

THE ARMY-NAVY MEDICAL SERVICES CORPS ACT OF 1947

MAY 14, 1947.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mrs. SMITH of Maine, from the Committee on Armed Services, submitted the following

R E P O R T

[To accompany H. R. 3215]

The Committee on Armed Services, to whom was referred the bill (H. R. 3215) to revise the Medical Department of the Army and the Medical Department of the Navy, and for other purposes, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

The amendments are as follows:

On page 2, in line 24, strike out the words "appoint such" and substitute in lieu thereof the word "designate."

On page 3, in line 22, strike out the word "recognized" and substitute in lieu thereof the word "accredited."

On page 3, in line 23, insert a comma after the word "pharmacy" and immediately thereafter insert the word "optometry."

On page 7, in line 6, strike out the word "Administrative" and substitute in lieu thereof the word "Administration".

On page 7, in line 10, strike out the numeral "4" and substitute in lieu thereof the numerals "20".

On page 7, in line 11, strike out the words "Hospital Corps" and substitute in lieu thereof the words "Medical Corps of the Navy".

On page 7, line 13, change the comma to a period, strike out the remainder of section 201 and substitute in lieu thereof the following:

The first proviso to section 4 of the Act of June 10, 1926 (44 Stat. 719), as amended, is hereby further amended to read as follows: "That except as otherwise provided herein, officers having the same rank and the same date of precedence in that rank shall take precedence in the following order: (a) line officers, (b) medical officers, (c) supply officers, (d) chaplains, (e) civil engineers, (f) dental officers, (g) officers of the Medical Service Corps, and (h) officers of the Nurse Corps." The authorized number of captains on the active list of the Medical Service Corps shall equal 2 per centum of the total number of officers on the active

list of that corps at any one time. A computation to determine such authorized number shall be made by the Secretary of the Navy as of January first of each year, and the resulting number as so computed shall be held and considered for all purposes as the authorized number until a subsequent computation shall be made.

On page 7, in line 21, strike out the words "other staff officers" and substitute in lieu thereof "officers of the Medical Corps of the Navy".

On page 8, in line 7, change the period to a colon and add the following proviso:

And provided further, That commanders in the Medical Service Corps shall not be involuntarily retired by reason of failure of selection for promotion until they shall have completed thirty years of service.

On page 8, in line 23, strike out the word "recognized" and substitute in lieu thereof the word "accredited".

On page 8, in line 23, insert a comma after the word "pharmacy" and immediately thereafter insert the word "optometry".

On page 10, strike out lines 6, 7, and 8 and substitute in lieu thereof the following:

of the Navy, nor shall any such officer suffer reduction in the pay and allowances to which entitled by virtue of his permanent status by reason of appointment in the Medical Service Corps established by this title.

PURPOSE

The purpose of H. R. 3215 is to establish in the Medical Departments of the Regular Army and Navy a Medical Service Corps with a Reserve component, which will be composed of pharmacists, sanitary engineers, optometrists, psychologists, bacteriologists, business administrators and similar skills. Experience during World War II demonstrated the advisability of including these scientific and highly trained specialists of the Medical Departments of the Army and the Navy in a single corps.

During World War II a large number of officers, 22,000 in the case of the Army, served in these capacities with distinction and both branches of the service are highly desirous that legislation be enacted which would permit the retention of these skilled specialists in service. Except in the case of pharmacists, there are no provisions of law which would provide for the retention of this group of people in the Regular Army and Navy beyond the date of the expiration of the war and 6 months.

The provisions of H. R. 3215 were originally presented to the committee in three separate bills: H. R. 1982, a bill to establish a Medical Service Corps in the Army; H. R. 1361, a bill to establish the commissioned grade of medical administrator in the Hospital Corps of the Navy; H. R. 1603, a bill to establish the Medical Associated Sciences Corps in the Medical Department of the Navy. A total of eight public hearings were held on these bills as a result of which H. R. 3215 was introduced and contains almost identical provisions for the establishment of a Medical Service Corps in both the Army and the Navy Medical Departments. The thoroughness with which this proposed legislation was considered is further indicated in the following list of witnesses who testified during the course of the public hearings:

WITNESSES AND AGENCY REPRESENTED

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Maj. Gen. Norman T. Kirk, Surgeon General of the Army.
 Col. Frances P. Kintz, Assistant to the Surgeon General of the Army.
 Maj. Bernard Aabel, Army Medical Research Laboratory.
 Maj. James Baty, Army Medical Research Laboratory.
 Rear Adm. Clifford A. Swanson, Surgeon General of the Navy.
 Captain Hakansson (USNR), Naval Medical Research Laboratory.
 Capt. Arthur Vorwald, Naval Medical Research Laboratory.
 Lt. Comdr. O. L. Young, Department of Medicine and Surgery of the Navy.
 W. C. Douglas, civilian assistant to Surgeon General of the Navy.
 Capt. Ira Nunn, legislative counsel of the Navy Department.
 H. S. Hansen, chairman, American Society of Hospital Pharmacists.
 Robert P. Fischelis, secretary, American Pharmaceutical Association.
 Robert R. Swain, editor, Drug Topics, New York City.
 George Frates, National Association of Retail Druggists.
 A. G. DuMez, dean, School of Pharmacy, University of Maryland.
 Henry M. Chick, representative of Sanitary Engineers and member of National Society of Professional Engineers.
 Dr. William C. Ezell, past president, American Optometrical Association.
 Joseph Babcock, vice president, American Optometrical Association.
 Arthur H. Einbeck, chairman of Committee of Pharmacists in Government Service and representing: American Pharmaceutical Association, National Association of Retail Druggists, American Association of College of Pharmacy, N. A. B. P.

