

MEDICAL SERVICES

**ANNUAL
HISTORICAL
REPORT-AMEDD
ACTIVITIES
(Reports
Control Symbol
MED-41 (R4))**

Headquarters
Department of the Army
Washington, DC
18 September 1973

Unclassified

REPORT DOCUMENTATION PAGE				Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.					
1. REPORT DATE (DD-MM-YYYY) 18-09-1995		2. REPORT TYPE		3. DATES COVERED (FROM - TO) xx-xx-1996 to xx-xx-1996	
4. TITLE AND SUBTITLE Annual Historical Report - AMEDD Activities (Reports Control Symbol MED-41 (R4)) Unclassified			5a. CONTRACT NUMBER		
			5b. GRANT NUMBER		
			5c. PROGRAM ELEMENT NUMBER		
6. AUTHOR(S)			5d. PROJECT NUMBER		
			5e. TASK NUMBER		
			5f. WORK UNIT NUMBER		
7. PERFORMING ORGANIZATION NAME AND ADDRESS Headquarters Department of the Army Washington, DCxxxxx			8. PERFORMING ORGANIZATION REPORT NUMBER		
9. SPONSORING/MONITORING AGENCY NAME AND ADDRESS Headquarters Department of the Army Washington, DC			10. SPONSOR/MONITOR'S ACRONYM(S)		
			11. SPONSOR/MONITOR'S REPORT NUMBER(S)		
12. DISTRIBUTION/AVAILABILITY STATEMENT APUBLIC RELEASE					
13. SUPPLEMENTARY NOTES CATALOGERS: report date should be 1973 and dates covered should be 1973					
14. ABSTRACT See report.					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:		17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19. NAME OF RESPONSIBLE PERSON	
		Public Release	8	http://www.usapa.army.mil/gils/epubs2.html, (blank) lfenster@dtic.mil	
a. REPORT Unclassified	b. ABSTRACT Unclassified	c. THIS PAGE Unclassified		19b. TELEPHONE NUMBER International Area Code Area Code Telephone Number 703767-9007 DSN 427-9007	
				Standard Form 298 (Rev. 8-98) Prescribed by ANSI Std Z39.18	

SUMMARY of CHANGE

AR 40-226

ANNUAL HISTORICAL REPORT-AMEDD ACTIVITIES (Reports Control Symbol MED-41 (R4))

Effective 15 November 1973

MEDICAL SERVICES

ANNUAL HISTORICAL REPORT-AMEDD ACTIVITIES (Reports Control Symbol MED-41 (R4))

By Order of the Secretary of the Army:

CREIGHTON W. ABRAMS
General, United States Army
Chief of Staff

Official:

VERNE L. BOWERS
Major General, United States Army
The Adjutant General

supplementation of this regulation is prohibited except upon approval of HQDA (DASG-HCO).

Summary. Not applicable.

Applicability. Not applicable.

Proponent and exception authority. Not applicable.

Army management control process. Not applicable.

Supplementation. Not applicable.

Interim changes. Not applicable.

Suggested Improvements. The proponent agency of this regulation is the Office of The Surgeon General. Users are invited to

send comments and suggested improvements of DA Form 2028 (Recommended Changes to Publications) direct to HQDA (DASG-HCO) WASH DC 20314.

Distribution. To be distributed in accordance with DA Form 12-9A requirements for AR, Medical Services-Applicable to Medical Activities only.

Active Army: A (Qty Rqr Block No. 68)
ARNG: D (Qty Rqr Block No. 71)
USAR: D (Qty Rqr Block No. 71)

History. This is a complete revision. Local

Contents (Listed by paragraph and page number)

Purpose. • 1, *page 1*
Preparing agencies. • 2, *page 1*
Integrated unit reporting. • 3, *page 1*
Reporting responsibilities. • 4, *page 1*
Frequency, routing, and due date. • 5, *page 1*
Format. • 6, *page 1*
Security classification. • 7, *page 1*
Preparation instructions. • 8, *page 1*
Suggested contents. • 9, *page 1*
Data not to be included. • 10, *page 2*

*This regulation supersedes AR 40-226, 11 September 1972.

RESERVED

1. Purpose.

This regulation prescribes procedures for providing the Department of the Army with annual reports of administrative, professional, and operational activities of the Army Medical Department. These Army Medical Department activities reports constitute the basic files of The Historical Unit, US Army Medical Department. They are essential as reference and source material for the historical programs and missions of the Army Medical Department. They are frequently referred to when data are required by or requested of the Army Medical Department in its current operations. The reports are also used as teaching reference material.

2. Preparing agencies.

Reports will be prepared and submitted by—

a. Each Army Medical Department installation, facility, unit, or activity and by each non-medical organization assigned an Army Medical Department officer responsible for medical functions.

b. Military Assistance Advisory Groups and military missions when staffed with Army Medical Department officer personnel responsible for any medical mission.

c. Department of Defense agencies having medical treatment facilities operated by Army Medical Department officer personnel.

3. Integrated unit reporting.

Reports from small medical units, e.g., detachments and teams, functionally integrated with a larger medical unit, may be included with the report of the larger unit provided that—

a. The title page of the consolidated report identifies each unit covered by the report.

b. Information included on each detachment, team or other small medical unit will be in the form of a tab or appendix to the basic report.

4. Reporting responsibilities.

Officers having reporting responsibilities will insure that information pertaining to all Army Medical Department activities is included in the report. Annexes may be used where these activities such as dental, veterinary, nursing service, dietetics, reconditioning and rehabilitation, are extensive. Commanders assuming command of medical units during a calendar year are cautioned to report significant data for entire reporting period.

