

THE ADMINISTRATION IN THE US ARMY HOSPITAL, BERLIN, 1966

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ADMINISTRATION, like assignment to the US Army Hospital, Berlin, has unique and interesting features from its medical, military, political, and social aspects. The free city of Berlin has been a special political problem since September 1944 when the US, UK and USSR met in London to decide how Germany was to be occupied. The three powers arrived at an agreement designating four areas of occupation, namely, three zones and the special area of Berlin which was to be occupied by all three powers. Geographically, it is located in the Soviet zone, but under the terms of the agreement was never a part of it. The Allied Kommandature directed the occupation within Berlin, and France, upon her participation in the zone occupation, was given half of the British sector of Berlin to control.

Administrative problems which are exterior to the hospital operation concern British and French allies, the German government and health authorities in Berlin, and even the Forces of the USSR, in addition to the unique command structure through Berlin Brigade and the US Command, Berlin.

Two examples are worth mentioning — first, the widening of the road on which the hospital is located, Unter den Eichen, involves repeated negotiations with the city of Berlin which is responsible for restoring to the hospital any parking areas, buildings, or fences which are lost by this widening. Further, any hope for a new hospital must be based upon the release of the present site to the city of Berlin and based on their desire to use it and replace it with new construction at another location. Second, contact is made periodically with the Russian medical representatives through the care of Mr. Hess at the Spandau war criminal prison. This arrangement involves the four powers who have been jointly responsible medically for the health of the prisoners held there.

The Commanding Officer of the US Army Hospital, Berlin, is also the Surgeon for the Berlin Brigade, which is a special Infantry Brigade reinforced with Special Troops and kept in a state of readiness to repel aggressions by hostile East German or Russian forces, whether they be actual or only political in nature. This keeps all personnel in a high state of alertness and affords the administrative staff many opportunities to test operational plans and maintenance of equipment. The Executive Officer, the Chief, Personnel Division (administrative officer), the Medical Supply Officer, and the Operations Officer are directly concerned with these problems of G-3, G-4 of Berlin Brigade, as they are designated members of the Brigade Surgeon's staff.

West Berliners consider themselves a part of the Federal Republic of Germany and receive considerable economic assistance from it. Since the Allies are still in an occupation status, most of the costs of operating the hospital is paid by the German government. This adds to normal budgetary problems since the major budget is a Deutsche Mark (DM) budget based upon the calendar year. However, there are many items for

complete hospital support which must be purchased using dollars and the supply and maintenance services of USAREUR. Therefore, the dollar budget, although not large, covers all the aspects of any hospital budget. Both of these require coordination through the Comptroller, Berlin Brigade. It is interesting that no large cost reduction program can be achieved within the hospital since most items where savings might be accrued are purchased through the DM budget.

For administration, the hospital is organized and operates along conventional lines, is authorized 60 operating beds and has an expansion capacity to 150. Certain extra stocks of medical supplies are maintained for COMZ to support some of the brigade plans.

The Supply & Service Division is one of the larger administrative divisions of the hospital and is organized in four branches: Medical Supply, Medical Maintenance, Motor Pool, and Activity Supply & Services Branch. The last mentioned handles property management, linen control, work orders, custodial services, and ground maintenance. The Chief, Activity Supply & Services Branch, is also the hospital Fire Marshal, and the Assistant Management Officer. The Supply & Service Division has the usual hospital supply mission, but also furnishes supply and maintenance to the medical platoons of the Infantry Battalions which operate medical dispensaries at McNair Barracks and at Helmstedt. A very active dental service, which includes a hospital dental clinic, McNair and Andrews dental clinics and school coverage, is also furnished medical and dental supplies. Complete advice on medical supply and medical maintenance support and the responsibility for material readiness is placed on the Chief, Supply & Service Division.

