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THE NEW INDUCTION METHOD IN THE AUSTRIAN ARMY (DAS NEUE STELLUN--ETC(U)  
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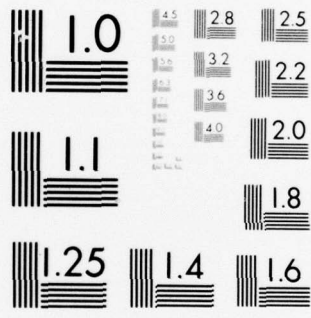
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MICROCOPY RESOLUTION TEST CHART  
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**DEPARTMENT OF THE ARMY**  
**U.S. ARMY MEDICAL INTELLIGENCE AND INFORMATION AGENCY**  
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THE NEW INDUCTION METHOD IN THE AUSTRIAN ARMY

20 February 1976 marked the formal inauguration of the first new "induction center" which is to be the home of the Permanent Induction Board for the Military Command, Lower Austria.

The previous induction method by improvised boards "wandering" from induction site to induction site was not able to make determinations to the extent necessary whether the person liable to conscription had the mental and physical fitness for discharging his compulsory service obligation. Owing to this situation, erroneous estimations continue to be made so that the burden for determination of fitness was shifted to the induction examination.

This method was accompanied by a number of disadvantages such as:

A deficiency by 10% and more of conscripts for the field forces;

Expenses going into the millions have been spent without positive effect for rations and per diem allowance for travel to the field unit and return home by conscripts who were given an early discharge as unfit for duty;

Significant economic disadvantages such as lost hours of work in factories by conscripts who are given early discharges owing to unfitness for duty quite apart from the embarrassment occurring when a worker or employee unexpectedly reappears at his place of work from which he has taken leave of absence for six months.

Owing to ~~these~~ many negative experiences, the Replacement Department of the Federal Ministry for National Defense suggested to the Federal Board for Army Reform that the induction method be improved. In 1972, the Federal Minister gave the task of forming a project group under the chairmanship of the Chief of Replacement Department A and to make the necessary preparations for introduction of this induction method.

Permanent induction boards were set up in the military commands of Vienna, Lower Austria, Upper Austria, Tyrol, Carinthia and Steiermark. Determinative in this matter were rational and not territorial viewpoints.

The personnel consisted of 19 persons in all in addition to five part-time doctors and 42 conscripts used as assistants.

SEQUENCE OF EVENTS IN THE NEW INDUCTION METHOD

70 inductees are called upon on a daily basis. The induction requires a day and a half.

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\*Numbers in the right margin indicate pagination in the original text.

On the first day, after checking personal data in two groups, there is carried out an examination in the "diagnostic routine" as well as the psychological fitness test. The individual examination is carried out on the morning of the following day by general practitioners. The performance and health profiles are determined by these methods of examining, testing and measuring. The profile is then assigned to the inductee in the form of an actual profile.

The following stations are included in the diagnostic routine:

1. Laboratory: For examination of blood and urine, determination of blood group.
2. X-ray station: For examination of thoracic portion of spine.
3. Auditory station: Screening audiometry using six frequencies and four decibel values in each frequency.
4. Isometer station: Measurement of muscular strength on the right upper arm, on the right lower arm and on the right upper thigh as well as the muscles of the back.
5. Visual station: Testing of visual acuity and visual performance using innovative adaption test equipment, examination for color sense and night vision (mesopic vision).
6. Measuring station: Determination of size, weight, chest and stomach circumference, width of femoral condyle on right side, examination whether right-hand or left-hand marksman. /3
7. Check of pulmonary functions (spirometry).
8. EKG station: EKG at rest, measurement of blood pressure, pulse and respiration frequency.
9. Ergometer station (bicycle ergometer): For determining maximum physical working power within a limited time. Evaluation of circulatory condition with respect to load capacity.

The two last stations are under the continuous supervision of an internist.

All values measured and determined are entered into an organic ADP installation (processing computer) assigned to the induction board, processed and made available to the examining physicians in the form of a printout. A "health file" (past history) filled out and forwarded by the conscript before the day of induction is likewise evaluated by the processing computer and made available to the examining physicians in the form of a consolidation.

At noon of the second day, the induction is concluded by the transmittal of the induction decision (findings) to inductee. In addition, the inductee receives an ADP printout of his health and performance data.

Quite new in the new induction method is the psychological examination. This is necessary owing to the fact that even the mental fitness of the conscript is to be examined.

The conscripts are tested in a conference room in the morning or afternoon of the first day in two groups of 35 men each.

Six standardized psychological tests are used as follows:

- Test No. 1: "General Mental Capacity"  
A nonverbal ("cultureless") intelligence test.
- Test No. 2: "Numerical Thinking"  
Continuation of numerical series whose mathematical interrelationships must be found.
- Test No. 3: "Logical-Verbal Thinking"  
A verbal relationship test.
- Test No. 4: "Technical Understanding"  
Representation of moving engine parts in their interaction.
- Test No. 5: "Spatial Visualization"  
Visual-oriented transfer of network diagrams into spatial bodies.
- Test No. 6: "Working Pace" and "Working Accuracy"  
Comparison of groups of numbers under severe time constraints.

The test results are evaluated and arranged in a nine-step scale. They are one constituent of the actual profile to be set up for each conscript.

The new induction method contributes not only an essential more thorough determination of physical fitness but also additionally a statement concerning the mental fitness as well as the bodily and mental capacity. The result is that the person unsuited for military service is already recognized with a high degree of probability at the induction point and rejected. In addition, there is the possibility of establishing the selection for induction for performance of basic military service in such a way that the training and utilization is adapted to the fitness of the individual person. Expressed in another way, the appropriate men will be selected and distributed from the available conscripts for the various basic military service assignments (ca. 500 in the Army).

The method for this is as follows:

The so-called prescribed profile (requirement profile) is prepared in month-long work in closest collaboration with field units of all service branches and schools. The requirement profile is the summary of all minimum requirements for physical and mental capacity required for the exercise of a specific assignment.

The actual profile (qualification profile) is, on the other hand, the summary of performance data (both physical and mental) determined at the induction center as well as the state of health and knowledge (professional and other knowledge) of the conscript.

The prescribed profiles are stored in the ADP installation of the Army. It is now the task of the ADP installation to compare the actual profile passed onto the ADP installation from the processing computer of the Induction Board with the prescribed profiles and then make a statement by suitably programmed expressions for which assignment the conscript concerned was best suited.

This method of selection for induction to basic military service will then only be completely effective when the new induction method is introduced into a countrywide system.

At the present time, induction centers for the Military Commands Steiermark and Carinthia are under consideration. Vienna should have its center in the year 1977 and then -- dependent on resources available -- followed by Innsbruck and Linz.

