

DO/DOB/64-46

8 April 1964

MEMORANDUM FOR: Executive Officer, DO  
SUBJECT: <sup>status of</sup> Medical Support for DOB

1. The following history of medical support for DOB is submitted per your request as background for your discussion with Dr. Tietjen.
2. Since the inception of DOB's training program, attention has been given to the use of medical personnel in the following aspects:

#### PHYSICAL EXAMINATIONS

All candidates have routinely been provided physical examinations as part of their assessments. Initially these were administered by Medical Staff personnel. Presumably because of the volume, these have since been farmed out to cleared local doctors who submit their findings to the Medical Staff for evaluation. Additionally, doctors from the Medical Staff have conducted physical examinations during the training periods as required; however, these needs have been rather infrequent.

#### PSYCHIATRIC/PSYCHOLOGICAL

Combined psychiatric/psychological interviews and assessments were first provided DOB agent candidates by medical personnel of TSS. With the shifting of medical personnel and responsibilities, DOB later began calling on the A&E section of OTR for psychological evaluations and less attention was given psychiatric evaluations per se. OTR subsequently detailed a staff psychologist to DOB full time for the primary purpose of providing continuing assessments during the course of training. In addition, OTR provided psychologists on call to perform initial candidate assessments. When the medical element of OTR was reduced, the psychologist remained at DOB, however his records were transferred from OTR to the Medical Staff. Inasmuch as his assessment role during training has been somewhat curtailed because of personal physical problems, I have had him take over the majority of the candidate assessments as well.

Since late 1961, through an agreement between Mr. Osborn (C/SR) and Dr. Tietjen, DOB has called upon Dr. Bohrer to perform separate psychiatric evaluations of all candidates. As a result, all candidates have been receiving both psychiatric and psychological assessments.

### FIRST AID

DOB has routinely looked to the Medical Staff to provide a Medical Technician to instruct in first aid, field hygiene and related subjects. Additionally, we have called on the Medical Staff for a technician to accompany trainees in field problems to provide a first aid capability. Formerly these requirements were levied as specific needs arose. In practice this did not provide the desired continuity of personnel, and was sometimes awkward since there were on occasion certain inconsistencies between the subject as taught by one technician and practiced by another under field conditions. In order to better satisfy DOB needs, and at my request, the Medical Staff has detailed a technician to the Base full time since April 1962. This has proven very satisfactory as it ensures medical attendance for all necessary situations such as first aid instruction, weapons training, air operations, parachute jumping, maritime training, field problems, and so forth. Too, it affords the technician opportunity to know the agents well, and time to establish and maintain current health records and inoculation records for the Base. DOB has further profited under this arrangement since the technician concerned is well qualified in several PM subjects where he has frequently served as assistant instructor and still provided the medical coverage.

3. During the above period DOB had been operating under an authorized T/O ceiling of 39, as an element of SR Division. Inasmuch as SR had sufficient vacant slots, DOB actually was permitted to retain personnel in excess of 39. Arrangements were then made between SR/Personnel and the Medical Staff whereby the psychologist and medical technician would occupy SR/DOB slots. The technician has been on our rolls since August 1962 and the psychologist since December 1963. I assume this action was at the request of Medical/Personnel to possibly alleviate a T/O problem within the Medical Staff.

4. In view of ADDP directive that DOB operate at the 39 figure it is recommended that both medical personnel be returned to the rolls of the Medical Staff and be detailed to DOB. If this cannot be accomplished, and if medical support cannot be provided from within the Agency framework, consideration must be given to the eventual return of both personnel to Dr. Tietjen's staff and exploring the possibility of obtaining security clearance on medical personnel at the military training sites to provide emergency or routine medical support.

5. From an admitted layman's viewpoint, I feel that coverage by a medical technician is essential whereas possibly the psychologist is only desirable. I therefore suggest as a possible compromise the idea of retaining only the technician on detail status and giving up the full time psychologist. If the Medical Staff can continue to provide psychologists on call to perform initial candidate assessments this would be desirable. If not, I believe we might rely on the psychiatric assessment as performed by the Psychiatrist from DD/P/OP office.

**SECRET**

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6. In summary, I feel the following basic medical needs exist:

A. Physical examinations for all candidates. The present procedures of this being accomplished by outside doctors and Medical Staff reviewing their findings seems to work well. I hope this will continue.

B. Psychiatric assessments of all candidates. Dr. Bohrer of DD/P/OP office has normally provided this support with [ ] assisting on occasion. This should continue.

C. Psychological assessments of all candidates. Certainly desirable, however, if unavailable perhaps the psychiatric evaluation could be expanded to cover this area. Should continue if possible.

D. Continuing psychological assessment during training. Desirable but not essential in my opinion.

E. First Aid instruction and routine coverage is essential. If not available from Agency sources I must explore the possibility of military help in this area, even though it would not be as satisfactory an arrangement.

7. If you desire, I will be glad to discuss any of the above points in further detail.

[ ]  
Chief, DO/DOB

PEC/ccs

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