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Use Of Ambulance Trains And Assigned Personnel B-170847

Department of the Army

BY THE COMPTROLLER GENERAL
OF THE UNITED STATES

MAY 13, 1971

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COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-170847

Dear Senator Proxmire:

This is our report on the use of ambulance trains and assigned personnel. We made the review in response to your request of September 15, 1970.

We plan to make no further distribution of the report unless copies are specifically requested, and then we shall make distribution only after your agreement has been obtained or public announcement has been made by you concerning the contents of the report.

Sincerely yours,

A handwritten signature in cursive script that reads "James B. Axtell".

Comptroller General
of the United States

The Honorable William Proxmire
United States Senate

D I G E S T

WHY THE REVIEW WAS MADE

By letter dated September 15, 1970, Senator William Proxmire requested the General Accounting Office (GAO) to ascertain the correctness of information furnished to him concerning an Army hospital train--the 22d Medical Ambulance Train--while it was stationed at Walson Army Hospital, Fort Dix, New Jersey. (See app. I.) The information concerned the train's movement, the activities of the medical corpsmen and other personnel assigned to it, and the cost of the train.

FINDINGS AND CONCLUSIONS

The Office of the Surgeon General of the Army said that the train was activated to transport patients between Walson Army Hospital and Valley Forge General Hospital, Pennsylvania; to give personnel training in ambulance train operations; and for contingent mobilization purposes. Some personnel at Fort Dix and in the Office of the Surgeon General expressed doubt that the train was intended to be used to transport patients to Valley Forge General Hospital (See pp. 6 and 9.)

Information obtained by GAO concerning the 22d Medical Ambulance Train showed that:

- It did not move from the training site at Fort Dix during the period from the date of its arrival, July 17, 1969, until it was returned to New Cumberland Army Depot, Pennsylvania, for storage, March 16, 1970. (See pp. 6 and 11.)
- Army records set the train's cost at about \$1.1 million--\$994,000 spent primarily in 1952 and 1953 to purchase the cars and \$126,000 in 1967 and 1968 for renovation of these cars. (See pp. 6 and 18.)
- Personnel assigned to the train were used primarily at the Walson Army Hospital at Fort Dix in their duty specialties. A limited amount of indoctrination and training in the use and operation of the train was given to those personnel. (See pp. 6 and 12.)

- Plans for supporting the training mission were inadequate with respect to necessary funding and personnel and logistical support. (See pp. 6 to 13.)
- The train probably would have been unable to perform a transportation mission between Fort Dix and Valley Forge General Hospital because the railroad tracks and roadbed were not suitable for passenger car service. (See p. 9.)
- Costs associated with activating the train were about \$67,600. (See p. 13.)

GAO also inquired into operation of the 20th Medical Ambulance Train which was the only train in active status within the United States at the time of this review. This inquiry showed that:

- In contrast to the 22d Medical Ambulance Train, the 20th had been adequately supported and maintained in a 24-hour standby status. (See pp. 14 and 15.)
- There was some question that it could have fully supported an operational requirement. Engines with steam generators needed for full operation of the train were not readily available. (See pp. 15 and 16.)
- The availability of military aircraft of the Air Force's Aeromedical Evacuation Service, in GAO's opinion, made future use of the 20th Medical Ambulance Train improbable. (See pp. 14 and 17.)

There were 96 cars in Army inventory to support 10 ambulance trains. The cars cost about \$11.8 million, including about \$1.3 million for renovation. In 1970 arrangements were made for supplying and installing air conditioning on kitchen-dining cars for \$140,000. Installation of the units, procured for \$80,000, was suspended pending a reevaluation of the requirement for ambulance trains. (See pp. 18 and 19.)

AGENCY ACTIONS AND UNRESOLVED ISSUES

The Surgeon General, in September 1970, initiated a reevaluation of the requirement for ambulance trains. At that time, GAO was informed that the concept for use of ambulance trains would not change but that the number of trains required might be decreased. (See p. 20.)

However, when the reevaluation was completed in January 1971, the Surgeon General concluded that ambulance trains were no longer required in the United States for either a mobilization situation or a domestic emergency. He said that the primary factor in his decision was the Air Force's confidence in its ability to transport patients by airlift. (See p. 20.)

