The AMEDD Historian

Army Medical Department Center of History and Heritage, Fort Sam Houston, Texas Number 14 Summer 2016

Contents

Book reviews 7-9
Leo Rosskamm 10-11
Fixing 'broken' recruits 12-13
The Neel Award 13
The Combat Librarian 14-15
Veterinary Corps insignia 16
1944 Medic training 17
Cadet Nurse Corps 19-22
Smokejumper medic 23-25
Getting blood to Vietnam 26-27

Chief's Corner

Once again we hope to dazzle you with another exciting issue of the *AMEDD Historian,* and fully anticipate you will find this issue on par with our previous submissions. As I write this introduction, I ask myself why do AMEDD historians do what they do? I submit, the intent is to reach a wide audience and bring to life the duty and honor demonstrated by our current and former medical soldiers while caring for their comrades and families. Historians strive to preserve the record for future generations, thereby willfully fulfilling an obligation to leave a story for those who follow. While you read these articles, I hope a thread of common ground will link the past with the present day service men and women and underscore their selfless and altruistic core. It is true that the AMEDD Historian offers an eclectic delivery of articles, and in so doing, the authors hope to spark interest in many readers. We hope you will enjoy one or all of the articles in this issue that span medical personnel in the two world wars, a combat librarian, and an airborne medical soldier who made history as a smoke jumper and eventually became the first smoke jumper to die in the line of duty.

(continued on page 28)

Medical Civil Affairs in the Philippines, 1945

David Smollar

In the steamy dawn of Friday, May 4, 1945, hundreds of Filipino residents in the western Leyte port of Palompon lined the shore along the Visayan Sea. The special US Army team known as Philippine Civil Affairs Unit (PCAU) 17, after four months of helping to heal and jump-start their war-torn community, was sailing to another island needing aid. For more than two hours under an already baking sun, they watched the LST slowly leave the pier, serenading the departing soldiers and wishing them Godspeed.

"The local citizens sought us out to wring our hands, thank us, and bless us, and thank us again in their own version of Bon Voyage," the medical officer with PCAU-17 wrote home.

> Lots of emotion was expressed. A real poverty stricken mother of a skeletal child I saw during the first days after fighting stopped, reckoned now as long ago in 'war time,' handed me a dozen fresh eggs. Another former patient gave me fried chicken. The hospital men and women, they financed a pair of house slippers and tea cloth as a 'thank you' for me. You know, I'm pretty gruff, and I was often damn tough in getting these people to understand how to fight illness and disease, but all this made me, well, downright sentimental. It feels good to know that for them a hospital is no longer a place to shun, not a place to go to die, but rather a place to go to get well.

The medical officer was my father, Leo Smollar. The team of 10 officers and 39 enlisted men had assisted tens of thousands of Filipinos to recover medically, educationally and economically from three years of Japanese military occupation. It was one of 30 special units that, between October 1944 and July 1945, fol-

lowed the combat troops retaking the Philippines island by island. Each provided immediate food relief, reopened schools, helped local government re-emerge, assisted fishermen and farmers to resume work, and set up hospitals and clinics to treat war wounds and endemic disease.

Two years ago, I finally unbundled my father's cache of 700 WWII letters to my mother while overseas for 17 months. The written chronicle (intermixed with deeply personal expressions about family, life and love) opened the door to research the unusual history behind these units and my father's role. Historian Morton Netzorg, who annotated a massive bibliography of WWII works on the Philippines, called the PCAU experience a story that "few Filipinos or Americans know of even vaguely."

MAJ Smollar at his dispensary.

The PCAUs were the brainchild of US General Douglas MacArthur and his civil affairs staff. In May 1942, MacArthur escaped by submarine from the Philippines as the Japanese army closed in on US forces isolated on the island of Corregidor in Manila Bay. MacArthur had held military and government posts in the colony on-and-off since the early 1900s and felt a close attachment to its people. So in planning to retake the islands, he felt deeply that his prestige was linked to successful post-combat civil recovery.