An unusual aspect of his supply operation results from the unique occupation role of US Army in Berlin. In this occupation role approximately half of the annual medical supply and equipment costs are financed through the occupation DM budget rather than the US dollar budget. An example of a larger equipment item procured with occupation funds is the new radiographic unit complete with image intensifier (recently installed in the Hospital Radiographic Section) (Fig 1) and television accessories. A larger part of our medical supplies such as bandages, dressing, instruments, and X-ray films are procured with occupation funds. To the maximum extent possible, occupation funds support our operations. However, one exception is that all medicines are procured through regular depot supply channels. The influence of financing from two different budget systems causes this supply operation to vary from the normal in some respects. The Hospital Supply & Service Division submits requests for DM local procurement to the Procurement Branch, G-4 Division. Other logistical support for the hospital is obtained from Berlin Brigade logistical divisions such as Transportation, Maintenance, Engineers and Installation, and Supply & Services.

Another interesting administrative function in the US Army Hospital, Berlin, is the job of the Chief, Personnel Division.

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Figure 1

SFC William Farrar, NCOIC of Radiology Section, US Army Hospital Berlin prepares a patient for an X-ray while Captain Harvey Miller, MC Radiologist explains the procedure to Major Hardy Spiegle, MSC, and Lt Robert Davis, MSC, of the Supply and Service Division, US Army Hospital, Berlin, who supplied the new radiographic unit.

The Chief, Personnel Division, is the Administrative Officer, Office of the Surgeon, Berlin Brigade. The duties as Administrative Officer for the Brigade Surgeon are similar to those of an Adjutant, inasmuch as the Brigade Surgeon has the dual role of Commanding officer, US Army Hospital, Berlin. The action as administrative officer requires liaison within the Berlin Brigade staff and subordinate units on command medical procedures and activities.

The Chief, Personnel Division, also has a dual responsibility as Adjutant USAHB. The duties as Adjutant are to direct activities of headquarters pertaining to personnel operations and general administration throughout the hospital. He makes recommendations to the Commanding Officer and staff concerning personnel policies. The adjutant supervises planning, coordination, and promotion of recreational activities for the hospital. The Adjutant is also responsible for special billeting and messing arrangements, recreational and educational tours, hospital tours and inspections, transportation and processing of official travel authorizations for all official visitors to the USAH Berlin. This includes professional consultants, medical inspectors, and other official visitors to the hospital. The same courtesy is extended to unofficial visitors on leave, pass or administrative absence.

The Adjutant is affected by the physical location of Berlin, and as a result of this isolation many special additional duties not encountered elsewhere assume major importance in the duties performed. These special additional duties include: Initial orientation

and briefing of all newly assigned officers on "Exfiltration, Infiltration, and Defection," travel restriction to Soviet controlled areas of Berlin, Germany (Fig 2). In addition, rules and regulations governing the American military, the American position and responsibility to the Berliners and our allies, and our relations in regard to Soviet personnel are included in the initial briefing. In addition to the normal forms for travel while on leave or other authorized absence, Allied Movement Orders must be prepared for each land traveller to and from Berlin. This is accomplished by coordination with the Adjutant General, Berlin Brigade.

Some of the duties not normally encountered in a unit personnel section of this type is the Award of Confidential Clearance to eligible personnel to meet the requirements of various contingency plans, preparation of requests of higher clearance, and maintaining records of point assessment for traffic violations.

Each of the other Medical Service Corps officer positions reflects to a degree the location of the city of Berlin within hostile territory. The Plans, Operations, and Training Officer—as one can well imagine—is one of the most active officers in the hospital because of its unique geographical location.

This unit support the troops of the Berlin Brigade and recognizes that its mission is not only the conservation of the health of military personnel during a cold war situation (peace time), but that it must be ready to furnish the required care in an outbreak of any real emergency. The Medical Service Corps officers assigned to the Berlin Command meet regularly to assure that they recognize this mission.

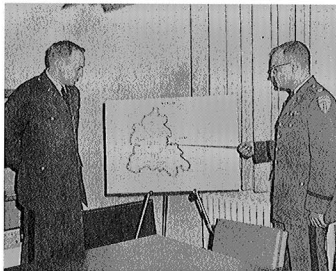


Figure 2

2LT Paul A. Schulz receives a briefing on travel restriction to Soviet controlled areas of Berlin from the Adjutant, USAHB, MAJ Frank McDowell, Jr.