The Deputy Assistant Secretary of the Army (Manpower and Reserve Affairs) agreed with GAO's conclusions on the 20th and 22d Medical Ambulance Trains. The 20th Medical Ambulance Train was deactivated in March 1971. The nine trains in storage were given to the Army Materiel Command in January 1971 for final disposition. (See pp. 13 and 17 and app. II.)

GAO believes that, during the implementation of the Government's established procedures for disposing of excess equipment, consideration should be given to the possibility of making the trains and their equipment available to communities that lack adequate medical facilities. (See p. 20.)

Tear Sheet

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CHAPTER 1

INTRODUCTION

Ambulance trains, as defined by the Department of the Army, consist of one or more train sections designed and equipped to provide transportation and emergency treatment to patients. An ambulance train section includes a suitable combination of pullman-type ambulance railway cars; kitchen, dining, and baggage cars; and pullman sleepers for attendant personnel.

Army Regulation 40-4 provides that, ordinarily, ambulance trains or train sections be utilized only when the use of aircraft is considered not feasible. Ambulance trains are restricted to the movement of patients and attendants, instruction of personnel in the operation of ambulance trains, or to use in connection with a national disaster or emergency.

The Surgeon General, Department of the Army, establishes basic medical policies applicable to the use of ambulance trains and designates medical installations or activities to operate the trains. The Commanding General, U.S. Continental Army Command, provides training for medical personnel in ambulance train operations and provides storage facilities and locations for ambulance cars not maintained in a U.S. Army Materiel Command facility.

Commanders of medical installations or activities designated to operate ambulance trains must ensure that ambulance cars are adequately maintained and equipped. The Commanding General, Army Materiel Command, provides storage for ambulance cars not maintained in a continuous operational status under the jurisdiction of the Continental Army Command. The Military Traffic Management and Terminal Service, when requested by the Surgeon General or the Continental Army Command, arranges movement of and issues routing instructions for ambulance trains or train sections.

Army Regulation 40-4 provides that ambulance trains or ambulance cars be maintained in one of the following conditions:

- reserve storage status, a condition to permit operational use within a period of approximately 30 days;
- standby status, a condition to permit operational use within a period of approximately 24 hours;
- operational status, trains or cars in use for a training mission or for moving patients.

At the time of our review, 10 ambulance trains were maintained by the Army within the United States--nine in reserve storage and one in standby status at Fort Sam Houston, Texas. A description of the ambulance train which was in standby status is given on page 15 of this report.

The trains in reserve storage were positioned as follows: four at New Cumberland Army Depot, New Cumberland, Pennsylvania; three at Sharpe Army Depot, Lathrop, California; and two at Atlanta Army Depot, Forest Park, Georgia. The Army maintains four ambulance trains in Germany; two are in operational status and two are in storage.

CHAPTER 2

THE 22D MEDICAL AMBULANCE TRAIN

The 22d Medical Ambulance Train (Rail) unit was activated January 2, 1969, and attached to Fort Dix, New Jersey. It was further attached to Walson Army Hospital, Fort Dix, for administration, training, and logistical support. Officials of the Office of the Surgeon General informed us that the 22d unit was activated with a mission to (1) transport patients between Walson Army Hospital, New Jersey, and Valley Forge General Hospital, Pennsylvania, (2) provide training to Army personnel in ambulance train operations, and (3) provide for contingent mobilization purposes. We discussed the train's mission with officials at Fort Dix and at Walson Army Hospital. They agreed that the train was to be used for training purposes, but some of them expressed doubt that the train was also intended to be used to transport patients to Valley Forge General Hospital. The 22d unit was deactivated December 20, 1969.

The train, consisting of six ambulance ward cars, one kitchen-dining car, one medical personnel car, and one baggage car, was dispatched from New Cumberland Army Depot and arrived at Fort Dix on July 17, 1969. It remained at Fort Dix until March 16, 1970, when it returned to New Cumberland Army Depot for storage.