MacArthur's top civil affairs planner used as his template for the strategy the 1944 story *A Bell For Adano* by novelist and war correspondent John Hersey. The book fictionalized the bungled effort by Allied forces in 1943 to restore civil society in Sicily after German withdrawal, where combat officers micromanaged beleaguered civil affairs personnel. In an oral history, Lt. Col. Joseph Rauh recalled, "I've always said that I helped write the plan based on the novel. I read it, and reread it, and read it again; a marvelous book, it taught you how to do civil affairs."

The final plans, which MacArthur forced on a reluctant War Department in September 1944, called for the 30 teams to revitalize combat-damaged areas with as little meddling as possible from regular military units. The idea was that self-contained teams would allow for a shorter period of military government and prepare the islands for independence, promised by the U.S. before the 1941 Japanese invasion. The officers had specialties in medicine, policing, agriculture, labor relations and administration; enlisted men came from Filipino-Americans in California who had volunteered for all-Filipino regiments to fight in the Pacific.

My father knew nothing of this background. In October 1944, he was taking advanced coursework in tropical medicine in Hollandia, British New Guinea—he was in the Pacific because of that expertise—when word came in early November designating him as medical officer for a civil affairs unit. For the next several weeks, PCAU units 9-20 crammed information on Filipino language, politics, economics, and related topics. (The first eight units had gone ashore in the initial invasion of eastern Leyte on October 20.)

The units sailed on December 21 from Oro Bay in Dutch New Guinea as part of a 48-ship troop convoy zigzagging its way to Leyte. Ashore at Dulag city on December 28, his team waited for equipment to be offloaded amid stifling heat, humidity, monsoon rains and nightly air raids, although MacArthur had declared victory on Leyte. On January 3, PCAU-17 moved west over tortuous mountain roads and set up in Palompon, the scene of heavy fighting through Christmas Day and at the base of mountains where an estimated 25,000 Japanese troops remained scattered but potent. American air and artillery bombardment had pummeled the town, with only two buildings left undamaged; it swarmed with refugees the retreating Japanese forced to the coastal plain.

The first of many medical reports that my father, along with other PCAU doctors, filed weekly to MacArthur's headquarters in Australia provide only a staccato-like glimpse into Palompon's initial medical situation. One tent hospital with 27 beds, all filled, 17 civilian war casualties; two dispensaries (clinics) with 1,122

patients, a third of them with tropical ulcers (skin lesions known as jungle rot) or yaws (a bacterial infection where skin and bones swell), 396 serious cases. His letters personalize the human suffering in the statistics.

> The population has been underfed, under-clothed and overworked by the Japs. Many, many cases of worms and parasitic infestations. Child mortality is high. Vitamin deficiencies and beri-beri are widespread. Tuberculosis is high. Sanitation is very poor. Most common diseases are intestinal and spread by bowel movements done everywhere. Must alter the custom of defecating whenever and wherever urge comes. No hospital but only a half-destroyed two-room structure used as a clinic. The sick are numerous and there's a continuous stream of civilian infected and wounded, some deliberately bayoneted by Japs. It's more than enough to make your heart bleed.

In the first week, PCAU-employed laborers cleared rubble along the shoreline for a permanent 50-bed hospital in addition to the tent facility. In a single day, January 6, my father treated 200 starving refugees in rags, vaccinated for smallpox 35 children who had never seen a doctor, and lectured a large group on how to dispose of human waste and avoid gastro-intestinal diseases. But death was everywhere, including for American soldiers in what MacArthur had called mopping up. Wrote my father: "Watching wounded come in is not the prettiest pastime. You can tell the dead at first sight by the undisturbed flies on the yellowing white skin or face or whatever anatomical surface you can see. The real job of mankind should be war prevention, just like disease prevention." Equally wrenching were the ulcerated children, "so many emaciated, undernourished, with even two- three- and four-year olds suckling at their mothers' breast, so deficient has been the diet under the Japs."

A PCAU assistant vaccinating a child.

