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- Trip - 1952  
Dr. Aldrich

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MEMORANDUM FOR: Deputy Director, Plans

6 May 1952

ATTENTION: Executive Officer for Deputy Director (Plans)

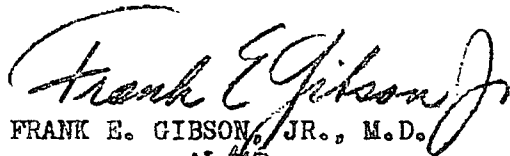
SUBJECT: Medical Survey Report of

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1. Copies of subject report, prepared by Dr. Stephen L. Aldrich, Chief, Special Support Division, Medical Office, are submitted for your information and appropriate distribution.

2. The study has been written in sterilized form so that the complete report may be circulated without editing among compartmentalized Divisions as well as field stations if so desired.

3. Cover sheets with recommended addressees are attached to the enclosed copies.

  
FRANK E. GIBSON, JR., M.D.  
AL/MD

AL/MD,

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Distribution:

- Orig & 1 - Addressee
- 1 - ADPC ✓
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**MEDICAL SURVEY REPORT**

**4 MARCH to 5 APRIL 1952**

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## INTRODUCTION

### PURPOSE

This Medical survey was undertaken by the medical office in order to obtain a clear, realistic, and objective picture of the medical support program as it now exists in the field; to assist and advise the medical officers in their planning of future logistic and training requirements; to make a preliminary survey of certain stations where DYCLAIM medical facilities do not exist; and to assure the availability of adequate medical support for DYCLEAN as well as DYCLUCK personnel and operations.

### FORM

This report will be presented in the form of individual station commentaries for the benefit of those who are only interested in certain phases of the medical support program. There will be a Recapitulation section following the station commentaries for the benefit of cosmic planners and broad policy cutters.

### DISTRIBUTION

An adequate supply of sterile copies suitable for distribution to interested parties will be available at the AL/MD office including copies in capsule form for those who would like to thoroughly digest this report.

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STATION: [redacted] - 5 March to 11 March 1952 and 19 March to 22 March 1952

PERSONS CONTACTED - [redacted]

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(b)(6)

PRESENT MEDICAL SUPPORT

(b)(3)  
(b)(6)

The conception and implementation of a overall medical support plan for [redacted] and adjacent areas was carried out largely through the efforts of [redacted] whose foresight and understanding of military channels and liaison made it possible for him to develop a nucleus from which a much larger medical support program can be developed. [redacted] by means of medical machinations, had himself attached to the DTELDER Surgeon General's Staff stationed in [redacted] which position gave him freedom to draw on DTELDER supplies and facilities as well as access to the DTELDER records, an arrangement which has proved valuable on many occasions for purposes of backstopping hospitalizations both in the [redacted] and in HTEXOTIC General Hospitals. Following [redacted] return to the States, the position with DTELDER has been most ably filled by [redacted] who, scalpel in hand, smile on face, has continued to broaden and strengthen our position with the military. At the present time [redacted] spends very little time at his office in [redacted] since there is little need for active clinical support in this area at this time. However, his military position with DTELDER will continue to be the keystone, administratively, for our medical support in this general area. [redacted] has been given the responsibility of coordinating supply requests from our other neighboring stations as well as handling all requests from this office for medical and medicoperational information. [redacted] freedom of action allows him greater mobility than the other physicians; therefore he would be the logical medical representative to be called on for medical support to stations with DYCLAIM facilities.

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FACILITIES

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With the recent arrival of [redacted] in [redacted], the problem of actual patient care has been adequately resolved. [redacted] keen insight and professional competency makes him ideally suitable for this position. It is hoped that an office will be made available to him in the near future [redacted]

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With the arrival of [redacted] the new medical technician, [redacted] will be able to handle the usual run of illnesses presented by staff and indigenous personnel. Serious illnesses and injuries can be admitted to the [redacted] General Hospital. It is generally agreed at this station that it is safer from a security standpoint to admit indigenous persons to the military hospitals [redacted]

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[redacted] I am in complete agreement with this opinion.