On the basis of available records at the Office of the Surgeon General and Fort Dix and of discussions with knowledgeable personnel, we determined that the 22d ambulance train did not move from its training site while at Fort Dix and that it was not utilized to transport patients. The purchase price of the train, including the related costs for renovation (see p. 18), was approximately \$1.1 million, and the personnel assigned to the 22d unit were utilized primarily on duties in Walson Army Hospital while they were assigned to the 22d unit. They also received limited training in the use and operation of ambulance trains. Details of our findings follow.

EVENTS PRIOR TO ACTIVATION

A conference on ambulance trains, attended by representatives of the Army Materiel Command, the Army Mobility Equipment Command, and the Office of the Surgeon General, was held at New Cumberland Army Depot on September 27, 1967. At this conference, it was planned that three ambulance trains would eventually be utilized by the Continental Army Command for training purposes at Fort Sam Houston, Texas; Fort Eustis, Virginia; and possibly Fort Dix, New Jersey.

In October 1968 two congressional inquiries directed to the Office of the Surgeon General expressed concern over the transportation of patients by motor bus between airfields and military hospitals. One of the inquiries dealt with the transportation of wounded servicemen from Fort Dix to Valley Forge General Hospital.

Information obtained during our review indicated that, early in November 1968, the feasibility of stationing an ambulance train at Fort Dix was discussed at the Office of the Surgeon General. It indicated also that, if an ambulance train were stationed at Fort Dix, the train would assume the mission of moving Army patients directly from McGuire Air Force Base, which is adjacent to Fort Dix, to Valley Forge General Hospital. According to records of the Office of the Surgeon General, the 1st Army indicated that the capability for proper maintenance of the train was available at Fort Dix.

A Department of the Army message dated November 14, 1968, requested the Continental Army Command to submit any objections to the immediate stationing of the 22d Medical Ambulance Train at Fort Dix. The Continental Army Command, in its reply dated November 19, 1968, stated that it had no objections.

In reference to the Army message of November 14, 1968, the Commanding General, Fort Dix, replied to the Surgeon General that there was no objection to the stationing of the train at Fort Dix if necessary funds, personnel, and logistical support were furnished by higher headquarters. The Commanding General stated that funds and personnel to support a unit of this type and its equipment were not available

at Fort Dix. Representatives of the Office of the Surgeon General told us that the Surgeon General took no action on the Fort Dix reply because of the statement by the Continental Army Command that it had no objections to stationing the train at Fort Dix.

PROBLEMS OF USING THE TRAIN FOR
TRANSPORTATION PURPOSES

The Penn Central Railroad delivered the train to Fort Dix on July 17, 1969, with the understanding that the train would be handled as freight car service.

Records at Fort Dix showed that several Walson Army Hospital officials, as well as an official of the 1st Army, felt that the train was not needed at Fort Dix. We noted that on July 14, 1969, an official of Walson Army Hospital stated that ambulance buses and helicopters were being used (see ch. 4) to transport patients to Valley Forge General Hospital and that the arrangements were very satisfactory.

On September 24, 1969, a passenger service representative of Penn Central Railroad advised a Fort Dix official that the railroad tracks and roadbed located between Fort Dix and Mount Holly, New Jersey, were deteriorated and could not be used for passenger car service. The representative advised also that there was no plan to repair the Penn Central tracks and, further, that the Reading Railroad--delivery carrier to Valley Forge--could transport the train to within only about 5 miles of Valley Forge General Hospital.

A Walson Army Hospital official informed us that the condition of the tracks was not known until after the train arrived at Fort Dix; but on September 25, 1969, a representative of the Office of the Surgeon General advised a Fort Dix official that the Surgeon General's office had been aware that the railroads would not transport patients on the train due to the condition of the tracks. The representative also stated that the train was to be used for training purposes only and that it was never intended for use as transportation for patients from Walson Army Hospital to Valley Forge General Hospital.

We found indications that Headquarters of Military Traffic Management and Terminal Service had been advised of the condition of the tracks prior to the arrival of the train at Fort Dix.

MILITARY SUPPORT OF THE 22D UNIT

Our review showed that military personnel were initially assigned to the 22d unit on January 13, 1969. Supplies and equipment for the 22d unit were requisitioned April 24, 1969, and began arriving at Fort Dix on May 12, 1969.