If his medical descriptions breathed life into the dry weekly reports, his assurances to my mother that combat was apart from his daily routine were substantially understated. In a January 12 letter he recounted the rough, muddy and corkscrew mountain road required to drive from Palompon to the larger port of Ormoc for supplies. On January 16, he wrote that for "comfort's sake" he would now travel by boat between two towns, his rank of major sufficient to use Navy craft. What he failed to mention was that the PCAU's commanding officer and four enlisted men were killed that same day on the same mountain road when Japanese ambushed a vital supply convoy. In late January, he omitted details of a rushed boat trip north to Villaba town, where nasty fighting raged with many casualties, military and civilian—and where a few rounds of friendly fire were directed by mistake toward his boat. And not until May did he recount nightly Japanese air raids from January to March, when he would climb out from his slit trench to hear civilians calling, "Doctor Smollar, come quickly, there are wounded" and throw clothes over pajamas and rush to the hospital to treat assorted injuries.

My father was never able to procure laboratory and related equipment for PCAU-17, so he worked without a microscope, x-ray equipment or specialty devices. "It's heart-wrenching to have to send someone home with aspirin knowing that the patient could die" for lack of surgical equipment. Though trained as an internist, he began to perform operations out of necessity. In February, he did his first major surgery, amputating a hand above the wrist on a patient whose fingers and thumb had been blown off by vengeful Japanese. The following week he performed an emergency amputation of an arm to save a fisherman, and did an appendectomy for an elderly woman. He undertook a knee surgery five days later. "I finally chiseled a surgery book from a combat medical unit and that's helped a lot. The only thing I dread now would be a case of demanding bowel surgery."

His first encounter with Japanese prisoners came in late January, brought to his hospital by Filipino guerillas who had captured them in the hills—one with a bullet wound to the chest.

> The MPs from the PCAU had to protect them because they would have lasted about two minutes if the local civvies got their hands on them. Giving them medical help seemed strange at first. It's the first contact I've had with the Laws of International Medicine and it brings home the emotional contradiction between war and law. They were so underfed and pathet-

ic, and although I realized they were enemies, and dangerous ones if they had weapons in the hills, I could feel no personal animosity. All of this intrudes on the glamorization of war from armchair philosophers.

By early March, the Palompon region was slowly on the mend despite the daily drama of life and death. The PCAU had established a system of food distribution, price controls and retail stores. A few farmers had returned to fields and daytime fishing resumed as a Navy embargo loosened. Schools were functioning and some local government functions had been handed over to Commonwealth officials. The town received a working short-wave radio.

The weekly statistical reports throughout March showed a decrease in hospital admissions to an average of 16 a week. Four clinics now operated in the region; almost 2,000 residents were being seen weekly for non-combat injuries or illnesses, with dysenteries, vitamin deficiencies, tropical ulcers and tuberculosis cases still predominating, though many less severe. "People have filled out. No longer do I see that look of hunger, the signs of under- and malnutrition," though "fat and chubby persons are still unusual. I can now leave the community with a functioning medical system where there was none when I arrived." A handful of Filipino doctors had come back to the area and were working alongside my father. "They will gain in competence and sooner or later they have to take over and sink or swim, so I am starting to do more supervising now." On March 26, the hospital got electric lights, "the equivalence of the Union Pacific meeting the Central Pacific for the transcontinental railroad." This made refrigeration possible for long-term medicine storage.

Left: Filipinos providing medical care under PCAU auspices as the Philippine government rebuilt.

Right: Infants recovering from malnutrition through PCAU efforts.

Nevertheless, there continued to be mood swings day to day. On March 19, a 12-year-old girl died from a rare infection, several mothers had miscarriages and another amputation was required. A week later, a year-old child came to the hospital with severe amoebic dysentery, too late to save. "It's depressing that the baby would have lived easily had the mother brought it here earlier but many still never come in time." On April 4 he described the too-common scene of a child's funeral procession, a slow, sad movement down the main street, from the church next to the hospital to the local cemetery. Yet the next day, he was enthusing about the PCAU's new mascot, a six-year-old orphan named Bartholomew, near death from malnourishment when brought to the hospital in February but now a healthy, mischievous boy. And he took pride in the large number of smallpox and typhoid vaccinations for children. Sanitation continued to vex him. "It's just hard work because squatters [those accustomed to squatting to defecate, not sit on a toilet] don't like box latrines. We have seen some improvement because the CO has had 14 people arrested for indiscriminate defecation. Usage is now up but we have to hope the local officials will keep on it after we are gone."

