My First Assignment Assignment in Germany
December 1966 – September 1968

I arrived in Germany in early December 1966 after completing the Medical Service Corps Officer Basic Course and the Medical Supply and Services Officer Course at the Medical Field Service School, Fort Sam Houston, Texas.
I was assigned to the 20th Station Hospital in Nürnberg. I flew to Germany from Charleston AFB, South Carolina to Rhine-Main AFB in Frankfurt. Then train from Frankfurt to Nűrnberg arriving in the late evening. I spent my first night in the Nűrnberg in what was used as Transit Housing (Grand Hotel) across the plaza from the Bahnhof.

My first duty position was Motor Officer and also Linen Control Officer. Linen control I had learned about in training so I had some degree of comfort. I also had a very fine old NCO in the form of an SFC (E6), Quartermaster Laundry Specialist. Linen Control would be the least demanding of my duties as losses were minimal (we had the only army hospital with pink patient linens and a Hospital Commander who patrolled the housing areas to confiscate any stray pink linens.)

My primary duty was as Motor Officer for a motor pool that had about 30 vehicles (tactical and commercial) located at the hospital and another 70 or so vehicles scattered around the Medical Service Area at various dispensaries and clinics. The Motor Sergeant was a three stripe wheel vehicle mechanic. I also had three Specialist 4 mechanics, two civilian mechanics and a civilian parts and records clerk. It did not take long to learn what my management challenges were: keeping my military mechanics from drinking beer with the civilian mechanics (authorized per labor agreement) on breaks and at lunch and completing the myriad of forms and reports for the military vehicles and readiness reporting (for which my smattering of training at Supply and service class gave only an inkling of the complexity).

Maintaining vehicles operational was a challenge in Germany as the supply system was oriented toward the other side of world (Vietnam). Also I had a fleet of aged vehicles and vehicles that were inappropriate for use all of which demanded a great deal of maintenance. The Tactical vehicles of the Hospital were two M151 ¼ ton utility vehicles that were about 4 years old, three ¾ ton Ambulances, three 2½ ton cargo trucks, A 1000 gallon Water tanker and ¼ ton and ¾ ton trailers. The best conditioned vehicle the water tanker with 600 miles on the odometer and manufactured in 1953. The ambulances were the oldest vehicles with the youngest being an M43A1 manufactured in 1946 and the other ambulances were M43 models manufactured in 1940. The tactical vehicles of other units were of similar ages.

My commercial ambulance fleet was mostly International Truck box delivery step vans, similar to the type of vehicle used by UPS today only of lighter construction that some had decided were 'Ambulances". Within the Medical Service Area there were three Cadillac ambulances, one in Bamberg, one in Grafenwohr and one in Hohenfels. The Cadillac ambulances were primarily used to bring pregnant women to the hospital from those remote clinics when there was time or when the weather did not allow "Dust off" to fly.

The Hospital had been repeatedly criticized about maintenance and readiness reporting and inspections for poor maintenance and reporting. So about a week after my arrival I was sent to USAREUR School in Murnau for a one week Maintenance Reporting class . I left Sunday morning on a train to Munich where I caught another train to Murnau. I returned on Friday evening with a head full of learning about maintenance records and reporting.

About three months after arrived I moved to the position of Property Management Officer, when he left for Vietnam. In Germany at that time, Hospitals and Dispensaries were operated

by numbered Medical Units with an augmentation of civilian and military personnel. The property of the numbered medical unit was kept separate from the fixed facility property. The Fixed Facility Equipment was usually not standard military equipment (non-standard) and the role of Property Management Officer to identify, describe, establish and maintain property accountability for the equipment. Under the Medical Service Area Concept used in Germany all of the fixed facility equipment in the Hospital, Dispensaries and Clinics was the responsibility of the Property Management officer of the Hospital and passed down to individuals in the various parts of the hospital and the dispensaries on "Hand receipts". It was a daunting task that required continued detailed attention. In the 1960's the personnel turbulence in the Army just added to a difficult task. Also in Germany was another complication, Occupation funded medical equipment. This equipment was purchased by the German Government for the use of the American Forces. Often the only distinction between this German Equipment and the American Equipment was the older age of the German equipment.

Property Management was also responsible for keeping the hospital and other MSA activities supplied with non-medical material, most of which was items like paper, pencils, cleaning supplies and toilet paper. This responsibility precipitated one of the most unusual "emergencies" of my career in the summer of 1967.

In February 1968, I changed positions again moving to the Medical Supply Office. This was the position that every Medical Supply and Services Officer longed for as they handled all the medical supplies and equipment for all the various parts of Military Medicine, that is, Medical, Dental and Veterinary.

On the day (6 Jun 1968) I was promoted to Captain I also received orders for Viet Nam. I departed Germany in late September 1968 uncertain as to if or when I return to Germany.