SECTIONAL SURVEY

TITLE I—ARMY MEDICAL SERVICE CORPS

Section 101: Provides for the statutory establishment of a Medical Service Corps in the Army with three sections: Pharmacy, Supply, and Administration Section; a Medical Allied Sciences Section; and Optometry Section, and such other sections as the Secretary of War may deem necessary. It further provides the strength of the corps to be established by the Secretary of War and provides a 2-percent limit on the officer strength of full colonels.

Section 102: (a) Provides for the appointment of a Chief of the Medical Service Corps by the Secretary of War in the grade of colonel from officers of the Corps of major or above.

(b) Establishes the appointment of assistant chiefs to be consultants to the Surgeon General on activities peculiar to a specific section.

(c) Provides for the retirement of the Chief of the corps with the rank of colonel after having served 4 years as Chief of the corps.

Section 103: Establishes the qualifications for initial appointments in the corps. It permits the entrance of a man coming in as second lieutenant between the ages of 21 and 30 years, if he is physically and otherwise qualified. The proviso in this section which permits appointments from sources other than the Regular Army or its active Reserve, removes any bar from an enlisted man getting a commission in this corps. The proviso further states that if a person enters the corps directly from civil life and not as a Regular Army or active Reserve officer, he must have a 4-year college-graduate educational level. It further provides that if such person has a doctorate degree, he may at the time of the appointment be given 3 years' service credit for determining grade, position on promotion list, permanent grade seniority, and eligibility for promotion, and he would then come in as a first lieutenant with 3 years' service credit.

Section 104: Provides that promotion from second lieutenant to lieutenant colonel, inclusive, shall be in accordance with the present

law for promotion of promotion-list officers to such grades, respectively. Promotion to colonel to be by selection from officers having at least 1 year's service as lieutenant colonels.

Section 105: Provides for the amendment of Public Law 281, Seventy-ninth Congress, in order to integrate into the new corps those persons now in the Pharmacy Corps. Under Public Law 281, as amended, the Regular Army Pharmacy Corps was used as a vehicle for integration and qualified wartime officers were integrated on a base age of 25 years in the grades of second lieutenant to major, inclusive, into the Regular Army Pharmacy Corps. Since the Medical Service Corps will replace the Pharmacy Corps, on the promotion list of the Army generally, Public Law 281 must be amended so that the present members of the Pharmacy Corps may be integrated into the new corps on the same basis as promotion-list officers, rather than on the basis of the Pharmacy Corps, which was used only as a vehicle.

Section 106: Provides for the transfer of all officers in the present Regular Army Pharmacy Corps to the Medical Service Corps, without loss of time, grade, position, or seniority.

Section 107: (a) Abolishes the Pharmacy Corps and the Medical Administrative Corps, which are the two Regular Army corps that exist at the present time for this type of personnel. By the act of June 12, 1943 (57 Stat. 430), a Pharmacy Corps was established in the Regular Army, and although the Medical Administrative Corps was not abolished, it was provided that officers holding commissions in the Medical Administrative Corps would be transferred to the Pharmacy Corps. The Medical Administrative Corps was thus left without personnel.

(b) Of this section is necessary to provide for temporary officers who are on active duty at this time by virtue of AUS commissions. The Medical Administrative Corps and the Pharmacy Corps in which they are personally detailed is being abolished by this legislation. Therefore, some provision must be made in order to effect their transfer to the new Medical Service Corps.

(c) Authorizes the Secretary of War to prescribe such regulations as are necessary to implement this title.

(d) Is a routine wording for all Army legislation, that no back pay accrues by reason of this enactment.

(e) Abolishes any laws which are inconsistent or in conflict with title I of the act.

TITLE II—NAVY MEDICAL SERVICE CORPS

Section 201: Is similar to section 101 which establishes a Medical Service Corps for the Army. This section establishes such a corps for the Navy with similar provisions. It establishes the strength of the corps and provides for their precedence next after officers of the Dental Corps and places a limit of 2 percent on the number of captains who may be on the active list at any one time.

Section 202: Provides that officers of this corps will be officers of a staff corps and that all provisions of law now existing or hereafter enacted will be applicable to them. The only difference between the composition of selection board for staff officers of this corps is that

the selection board shall be composed of not less than six nor more than nine officers of the Medical Corps not below the rank of captain. As a result of this provision, any subsequent enactments applicable to the Medical Corps would automatically include staff officers of the Medical Service Corps.

Section 203: Public Law 347 is the act under which Reserve officers are integrated into the Navy and is reiterated here for the purpose of the integration of Reserve officers into the Medical Service Corps of the Navy.