The PCAU's May 4 departure was to northern Mindanao, the latest island invaded in the Army's methodical advance. With the island more developed than western Leyte, my father spent much of his time there on administration, plying dusty roads in a jeep checking on clinics and supplies, or making two-day boat trips to the farthest reaches of PCAU 17's responsibility. In one clinical encounter, 12 Filipino women with venereal disease were brought to the main hospital after being freed from an inland town. Japanese soldiers had forced them to work as prostitutes. "They make us work just like carabao (buffalo)," they recounted painfully to my father. He reacted with disgust at "the war and the Japs who truly are inhuman."

By July, his team was one of only five PCAU still functioning as the Commonwealth government assumed most civil functions. My father learned that his singular labor of love in the Philippines, the Palompon hospital, had been closed, along with other PCAU facilities, because Leyte health officials could afford only one regional hospital. One clinic remained to continue the sanitation effort. He wrote bitterly, "There's no use discussing the reasons because these things always boil down to money and politics, and of course there is nothing I can do. My efforts count for about as much as a cockroach in a restaurant." But similar closings and consolidations took place on every island, as the American propensity to "save the world" ran up against real world barriers of time, money and culture. The country's infrastructure could not sustain all PCAU accomplishments. (Today, there are two hospitals established by PCAUs still operating in Manila.)

Disillusioned, my father's thoughts increasingly turned to postwar life at home. Three weeks, later, the first atom bomb was dropped on Hiroshima and Russia invaded Japanese-occupied China. "Right now I take no joy in having been part of the Philippine's liberation. My joy is seeing us defeat the Japs. Everyone is asking only one thing, when do we go back to the States?"

In his August 1945 final report on Philippine Civil Affairs, MacArthur stressed that the units prevented widespread starvation, epidemics and public disorder, all real fears at the time of his island-by-island invasions. A top civil affairs aide, Lt. Col. Edgar Crossman, wrote that the "nearer that Army units got to the fighting, the more the Army appreciated civil affairs" because PCAUs relieved combat units of responsibility for civilians. A PCAU public relations officer, Capt. Ted Sendak, noted that the "we know best" attitude among Americans sometimes grated on Filipinos, who nevertheless remained grateful.

And my father came around again to a more positive view of his time in the Philippines, despite his deep disappointment that much of the work now seemed ephemeral. In a letter shortly before sailing home, he wrote, "We kept the civilians out of the Army's hair and did a lot of health and welfare assistance. I realize that it feels good to know you've done something, that in the midst of war we made even a start toward future progress."

Note on Sources

My father's letters provide the basic narrative. Several record groups at NARA II contain critical documents to confirm and expand upon the letters. The most important is RG 496, records of General Headquarters, Southwest Pacific (SWPA) and United States Army Forces Pacific (AFPAC). Entry 385 has documents from the Civil Affairs Section, and boxes 2289-2295 contain the weekly PCAU reports filed by the 30 teams. Entry 233 has files of the Adjutant General and box 1805 holds a detailed history of the PCAUs, written in August 1945 by the Civil Affairs Section of U.S. Army Forces Pacific (GHQ, AFPAC). Entry 589, box 351 contains periodic special reports by a few PCAUs compiled by the Civil Affairs Detachment of US Army Forces in the Far East (USAFFE).

Donovan Research Library at Ft. Benning, Georgia, contains comprehensive Leyte invasion operations reports for the Sixth Army, Eighth Army, XXIV Corps and 77th Division; all include PCAU and Civil Affairs discussions. CARL, the online Combined Arms Research Library for the U.S. Army Command and General Staff Library, offers the document *Cases and Materials on Military Government*, containing PCAU reports, issued September 15, 1945 by the U.S. Army Civil Affairs Staging Area in Monterey, California.

The Joseph Rauh oral history is held at the NARA Truman Library in Independence, Missouri. The unpublished wartime memoir of Lt. Col. Edgar Crossman is online courtesy of his children.