According to officials of the Surgeon General's office and records at Fort Dix, the train was to be maintained in standby status--a condition to permit operational use within a period of approximately 24 hours. The Army Mobility Equipment Command was requested to deliver the train in operating condition and to provide necessary training to the 22d unit.

We found that Mobility Equipment Command technicians did not accompany the train to Fort Dix and that, as a result, the train remained in a semistorage condition from its arrival on July 17, 1969, until September 29, 1969. A railroad equipment specialist from the Mobility Equipment Command arrived at Fort Dix on September 29, 1969, and performed necessary maintenance on the train. He also conducted a 24-hour maintenance course for members of the 22d unit on train maintenance operations.

Shortly after the specialist arrived at Fort Dix, he stated that certain support requirements necessary to maintain the train in standby status had not been provided. Further, on October 3, 1969, Walson Army Hospital and Fort Dix officials concluded that the necessary wayside facility support and related funds were not available at Fort Dix.

According to officials of the Office of the Surgeon General, installation and wayside support requirements for ambulance trains include the following: steam lines for heating cars during the winter months, electrical service for power and illumination during the hours of darkness, communications lines, water lines, compressed air lines, and sanitary facilities for disposal of waste and sewage.

In a meeting held on October 3, 1969, at Fort Dix, concerning the status of the ambulance train the Post Engineer stated that he estimated that over \$150,000 would be

required to provide wayside support and that a construction project costing this amount must be approved by Headquarters, Department of the Army. He stated also that, even with funds and authorization, a minimum of 90 days would be required to provide the necessary support requirements. We noted that the estimate was subsequently reduced to \$96,400--\$69,000 facility cost and \$27,400 annual maintenance cost. On October 29, 1969, Fort Dix advised the Continental Army Command that \$96,400 was required; however, we were told by a Fort Dix official, no reply was received on this matter.

We found that Walson Army Hospital and Fort Dix officials further concluded that, with the advent of freezing weather, the train should either be moved to a facility with the required support or be retained at Fort Dix and placed in storage status. On October 3, 1969, Fort Dix officials recommended to the 1st Army that the train be relocated to New Cumberland Army Depot.

Records at the Office of the Surgeon General indicate that on October 17, 1969, the Surgeon General expressed the desire that efforts be made to provide necessary support to the train at Fort Dix. These records also state that stationing the train at Fort Dix takes advantage of the aerial port of debarkation at McGuire Air Force Base and makes possible the efficient use of Army medical personnel.

Other records at the Office of the Surgeon General show that early in November 1969, a mobile repair shop from New Cumberland Army Depot winterized the train at Fort Dix which, in effect, placed the train in a temporary storage status. These records also state that the train would be removed from temporary storage at the end of the 1969-70 winter and that Fort Dix would be prepared to provide the necessary services to place the train in standby status.

Walson Army Hospital officials told us that the train was not utilized for transportation of patients and that it was not moved from its training site while at Fort Dix. We were also, informed that, to move the train, an engine would have had to be requested from the Transportation Center, Fort Eustis, Virginia, or rented from Penn Central Railroad. We were told that this was not done.

PERSONNEL ASSIGNED TO THE 22D UNIT
AND THEIR DUTIES

The number of personnel assigned to the 22d unit during the period from January 1969 to December 1969 ranged from a low of one enlisted man to a high of one officer and 39 enlisted men. During most of this period, about 27 persons were assigned. Examples of the occupational specialties held by these persons include enlisted clinical specialist, hospital mess steward, and medical specialist. Three Army Medical Service Corps officers served as commanding officer of the 22d unit at various times during the period.

During interviews with three persons--the only personnel still at Fort Dix who had been assigned to the 22d unit--and with officials of Walson Army Hospital and Fort Dix, we were told that the amount of indoctrination and training given to personnel in the use and operation of the train was limited and that personnel assigned to the unit were used primarily in their duty specialties at the Walson Army Hospital. In view of the statement in Senator Proxmire's letter, we inquired into whether the personnel assigned to the train spent their time playing cards. We found no evidence that personnel were not kept fully occupied with their official duties.