What follows are several topics about the uniqueness of of my assignment in Germany or incidents/activities during my assignment. These topics are:

- The Best part of the Assignment – Meeting my Wife
- What is a Medical Service Area (MSA)?
- Did your Father have Red Hair?
- FRELOC and Relocating the 130th General Hospital
- The Great Toilet Paper Emergency
- The Duty Officer Roster that got Stuck
- FRELOC and the Unwanted WAC Detachment or was it?

The Best part of the Assignment – Meeting my Wife

The best part of my First Assignment in Germany was that I met, wooed and married my wife of over 50 years.

My wife was born and raised in Northern Germany and immigrated to the United States when she was 16 years old. She attended High School and after graduation completed training as a Licensed Practical Nurse. She decided that she wanted to see the world on her own and talked to an Army Recruiter about enlisting in the Army. She was told that she could not enlist until after she became a US Citizen. In November 1965 she was sworn in as a US Citizen and walked into an adjoining room where she enlisted in the US Army. After Basic Military Training at Fort McClellan, AL she went to Ft Sam Houston for Basic Medical Training and was then assigned to Letterman General Hospital. While there she discovered that her recruiter failed to properly enlist her in the Army. Because she was a Licensed Practical Nurse at the time of her enlistment she should have enlisted under the Army's "Stripes for Skills" program (a program to fill critical shortage skills with already trained civilians) and where she would have been advanced to E5 after Basic Military training. When she pointed this out to the local Retention NCO, they Army quickly corrected her enlistment and advanced her to E5 (SP5).

A few months later, she was notified she was being transferred overseas to Germany. She was disappointed at first but when she was given orders to Nűrnberg in Bavaria which was a very different place than where grew up on the North Sea coast of Germany.

As our relationship was officially inappropriate, our courtship was conducted very quietly and away from from the eyes of the military community for the most part, aside from the occasional movie at the Hospital Theater when I was Administrative Officer of the Day. As our courtship continued a few NCO's in the Supply and Services Division became aware of our growing relationship. In October 1967 we decided that we would get married but without setting a date. In December we decided we would get married as soon as we could make all the arrangements. The first person we told about our decision was the Hospital Commander who wholeheartedly wished us well and agreed to stand in as Father of the Bride, if necessary. We had previously arranged a get together of the Hospital's Medical Service Corps Officers at my house where we announced our engagement.

Arranging a wedding for two Americans in Germany turned out to not be a simple exercise. Her roommate was the Personnel Sergeant and she had already made up all the Army documents required when we told her of our decision. It turned out that was the easy part. The actual setting of a date to get married as determined by when was an English Speaking Marriage Magistrate available. We went to Marriage Bureau in Nűrnberg on the 2nd or 3rd of January 1968 to complete the German documentation and make an appointment. The first Friday opening for an English Speaking Marriage Magistrate was March 8th. Thus the date was set.

As the date got closer, her Father and Brother announced that they were coming from the United Sates. My Brother was to be Best Man and would be coming from Zweibrűcken where he was stationed in the Army. It was a busy time right up to day before of the occasion. The Civil Marriage was on the morning of March 8, a church wedding on the afternoon of March 9 in the Hospital Chapel and a reception in the Hospital Officer's Club that ended up spilling over into the Enlisted Club.

After a short 5 day honeymoon in Salzburg, Austria it was back to work as normal. On the 14 Jun 1968 she was discharged from the Army as medically disqualified (pregnancy).

What is a Medical Service Area (MSA)?

Medical Service Area - A command consisting of all Medical, Dental and Veterinary units assigned to serve a specific geographic area and clustered (read subordinate to) around a Hospital. A concept first written about by Col. Douglas Lindsay when a student at the Army War College. His paper presented a proposal for how to best manage health care resources in the Continental United States, which at that time was fragmented between not less than five different commands and left The Surgeon General of the Army with only a limited technical channel of communication to the actual health care providers. This was a controversial and unconventional idea at the time for a peacetime Army because it took command of medical assets away from local area commands and placed them under a separate Medical Command structure (the wartime overseas structure).

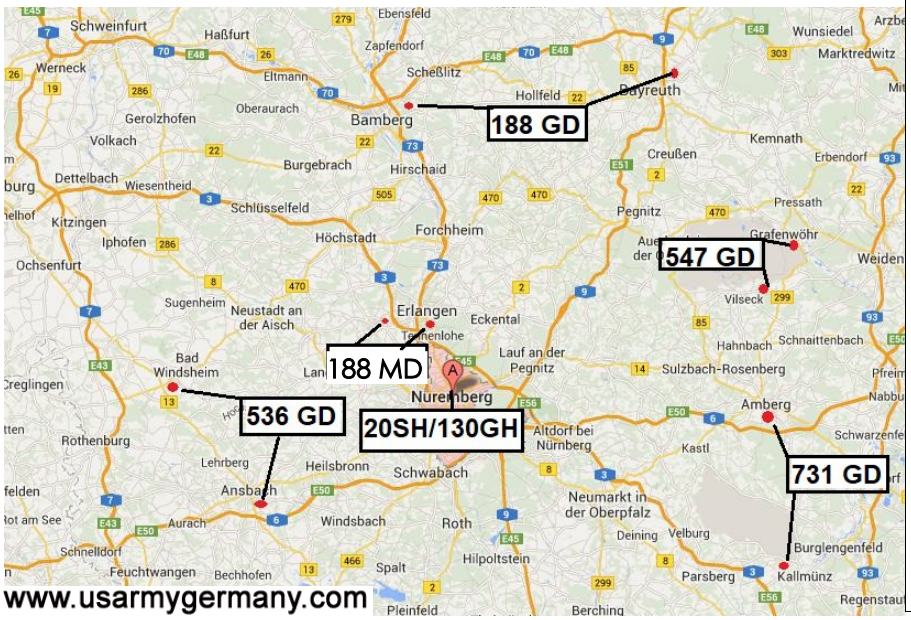
USAREUR became an early implementer of the MSA because it closely paralleled the wartime command structure and was seen as the peacetime evolution of the wartime structure.