The most useful secondary sources include: "The Philippines and Okinawa," chapter 16, by Thomas Turner M.D. in *Civil Affairs/ Military Government Public Health Activities*, vol. 8, of *Preventive Medicine in World War II* series (Medical Department, U.S. Army, 1976); *Leyte: The Return to the Philippines* (Office of Military History, U.S. Army, 1954) by M. Hamlin Cannon; *Triumph in the Philippines* (Office of Military History, U.S. Army, 1963) by Robert Ross Smith; *The Philippines in World War II and to Independence, An Annotated Biography* (The Cellar Book Shop Press, 1995) by Morton J. Netzorg; *In Our Image: America's Empire in the Philippines* (Random House, 1989) by Stanley Karnow; *The Japanese Occupation of the Philippines vol. II,* (Bookmark Manila, 1967) by A.V.H. Hartendorp; "Operations of the 77th Infantry Division (XXIV Corps) in the Ormoc Corridor, Leyte Island, 7 December 1944 – February 1945" (The Infantry School, Ft. Benning, 1948) by Maj. Marshall O. Becker; "The Operations of the 164 Regimental Combat Team (Americal Division) in Western Leyte, Philippine Islands, 1 February – 10 March 1945" (Command and Staff College, Ft. Leavenworth, 1947) by Lt. Col, James Taylor Jr.

United States Army Veterinary Corps, established 3 June 1916
Happy centennial!

Evacuation Ambulance Company #8 in World War One.
A. Gustaf Bryngelson and MagDalene G. Bryngelson. Magnus Publishing of Idaho, 2015.

As time has passed, we have lost the opportunity to speak with the men and women who served in WWI, but this does not mean we cannot experience their endeavors through their own words. *Evacuation Ambulance Company #8 in World War One* is a first-hand account of the unit's training, crossing to France, service at the front and return home from the diaries and letters of Frank Frankenfield, one of the company's mechanics. It is illustrated with photographs taken by another unit member, who brought a camera from home. Cameras were not normally allowed near the front due to the dangers of the enemy acquiring information if a camera was captured. People with cameras were usually viewed as a danger and possibly a spy.

At the beginning of World War One, the Army had few motor ambulances but knew wounded soldiers needed faster transportation from battlefields. It was very clear that we would need a vast fleet of ambulances to transport the wounded and a number of organizations went to work to raise funds to help equip the much needed ambulance sections. These were brought into US service as the US Army Ambulance Service, with units called Sections. Evacuation Ambulance Company #8 is one of the two sections financed by the United States Lawn Tennis Association. The USLTA held charity events across the nation to raise awareness and funds to equip Sections 526 and 603. Section 526 became Evacuation Ambulance Company #8. Originally money was raised to purchase 12 Ford ambulances for each section, but when they arrived in Europe, GMC ambulances were in surplus so both groups received 10 three-quarter ton GMC ambulances and the USLTA funds helped to provide special equipment for the members of the two companies, who were largely recruited by the USTA as well.

Evacuation Ambulance Company #8 in World War One gives a daily account of the work and diversions of this company. They worked with the French Army as well as the United States Army in transporting wounded and continued their work after the Armistice. Company #8 remained in Europe until peace was formally signed in June 1919, when they were ordered back to the United States.

At the beginning of the 20th century, the term "ambulance" applied to a hospital that could be moved to within walking distance of the front to treat the ambulatory wounded. In the English language, it quickly became the term used to describe the automobiles and wagons that transported the wounded to the hospital. No medical care was provided during transportation in these early vehicles. It is interesting that the modern ambulances have become a portable hospital as originally defined by the term and are now better capable of giving lifesaving treatment that exceeds what was available at the best hospitals of the time. In a very large way, the AMEDD has contributed to the quality of care that we have come to appreciate in our daily lives.

***Health under Fire: Medical Care during America's Wars*.**
James R. Arnold, ed., Santa Barbara, CA: Greenwood, 2014. ISBN 978-1-61069-747-7. 274 pages, photos, index.