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SUPPLY

(b)(1) At the present time 95% of all medical supplies can be purchased  
 (b)(3) by our physicians from the General Hospitals or through [redacted] from  
 (b)(3) [redacted] warehouses. Certain specialized items e.g. Nutritional kits  
 or Indigenous (sterile) First Aid Kits are being made up from items  
 purchased on the local economy (see report on HTEXOTIC). There does  
 not seem to be any great need for stockpiling of large stores of  
 medical items in this area in the immediately foreseeable future,  
 however, the withdrawal of HTCURIO forces would obviously embarrass  
 our support structure to a large degree. The authority for the re-  
 quisitioning of supplies from DTELDER is contained in Letter [redacted]  
 There would be obvious advantages in establishing a more inclusive  
 authority for support from government channels through [redacted]

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(b)(3)

FUTURE SUPPORT

There does not seem to be a need for increased expansion of  
 facilities at this time; however, existing facilities could be further  
 developed. [redacted] will continue to develop good liaison and control  
 over certain Station Hospitals and Sub-Station Dispensarys in [redacted]  
 and environs which might play a role in our support of future training  
 operations. [redacted] facilities will be developed in the near  
 future. It is my sincere hope that more emphasis will be placed on  
 certain medico-operational phases of our support. Field interest seems  
 to be keen regarding certain specific aspects of medico-operational  
 support and it is hoped that contacts established with [redacted] and  
 DYCLEAN will prove fruitful in the development of this neglected phase  
 of our overall program.

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GENERAL OBSERVATIONS

1. Current medical facilities and support are flexible enough to  
 handle any expansion envisioned in the near future.

2. There appears to be a general lack of awareness at some stations  
 of the existence of a medical support program in [redacted] It is my  
 sincere hope that I have helped to make it clear to the various branches  
 of our organization that our physicians are available for the support  
 of all DYCLAM personnel and operations, limited only by the amount of  
 time available and the geographical distances involved. This particular  
 point was discussed with DYCLUCK and DYCLEAN representatives in order  
 to prevent any future misunderstandings.

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RECOMMENDATIONS

Some of the following recommendations have already been implemented  
 in the field but are included in this list for the record.

It is recommended that:

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(b)(3)

2. A vehicle be made available on a 24 hour basis for [redacted] during periods when rather active training is being undertaken at the training site.

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3. [redacted] be transferred from the ZRELOPE project T/O to the station T/O and that he be given an advancement in grade based on his superior handling of his job and his increased responsibilities.

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STATION: [ ] - 10 March 1952

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PERSONS CONTACTED - [ ]

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(b)(6)

PRESENT MEDICAL SUPPORT

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(b)(3)

[ ] medical problems are handled by the local [ ] hospital which is of the station type. To date this procedure has been adequate for most medical needs. Seriously ill patients and/or complicated cases are evacuated to the General Hospital at [ ] for definitive treatment. Local indigenous physicians are used to great advantage in many cases where their reliability is known.

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(b)(3)

FACILITIES

There does not appear to be a need for DYCLAIM medical facilities at this station at this time.

SUPPLY

Needed medical supplies could be purchased locally or through BGMIDDY.

FUTURE SUPPORT

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(b)(6)

In the event that this station should require greater medical support, such support could easily be arranged through [ ] or [ ] on short notice.

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(b)(6)

OBSERVATIONS AND RECOMMENDATIONS

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(b)(6)

1. The general health of station personnel as reported to me by [ ] is good. [ ] states that morale is excellent as they are all too busy to be bored or frustrated. I think that this pretty well points up the situation at many of our stations, i.e. basically there are less serious morale problems where our people are busy and close to the operational problems and receive rather immediate satisfaction from their work. Stations farther removed and of a support nature, on the other hand, show a higher incidence of dissatisfaction due to frustration and lack of a feeling of accomplishment.

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2. It is recommended that the [ ] contact [ ] for any medical support necessary and that [ ] be notified when [ ] personnel are to be evacuated to [ ] for medical care so that he can adequately follow up each case and backstop their records.