> *When the Army did ultimately adopted in the late 1960's the name changed to reflect a change in Army terminology, that is, the Army Medical Service had been changed back to the old Army Medical Department, hence the new term MEDDAC or Medical Department Activity Command. In 1973 the Army Health Services Command was created to command all CONUS, Alaska and Canal Zone Medical Facilities with The Surgeon General dual hatted as both a Department of Army Special Staff Officer and the Commander of Health Services Command. The final step in the evolution occurred about 2000 when Army Medical Command was created to provide world-wide command of health services organizations except for tactical/deployable health care organizations.*

In 1967, the commander of all medical department activities and units in Germany (except Bremerhaven) was the Chief Surgeon, USAREUR who also was the Commander, 9th Hospital Center. Medical Units in France, the United Kingdom and Bremerhaven were under the Command of the 819th Hospital Center and the Communications Zone Europe.

The Nürnberg Medical Service area geography consisted of Northern Bavaria. Note that the eastern border of the MSA was the National Boundary between West Germany and Czechoslovakia ("The Iron Curtain").

Nürnberg Medical Service Area
Medical Treatment Locations and Units



Distances			
From	To	Km	Miles
USAHN	Erlangen	20	12
USAHN	Bamberg	60	37
USAHN	Bindlach	102	63
USAHN	Grafenwohr	99	62
USAHN	Hohenfels	81	50
USAHN	Ansbach	42	29
Ansbach	Illesheim	30	18
Amberg	Hohenfels	41	25
Grafenwohr	Vilseck	19	11
Bamberg	Bindlach	63	39

The organizational elements that comprised the Nürnberg MSA were:

Location	Activity	Operating Unit
Nürnberg	Hospital	20th Station Hospital later 130th General Hospital
Nürnberg	Dental	87th Medical Det (Dental Service) (had 12 sub teams co-located at Medical Clinics and/or unit troop medical clinics)
Nürnberg	Veterinary	72nd Medical Det (Veterinary Food Inspection) Also provided small animal care
Nürnberg	Preventive Medicine	71st Med Det (Sanitation and vector control)
Bamberg	Medical/Dental Clinic	188th General Dispensary Det (15-20 beds) 87th Medical Det (Dental Service) Team
Bindlach	Medical/Dental Clinic	Sub unit of 188th Gen Dispensary 87th Medical Det (Dental Service) Team
Amberg	Medical/Dental Clinic	Sub unit of 731st General Dispensary 87th Medical Det (Dental Service) Team
Hohenfels	Medical/Dental Clinic	731st General Dispensary Det (5-20 beds) 87th Medical Det (Dental Service) Team
Grafenwohr	Medical/Dental Clinic	547th General Dispensary Det (15-20 beds) 87th Medical Det (Dental Service) Team
Vilseck	Medical/Dental Clinic	Sub unit of 547th Gen Dispensary 87th Medical Det (Dental Service) Team
Ansbach	Medical/Dental Clinic	536th General Dispensary 5-20 beds) 87th Medical Det (Dental Service) Team
Illesheim	Medical/Dental Clinic	Sub unit of 536th Gen Dispensary 87th Medical Det (Dental Service) Team
Erlangen	Medical/Dental Clinic	120th Med Det 87th Medical Det (Dental Service) Team
Herzogenaurauch	Medical/Dental Clinic	Sub of 120th Med Det 87th Medical Det (Dental Service) Team
Fürth	Dental Clinic	87th Medical Det (Dental Service), Team located on W.O. Darby Kaserne to serve schools and dependents, believed to have been located at one of the schools.
Schwabach	Dental Clinic	87th Medical Det (Dental Service) Team – co-located with troop medical clinic of 1st Sqdn, 4th Cavalry, 4th Armored Division at O'Brien Barracks
Fürth	Central Dental Laboratory	European wide activity. Manufactured crowns, bridges and various fixed and removable dental prosthetics. Located across the street from the PX/Commissary building. I believe the unit was the 564th Dental Det. (Prosthetics) but could also have been the 563rd or 570th .