This book consists of 102 short essays by 37 authors, with Jack McCallum (MD, PhD) being the most prolific of the group, writing 54 articles and co-authoring one more. The remaining 47 essays are contributed by respected historians and students of history, and each of the essays, taken individually, is an informative and readable précis of its subject. There are occasional inaccuracies – John Shaw Billings served in the office of the Medical Director, Army of the Potomac, not as the Medical Director of the U.S. Army; the main portion of the Battle of Chickamauga took place in Georgia, not nearby Tennessee. Essays do not include references, although following each is a "Further Reading" section that points towards source material where the interested reader may turn for more information.

The book is organized into ten chapters, each corresponding to one of America's wars or a grouping of wars in the same chronological neighborhood, which leads to the unusual pairing of the Indian Wars and the Spanish-American War in Chapter 5. Each chapter begins with a short introduction either by volume editor James R. Arnold or by McCallum and followed by a section labeled "Entries" which contains between three and twenty-four essays listed in alphabetical order by their title. The final section of each chapter, "Documents," includes one to four excerpts from primary source materials or sections from government publications.

As noted earlier, the essays, taken individually, provide well-written sketches of their subjects. The volume as a whole, however, is no more than a collection of these essays. Arranged encyclopedically, it is by no means encyclopedic in its coverage of medical care during America's wars, nor could one reasonably expect that in 274 pages. Arranging each chapter's essays alphabetically tosses the reader from subject to discontinuous subject. While the chapter introductions attempt to supply a narrative within which to place these entries, they also often only hint at important subjects which otherwise go unmentioned. The need for brevity, necessitated by the structure of the book, disserves the reader when attempting to describe the complexities of larger conflicts. For instance, in the introduction to WWII the author conflates "freely moveable hospitals" with auxiliary surgical teams and identifies them as a precursor to the Korean War's Mobile Army Surgical Hospital; later in the chapter the Field Hospital is identified as the evolutionary forebear of the MASH. The organization for medical support in the Pacific is outlined as a Navy mission and the Portable Surgical Hospitals used in New Guinea and the Philippines go unmentioned.

In the end, the scope of this volume exceeds its grasp. The casual reader of military medical history looking for a collection of short essays may find this volume of interest, but as an introduction to US military medical support, *Health Under Fire* lacks narrative structure and as a reference book it is too limited in the number of subjects it can address in a single volume to be widely useful.

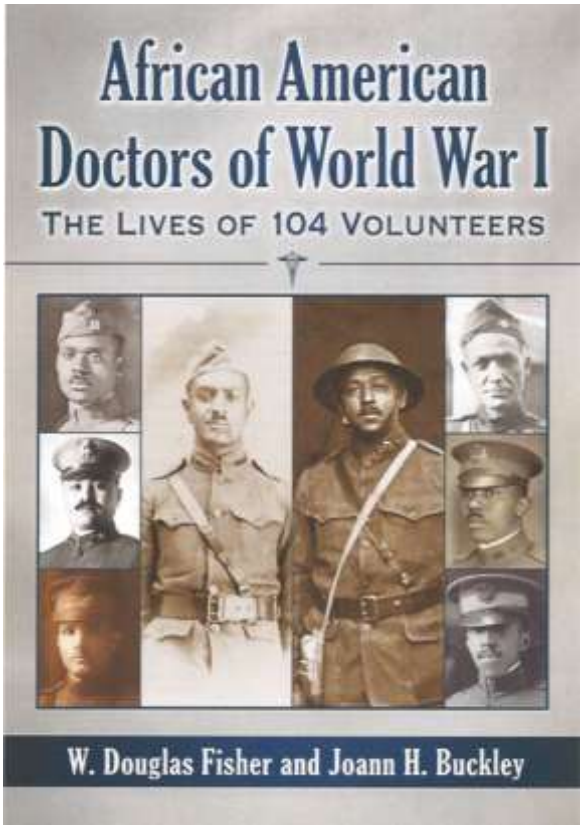
African American Doctors of World War I: The Lives of 104 Volunteers.
W. Douglas Fisher and Joann H. Buckley. ISBN 978-1-4766-6315-9. 284 pages, photos, appendix, bibliography, index.