5. Frequency, routing, and due date.

The report will be submitted for each calendar year. It will be forwarded through command channels to reach HQDA (DASG-HCO) WASH DC 20314, in triplicate, not later than 1 April following the end of the year covered. Preparing agencies which are inactivated or discontinued will forward reports covering the period of the calendar year preceding inactivation or discontinuance.

6. Format.

a. Reports will be written in narrative form and prepared on one side of 8- by 10 ½-inch paper. Each page will be identified at the top by the preparing agency designation and calendar year and numbered consecutively in the center of lower margin.

b. A margin of 1 ½ inches will be left at the top and left of each page.

c. Each report will be stapled by not more than two staples along the left margin. No other form of fasteners will be used.

7. Security classification.

Dependent upon the nature of the information, the report will be classified in the lowest security classification consistent with the provisions of AR 380-5.

8. Preparation instructions.

The report will be clear, concise, and complete with emphasis on the overall viewpoint of the events and developments which have had a major impact on the policy, organization, and functions of the

activity. It will present an objective analysis of important administrative, professional, and operational problems, including a discussion of the manner in which they were resolved and underlying reasons for related decisions. Sufficient facts and pertinent details must be presented to make the discussion complete and meaningful. Systematic collection of pertinent documents throughout the year will save many man-hours and insure submission of a well integrated and comprehensive report. Avoid giving major and minor matters equal emphasis as this often obscures the importance of major items and their effects. Each report will—

a. Contain a table of contents.

b. Give the name of the historical officer compiling the information when such an officer has been designated.

c. Provide exact and detailed references, by means of footnotes, to all pertinent documents, such as letters, messages, memorandums, regulations, orders, bulletins, conference minutes, and other reports. Where significant data is contained therein and not otherwise covered in the AMEDD activities report, After Action and End of Tour reports may be attached as appendixes.

d. Contain appropriate illustrative material to enhance the value and effectiveness of the report as a historical document. Each photograph will be accompanied by a caption to include description of the scene or action, full name and military rank/civilian title of individuals, date, and location.

9. Suggested contents.

The widely varying functions of reporting agencies make it impracticable to prescribe a detailed outline which would be applicable to all. The following subjects are suggestions. It is not intended that each should be reported on solely because it is mentioned. The report should include any subjects which are appropriated to adequately reflect all important activities of the reporting unit.

a. *Mission.* Identify unusual mission assignments; include changes in mission and/or unit relocation and reasons therefor.

b. *Organization.* Important changes in organization and reasons therefor; include and organization chart.

c. *Personnel.* Unusual factors which significantly influence staffing of major professional and administrative elements or other considerations which have significance for development of personnel staffing guides.

d. *Training.* Significant and unusual training activities, objectives, and programs.

e. *Materiel.* Significant and unusual supply and maintenance programs.

f. *Construction.* Major construction, alteration, or repair programs.

g. *Patient care and evaluation.* Major professional policies or procedures for inpatient or outpatient care; unusual cases of historic importance; special problems and their solutions; comments on significant patient evacuation experience; significant accomplishments and trends.

h. *Health and environment.* Significant factors affecting the health of the command such as, incidence, epidemiology, and control of infectious diseases; environmental hygiene; occupational health service and nutrition; Army health nursing programs and activities and where indicated, medical and health problems of the civilian or allied military population in the area.

i. *Dental service.* Significant factors relating to operation of dental services, progress and accomplishments in preventive dentistry and continuing educational programs.

j. *Food service.* Significant factors relating to operation of food service, special problems and their solution, significant accomplishments and trends.

k. *Nursing service.* Significant factors relating to operation of nursing services; special problems and their solutions; significant accomplishments and trends.

l. *Rehabilitation services.* Significant factors relating to operation of physical therapy and occupational therapy services; special problems and their solution, significant accomplishments and trends.

m. *Veterinary services.* Significant factors relating to operation of

veterinary services; special problems and their solution; significant accomplishments and trends.

n. Assistance provided civilian or non-US military personnel. Summarize major events in the participation of formal and informal programs relating to Civic Actions, Military Medical Assistance Programs, Medical Research and Development activities, medical training, civil disaster planning, supply or other efforts to include evaluation of effectiveness and results.

o. Improvements. Significant developments or improvisations of procedures which enable the reporting organization or the entire Army Medical Department to provide better patient care or to achieve greater economy of time, manpower, or money.

p. Other. Significant developments or problems not included in subjects above which affected the operations of the reporting organization; accomplishments or foreseeable trends in medical administrative areas.

10. Data not to be included.

The following will be omitted:

a. Detailed information and statistical data submitted in other recurring reports required by the Department of the Army; e.g., Individual Patient Data System, Unit Readiness Reports, and Army Inspector General Inspection Reports. These reports, however, should be cited when essential for clarity or completeness. Summary information may be included only when a rounded account of the organization's activities require it.

b. Decorative bindings and other artistic embellishments to enhance the appearance of a report for public relations purposes.

c. Routine housekeeping activities.

d. Roster of all personnel assigned versus key personnel.

e. Personnel actions that are strictly personal in nature, e.g., awarding of MOS suffixes or prefixes, and civilian performance awards.

f. Facts which are of interest merely to the reporting organization, e.g., routine inspections of units and roster of personnel who have performed temporary duty travel.

g. Narrative on routine conferences held.

Unclassified

PIN 000025-000

USAPA

ELECTRONIC PUBLISHING SYSTEM
TEXT FORMATTER ... Version 2.45

PIN: 000025-000
DATE: 08-06-98
TIME: 08:29:28
PAGES SET: 6

DATA FILE: ar40-226.fil
DOCUMENT: AR 40-226
DOC STATUS: REVISION