Numerous Kasernes with dependent housing areas in the Nürnberg/Fürth area had troop medical clinics operated by units. These often became collecting points to transport dependents to the various clinics at the hospital.

One of the Helicopter Ambulance Detachments in Germany stationed one or two Helicopter Ambulance at Grafenwohr to serve the Bamberg-Bindlach and 7th Army Training Center areas (Grafenwohr, Vilseck, Amberg, Hohenfels).

Two final comments about the organizations in the Nürnberg MSA.

When you examine the table above you will notice that the General Dispensary units have a parenthetical indication of beds. During the years 1966-1968 none of these units had sufficient personnel to actually operate the indicated number of beds. If a patient required hospitalization and the patient's unit could provide some basic nursing care in the barracks then the patients were transported to the hospital in Nürnberg. It was a bit of a running battle between the MSA Commander and the Dispensary Commander's but by and large the dispensary units realized that they did not have the personnel to devote to even limited inpatient care.

Finally, all the Medical Clinics operated a limited Emergency Room service on a 24 hour basis. Patients with significant trauma were often sent to a German hospital in a nearby community for stabilization before transfer to USAH Nürnberg. These clinical emergency rooms could handle almost every case that presented quite adequately.

A Doctor who was Leader and a Commander

COL Douglas Lindsay, the Commander of USAH Nürnberg and the MSA from 1966-1969 was a very senior Medical Corps officer. In addition to being a highly competent surgeon he was well schooled in the Military Arts and Sciences. COL Lindsay was a Master Parachutist, a graduate of Command and General Staff College and the Army War College.

As result of his experience in Airborne units, he as a devotee of physical fitness. Six days a week he arose about 4AM and ran a minimum of three miles, often four and occasionally 5 miles. These were not slow lopes in athletic shoes either, they were pounding runs in boots at a 8-9 minute mile pace.

After his morning run on normal workdays, he would shower, dress and eat before driving out to one or two of the outlying clinics. As a result if the AOD had a reportable action for the Commander he was required to call between 0500 and 0520.

On days when he drove to an outlying clinic or clinic he would be back at the Hospital at about 0715 when he would often go directly to the Supply and Services Building to deliver his list of actions to be addressed. As I was an early riser from my youth, I was usually in my office around 0700 and often the first officer to arrive. Therefore , by 0715 when COL Lindsay walked in the coffee was ready. With a cup of coffee in hand he would run through his list with me and by 0730 be headed out door toward the main building and his office. I would take the list and with the Chief, Supply Sergeant we would pass out tasks to the NCO's. Usually by the time the Chief, Supply and Services arrive at around 0845, most of the tasks had been completed. Without exception the tasks were all completed before the end of the duty day.

Occasionally, the AOD would convey a reportable action to the COL Lindsay in that early morning call that COL Lindsay deemed his immediate action. In the Spring of 1967, there was one such instances that had a ripple effect across the Army. One evening the Chief of Medicine notified the AOD that there was a patient who was not responding to care and was now "VERY SERIOUSLY ILL". The patient was young infantryman from one of the Armored Division units in the Nürnberg area. A designation of VERY SERIOUSLY ILL requires notification of both USAREUR and HQDA. The AOD took care of getting the required reports dispatched and made the early morning call to COL Lindsay.

About 0545 COL Lindsay walked into the Hospital Admitting office and picked his reports for the day including the VERY SERIOUSLY ILL Report. Report in hand he quickly exited and took the elevator up to the Medical Intensive Care unit. About 15 minutes later, the phone rang in the Admitting office. It was COL Lindsay. He instructed the AOD to begin calling every doctor assigned to the hospital to assemble at the Medical Intensive Care unit by 0700 for medical education and no exceptions. The AOD and the clerks in the office divided up the list and began calling.

By 0700 the Doctors of the hospital were assembled in the Medical Intensive Care unit to hear and watch as COL Lindsay conducted a class on diagnosis and treatment of MALARIA, a disease that none of the Doctors and Nurses of the hospital, other than COL Lindsay, had ever seen or treated. COL Lindsay began his teaching by holding up the patient's medical record where he found that his prior unit was in Vietnam. As the patient had Malaria it was his conclusion that the patient did not continue taking the prescribed Malaria prophylaxis medicines for the required period after leaving Vietnam. Having shown them the first place to look about the patient's history, he then proceeded with is instruction

When the class ended, COL Lindsay went to his office and called the Commander, 9th Hospital Center/Chief Surgeon, USAREUR with what he had discovered and his recommendation for

action to prevent future medical misdiagnoses of MALARIA. His recommendation:

> Immediately, authorize the MSA's to procure rubber stamps for each unit in their area to mark the outside cover of Medical Records for Vietnam Returnees in 1-inch letters with the words "RVN RETURNEE".
>
> Immediately order, every medical treatment activity holding Individual Medical Records to being reviewing all records on hand for RVN Returnees and make a list to use in marking the record when the rubber stamp is available.
>
> Order that all future medical records of in-processing personnel be reviewed for RVN Returnees and the Medical record stamped.
>
> All RVN Returnees who left Vietnam 30 days or less prior to arriving in USAREUR will be counseled by the unit or clinic physician on the need to take all the prescribed malarial prophylaxis as directed.