This book is the result of finding a 1917 Army roster of 104 Black doctors. Who were they? What did they do? What did the Army do to and for them? A short introduction covers:

the medical schools available to Blacks (few schools were integrated)
how the Army finally decided to accept Black doctors
the Army training they received
the units to which they were assigned
the wartime service of those units

The authors then look at each of the doctors in alphabetical order from Antoine to Zuber. Each gets a section on their pre-war background, their wartime service, and post-war career. Some of the men were already accomplished, some were recent medical graduates. All volunteered at a time when the Army was (to be polite) uninterested in commissioning Blacks and made their way through the unwelcoming system to serve their country and mankind. At times there is little to say about an individual who practiced medicine before the war, during the war, and after the war and upon whom the war made little apparent impact, but there are also cases of men who built substantial careers such as Joseph Ward (later head of the Tuskegee VA hospital) and Louis Wright (‘Mr Harlem Hospital)’ and there is the rogue who was drunk and disorderly and was court-martialed and discharged from the Army.

These men were natural leaders who had obtained advanced education when many in America wanted to exclude them. Some were simply humanitarian doctors, eager to help in the Army, while others shared the goals of the recently-established NAACP: military service would help raise the status of African Americans. Some would serve behind the lines, and others would be decorated for heroism under fire, including 1LT Urbane Bass who was mortally wounded and received the Distinguished Service Cross for directing his medics to care for others as he bled out. The war had some impact on all of them, and Douglas Fisher and Joann Buckley bring their stories to light – and to life – in this book.



Nazi Concentration Camp Survivor, Leo Rosskamm

Robert L. Ampula, Administrative Officer, AMEDD Regiment

The assassination of German diplomat Ernst vom Rath in France on 7 November 1938 by Herschel Grynszpan served as a catalyst for the subsequent Kristallnacht in Germany in which thousands of German Jews were rounded up, arrested and sent to German concentration camps. Among those incarcerated was Leo Rosskamm, a Jewish-German farm worker from Holensolm, Germany. He was taken to the Buchenwald concentration camp where he was imprisoned and subsequently subjected to astonishingly cruel treatment. At this time there were no extermination camps in Germany and Buchenwald was set up as a forced labor camp. That is not to say prisoners didn't die there. In just the months between November 1938 and February 1939, many hundreds would die of abuse, neglect, disease, and starvation. Leo would later recall one particular 5 day period where the prisoners received no food or water. An elderly prisoner collapsed in his arms and a guard came over and crushed the old man's skull with a rifle butt. The guard also badly broke Leo's shoulder. Leo said Buchenwald was the worst thing he could think of where he lived in fear and prisoners were reduced to living like animals. Miraculously, Leo was released after 6 months in April 1939 after obtaining the necessary papers to enter the United States.

Once in the States, Leo obtained a job in a Bronx delicatessen and became a citizen . In January of 1941, 22 year old Leo Rosskamm went to a New York induction center to join the Army. He said he was joining because this country had given him a home and he wanted to pay back this gesture. He was afraid that the Army doctors would reject him because of the shoulder that the German guard had broken two years earlier. He had surgery to repair the shoulder, but continued to worry. Fortunately for Leo, and the U.S. Army, he wasn't rejected and was inducted into the Army on 29 January 1941 and received training as a medical aid man. His initial enlistment was for one year, but the Japanese attack on Pearl Harbor on 7 December 1941 changed his enlistment and in 1942 Leo would ship out and spend the next 3 years overseas.

April of 1945 found Leo on the Japanese island of Okinawa in what would turn out to be the last island battle in the Pacific. Part of the U.S. 10th Army, Leo found himself in some of the fiercest fighting of World War II. On 19 April 1945, Technician Fifth Grade Rosskamm was advancing with his unit during an attack when they were halted by deadly enemy machine gun fire from a gun position located in a cave on a ridge line. One of the unit's demolition men had almost reached the gun position when he was wounded and lay in an exposed area. His evacuation seemed impossible. Technician Rosskamm, without thought for his own safety, crawled under the vicious machine gun fire toward the wounded soldier. When he could advance no further, Leo called for a soldier armed with a flame thrower. Under the cover of the flame thrower he reached and evacuated the wounded soldier.