From the records at Fort Dix and Walson Army Hospital, we identified one brief formal training period which was conducted for members of the 22d unit. This training was apparently given by personnel from the Mobility Equipment Command in late September and early October 1969. (See p. 10.) We were unable to identify other periods of formal training.

The 22d unit was deactivated on December 20, 1969, and the members of the unit were reassigned to Walson Army Hospital or other medical units at Fort Dix.

COSTS OF ACTIVATING THE
22D UNIT

On the basis of records at New Cumberland Army Depot and Fort Dix, the costs associated with the activation of the 22d unit and the movement of the train from and its return to New Cumberland totaled about \$67,600 as shown below.

<u>Item</u>	<u>Cost</u>
Labor and material expended in removal of train from and return of train to storage	\$ 1,867
Transportation of train from, and return to, the New Cumberland Army Depot	2,493
Supplies and equipment issued to the 22d unit	32,261 ^a
Military pay of personnel assigned to the 22d unit	31,000 ^b
Total	<u>\$67,621</u>

^aSome items were returned to Fort Dix Post Supply Office, or transferred to other medical units when the unit was deactivated. We were unable to determine the value of these items due to lack of documentation.

^bCosts were available only for the period July 1, 1969, to December 20, 1969. Also, most of the personnel time was spent on duties at Walson Army Hospital. (See p. 12.)

CONCLUSION AND AGENCY COMMENT

Our review of events that occurred prior to stationing the train at Fort Dix and of the circumstances surrounding the delivery and support of the train indicates that better advance planning would have diminished the problems identified in this report. By letter dated March 15, 1971 (see app. II), the Deputy Assistant Secretary of the Army (Manpower and Reserve Affairs) agreed with our conclusion.

CHAPTER 3

THE 20TH MEDICAL AMBULANCE TRAIN

Because the 22d unit had been deactivated at the time of our review and the 20th Medical Ambulance Train (Rail) was the only similar unit active within the United States, we made a brief review of this unit at Fort Sam Houston, San Antonio, Texas.

The 20th unit was activated March 24, 1969. The primary mission of the 20th unit was to move patients between hospitals within the continental United States and from aerial or water ports of debarkation to hospitals. The secondary mission of the unit was to maintain a state of training and operational readiness. At the time of our review, the 20th unit had not been required to implement its primary mission.

We were informed by Army personnel that the train was being maintained in a standby status--a condition which would permit operational use within a period of approximately 24 hours. The train arrived at Fort Sam Houston on July 31, 1969, from Atlanta Army Depot, Georgia.

With regard to the primary mission of the 20th unit, we noted that a similar mission had been given to the Aero-medical Evacuation Service, U.S. Air Force. The July to September 1970 flight schedule for this service shows that one of the Aeromedical Evacuation Control Centers is located at Kelly Air Force Base, San Antonio, Texas. The schedule shows also that flights are regularly scheduled from and to Kelly Air Force Base and that, in addition, emergency flights to and from the base can be made when required.

SUPPORT OF THE 20TH UNIT

Our review showed that personnel were first assigned to the 20th unit in April 1969 and that, by August 31, 1969, the strength of the 20th unit had increased to 28. Medical supplies and equipment were requisitioned on April 21, 1969.

The 20th unit was provided with support equipment, such as batteries, battery charger, steam generator, and wayside electrical power, and administrative equipment such as desks, safes, and filing cabinets. The installation of wayside electrical power for the train was delayed from July 1969 to December 1969 due to difficulties in receiving materials. Army personnel said that, prior to installation of wayside power, the train was maintained in a 24-hour standby status from power furnished by the train's diesel generators.

Inspection and maintenance support for the train was provided by the Army Mobility Equipment Command, Mobile Rail Shop Number 2, Texarkana, Texas. Additional maintenance support was provided to the 20th unit by the Maintenance Division, Fort Sam Houston.

DESCRIPTION OF THE TRAIN

The train consisted of six ambulance cars, one medical personnel car, one kitchen-dining car, and one baggage car. Each ambulance car was capable of transporting 36 ambulatory patients or 27 litter patients.