USARUR adopted the recommendations and HQDA also order CONUS and other overseas commands to implement the program adopted by USAREUR.

Did it happen? Well, when I returned to the United States from Vietnam and reported in at Fort Sam Houston, they took my Medical Record and with a big Rubber stamp Marked "RVN RETURNEE".

Did your Father have Red Hair?

One Morning a few weeks after my arrival, I was sitting down at my desk in the Motor Pool, when I heard a rather loud conversation coming from the Motor Sergeant's room. I could easily hear the conversation that went along this line. The Visitor was asking (pleading) to borrow a ¾ ton ambulance because his only ambulance was being sent to support maintenance and it would 4-6 weeks before it would be returned. The response to this request was "You will have to talk to the Lieutenant."

A Staff Sergeant from the 2nd Armored Cavalry Regiment appeared in my doorway. There was a momentary silence and then he spoke. "Lieutenant, was your Father red haired." I replied, "yes, at one time." The SSG then asked was he stationed at . . . in . . . .". Again I replied, "Yes". Then he added, "He could hit a softball better with one hand than most could with two."

To this I smiled because my father played softball and other sports using only his right hand and arm because of an injury to his left arm. Needless to say, this sergeant had known my father and after exchanging a few pleasantries and the preparation of appropriated documents he left with his borrowed ambulance. This would be just the first of many occasions early in my military career where I would encounter a person that had served with my father.

FRELOC and Relocating the 130th General Hospital

Around the end of March 1967, the 9th Hospital Center sent down a directive for a team to be assembled to travel to Chinon, France and relocate the unit property of the 130th General Hospital to Nürnberg. They also provided a name of a contact person and phone numbers. As the issue was relocation of property I was designated the Officer In Charge. After some difficulty I did manage to make phone contact with the Contact person (a 1LT) in Chinon. His opening remark was to bring mechanics and parts and that the ambulance would have to move later after the ammunition relocation was completed. The phone connections were not the best and it took several more calls over about five days to firm up what parts were known to be required, lodging arranged and the final "good news" that we would not be given a convoy clearance and we would have to travel in groups of three and four vehicles. With the basics covered for the property transfer, we began to organize personnel and make travel plans.

As there were 11 vehicles to be transferred, we would need at least 22 people as drivers and assistant drivers. Personnel would include all my military mechanics from the motor pool (except the Motor Sergeant) and one or two mechanically inclined soldiers. At least two or three supply specialists were also needed. A Senior NCO was also required to help me out, as a 2LT was seen as still learning. The Senior NCO selected was the Hospital's Medical Company First Sergeant. In all the team had 22 people, myself, 1SGT Lofton and 20 enlisted men ranging in grade from SP5 to PFC.

Group travel orders were prepared by the Personnel Branch and the local Transportation Office supplied train tickets. Our train route was Nürnberg to Frankfurt where we changed trains for the leg to Paris, France. Our train arrived at the Paris East station and we needed to transfer to the Paris South Station for the final leg to Chinon. We arrived in Paris almost exactly at Five PM. The US Military Rail Transportation Office was expecting us and we were bundled onto an Army bus for the cross town trip to the Paris South Station. Fortunately the Sergeant driving the bus was used to Paris traffic and we made the trip in plenty of time to make our connection to Chinon.

The trip south was on a regional train that made numerous stops resulting in our arrival at Chinon around 10:30PM. The local Military rail office was closed when we arrived but within minutes a Transportation Sergeant appeared with a bus to transport us to the transient quarters. Due to the late hour, there was no place to eat so we all shared what snacks we had as an evening meal. The Sergeant told us he would be back at 8AM to take us out to the Hospital.

It was a short night but everyone appeared in time to eat breakfast before we left for the hospital. The Sergeant appeared with his bus and took us out to the hospital area. We arrived at the hospital motor pool area and met up with our contact.

What we found on our arrival at the hospital are was a chaos of activity. At the main hospital building, a Labor Service Engineer battalion was removing anything that could be removed from the building and I mean everything, doors, windows light fixtures, switches, plumbing fixtures. If it could be removed with destroying the wall, ceiling, or floor, it was removed. The items were packed, crated and trucked to the local rail yard where they were loaded on railroad cars destined for Germany. The only US military personnel remaining at the hospital were the ILT contact person and enlisted medics who departed daily in the unit ambulances to the nearby ammunition storage facility where a Labor Service Ammunition Battalion was loading out the ammunition for transport by rail to Germany. (The Ambulances were there to transport people to the local French hospital for needed emergency medical care.) When an

ambulance developed a mechanical problem, someone would try to identify what the issue was and then swap a part from another vehicle or try to scrounge up the part. There were no supply or maintenance personnel remaining at the hospital. These few military personnel would remain until all the ammunition was relocated which was anticipated to be about 45-60 days after the 30 April 1967 deadline. The Labor Service units at the Hospital and Ammunition Storage Facility also departed with the last load of hospital property or ammunition.