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STATION: HTEXOTIC - 11 March 1952 to 17 March 1952

PERSONS CONTACTED

[Redacted]

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(b)(6)

PRESENT MEDICAL SUPPORT

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(b)(6)

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(b)(6)

The medical support at HTEXOTIC is most capably administered by [Redacted] and his assistants [Redacted]. [Redacted] has set up a program of support which is highly organized, very active, and farther advanced than any of the other [Redacted] facilities. The scope of support needed at this station is considerable and [Redacted]; with his apparently infinite capacity and energy, has been able to fulfill the needs of the stations in a most complete manner.

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FACILITIES

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(b)(6)

(b)(1)  
(b)(3)

The routine medical problems which arise at this station are handled by [Redacted] and his assistants on a personal house call basis or by appointment at his office which is in a rather remote part of the city. More serious problems are hospitalized at the HTEXOTIC General Hospital and are handled in much the same manner as the patients at [Redacted]. In addition to the local medical care, [Redacted] are dispatched weekly to the various training sites in the area where physical, immunizations and sick calls are held. More serious cases are brought in to [Redacted] for personal care. Medical technician [Redacted] has been stationed permanently at the larger training site to the north. He will remain at this site as long as the type of training is such that serious injuries may result. Seriously injured trainees from this area may be evacuated to a nearby Station Hospital and from there back to [Redacted] if necessary. [Redacted] will visit [Redacted] at regular intervals in order to provide professional support and liaison.

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SUPPLIES

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(b)(3)

The supply problem at HTEXOTIC is quite similar to that at [Redacted]. Many medical items are available through government channels, however in some instances, [Redacted] has had difficulty in locating supplies sent from [Redacted]. [Redacted] will be able to help in the proper routine of supplies in the future. In addition to the usual channels, [Redacted] is making active use of the local economy for both first aid and nutritional items and has succeeded in developing excellent "sterile" First Aid and Nutritional Kits which may prove to be much more economical and certainly more available than anything which HTCURIO has produced. The results of the first "field tests" are awaited with great interest. If successful, it is hoped that future requests for such items can be channeled directly between stations in the field rather than back to HTCURIO.

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FUTURE SUPPORT

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Discussions with representatives of the various desks did not reveal any concrete plans for expansion of training at this station. However, increased demands for support aids from HTEXOTIC are expected on the basis of subsequent discussions with neighboring stations. It is likely that an additional medical technician will be needed in the near future to help with the assembly of kits. Requests for certain items from HTCURIO have been received and are in the process of being filled for shipment. Certain aspects of the support of LCLEMUR can best be given by our HTEXOTIC staff.

GENERAL OBSERVATIONS

1. The same general observations noted at [ ] are applicable to HTEXOTIC.

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(b)(3)

2. Close liaison between the [ ] medical officers will be necessary as the [ ] medical support program develops.

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(b)(3)

RECOMMENDATIONS

It is recommended that:

(b)(1)

(b)(3)

1. A medical technician be sent to HTEXOTIC in time to help prepare for the "spring planting".

2. [ ] be given every assistance in his program to develop "sterile kits" for the use of indigenous operations.

(b)(3)

(b)(6)

3. Reports of medical rejection of indigenous personnel by [ ] be submitted directly to the Station Chief.

(b)(3)

(b)(6)

4. [ ] be sent to LCLEMUR for the purpose of laying on details of evacuation of medical patients from LCLEMUR to the General Hospital at HTEXOTIC and also to help them with their specific requests for indigenous "sterile" kits.

(b)(3)

(b)(6)

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STATION: LCLEMUR - 17 March 1952 to 19 March 1952,

PERSONS CONTACTED

[Redacted]

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(b)(6)

PRESENT MEDICAL SUPPORT

My arrival at this station along with approximately nine other DYCLAIM representatives marked the high spot of my trip.

[Redacted]

(b)(3)

I might add that in spite of this extra burden added to their normal duties, the station personnel expressed a friendly attitude of cooperation and a genuine desire to exchange views and information unsurpassed by any other station visited during this survey.

At present, the station utilizes a small [Redacted] hospital for all of their medical support. They have found this to be sufficient to date but there is a possibility that as the station activities increase, there will be a need for added support from our medical personnel in [Redacted]

(b)(1)  
(b)(3)

There is no secure way to take care of indigenous personnel at this time except through the use of indigenous physicians.

