It should be explained that during the War when Dr. Menninger, then only a Lieutenant Colonel, was appointed as the Army's Chief of Psychiatry given only about three officers as assistants and an inside office without windows and with very little space. As part of my work as Director of The Surgeon General's Control Division, I had secured for Colonel Menninger several outside rooms and an adequate staff of officers and civilians. The popular saying in the office at the time was that I had become Colonel (later General) Menninger's "mental therapist" and had treated him with some success for claustrophobia, frustration, and an inferiority complex. While Secretary Patterson was deeply interested in soldiers physically wounded he had little use for psychiatric cases of so-called "shell shock" or "combat fatigue."

It was against this background that I wrote the following letter to General Menninger on May 27, 1947, reporting on the Advisory Committee's discussion with Secretary Patterson at the dinner. This letter will close my story of my work as Assistant to the Secretary of War on Medical Matters:

Dear Bill:

Am I angry! Last night at that dinner I gave, a group of men violently attacked my profession. No, I don't refer to the law because, as you know better than anyone else. I am really a psychiatrist. They attacked psychiatry, and particularly Army psychiatry. I was glad that you were not there because I don't think that in your present disturbed state you could have stood the emotional strain, and besides it would have been bad for the blood pressure of a man of your advanced years. (He was years younger than I.) What happened was that the Secretary, who is anti-psychiatry, started it all by describing shell shock in the last war as a convenient term for reluctance to fight, and said the same thing was called combat fatigue.

⁸² Kenneth C. Royall, 1894-1971, North Carolina lawyer and politician. Served in WWI (ultimately as a captain) then returned to the Army in 1942 as a Colonel. Special Assistant to the Secretary of War in 1945, Under Secretary of War 1945-47, Secretary of War 1947, Secretary of the Army 1947-49. Returned to private legal practice and politics.

Voorhees' description is uncharitable to Royall. The SWMAC may have resigned, but the Armed Forces Medical Policy Council was established that same summer. The chairman of that body became the Director of Medical Services and with various title changes the position has survived as an Assistant Secretary of Defense, responsible for healthcare for the active-duty military, their dependents, and retirees.

General Grow of the Air Forces pointed out how psychiatrists had bled each division of 8,000 men a month or some other astronomical figure – who could have fought if they had been willing to.

Dr. Morgan, formerly an internal medicine man, but apparently now a psychiatrist himself, defended psychiatry in gallant fashion, his arguments being fortified by a combination of conviction, bourbon, and native oratorical ability. He gesticulated in the Secretary's face with that powerful fore-finger, and almost broke up the War Department in a vehement but friendly fashion. Considering his small stature and frail physique, (he had been an All-American football player) this battle with the Secretary and with General Grow evidenced the great courage which we have always known that Dr. Morgan possesses.

Dr. – formerly Surgeon General – Kirk, present in civilian clothes and a heavy suntan, grew purple underneath the brown as he defended psychiatry. It appeared that he had once been a surgeon but was now a psychiatrist.

The disturbed state of all present was brought under control with no bloodshed by the administration of moderate further amounts of alcohol on the well developed foundation of this drug already laid prior to the dinner. Taken all in all, significant results were accomplished and in that everything was just where it was before the discussion started. But all felt that they had ventilated their personalities in a helpful manner. This alone, as we psychiatrists know, is extremely beneficial for mental health.

Today with the aid of aspirin and ample fluids the Committee is functioning as well as possible even in your absence.

Yours for psychiatry,
Tracy

(Perhaps I should add that I was elected as a member of The Society of Medical Consultants of World War II. So far as I know I was the only member who received his medical training in a Law School – What a Doctor!)