Immediately upon our arrival at the hospital motor pool, the mechanics and the mechanically incline began checking the vehicles and making necessary repairs (more than we had been told were needed). The initial inspection also revealed that none of the vehicles had received any scheduled services or maintenance in at least four months. The supply clerks began assessing the unit property that we were to take to Germany. When we asked about property and maintenance records all we got was blank stares.

In addition to the obvious unit property we also found numerous other items that were in short supply in Germany, such as a pallet of truck tire chains in various sizes. When asked what to do with all the property in the building, I instructed that all unit property would be loaded first. Then if room remained, they should load anything they thought was needed or could be used in Germany. About a half-hour after our arrival, 1SGT Lofton called me over to a packing crate littered with papers on top. When he lifted a few of the papers, we found the unit property book. I told him to take the book and all of the papers and put them in the "Jeep" that we would be driving back to Germany and for him to tell no one.

About an hour after our arrival, it became clear that we would have the vehicles running, loaded and ready to depart about 10:30 AM. 1SGT Lofton volunteered to return to the dining facility and get box lunches. Meanwhile the loading of trucks continued and the vehicles were fueled to capacity and had fluid levels checked. At about 10:45 final driver team assignments were made, maps were passed out and the route reviewed along with detailed directions. The last step was designating the vehicle groupings and appointing group leaders. I and the 1st Sgt along with a 2½ ton truck driven by Mechanics with tools and parts would make up the last group.

We headed out of the hospital area for the road to Germany about 11:00 AM with the expectation that we would arrive at the hospital in Orleans sometime between 5:00 and 5:30PM. About 2 miles down the road we came upon three of our trucks on the side of the road. One of the trucks had broken down and it did not appear we could fix the problem on the road. A quick huddle produced a solution. The Water truck, which was towing a ¾ ton trailer loaded with the tire chains, would tow the truck and trailer to Orleans. A tow bar was quickly attached and trailer attached to the towed truck and we were off once again.

When I arrived at the Orleans hospital about 5 minutes after 5PM, we were missing one truck and trailer. The truck that had broken down just outside of Chinon was taken to the motor pool shop where basic repairs were in-process. While the 1SGT Lofton made billeting and feeding arrangements, I went to local MP Station to report my lost truck and seek assistance. The MP Desk Sergeant informed me that a local citizen had reported a truck stopped on the road about 10 miles east of town and a team of MPs were already enroute. Within a few minutes the MP Station radio crackled that the team had found the truck and they were escorting IT to the hospital. About 20 minutes later my last vehicle was at the hospital. After a hasty dinner at the Hospital Mess, we returned to the Motor Pool and fueled all the vehicles for departure. It was agreed that we would leave no later than 0730 the next morning.

Day two of our journey back to Germany, dawned clear but the weather report was threatening rain. The first trucks left promptly at 0730 with instructions to meet at the Installation Gas Station in Verdun, France. I and 1SGT Lofton left about 0800. We arrived about 2PM in

Verdun where I learned that we had a couple of vehicles had problems and were at the Verdun General Depot Vehicle shops. I dropped 1SGT Lofton at the MP Station to see about finding billeting and mess for the night while I went to check on the rest of the vehicles and personnel. What I found was a swarm of French mechanics working on our vehicles. Not only that, my soldiers were learning about speed governor's and how they could be adjusted. The French mechanics were fantastic and made certain that the drivers left with a few tools and pockets full of wire seals need to seal the speed governors (Normally a high level maintenance action and seals were used to stop lower level mechanics from tampering.)

At about 5PM as we were completing refueling, 1SGT Lofton appeared with both "Good News" and "Bad News". The "Good News" was that mess and billeting was arranged. The Bad News" was that the Military Police Customs unit had inquired about our shipping documents. 1SGT Lofton said the Customs Police were willing to help but I needed to see them right then. I walked over to the Customs Office and spent a few minutes with the NCO in Charge who promised he would have his overnight crew prepare the necessary documents for my 11 truckloads of medical supplies and for me to return the next morning about 0715 to pick up the documents.

We all arose early to steady rain from the previous day. We had breakfast at the central mess hall. Each of us also collected a sack lunch for the trip. At 0715 I was at the Customs Office to collect the documents. The Sergeant instructed me that when we got to the border, we were to get in the center lane and go directly to the border station. The MP Customs Sergeant there would be waiting for us and would get us cleared through both French and German Customs. He also told us to stay together and not worry about the convoy limits.

We were on the road by 0745 and in less than two hours we were at the France-Germany Border where there was a long line of Commercial trucks on the right. I got my vehicle in the lead and drove down the open Center (Left) lane to the Border Station where the MP Customs Sergeant was waiting. Taking my handful of documents he disappeared into the Border station. After about 15 minutes he reappeared and handed me stamped documents. With a bright "Thank You, Sir. Have a safe Drive" he saluted and waved us forward toward the border where the crossing gates were being raised both in France and Germany.