Section 204: Defines the qualifications of persons who are eligible for appointment in the Medical Service Corps of the Navy. They shall be in the grade of ensign from those persons serving as commissioned warrant or warrant officers of the Hospital Corps of the Regular Navy and from other persons who possess such physical and other qualifications for appointment as may be prescribed by the Secretary of the Navy. This section also provides that appointments from sources other than the Regular Navy shall be from persons who are graduates of recognized schools of pharmacy, optometry, or other schools or colleges with degrees in sciences allied to medicine or such degrees as may be approved by the Surgeon General. It also provides that persons holding a doctorate degree may be appointed in the grade of lieutenant (junior grade).

Section 205: Provides that all appointments in the Medical Service Corps shall be made by the President by and with the advice and consent of the Senate.

Section 206: Authorizes the Secretary of the Navy to revoke the commission of any officer appointed pursuant to section 204 of this act.

Section 207: Precludes officers of the Medical Service Corps from the right to command in the line or any other staff corps of the Navy.

Section 208: Is a technical section which is necessary in order to bring the Medical Service Corps within the purview of present laws or laws which may be subsequently enacted relating to the various staff corps of the Navy.

Section 209: Authorizes the Secretary of Navy to prescribe the necessary regulations to carry out the provisions of title II.

TITLE III—THE HOSPITAL CORPS OF THE NAVY

Title III is merely the reenactment of the existing law which is necessary because of the desire of the Navy Department to remove the misnomer under which Navy pharmacists have always suffered. The word "pharmacist" in the Navy Hospital Corps is in reality a misnomer and by the changing of certain designations, the misnomer is herein removed.

Subparagraph (b) of section 301 has the purpose of permitting original appointments in the Medical Service Corps from first-class petty officers as well as chief petty officers.

Section 302 is a restatement of existing law.

In its consideration of H. R. 3215, the committee has been confronted with objections from some of the personnel who would be affected by the enactment of this proposal into law. Some complain because they desire a separate corps rather than the merging of specialized groups of diversified capabilities within the same corps.

Others have complained because their particular group has not been specifically mentioned and given a section in the new corps. The committee has not arbitrarily dismissed the criticisms of these groups and individuals and has reached its decision only after the fullest consideration. It is appropriate to state that the Surgeon General of the Army and the Surgeon General of the Navy have been attempting, for the past 2 years, to perfect some legislation which would be reasonably acceptable to all of the specialized groups concerned. The committee is also aware that of the various groups of people represented in the new corps, only the pharmacists have an independent corps at the present time. It is commendable that the pharmacists are accepting positions of less autonomy as one of the several sections in the new Medical Service Corps in order that the various groups who have specialties allied to medicine may be merged into a single corps which is calculated to produce a permanent and better service for the personnel of the armed services.

Both the Army and Navy consider the enactment of this legislation a matter of urgency. Both the Army and the Navy are losing specialists because of the fact that there is no legislation which permits their retention in the service on a permanent basis. Extensive and expensive installations have been constructed at the expense of the taxpayers and must be manned by competent personnel. The Naval Medical Research Laboratory at Bethesda, representing an investment of \$4,000,000, is an outstanding example.

In considering its needs, the Army anticipates using a force of 1,000 officers in the Army Medical Service Corps while the Navy places its need at 863 officers. Due to the fact that the new corps in the Army will be staffed by officers who are already on active duty in a Reserve or AUS capacity, the Army does not anticipate the expenditure of any additional funds in the enactment of this legislation. Due to the integration of warrant and chief warrant officers into the Navy corps, the Navy estimates that no additional cost will be incurred by enactment of this legislation.

The War Department and the Navy Department favor the proposed legislation as is indicated in letters from the Secretary of War and the Acting Secretary of the Navy, which letters are hereby made a part of this report.

The Armed Services Committee concurs with the War and Navy Departments as to the urgent need of this legislation and recommends the enactment of this bill at the earliest possible date.

FEBRUARY 4, 1947.

The SPEAKER,

The House of Representatives.

DEAR MR. SPEAKER: There is enclosed herewith a draft of bill to revise the Medical Department of the Army and for other purposes, which the War Department recommends be enacted into law.

The purpose of title I of the proposed legislation is to establish in the Medical Department of the Army a corps to be known as the Medical Service Corps which will absorb the Pharmacy Corps and the Medical Administrative Corps and will consist of a Pharmacy Section, the Medical Allied Science Section, the Optometry Section, and such other sections as may be deemed necessary by the Secretary of War. Officers of the Medical Service Corps will perform duties as biochemists, nutritional experts, optometrists, bacteriologists, parasitologists, and related specialists. The promotion system for officers of the Medical Service Corps would be

the same as now or hereafter provided for officers of the promotion-list arms and services, except that promotion to the grade of colonel would be by selection and the number of officers in this grade would be limited to 2 percent of the Regular Army authorized commissioned strength of the corps. It should be noted in this connection, however, that under existing law, lieutenant colonels after 30 years' service draw the same pay and allowances as a colonel even though not promoted to such rank. Officers commissioned in the Pharmacy Corps would be transferred to the Medical Service Corps in grade, and would be thereafter promoted according to the above promotion system. No back pay would accrue to any person by reason of the proposed act.