The ambulance cars were equipped with medical kits including numerous medical supplies and equipment. In addition to the food-service facilities in the kitchen-dining car, each ambulance car was equipped with a kitchenette capable of providing food service to personnel in that individual car. All the ambulance cars and the personnel car were equipped with air conditioning. Miscellaneous supporting equipment, such as eating utensils, tools, and reserve batteries, was stored aboard the baggage car. The only required items not stored on the train were drugs and food supplies. The train was provided with outside telephone service.

We found during our review that Fort Sam Houston did not have an engine suitable for moving the ambulance train; however, an engine was obtained, under contract, from Southern Pacific Railroad Company for use in monthly technical inspections of the train which included testing the mechanical operation of the train. Army officials said that a steam engine, or a diesel engine equipped with a steam generator, was required to operate the steam-powered systems of

the train. They said also that, since the train had never participated in an actual mission, there was no definite information concerning the availability of an engine to support operational requirements. Furthermore, an inquiry at the Southern Pacific Railroad Company indicated that it would be difficult to readily obtain a suitable engine.

PERSONNEL ASSIGNED TO THE 20TH UNIT AND THEIR DUTIES

At the time of our review, the 20th unit consisted of 26 enlisted personnel and 2 officers. Military occupations of 17 of the assigned personnel were among the medically related specialities, including clinical and medical specialists and field medical assistant. Other occupations of personnel assigned to the unit were cook, clerk, a railway car repairman, an electrician, and a rotary wing aviator. We were advised that no physicians or nurses would have been assigned to the ambulance train until it became operational.

After arrival of the train at Fort Sam Houston, the Army Mobility Equipment Command conducted on-the-job training in the maintenance and operation of the train. Subsequently, maintenance was performed by the 20th unit and Fort Sam Houston maintenance personnel.

Since the 20th unit was not required to perform its primary mission of moving patients, the secondary mission--maintaining the train in a 24-hour standby status--was being performed. To maintain this condition, the 20th unit followed a training schedule which included 15 hours a week of train maintenance for all available personnel.

The personnel assigned to the 20th unit also supported the normal additional duties necessary in the administration of Army units, such as kitchen police, staff duty, officer of the day, driver of the guard, and charge of quarters.

CONCLUSIONS AND AGENCY COMMENTS

In contrast with the lack of proper support and adequate planning for the 22d unit, we concluded that the 20th unit was adequately maintained and supported in a 24-hour standby status. However, because the 20th unit had

never performed its primary mission and never participated in a readiness test and because arrangements for use of a suitable engine were not made, there was some question as to whether the 20th unit, including the train, could have supported an operational requirement. Further, it appeared that the availability of military aircraft, equipped and staffed for in-flight patient care, rendered future use of the ambulance train improbable.

The Deputy Assistant Secretary of the Army (Manpower and Reserve Affairs) agreed with our conclusions (see app. II) and stated that action was initiated in December 1970 to deactivate the 20th Medical Ambulance Train. The effective date of deactivation was March 1, 1971.

CHAPTER 4

ADDITIONAL AREAS COVERED

IN THE REVIEW

In addition to the matters related to the 20th and 22d Medical Ambulance Trains, we reviewed the following pertinent areas: (1) the inventory, by type, of Army railway medical cars and their value, (2) a reevaluation being conducted by the Office of the Surgeon General of the requirement for ambulance trains, and (3) the number of patients transferred from Fort Dix and the method of transportation used.

THE ARMY RAILWAY MEDICAL CAR INVENTORY

At the time of our review, the Army railway medical car inventory within the United States consisted of 10 trains, each comprised of nine cars, and six extra cars, as shown with additional data in the following table.

Type of railway car	Date pur- chased (note a)	Num- ber	Cost per car		Total cost
			Purchase cost	Reno- vation cost (note b)	
Ambulance ward	1952	63	\$150,000	\$ 9,550	\$10,051,650
Medical personnel	1967	11	3,500	15,909	213,499
Baggage	1953	11	30,000	2,500	357,500
Kitchen-dining	1953	10	60,000	50,000	1,100,000
Kitchen	1953	<u>1</u>	60,000	-	<u>60,000</u>
Total		<u>96</u>			<u>\$11,782,649</u>

^aThe medical personnel cars were manufactured in 1938 and were used when purchased in 1967. The remaining cars were manufactured in 1952 and 1953 and were new when purchased.