We made good time and got to the Kaiserslautern area about noon. We refueled and discussed whether to stop in Frankfurt or push all the way to Nürnberg that day. The unanimous voice was to get home that day. We headed out about 1300 as the steady rain continued. The route home was east on the Autobahn to the junction then Autobahn north to Frankfurt to the junction where we turned southeast toward Nürnberg. All was going well when as I approached Würzburg the rain was beginning to turn to freezing rain about 1530. There I saw three trucks stopped on the shoulder of the Autobahn. Our troubled truck from the start of the trip was now hopelessly broken. They were waiting for me and the maintenance truck because it had the tow bar. Once again the trailer towed by the water truck was unhooked and the tow bar attached to the disabled truck and then positioned to hook up the trailer once more to the disabled truck. When the jockeying done, we headed for home arriving in the dark about 1730. I had the vehicles and their loads secured in the motor pool and we latecomers gathered with the early arrivals in the Hospital EM Club for 'burgers (and beers) before heading to our rooms, a shower and bed.

The next morning I went into the office to find a note from the Hospital Commander directing me to report to him first thing. Colonel Lindsay wanted to know about how the trip went and after giving him an oral report, he directed that I prepare a report to the Logistics staff at 9th Hospital Center. When I got back to my office, Major Sande from 9th Hospital Center Logistics had called. The next few days were filled with report writing, telephone calls and a trip to

Heidelberg to deliver my report and the 130th General Hospital Property book (after my NCOs had made a copy, NOT a copy machine copy either but a handwritten copy).

The Great Toilet Paper Emergency

The summer of 1967 the Army in Europe was still staggering logistically from the rapid exit from France and the reorganization of roles and responsibilities resulting from the loss of the COMMZ in France. It was also the time when the Army was first introducing large scale computing power to the tactical forces for logistics. In the summer of 1967, US Army Europe organized the first tactical logistics unit with computers for inventory control/management of supplies in the combat zone.

This new organization was called the 7th Army Stock Control Center. They were now the managers of inventories of go-to-war supplies for a very wide variety items, essentially every thing except ammunition and medical, but more importantly for the very first time this management included more than the items of supply it also included MONEY, the dollars used to maintain the inventory and flow of material to the user. The US Army in Europe had never capitalized its reserves of go-to-war supplies into what is called a "Stock Fund or revolving fund" and used its annual operating appropriation dollars to operate its logistics.

With the war in Vietnam escalating, the flow of operating dollars to Europe had diminished sharply. The 7th Army Stock Control Center realized in early summer 1967 that they were in a severe fiscal bind because price inflation was eroding the inventory levels in the go-to-war reserves when reserves were used to meet operating demands. Therefore, the decision was made that they would no longer draw from reserves to meet short-term operating needs.

This was a simple idea but it failed to account for the fact that now the operating dollars had to fund the flow of ordering items from the US to Germany. Typically an order for toilet paper would take about 30-45 days to arrive after it was ordered. Then it would take another 30-45 days before money from the using units would be recouped to pay for another order. This would be OK for many items but toilet paper was supplied through a "Community Self-Service Supply Center (SSSCs)" operated by a Corps level Supply and Services company and the reimbursement flow of dollars was more like 45-90 days.

By late July, SSSCs were experiencing short term outages of toilet paper and other items. Early in August, I was informed that the local SSSC would not be receiving any more toilet paper until at least the 1st week of November. I and my NCO's conducted a check of all areas in the Hospital and the MSA and determined that we had about a 10 day supply on hand in most activities but at the hospital we had barely a week of supply.

With this information I paid a visit to the Company Commander of the Supply and Services Company that operated the local SSSC. As I asked for his assistance, I realized that he had no interest in avoiding a "Toilet Paper" crisis. His reply was that "toilet paper is not a combat essential item." I returned to the hospital and talked to my Boss about a next step. He too called the Supply Company and even the Supply Battalion but he also got the "toilet paper is not a combat essential item" response. It was agreed that we would approach the Hospital Commander about submitting a "Medical Emergency Order" for two weeks supply of Toilet Paper. I went back to the office where we typed up the Requisition document and I took the document and the Requisition Register to Col. Lindsay, the Hospital Commander.

In Col Lindsay's office, I recounted the story behind the emergency requisition. I then handed him the Requisition document and the Register for his signatures. With my signed requisition in hand I returned to the Supply Company Commander to deliver my emergency requisition. At first he was incredulous and rejected my attempt to submit the order. I pointed out that all the requirements of the Army regulation about requisitions had been met and that he now had 72 hours to deliver the requested toilet paper. I also mentioned that Col Lindsay was

calling his "old War College buddy" Brigadier General so and so concerning this requisition. He reluctantly accepted the requisition. He handed the requisition to a Supply NCO with the instruction to call it in to the Supply Control Center and then call Battalion to tell them about the requisition.