(b)(1)  
(b)(3)

FACILITIES

There are no DYCLAIM medical facilities at LCLEMUR at the present time.

SUPPLY

As indicated earlier, there is a need for "sterile" First Aid and Nutritional Kits which could best be filled at HTEXOTIC. Occasional requests for medical supplies could also be routed through HTEXOTIC.

FUTURE MEDICAL SUPPORT

There is no need for full time DYCLAIM medical personnel at LCLEMUR. However, there are certain supply problems which could best be worked out on a personal basis between the station and our medical officers in [Redacted]. It would be advantageous if [Redacted] could make a more thorough investigation of the hospital at LCLEMUR and lay on arrangements for the future evacuation of seriously ill patients to a General Hospital in [Redacted] provided that it can be arranged [Redacted]

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OBSERVATIONS AND RECOMMENDATIONS

It is recommended that:

1.  be permitted to visit LCLEMUR when requested by LCLEMUR for purposes of medical support.

(b)(3)

(b)(6)

2. That routine requests for supplies and/or definitive medical care for the LCLEMUR station be routed through HTEXOTIC before forwarding to HTCURIO.

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STATION: [ ] - 23 March to 25 March 1952 and 27 March to 28 March 1952

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PERSONS CONTACTED [ ]

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(b)(3)

PRESENT MEDICAL SUPPORT

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The problems of medical support in this area are somewhat different than those faced in [ ]. Because of the political policies of the government it is mandatory for DYCLAIM to utilize some sort of [ ]

(b)(3)

(b)(6)

[ ] At the present time [ ] is handling our entire support for this area in addition to his regular [ ]

[ ] This dual role is being handled in a most efficient manner by [ ] at the present time, however, dependent care and numerous house calls throw rather heavy demands on his time. During [ ] absence from the Dispensary it is necessary for one of the other DYMADNESS physicians to backstop him. Local arrangements were made to handle this and one of the trustworthy DYMADNESS physicians had been partially cut in for this purpose. All minor problems can be handled through DYMADNESS facilities or at one of the local hospitals. Arrangements have been made to send on more serious problems to [ ] for hospitalization at the HTEXOTIC General Hospital. DYMADNESS officials have been cooperative and are delighted to have an added physician on their staff furnished by DYCLAIM.

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FACILITIES

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(b)(6)

Present facilities include the DYMADNESS Dispensary and a wing of one of the indigenous hospitals for the use of QKCIGAR employees. Indigenous employees are usually referred to local indigenous physicians for hospitalization, for security reasons. Their outpatient care is handled by [ ]

(b)(3)

(b)(6)

SUPPLY

The procurement of supplies has been carried on through DYMADNESS and DYCLAIM channels. Unfortunately, this organization has not been able to service our stations with the smooth flow of material which is required. Delays of shipment and procurement have been a source of frustration to all of our medical personnel. Serious consideration will be given to the problems of supply by this department and efforts must be made to shorten the delays of such critical items as antibiotics and vaccines as epidemics and infectious diseases are no respectors of channels and lead times. [ ] has had the opportunity to visit HTEXOTIC and [ ] and it has been suggested that these sources be tapped for some of his more urgent supply needs.

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FUTURE MEDICAL SUPPORT(b)(1)  
(b)(3)

[redacted] it is suggested that we place a DYMADNESS medical technician at this station and fully clear another medical technician and medical officer in the [redacted] Dispensary for backstopping purposes. There is no indication at this time that any further expansion will be necessary. More effective use of the medical facilities at neighboring stations should solve the existing problems provided that DYMADNESS personnel will give us the necessary cooperation.

(b)(1)  
(b)(3)OBSERVATIONS

1. The cooperation, particularly one of the DYMADNESS medical officers, has been excellent and materially aided in the establishment of our medical support program at [redacted]

(b)(1)  
(b)(3)

2. Morale at this station seemed to be excellent.

3. A keen interest in First Aid and Nutritional kits was noted.

RECOMMENDATIONS(b)(3)  
(b)(6)

1. [redacted] replacement should be procured, given operational training, given some language instruction and placed in the field not later than mid August 1952. Action on this has been instituted.