^bCars were renovated at Tooele Army Depot, Utah, in 1967 and 1968. Total renovation cost was \$1,304,149.

On May 14, 1970, a contract was awarded to Mallory Engineering, Inc., of Salt Lake City, Utah, for air-conditioning units for the kitchen-dining cars. Records at the Office of the Surgeon General show that the cost of air-conditioning these cars will be \$140,000--\$80,000 for the air-conditioning units and \$60,000 for installing them. Officials of the Office of the Surgeon General informed us that a Headquarters, Department of the Army, decision had been made to suspend installation of the air-conditioning units pending the outcome of the reevaluation of the requirement for ambulance trains discussed below.

REEVALUATION OF THE REQUIREMENT
FOR AMBULANCE TRAINS

The Office of the Surgeon General began a reevaluation of the requirement for ambulance trains on September 21, 1970. An official of the Office of the Surgeon General informed us that the contemplated use of ambulance trains was not expected to change but that a possibility existed that the number of trains required for mobilization planning would be decreased.

Information obtained during our review indicated that the reevaluation was to be primarily concerned with mobilization planning and the availability of Air Force support for providing transportation for patients during mobilization.

On March 15, 1971, the Deputy Assistant Secretary of the Army (Manpower and Reserve Affairs), in replying to our draft report, stated that the reevaluation of ambulance trains within the United States was completed January 21, 1971. He further stated that the Army Surgeon General had concluded that a valid requirement no longer existed for these trains to be used in either a mobilization situation or in a domestic emergency. A primary factor in this decision of the Army Surgeon General was the confidence expressed by the Air Force in its ability to transport anticipated patient loads. On January 28, 1971, the ambulance trains in reserve storage in the United States were given to the Army Materiel Command for final disposition.

We believe that, during the implementation of the Government's established procedures for disposing of excess equipment, consideration should be given to the possibility of making the trains and their equipment available to communities that lack adequate medical facilities.

TRANSPORTATION OF PATIENTS FROM
FORT DIX

Patients returning from Vietnam are airlifted by the Military Airlift Command to McGuire Air Force Base, which is adjacent to Fort Dix. Air Force bus ambulances are used to move the patients from the aircraft to Walson Army Hospital at Fort Dix. After processing at Walson Army Hospital the patients are transported to the Valley Forge General Hospital or the Philadelphia Naval Hospital.

The 212th Medical Detachment (Helicopter Ambulance) was activated in January 1969 at Fort Meade, Maryland, and its mission included the requirement to provide air ambulance evacuation of sick and injured personnel to and between Fort Dix/McGuire Air Force Base and Valley Forge General Hospital. Fort Dix officials informed us that helicopter support for transporting patients was started about July 1969. Prior to this, ambulance buses equipped to provide medical care were used to transport patients from Fort Dix to Valley Forge General Hospital. They continue to be used when weather prevents the use of helicopters. At the time of our review, regular ambulances were being used to transport patients to the Philadelphia Naval Hospital.

The number of patients transferred from Walson Army Hospital to Valley Forge General Hospital and the Philadelphia Naval Hospital during the period January 1, 1968, through September 30, 1970, is shown below by calendar year.

<u>Calendar year</u>	<u>Walson Army Hospital to</u>	
	<u>Valley Forge General Hospital</u>	<u>Philadelphia Naval Hospital</u>
1968	2,747	2,239
1969	2,382	1,574
1970 (first 9 months)	<u>1,904</u>	<u>572</u>
Total	<u>7,033</u>	<u>4,385</u>

CHAPTER 5

SCOPE OF REVIEW

We reviewed pertinent reports and files relating to the utilization and operation of the 20th and 22d Medical Ambulance Trains. We interviewed personnel having responsibility for establishing policies related to the use of, and the maintenance and support of, ambulance trains; we also interviewed three persons formerly assigned to the 22d Medical Ambulance Train, the only persons remaining on duty at Fort Dix. Our review was performed during September, October, and November 1970.

We obtained information at the following locations:

Office of the Surgeon General, U.S. Army
Washington, D.C.