Shortly after I returned to my office at the hospital, Col Lindsay called and told me that his "old War College pal" said he had been hearing from other locations that toilet paper has becoming a problem and he would make certain that the issue was fixed throughout Europe.

About noon the next day, I received a call from the Supply Company Commander that a trailer load of toilet paper was being shipped to arrive about 2PM and I should have my truck there to meet it. Shortly before 2PM I arrived at the SSSC followed by two 2½ ton trucks. About 2:30PM the shipment arrived and the appropriate number of cases were taken directly from the trailer to my trucks. I signed a receipt document and returned to the hospital where distribution to the various hospital activities and outlying clinics began.

The following day I got a call from Major Sigvard Sande at 9th Hospital Center Logistics. His opening statement, "Did you really submit a Medical Emergency Requisition for Toilet Paper?" My response was, "Yes and the 'Old Man' signed off on it, just like the regulation requires." Major Sande laughed heartily and went on to relate that the 9th Hospital Center Commander/USAREUR Chief Surgeon (a Major General) had been called by the USAREUR DCSLOG (another Major General) who good naturedly said something to the effect "that only the Medics could find the one item no one else could foresee would be an emergency" and as a result the entire policy of reserve stocks management was getting another look. MAJ Sande also asked why I was so quick to jump on the Toilet paper issue. I told him that one of the basic rules emphasized in the Medical Supply Course was "Never run out of Female patient items, Kleenex, Kotex and Toilet Paper." His reply was, "Good Rule."

The 130th General Hospital Officially Comes to Nürnberg

In early August 1967 I traveled to Heidelberg at the request of the 9th Hospital Center Logistics staff and spent the best part of two days with Major Sigvard Sande. He was the Investigating Officer on the Report of Survey for the 130th General Hospital property. My task was to proof read and cross check his report with the few property records I had found when I was in Chinon, France earlier in the year. When I finished checking and reading a really well written report and finding no errors, he signed the cover form and sent it to the Commanding General for approval. About two weeks later the approved Report of Survey appeared in the mail in my office and a few days after that the 130th General Hospital was officially stationed in Nürnberg and the 20th Station Hospital deactivated. There was no hoopla, no ceremony. Just a short paragraph in the Weekly Bulletin that the Hospital designation had changed and should be used on all official documents.

The Duty Officer Roster that got Stuck

In the Army some duties are managed with a "Duty Roster." These duties can be as simple a guard duty or area police. Or they can be a little more serious, such Administrative Officer of the Day (AOD) for a hospital. The hospital AOD is responsible for administrative decisions during non-duty hours. Usually, there is little more to do than make security checks of the hospital area before going off to sleep until morning. Other times you can have a continual flow of activity requiring your attention, like unruly patients in the Emergency Room, a patient airlift into the hospital or a patient death.

Normally, there are sufficient numbers of Medical Service Corps officers assigned to the hospital that the AOD is no more than a necessary inconvenience. But in the Spring of 1968 and lasting into late summer AOD became an absolutely paralyzing horror for those involved. While the numbers of MSC was already down because of Vietnam demands, Vietnam demands caused the summer rotation to start early and for replacements to arrive later. About the 1st week in May the number of officers on the AOD duty roster was down to five. This meant that for all practical purposes each of us would pull duty one day each week and a weekend day every third weekend, if no one took leave or got sick.

As it worked out I was the AOD on Wednesday. On weekend days, it worked out that we were AOD one weekend day every other week. This way those of us on the roster could get a little time off. This went for about 11-12 weeks until when the first of the replacements arrived.

FRELOC and the Unwanted WAC Detachment or was it?

Some times, political forces drive personnel staffing and organization actions in the Army. Such was the case for re-stationing of a WAC Detachment because of FRELOC.

Each of the four active General Hospitals located in France had a WAC Detachment (This was before the One Army). After the relocation to Germany, WAC detachments were transferred to Landstuhl, Frankfurt and Heidelberg leaving one authorized detachment unassigned. The USAREUR WAC advisor was aware of the plan to re-flag the 20th Station Hospital in Nürnberg as the 130th General Hospital, a unit that had a WAC Detachment when stationed in France. As re-flagging of the hospital was not immediate the WAC Advisor was afraid that she would lose the authorization for the detachment. Thus she began assigning WACs to the Nürnberg Hospital. (Fortunate for me but bad for her.) The Nürnberg Hospital and the Nürnberg Military Community in general did not have any facility that could be repurposed to house a WAC Detachment.

Apparently, there was some vague rule about once six or more women were assigned to an organization then a WAC Detachment was required. When the Hospital Commander realized in May 1967 what was happening, he called upon his many contacts to short circuit the WAC Advisor's plan and the 5 or 6 additional female soldiers in enroute to the Nürnberg hospital at that time were redirected to other hospitals. And "yes" the WAC Detachment authorization for USAREUR was lost.