2. A DYMADNESS corpsman should be sent to [redacted] as soon as is practicable. A corpsman has been recruited for this purpose and should arrive at [redacted] by 15 May 1952.

(b)(1)  
(b)(3)

3. The next replacement corpsman and physician to be sent to [redacted] by DYMADNESS should be cleared and briefed by DYCLAIM for their use as backstopping personnel. Clearances have been instituted through Military Personnel.

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4. Information on the Blue Cross Program should be sent to this station (requested by station personnel).

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(b)(1)  
(b)(3)STATION: [ ] - 25 March to 27 March 1952PERSONS CONTACTED [ ](b)(3)  
(b)(6)PRESENT MEDICAL SUPPORT

This station is one of the largest now being supported by our office in this area. The medical care of station personnel is under the supervision and guidance of medical technician [ ] whose keen insight, medical knowledge, and abilities as a chaplain and physical education director make him the ideal station medical technician. I had the pleasure of making rounds with him and observed his technique in treating all sorts of cases ranging from arthritis to varicella and was greatly impressed by his good judgment and professional dignity. [ ] sees most of his patients either at his dispensary or in the home. Serious problems which require more definitive care are referred to a select group of local doctors. [ ] attends surgical procedures involving an anesthetic in the role of an interested student thereby acting as a security control. Fortunately, there have been very few serious problems requiring hospitalization.

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(b)(6)FACILITIES

[ ] Dispensary is utilized for routine problems. Hospitalization cases are referred to one of two local [ ] hospitals.

(b)(3)  
(b)(6)SUPPLY

The same problems of supply exist here as are found in any isolated location. Local supply sources are tapped for some items but for the majority of items, headquarters sources will have to be utilized.

(b)(1)  
(b)(3)FUTURE MEDICAL SUPPORT

No changes are contemplated for the present. I was informed that the station might be enlarged considerably at which time a DYCLAIM medical officer might be necessary. [ ]

[ ] The decision as to the necessity of a medical officer should be deferred until the station personnel and the medical technician feel that they are no longer able to cope with the medical problems in a secure manner.

(b)(1)  
(b)(3)OBSERVATIONS AND RECOMMENDATIONS

1. At the present time there is no effective medical support for the many smaller stations which operate in the areas adjacent to [ ] Individuals manning these stations have certain medical problems and should be given both medical support and proper immunizations as needed. One year ago the [ ] requested that permission be granted to [ ] to make a survey trip of these smaller stations in order to bring supplies and medical advice to these individuals. This permission was not granted. Present station

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personnel advise me that [ ] could make this trip [ ]  
[ ] and recommend that it be done. Knowing the problems which  
sometimes can occur at small semi-isolated posts, I would strongly  
urge that permission for regular trips to these stations be granted  
by the proper authorities in HTCURIO.

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(b)(3)

2. Based on the abilities and responsibilities placed on  
[ ] I would further recommend that he be given a raise in his  
rating.

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3. I recommend that seriously incapacitated patients requiring  
definitive care be evacuated through our facilities in [ ] or  
HTEXOTIC whenever possible.

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STATION: [redacted] - 30 March to 2 April 1952

PERSONS CONTACTED - [redacted]

(b)(3)  
(b)(6)

PRESENT MEDICAL SUPPORT

DYCLAIM medical facilities are not available at this station at this time. There seems to be a difference of opinion regarding the competency of the physicians at the local PBPRIME Hospital in [redacted]. Some of the personnel use this source for care as suggested by the DYMAROON. Others prefer to use local physicians in whom they have confidence.

(b)(1)  
(b)(3)

FACILITIES

Local hospitals and physicians offices are used by the station complement.

SUPPLIES

At the present time there is very little need for specific medical items. Small items can be sent easily from headquarters to the field. Growing interest in "spring planting" and Nutritional Kits will increase the need for medical support. This can best be handled by using the facilities already present in [redacted].

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(b)(3)

FUTURE MEDICAL SUPPORT

No added requirements for medical support are foreseen except as mentioned above.