The proposed Medical Service Corps is an integral part of the postwar plan for the Medical Department of the Army. Experience during the war has demonstrated the advisability of the inclusion of scientific assistants in the Medical Department. It is desired that the various categories be placed in one Medical Service Corps, all of whom would be placed on equal footing and promoted after completion of years of service similar to officers of the promotion-list arms and services. Separate corps for each of the various categories needed in the Army would not make for efficient administration.

Prior to July 12, 1943, the law provided for a Medical Administrative Corps in the Medical Department of the Army. Officers of this corps were promoted to the grade of first lieutenant and captain after 5 years' and 10 years' commissioned service, respectively. The act of July 12, 1943 (10 U. S. C. 131), established in the Medical Department the Pharmacy Corps and provided that officers of the Regular Army holding commissions in the Medical Administrative Corps on the date of enactment of the act be transferred to the Pharmacy Corps. This act provided that officers be promoted to the grades of first lieutenant, captain, major, lieutenant colonel, and colonel after completion of 3, 6, 12, 20, and 26 years, respectively, which placed these officers on a promotion system more rapid than those of the promotion-list arms and services, whereas prior to the act, the officers of the Medical Administrative Corps were promoted more slowly than the promotion-list officers.

Not including the officers now being integrated under the current integration program authorized by Public Law 281, Seventy-ninth Congress, as amended, there are relatively few (approximately 70) officers in the Pharmacy Corps of the Regular Army. Officers of the various categories to be included in the Medical Service Corps were utilized during the war as officers of the Army of the United States. Public Law 281, Seventy-ninth Congress, approved December 28, 1945, authorized the commissioning of officers in both the Pharmacy Corps and the Medical Administrative Corps; however, for administrative reasons such officers are currently being integrated only in the Pharmacy Corps. The number of officers now being appointed therein will bring the strength of this corps to approximately 1,650 officers. The proposed legislation would effect the transfer in grade of these officers to the Medical Service Corps. They include many categories other than pharmacists.

The purpose of title II of proposed draft of a bill is to establish the Army Nurse Corps and the Women's Medical Specialists Corps in the Medical Department of the Regular Army. The Women's Medical Specialist Corps will consist of a Dietitian Section, a Physical Therapists Section, and an Occupational Therapists Section.

It is necessary that the personnel of the corps mentioned above be appointed to commissions in the Regular Army for the following reasons:

(a) Nurses, physical therapists, and dietitians have been officers in the Army of the United States during World War II. In this capacity, these officers have contributed immeasurably to the welfare of our wounded, and have been a credit not only to the Medical Department, but to the Army as a whole. The use of occupational therapists who were civilians during World War II will require their militarization in the postwar Army with placement on an equal status with the nurses, dietitians, and physical therapists. Personnel in these categories are now being recruited by other governmental and civilian agencies. In order to obtain their services, it is important that they be offered commissions in the Regular Army.

(b) By offering commissioned status to such personnel, the Medical Department will be able to procure the services of individuals possessing high professional standards of performance and efficiency. The requirements for appointment in the Army Nurse Corps, or in sections of the Women's Medical Specialty Corps will be high, necessitating educational training and background consistent with commissioned status in the Army. Applicants possessing qualifications for

such corps would be graduates of recognized institutions in the field of their specialty, and their educational background would be commensurate with that required for other officers. If early legislative authorization is obtained, those best qualified may be given an opportunity to remain in the Medical Department of the Army to carry out the postwar program.

(c) The personnel involved must be subject to transfer from one Army hospital to another and to foreign theaters, including the Philippines, Hawaii, and outpost islands. The nursing and collateral services of this personnel must be mobile, and it is impossible to perfect such an organization in the civilian status. Their militarization is indispensable to the successful operation of Army hospitals and will be more so in the postwar period.

(d) To maintain proper discipline and control in the operation of hospital wards, kitchens, and clinics, and the care of military personnel, it is necessary that those exercising this control be commissioned and have authority as officers.

(e) Commissioning the female personnel referred to above will secure permanency and continuity in service which could not be obtained through civil-service employment.

(f) The cost of commissioning this female personnel in the postwar Army would be no greater than the cost of their employment as civilians, first, because the competitive salaries paid in civilian institutions for women performing similar services are much higher, and, second, because of the necessity for a larger staff in a civilian status.

(g) Public opinion has looked with great favor upon the nurse as a commissioned officer in World War II, and to deny her the officer status in the postwar Army would demoralize and destroy the Army Nurse Corps. The physical therapists and the dietitians stand in the same position.

(h) Army nurses and the female personnel included in sections of the Women's Medical Specialty Corps are an indispensable part of the Medical Department of the Army. Proper medical care cannot be given without their services. They have a logical and necessary place in the Army. During the war their service was not to replace men but to perform a task which has always been essentially a woman's duty. The work of all—the nurse, the physical therapist, the dietitian, and the occupational therapist—is interrelated.

The Army Nurse Corps has been in the Regular Army as a militarized force since 1901. Nurses held relative rank with officers, but there was discrimination in pay to the detriment of the nurse. Public Law 828, Seventy-seventh Congress approved December 22, 1942, continued relative rank but increased the pay to the same amount as male officers. Public Law 350, Seventy-eighth Congress, approved June 22, 1944, places the nurse in the same AUS status as all officers, giving them the same benefits, privileges, and command authority in the sphere of their action. There have been 80,444 nurses as Army officers, AUS, under the authority of this act. There will be a need of 6 nurses per 1,000 in the strength of the postwar Army, with a minimum requirement as set out in the proposed legislation. It is hoped to select from those who have had the experience in this war, the best as a nucleus for the postwar Army Nurse Corps, and to expand it as the Army increases, from the best of younger nurses from civilian life over the period of years ahead. Military status will attract the best. Without it, it is a practical impossibility to obtain this needed personnel.

