

c.7. Selective Service System

Box 8

OFFICE FOR EMERGENCY MANAGEMENT

WAR MANPOWER COMMISSION

WASHINGTON, D. C.

*L. F.*

*Selective Service System*  
Chairman  
PAUL V. McNUTT  
FEDERAL SECURITY ADMINISTRATOR

October 20, 1943

*7 17/28/43*

MEMORANDUM for the President:

The attached letter from the Secretaries of War and Navy requests a "special call" on the Selective Service System for 12,000 physicians (5,000 for the Army, 7,000 for the Navy) to be completed by March 1, 1944. Such a request does not seem justified at this time.

The following is the picture of Army-Navy medical strength:

Present ARMY Medical Strength - - 40,000	ARMY Troop Strength - - 7,342,000
Present NAVY Medical Strength - - 10,100	NAVY Troop Strength - - 2,641,000
(includes 300 Public Health Service officers assigned to Coast Guard)	

The Army has 5.5 physicians per thousand troops. The Navy has less than 4 per thousand. The projected strength of the Army on January 1 is 7,700,000. The Army would have better than 5 doctors per thousand even if no additional medical officers were added to the corps. The Navy's projected strength is just over 3,000,000; in order to maintain its present ratio, 2,000 additional medical officers would be required. The Surgeon General of the Navy has stated that if he can increase the total strength of the Navy Medical Corps to 13,500 under the present recruitment program, he will be satisfied.

Under present recruiting methods through the Procurement and Assignment Service it is expected that between 2,000 and 2,500 physicians can be added to the Services by the end of the current year. Selective Service pressure at present can be brought only on men up to 38 years of age.

The present picture on physicians to serve civilians is something like this:

There are about 88,000 effective civilian physicians left in all age groups. Of this number, only about 16,000 are under 38. In December 1941 there were 47,000 physicians under 38. The Armed Services have recruited about 65% of that pool. Of the 16,000 remaining, probably 10,000 have been examined by the military services and physically or otherwise disqualified. Of the 6,000 remaining, who might be presumed to be eligible for induction, at least half would be found to be in communities where they are the only physicians, or in hospital and medical school posts which must be filled, and for which replacements are difficult if not unobtainable.



*x L. F. War Manpower Commission*  
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In the age group 38 to 45, there were 28,000 physicians before the war. About 8,700 of this group are now in service, leaving about 19,000 in civilian life. Many of this group have been disqualified also, perhaps about 40%. There remains in this age group a pool of about 11,000 physicians. These men are carrying the major load of medical service in the country and are the mainstay of our medical schools and hospitals. To recruit from this group, without regard to essential positions, would not be in the public interest when you consider that practically 80% of the places in the medical schools are filled by Army and Navy students.

The Armed Services are discharging physicians at the rate of 1,500 per year. They have interns, residents, and medical students committed to them to make up more than twice that number. In civilian practice the attrition is about 3,500 per year. From now on there will be less than half that number of new medical graduates to replace these losses. It was agreed that as a national average the ratio of physicians to the general population should be about 1 to 1,500. At present many of our States are below the 1 to 1,500 ratio and scores of communities are far below this ratio. The Army today has 1 doctor for every 180 men, and the Navy 1 to 260.

This Commission has felt for some time that the Army has sufficient doctors to give excellent care to the troops, in view of their present strength. It is our feeling that medical organization in the installations in this country should be reviewed and reorganized. We are convinced that a considerable saving can be made and men freed for duty with troops overseas. For instance, the Army has at present 375,000 hospital beds in this country of which at least 120,000 are vacant. A large number of the rest are occupied by patients that are awaiting discharge or reassignment. All of these hospitals are manned with medical personnel on the basis of a full patient load. It is possible also that in the Service Commands reorganizations and reassignments would result in a more efficient use of physicians. We understand that the Surgeon General of the Army is at present studying this very question. Before recommending a "special call" it would be desirable to have the results of this study.

It is doubtful if the "special call" requested would yield the physicians desired without completely disrupting civilian care. It is not possible to have a "call" for doctors alone in any age group. To include doctors between 38 and 45 through a "special call", the Services would have to ask for a "general call" of men of all ages between 18 and 45 in a sufficiently large number to give promise of picking up the necessary doctors through the orderly process of selection by local boards. This would probably necessitate a "general call" of between 100,000 to 200,000 men of all ages, between 18 and 45. The Army could reject all those between 38 and 45, except the doctors. Unless the group 38-45 were included, there is no chance of securing the number requested. The difficulties inherent in the request of the Services, prompt us to be very certain of its necessity before recommending it.

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The most urgent immediate needs are to build the strength of the Navy Medical Corps. Before recommending the "special call" which will have serious repercussions as far as the public and Congress are concerned, your approval of the following plan of action is requested:

1. Major recruiting emphasis between now and January 1 be for physicians for the Navy. Second call on this group will result in some additions to the Army.

2. The pressure of the Selective Service System should be increased on physicians up to 38 who have been declared available by the Procurement and Assignment Service. The Army and Navy have stated that they will accept men up to 45. We will continue to recruit voluntarily from this group those who can be made available. Local boards do not always agree on the essentiality of a physician whom the Procurement and Assignment Service might consider available for military service. This fact as well as varying attitudes of local boards on dependency are deterring factors to rapid recruitment through Selective Service. In many instances appeals are necessary. The Commission is quite willing to invoke all possible means at its command to recruit the physicians still remaining in civilian life who have been declared available for military service.

3. The Army Medical Corps will review its present organization and if any substantial number of additional physicians are needed on January 1, 1944, definite justifications therefor will be made.

4. Final action on the "special call" will be postponed until the matter is reviewed again on January 1, 1944.

*Robert M. ...*

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WAR DEPARTMENT  
Washington

Oct. 18, 1943

Honorable Paul V. McNutt,  
Chairman, War Manpower Commission,  
Washington, D.C.

Dear Mr. McNutt:

The War and Navy Departments are facing a shortage in the minimum number of physicians necessary for the proper medical care of the Armed Services, and so critical as to endanger the health of our forces. This matter is of such grave concern that immediate and substantial relief is considered essential.

Despite the greatest effort on the part of both Departments in cooperation with agencies under your leadership, including successive reductions in ratios of medical officers to personnel, it has been found impossible to induce a sufficient number of qualified physicians to accept appointment as medical officers voluntarily.

There remains one procurement measure which the Services feel must now be utilized in order to meet minimum requirements. We are attaching hereto requests for a special call on the Selective Service System for 12,000 physicians (Army 5,000, Inclosure A - Navy 7,000, Inclosure B).

Since those who are inducted will be offered commissions, it is believed that dependency should be eliminated as a factor in granting deferment. The restriction of the age limit of thirty-eight (38) years for those subject to this call is waived, and individuals will be accepted who are within the age limits established by law.

We are convinced that no other solution will fulfill the requirements of the Services for adequate medical care. The need is so urgent that we feel that inductions under this call should be initiated not later than December 1 and completed within ninety days thereafter.

/s/ Frank Knox  
Secretary of the Navy

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/s/ Henry L. Stimson  
Secretary of War

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Inclosures  
A and B