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[redacted]

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OBSERVATIONS AND RECOMMENDATIONS

1. It is recommended that the station contact [redacted] for any specific requirements for supplies or [redacted] and that their facilities be utilized for the care of serious medical problems which cannot be handled [redacted].

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2. Several other observations of striking contour and proportions were made at [redacted] but are not pertinent to this report.

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### RECAPITULATION

The more mundane observations and recommendations applicable to each station have been listed in the specific station reports. The following impressions are of a more general nature and are to a degree applicable to all stations visited during this survey trip. I might add that many of these observations confirm my previous impressions gained during my tour [redacted]

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### THE BIG PICTURE

It is the overall goal of our division to give effective service to all elements of DYCLAIM on a global basis. To attain this goal in a secure manner and sometimes on very short notice requires a degree of flexibility which is difficult to establish in an organization in which compartmentation is one of the basic precepts. Proper resolution of this problem can only be attained by shifting more of the authority for medical support to the field medical officers. In some cases this will mean actually moving personnel responsible for medical logistical support, particularly those with administrative ability, to central control points in the overseas areas. This would, in effect, produce a merger of headquarters and field elements and might materially reduce the delays and misunderstandings which invariably occur under the existing organization.

### MEDICAL SUPPORT

It would be naive of me to state that our medical support program has reached its finest hour. There is, however, a unity of purpose and goal among our field medical staffs which will materially aid in the development of an active flexible support program. At present there is no immediate need for expansion of personnel and facilities except as noted under station commentaries. Some stations were unaware of the presence of DYCLAIM medical facilities and had no adequate plan for the secure handling of seriously incapacitated patients. In each case I have attempted to give the stations specific instructions as to the methods of contact and use of our existing facilities. It is hoped that this will tend to increase the usefulness and centralize the medical support program, avoid the duplication of facilities, and establish a plan of evacuation for patients using [redacted] as the central point.

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Although dental support has not been specifically mentioned in this report, it is felt that local facilities are adequate for the care of routine problems. Cases requiring dental surgery should utilize the medical facilities at the General Hospitals in [redacted]

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(b)(3)

The use of indigenous doctors for the care of our personnel has been questioned in some quarters. In my opinion, indigenous physicians should be used at stations where DYCLAIM medical facilities are not readily available provided that the station personnel feel that these physicians are politically reliable. Cases which require the use of

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anesthetics and speech inducing drugs should be handled by DYCLAM medical personnel where it is operationally feasible.

Proper screening of indigenous personnel preparatory to a change of location or training was stressed. The station physicians were instructed to notify the Station Chief of medical rejections at regular intervals.

It should be noted in this report that the merger of DYCLAM and DYCLUGA will not effect the medical support program since our field and headquarters staff have been available for support to both groups in the past.

#### MEDICO-OPERATIONAL SUPPORT

There are several aspects of operational support which can best be handled by the medical department. Some of these aspects of support are in need of further development. I have asked the station medical officers to utilize the facilities at hand to obtain information on opposition medical equipment and methods of treatment in certain areas. It is hoped that this information will help us in documenting and backstopping certain phases of the program.

(b)(1)  
(b)(3)

The keen interest shown by many of the field stations in regard to caching of supplies was very noticeable. The physicians in the field have already been able to help in the development of kits using local indigenous supply sources for their procurement. Further development along these lines is in progress at the present time. Our goal will be to develop adequate kits for nutritional and first aid use and still retain the necessary sterility.

Special medical training of indigenous personnel has not been developed in this area. As the training groups grow in size, it will become more apparent that some sort of medical training will be necessary along survival, sanitation, and first aid lines.

#### SUPPLY

Medical support from a supply standpoint is far from adequate. The innumerable steps through which requests must channel mean long delays and result in frustration and in some cases actually jeopardize the effective usefulness of the physician in the field. It is not my purpose in this report to attempt to pin point the delays in detail. However, it is obvious to all of us who have had field experience that there will never be an effective medical supply link with the field until we stop operating at a drug store level. The medical department must have a stockpile of readily available drugs and supplies on hand from which it can draw in an emergency. Unless such a program is approved and activated in the near future we stand a good chance of being caught with our aspidin down.