Physical therapists and dietitians were accorded relative rank upon the passage of Public Law 828, Seventy-seventh Congress, and were appointed to temporary commissions in the AUS upon the passage of Public Law 350, Seventy-eighth Congress. Educational standards for physical therapists, dietitians, and occupational therapists are high. All must possess college degrees with major emphasis in their particular field and possess specialized training in addition. Their functions vary. Physical therapists are in hospitals administering highly specialized treatment for the sick and wounded as prescribed and directed by a medical officer and are in continuous association with medical officers and nurses. Dietitians supervise preparation and serving of food to the sick and wounded and likewise are in intimate association with the nurses, physical therapists and other medical department officers. Occupational therapists are concerned with the reconditioning and rehabilitation of patients who, because of their injuries or ailments, are handicapped in their vocations or avocations. All three categories are relatively small. The appointment to commission of their members is necessary in order to insure continued special care to the patients in Army hospitals.

Creation of a Medical Service Corps under title I will not occasion any additional cost to the Government, since the strength of the corps is within the authorized increment for the Regular Army, and since the functions prescribed in section 101

for this corps must be performed in any event. Total annual costs to the Government will be approximately the same whether the various categories of specialists to be included within the corps perform their functions in the corps or in another branch of the Army. The change in promotion system over a period of years will result in a slight decrease in cost to the Government. Title II of the proposed legislation will not result in any immediate increase in cost to the Government as the officers appointed will replace temporary officers now on active duty and a relatively small number of civilian occupational therapists whose salaries parallel that of the officers who will replace them. The War Department is unable at this time to determine the fiscal effect of the proposed legislation in future years.

The Bureau of the Budget advises that there is no objection to the submission of this proposed legislation for the consideration of the Congress.

Respectfully,

ROBERT P. PATTERSON,
Secretary of War.

NAVY DEPARTMENT,
Washington, January 6, 1947.

Hon. JOSEPH W. MARTIN, Jr.,

Speaker of the House of Representatives, Washington, D. C.

MY DEAR MR. SPEAKER: There is transmitted herewith a draft of a proposed bill to establish the commissioned grade of Medical Administrator in the Hospital Corps of the Navy, and for other purposes.

The purpose of the proposed legislation is to provide for the appointment of commissioned officers in the Hospital Corps in the grade of medical administrator with rank from ensign to captain, inclusive. Such officers would be staff officers subject to all laws relating to advancement in rank and retirement of other staff officers of the Navy, and the total number of such officers would not exceed 3 percent of the authorized strength of the Hospital Corps. Initial appointments of officers would be made under the authority of the act of April 18, 1946 (Public Law 347, 79th Cong., 2d sess.). Initial appointments of graduates of recognized schools of pharmacy and graduates of recognized schools granting degrees in sciences allied to medicine other than pharmacy would be limited to specified percentages. In addition to the initial appointments, original appointments would be made in the rank of ensign, from persons not over 32 years of age and from the following classes in specified percentages: (a) Members of the Hospital Corps in commissioned warrant or warrant grades, (b) graduates of recognized schools of pharmacy and (c) graduates of recognized schools granting degrees in sciences allied to medicine other than pharmacy. Provisions are also included requiring establishment of qualifications for appointment; permitting revocation of commissions of original appointees while serving with the rank of ensign; assignment of running mates upon removal of the suspension of permanent promotions; limiting the command of Hospital Corps officers and preventing reduction in pay or allowances by reason of appointment under the act. The bill would also amend existing law to change the classifications of the enlisted men of the Hospital Corps.

The Bureau of Medicine and Surgery has been handicapped in its efforts to maintain the highest possible standards of efficiency throughout the Medical Department of the Navy (a) from the managerial standpoint, because of the inadequate rank of the officers of the Hospital Corps, which has resulted in either the inability of the Medical Department to make the fullest use of their qualifications, or the assignment to such officers of duties and responsibilities far in excess of those commensurate with their warrant or commissioned warrant status; and (b) from the professional standpoint, because of the absence of any provision of law whereby members of the professions allied to medicine could be commissioned in the Medical Department of the Regular Navy in ranks commensurate with their educational qualifications and professional attainments.

The experiences of the Navy during World War II have demonstrated that there are many managerial and professional duties within the Medical Department which, while not requiring personnel with the professional qualifications of medical practitioners, do demand qualifications and impose responsibilities of a higher order than those normally assigned to personnel of the warrant grades. Such duties are those concerned with the administration and management of hospitals, medical supply depots, medical storehouses, Hospital Corps schools

and naval dispensaries, and with the medical department headquarters of naval districts, naval bases, and fleet and force commanders, and in particular with the personnel, matériel and fiscal aspects of these activities. Such duties also include scientific research, hygiene and sanitation, and treatment and corrective procedures requiring highly specialized services of a professional character closely allied to the professions of medicine, surgery, and dentistry. Because of the nature of the institutions operated by the Medical Department of the Navy and because its mission involves naval and military, as well as professional and technical aspects, individuals qualified to meet these diversified requirements must be drawn both from within the Medical Department of the Navy and from those individuals in civil life who are qualified by education and experience in the professions allied to the medical profession.