Fort Dix, New Jersey

New Cumberland Army Depot
New Cumberland, Pennsylvania

Fort Sam Houston, Texas

APPENDIXES

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September 15, 1970

The Honorable Elmer B. Staats
 Comptroller General of the United States
 General Accounting Office Building
 441 G Street
 Washington, D. C. 20548

Dear Elmer:

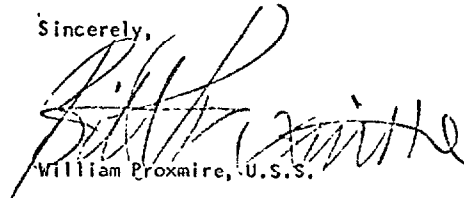
It has come to my attention that, as of last January, the Army maintained at Walston Army Hospital in New Jersey the 22nd Hospital Train, which, according to my informant, never moved an inch from the day it was bought.

Apparently, the cost of the train was in excess of a million dollars. In addition, the medical corpsmen and other personnel assigned to the train had no duties; they spent their time playing cards.

Would you please ascertain if this information is correct and, if it is, has the situation been corrected?

Thank you for your attention.

Sincerely,



William Proxmire, U.S.S.

WP:ced

APPENDIX II



DEPARTMENT OF THE ARMY
OFFICE OF THE ASSISTANT SECRETARY
WASHINGTON, D.C. 20310

MAR 15 1971

Mr. C. M. Bailey, Director
Defense Division
United States General Accounting Office
Washington, D. C. 20458

Dear Mr. Bailey:

On behalf of the Secretary of Defense I am replying to your draft report on matters relating to the use of ambulance trains and assigned personnel by the Department of the Army (OSD Case #3227).

The Army agrees with the conclusions of the General Accounting Office draft except in those incidents noted in the inclosure. Since receipt of the draft report rendered by your office we have completed our reevaluation of the need for ambulance trains in the United States. In light of the availability of aerial support we have concluded there no longer exists a valid requirement for maintaining this activity. Accordingly the Army's one remaining CONUS ambulance train unit was inactivated effective March 1, 1971.

Sincerely,

A handwritten signature in black ink, appearing to read "John G. Kester".

1 Incl
Comments

John G. Kester
Deputy Assistant Secretary of the Army
(Manpower and Reserve Affairs)

DETAILED COMMENTSPage 1

GAO Position: Some personnel at Fort Dix and in the Office of The Surgeon General expressed doubt that the train was intended to be used to transport patients to Valley Forge General Hospital.

Army Position: The 22d Medical Ambulance Train (Rail) was activated to (1) transport patients between Walson Army Hospital, N. J., and Valley Forge General Hospital, Pa. (2) to provide training and (3) to support general war mobilization plans.

Page 1

GAO Position: Army records set the trains cost -- purchase price of nine cars and related cost for renovation in 1967 and 1968 -- at about \$1.1 million.

Army Position: Ambulance Train cars were purchased in the 1952-1953 time frame to support the Army Mobilization Medical Department Program. Upgrading the cars was accomplished in the 1967-1968 time frame for conversion into accommodations considered acceptable for furnishing an adequate level of medical care because of continuing requirements for ambulance trains.

Page 1

GAO Position: Personnel assigned to the train were used primarily at the Walson Army Hospital at Fort Dix in their duty specialties.

Army Position: This is in keeping with the Army Surgeon General's policy of maintaining proficiency in the medical military occupational specialties.

Page 2

GAO Position: The availability of military aircraft of the Air Force's Aeromedical Evacuation Service, in GAO's opinion, makes the future use of the 20th Medical Ambulance Trains improbable.

Army Position: Action was initiated in December 1970 to inactivate the 20th Medical Ambulance Train (Rail). The effective date of inactivation was 1 March 1971.

Page 2AGENCY ACTIONS AND UNRESOLVED ISSUES

The CONUS Ambulance Trains Reevaluation was completed 21 January 1971. The Army Surgeon General concluded that there no longer exists a valid requirement for these trains to be used in either a mobilization situation or in a domestic emergency. A primary factor in this decision was the

APPENDIX II

confidence expressed by the Air Force to transport the patient load anticipated in general war. Accordingly, the nine CONUS trains in reserve storage were passed to the United States Army Materiel Command for final disposition on 28 January 1971.