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S-E-C-R-E-T

In many instances the physicians have been able to work out local means of obtaining equipment and supplies. The use of letter [redacted] has been of some assistance in this regard. However, it is dangerous practice to rely on personal relationships for local supplies. An overall letter of authority from [redacted] should materially help the situation.

(b)(3)

(b)(3)

A system should be established for the emergency air shipment of medical items. There have been and will continue to be times when our field physicians will need certain items which are not available locally. The use of commercial air channels in emergency situations should be authorized.

COVER

(b)(3)

Generally speaking, [redacted] seems to be adequate. In most cases they have relative freedom to carry out their duties without arousing undue interest. [redacted]

(b)(1)

(b)(3)

[redacted] A civilian status gives much more freedom of action in [redacted] and should be utilized as much as possible.

(b)(1)

(b)(3)

MORALE

I was impressed by the intense interest, zeal, and realism of the people with whom I talked at the field stations. My impression is that morale in the [redacted] area was generally quite good and certainly superior to that seen in the [redacted] area in my own experience. This is undoubtedly due to the superior living conditions, opportunities for outside interests, and the absence of physical isolation. On several occasions I noted that the same basic problems of personnel miscasting, delays in the handling of the personal finances of some of the station personnel, and the ever-present problem of responsibility without authority caused considerable concern in the field. It is well to remember that to the average individual isolated either geographically or by the nature of his work, the seemingly insignificant details loom larger until they obscure, albeit superficially, the more basic drives and motivations. I do not want to imply that these individuals lack basic motivation. On the contrary, I felt that vital motivation is present in its most kinetic form in the field. However, I do feel that rather serious consideration should be given to the seemingly unimportant details which when totaled represent the basic obstacle to smooth friendly relationships and mutual understanding between field and headquarters personnel. This problem might be worthy of a serious study. [redacted]

(b)(1)

(b)(3)

(b)(1)

(b)(3)

(b)(3)

I feel that our physicians can and in many cases have played an important part in helping the often tired and overworked staff employees to ventilate his feelings. The mental trials and tribulations experienced in this type of work again supports the concept that man is basically a compassionate animal in spite of his conditioning and training.

S-E-C-R-E-T

MISCELLANEOUS OBSERVATIONS

At the present time, our medical personnel are able to handle the bulk of the staff and staff dependent care. It appears that in the near future the amount of dependent care will seriously compromise the effective utilization of the station medical officers and it will be necessary for the Station Chiefs to instruct staff personnel to use other available facilities except in exceptional cases. It must be remembered that the primary responsibility of the Station Medical Officer is to care for the indigenous personnel who are unable to get adequate care through usual channels for security reasons.

There is a growing interest in a career program as evidenced by many questions from our medical technicians. This presents a challenge to all of us. We should develop such a program as soon as possible if we are to retain the services of men of high caliber with valuable experience.

The Station Medical Officers felt that there was a need for some sort of direct communication to the Medical Office in  to be used for technical purposes and certain highly sensitive medical problems. During my absence an adequate plan for communications had been devised.

(b)(1)

(b)(3)

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S-E-C-R-E-T

~~S-E-C-R-E-T~~CONCLUSION

Obviously, it is impractical to attempt to record all the details and ramifications of the medical support program in this report. Insofar as possible, I have attempted to give a more general picture which might be of value to those interested in the overall support of our overseas activities in this area. I have attempted to cull this information from as many different sources as possible in the field and to reflect the dominant theme in this report. I will be happy to discuss any specific problems with interested parties at any time.

As is usually the case, I have gained considerably more from this survey trip than I have given. It is hoped that my efforts to answer some of the medical problems in the field have in some way repaid the men who gave so freely of their time and who made it possible for me to gain an accurate picture of their problems and requirements.

I would also like to express my appreciation to the DYCLEAN and DYCLUCK briefing officers, the A & L staff, the Travel Office, and to the field station personnel who made it possible for me to return with safety and dispatch, gleaned and picked and feeling somewhat like a pithed frog but with a greater appreciation of the problems which this office must solve.

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~~S-E-C-R-E-T~~