The handicaps referred to above have been overcome to an extent during World War II by the expedient of promoting officers of the Hospital Corps to temporary commissioned rank and by commissioning in the Naval Reserve members of the professions allied to the medical profession. The temporary promotions in commissioned ranks may only continue in force until 6 months after the termination of the act of June 30, 1942 (56 Stat. 463). Unless legislation such as that hereby proposed is enacted at an early date, the Medical Department of the Navy, in the near future, may well expect to find itself in the same situation, insofar as this personnel problem is concerned, as existed during the period between the close of World War I and the beginning of World War II.

The length of service of permanent officers of the Hospital Corps, who are now serving in temporary commissioned ranks, varies in individual cases from 16 to 40 years. Many of these officers hold degrees in law, chemistry, pharmacy, accountancy, and business administration, pharmaceutical chemistry and degrees in other sciences allied to medicine. The majority of the permanent officers of the Hospital Corps have attended colleges, universities, or other special courses of instruction, either in naval or civilian institutions, in one or more of the specialties allied to the work of the Medical Department. All of these who have attended civilian institutions of learning have done so on their own initiative, in addition to their regular full-time duties, and in many cases at their own expense, and consequently these officers were able to assume responsibilities of a higher grade than those demanded of their rank and to render greater services to the Navy.

Laws relating to the Medical Department of the Army have provided in the Medical Administrative Corps and in the Pharmacy Corps commissioned rank for nonmedical personnel from second lieutenant to colonel, inclusive, similar to that in the proposed legislation for the personnel of the Hospital Corps.

On the basis of the authorized strength of the Navy established by the act of April 18, 1946 (Public Law 347, 79th Cong., 2d sess.) the number of Hospital Corps officers under the proposed legislation would be 630. In order to avoid "humps" in the promotion list the officer strength of the Hospital Corps would be built up over a period of years. It is proposed that 75 percent of the billets would be filled during the fiscal year 1947, and that an additional 5 percent over and above attrition, would be appointed each succeeding year until 100 percent of the authorized officer strength would be reached during the fiscal year 1952.

The estimated cost of the proposed legislation is set forth in enclosure 1, which is attached hereto.

For the foregoing reasons the Navy Department recommends enactment of the proposed legislation.

The Navy Department has been advised by the Bureau of the Budget that there is no objection to the submission of this report to the Congress.

Sincerely yours,

W. JOHN KENNEY,
Acting Secretary of the Navy.

Estimated cost of the proposed Hospital Corps bill over the 10-year period, July 1, 1946, to July 1, 1956

Fiscal period	Estimated cost of proposed bill	Estimated cost under existing law	Excess cost of proposed bill over cost under existing law
July 1, 1946, to July 1, 1947	\$1,960,211	\$1,829,000	\$131,211
July 1, 1947, to July 1, 1948	2,094,649	1,953,000	141,649
July 1, 1948, to July 1, 1949	2,222,027	2,072,914	149,113
July 1, 1949, to July 1, 1950	2,354,508	2,196,914	157,594
July 1, 1950, to July 1, 1951	2,483,055	2,316,828	166,227
July 1, 1951, to July 1, 1952	2,617,493	2,440,828	176,665
July 1, 1952, to July 1, 1953	2,617,493	2,440,828	176,665
July 1, 1953, to July 1, 1954	2,617,493	2,440,828	176,665
July 1, 1954, to July 1, 1955	2,617,493	2,440,828	176,665
July 1, 1955, to July 1, 1956	2,617,493	2,440,828	176,665
Total	24,201,915	22,572,796	1,629,119
Average per year	2,420,192	2,257,280	162,912
Average per officer per year	4,154	3,874	280
Average per U. S. Navy officer in Navy for month of March 1946 (from BuPers)		4,782	

NAVY DEPARTMENT,
Washington, January 22, 1947.

Hon. JOSEPH W. MARTIN, Jr.,
Speaker of the House of Representatives,
Washington, D. C.

MY DEAR MR. SPEAKER: There is transmitted herewith a draft of a proposed bill "to establish the Medical Associated Sciences Corps in the Medical Department of the Navy, and for other purposes."

The purpose of the proposed legislation is to establish a Medical Associated Sciences Corps which shall be a constituent part of the Medical Department of the Navy. Officers would be appointed in the grade of medical associated scientist with rank from lieutenant (junior grade) to captain, inclusive. Such officers would be staff officers subject to all laws relating to the advancement in rank and retirement of officers of the Medical Corps of the Navy, and the total number of such officers would not exceed 205. All appointments in the Medical Associated Sciences Corps would be from male citizens who have received a doctorate degree in such sciences related to medicine as the Secretary of the Navy would determine. Initial appointments would be made in accordance with the act of April 18, 1946 (Public Law 347, 79th Cong., 2d sess.); and upon the termination of the appointive powers of the President under that act, all other appointments would be made in the rank of lieutenant (junior grade) from male citizens between the ages of 21 and 32 years. The proposed bill also contains provisions requiring the establishment of qualifications for appointment; assignment of running mates upon the removal of the suspension of permanent promotions; limiting the command of the Medical Associated Sciences Corps; and preventing any reduction in pay or allowances by reason of appointment under the act.

In the expansion of the Medical Department of the Navy to meet the demands of the recent war on a global basis, several hundred persons skilled in sciences related to medicine were appointed and commissioned in the Naval Reserve with the classification of specialists in the Hospital Corps. These scientists were drawn from the fields of research in basic and applied areas which included all fields and disciplines related to function of man, and therefore encompassed the range from mathematics, physics, and engineering through psychology, physiology, bacteriology, biology, and medicine proper.

Specifically, their investigations involved: the bacteriological, physiological and biochemical facets of man's existence in order to control his well-being thereby enabling him to cope with the multitude of complex biological insults occasioned by a military effort; the biological, psychological, and psychophysiological foundations of personnel selection and training which in essence embraced not only a study of human behavior, but also of human capacities integrated with engineering design in order to simplify operations thus bringing them within the normal

range of attainment; the environmental conditions with special reference to climatologic situations likely to be encountered by naval forces, and environmental conditions aboard craft, either ship, plane, or submarine.

These scientists by their singular efforts made many useful and revolutionary contributions without which the morbidity and mortality rate of our armed forces could not have been reduced to the lowest the world has ever known.

In the postwar years the responsibilities of the Navy and of the Medical Department of the Navy will continue to be world-wide and to require a continuation of the activities in research and in the sciences related to medicine which were conducted during the war. The Medical Department of the Navy cannot, in justice to the Navy nor to the United States, withdraw to the narrower field of prewar research. There is no method under existing law whereby these scientists can be transferred to the Regular Navy, and their services cannot be utilized to the fullest benefit of the Navy if they should be appointed in the professional grades of the civil service. In the absence of legislation such as that proposed herein, the Navy is now losing to civil life, and will continue to lose, these scientists who will be so essential in the postwar operation of the Navy. Without these scientists the Navy will be unable to keep ahead in medical research, in the prevention and control of disease, in the invention of methods to preserve the lives of the injured and of those subjected to the privations of long exposure in small boats or life rafts or when cast ashore on unfriendly islands or countries and in the many other fields of the sciences which are related to medicine.

For the above reasons, the Navy Department recommends enactment of the proposed bill.

Enactment of the proposed legislation would result in no additional cost to the Government inasmuch as the medical associated scientists shall be part of the authorized strength of the various corps of the Medical Department.

The Navy Department has been advised by the Bureau of the Budget that there is no objection to the submission of this report to the Congress.

Sincerely yours,

JOHN L. SULLIVAN,
Acting Secretary of the Navy.

In compliance with clause 2a of rule XIII of the Rules of the House of Representatives there is herewith printed in parallel columns (1) the text of the provisions of existing laws which it is proposed to repeal or amend, and (2) the parts of the bill making the repeal or amendment in title I.

PRESENT LAW

PROPOSED LAW

**SECTION 5 OF THE ACT OF DECEMBER 28,
1945, PUBLIC LAW 281, SEVENTY-NINTH
CONGRESS, AS AMENDED**

* * * * *

(c) Persons appointed in the Medical Administrative Corps of the Regular Army who are credited with less than five years' service shall be appointed in the grade of second lieutenant; such persons who are credited with five or more years' service, but less than ten years' service, shall be appointed in the grade of first lieutenant; and such persons who are credited with ten or more years' service, but less than seventeen years' service, shall be appointed in the grade of captain;

(d) Persons appointed in the Pharmacy Corps of the Regular Army who are credited with less than three years' service shall be appointed in the grade of second lieutenant; such persons who are credited with three or more years'

SEC. 105. Effective the date of enactment of this Act, Public Law 281, Seventy-ninth Congress, approved December 28, 1945, as amended, is hereby further amended as follows:

(a) Section 5 of said Act is amended by striking out paragraphs (c) and (d) and inserting in lieu thereof a new paragraph (c) as follows:

"(c) Persons appointed in the Medical Service Corps shall be appointed in grades of second lieutenant, first lieutenant, captain, or major according to the periods of service with which they are credited in the same manner as set forth in paragraph (a) of this section for persons appointed in arms and services of the Regular Army, the officers of which are on the promotion list."

PRESENT LAW

PROPOSED LAW

service, but less than six years' service, shall be appointed in the grade of first lieutenant; such persons who are credited with six or more years' service, but less than twelve years' service, shall be appointed in the grade of captain; and such persons who are credited with twelve or more years' service, but less than twenty years' service, shall be appointed in the grade of major.

**SECTION 6 OF THE ACT OF DECEMBER 28,
1945, PUBLIC LAW 281, SEVENTY-NINTH
CONGRESS, AS AMENDED**

No person shall be appointed as a commissioned officer of the Regular Army under the provisions of section 4 of this Act—

* * * * *

(b) in the Medical Corps, the Dental Corps, the Veterinary Corps, the Pharmacy Corps, or as a chaplain, if he would upon appointment receive credit for twenty or more years' service under section 5 of this Act; or

(c) in the Medical Administrative Corps if he would upon appointment receive credit for seventeen or more years' service under section 5 of this Act.

(b) Section 6 of said Act is amended by striking out from paragraph (b) thereof the words "The Pharmacy Corps" and by striking out paragraph (c) thereof and inserting in lieu thereof a new paragraph (c) as follows:

"(c) In the Medical Service Corps if he would upon appointment receive credit for twenty-three or more years' service under section 5 of this Act."

SEC. 106. Officers of the Regular Army who, on the date of enactment of this Act, hold commissions in the Pharmacy Corps, are, effective the date of enactment of this Act, transferred in grade to the Medical Service Corps. Each such officer so transferred shall be reappointed in the Medical Service Corps in the permanent grade held by him at the time of such transfer; shall be credited for the purpose of determining eligibility for promotion, with continuous commissioned service on the active list of the Regular Army in the Medical Service Corps equal to the period of service credited to him for promotion purposes under existing provisions of law, and shall, subsequent to such transfer, be thereafter promoted in accordance with the promotion system set forth in section 104 of this Act.

SEC. 107. (a) Effective the date of enactment of this Act, the Pharmacy Corps and the Medical Administrative Corps are abolished.

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ACT OF JULY 12, 1943 (57 STAT. 430)

There is hereby established in the Medical Department of the Army a corps to be known as the Pharmacy Corps. The Pharmacy Corps shall consist of seventy-two officers in grades

PRESENT LAW

PROPOSED LAW

ACT OF JULY 12, 1943 (57 STAT. 430)—con.

from colonel to second lieutenant, inclusive. Appointments in the Pharmacy Corps, except as hereinafter provided for transfer thereto, shall be made in the grade of second lieutenant from pharmacists between the ages of twenty-one and thirty-two years who are graduates of recognized schools or colleges of pharmacy requiring four years of instruction for graduation, under such regulations and after such examinations as the Secretary of War shall prescribe. An officer of the Pharmacy Corps shall be promoted to the grade of first lieutenant after three years' service, to the grade of captain after six years' service, to the grade of major after twelve years' service, to the grade of lieutenant colonel after twenty years' service, and to the grade of colonel after twenty-six years' service: *Provided*, That officers of the Regular Army holding commissions in the Medical Administrative Corps on July 12, 1943, shall be transferred to the Pharmacy Corps and commissioned in grade in such corps in addition to the seventy-two officers authorized for the corps.

SECTION 10 OF THE ACT OF JUNE 3, 1916 (39 STAT. 171), AS AMENDED (10 U. S. C. 81)

The Medical Department shall consist of one Surgeon General with the rank of major general, four assistants with the rank of brigadier general, one of whom shall be an officer in the Dental Corps, the Medical Corps, the Veterinary Corps, the Medical Administrative Corps * * *

CHANGES IN EXISTING LAW

In compliance with paragraph 2a of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill are shown as follows (existing law in which no change is made is in roman, new language is in italics, and that part which is omitted by black brackets) in title II:

TITLE II

PARAGRAPH 1, UNDER THE HEADING "HOSPITAL CORPS," OF THE ACT OF AUGUST 29, 1916 (39 STAT. 572), AS AMENDED BY THE ACT OF APRIL 18, 1946 (PUBLIC LAW 347, 79TH CONG., 2D SESS.)

Hereafter the authorized strength of the Hospital Corps of the Navy shall equal [three and one-half] $3\frac{1}{2}$ per centum of the authorized enlisted strength of the Navy and Marine Corps, and as soon as the necessary transfers or appointments may be effected the Hospital Corps of the United States Navy shall consist of the following grades and ratings: [Chief pharmacists, pharmacists, and enlisted

men classified as chief pharmacists' mates; pharmacists' mates, first class; pharmacists' mates, second class; pharmacists' mates, third class;] Commissioned warrant officers and warrant officers, Hospital Corps, and enlisted men classified as chief hospital corpsmen; hospital corpsmen, first class; hospital corpsmen, second class; hospital corpsmen, third class; hospital apprentices, first class [;], and hospital apprentices, second class; such classifications in enlisted ratings to correspond, respectively, to the enlisted ratings, seaman branch, of chief petty officers; petty officers, first class; petty officers, second class; petty officers, third class; seamen, first class; and seamen, second class: *Provided*, That enlisted men of other ratings in the Navy and in the Marine Corps shall be eligible for transfer to the Hospital Corps, and men of that corps to other ratings in the Navy and the Marine Corps.

PARAGRAPH 2, UNDER SUCH HEADING

The President may hereafter [from time to time,] appoint as many [pharmacists] warrant officers, Hospital Corps as may be deemed necessary [;], from the [rating] ratings of chief [pharmacist's mate, subject to such moral, physical, and professional examinations and requirements as to length of service as the Secretary of the Navy may prescribe:] hospital corpsman and hospital corpsman, first class: *Provided*, That no person shall be appointed pursuant hereto until he shall have established his mental, moral, physical, and professional qualifications to the satisfaction of the Secretary of the Navy: *Provided* [;], further, That the [pharmacists] warrant officers now in the Hospital Corps of the United States Navy or hereafter appointed therein in accordance with the provisions of this Act shall have the same rank, pay, and allowances as are now or may hereafter be allowed other warrant officers.