The next day his unit was again on the attack, during which a sergeant was seriously wounded and lay in the open and under the observation of the enemy. Once again with complete disregard for his own personal safety and ignoring the continuing enemy fire, Technician Rosskamm made his way to the wounded sergeant, used his own body to shield him from further injury, administered first aid and then evacuated him. Later that night the unit's encampment was penetrated by Japanese soldiers who wounded several of the men. Leo immediately left the relative safety of his foxhole and made his way to his wounded comrades. As he was treating the soldiers, he noticed two Japanese approaching his position. Leo quickly grabbed a rifle from one of the wounded men and engaged the Japanese, killing them both. Technician Rosskamm then continued to administer first aid to the wounded men.

A week later, a nearby unit came under attack from mortar and machine gun fire. After several of their soldiers were wounded, it was discovered that they had no aid man available. Acting on his own volition Rosskamm went to the aid of the wounded men. While evacuating one of the men, Leo was shot through the helmet. The force of the impact knocked him to the ground. Temporarily stunned, he regained his feet and continued to evacuate his patient under intense enemy fire disregarding his own personal safety. Knowing there were more wounded on the battlefield, he made his way back into the fray. While treating another soldier, Leo was

shot through the neck. Bleeding profusely, he stopped long enough to dress his own wound and went back to treating the wounded. Technician Rosskamm was repeatedly asked to leave the field because of his injury. He refused stating that there were others that were worse off than he and they required his help. After the severity of his wound came to the attention of an officer, he was ordered from the battlefield. Only then, with great reluctance, did he leave the field.

One year to the day after he was wounded, Leo was standing in Prospect Park, Brooklyn New York, at the National Refugee Service, the sponsoring organization which helped him on his arrival to the United States. In a public ceremony with 1000 Jewish war veterans in attendance, Technician Fourth Grade Leo Rosskamm was awarded the nation's second highest military award for valor, the Distinguished Service Cross for intrepid actions, personal bravery and zealous devotion to duty which exemplify the highest traditions of the military forces of the United States. Leo stated that he lived in fear at Buchenwald and continued to fear for the safety of his parents, sister and brother after his departure from Europe and was still afraid for them. Leo's commanding officer recounted how he advanced under the cover of a flamethrower to rescue a wounded comrade and how he once performed an amputation of a soldier's arm with a pair of scissors in no-man's land under fire. He then stated emphatically that Leo was "… the bravest man I ever met." Leo Rosskamm passed away on November 11, 1996.

Sources
Brooklyn Daily Eagle, January 29, 1941
"Tales of Valor: Rebirth of Latter-Day Heroes in the image of Biblical Paladins," Howard J. Leavitt
The Wisconsin Jewish Chronicle, 3 May 1946
General Order number 220, Headquarters, Tenth U.S. Army, October 6, 1945
Brooklyn Daily Eagle, Tuesday April 30, 1946

The Medical Remedial Enlistment Program: the AMEDD fixing 'broken' recruits

Sanders Marble, Senior Historian, Office of Medical History

On 23 August, 1966, Secretary of Defense Robert McNamara addressed the Veterans of Foreign Wars convention and told them he was going to enlist men below the current physical and mental standards and use the military to improve their lives. It was a controversial speech and led to the controversial "Project 100,000" (so called after the number of men who would be involved at any one time) which was also dubbed "McNamara's Moron Corps." McNamara knew it would be controversial, but it was also just a step along a path of similar proposals. While the great majority of the program focused on men who scored too low on the Armed Forces Qualification Test, AFQT, (in many cases because they attended poor quality schools) some enlistees were below physical standards and were remediated in the Army.

The immediate background of Project 100,000 was probably McNamara's frustration at Congress rejecting a similar proposal (the Special Training and Enlistment Program) that he proposed in 1964. STEP was presented not as a social program but as a military program with benefits to society, but it ran into uncoordinated opposition from the military (which did not want "morons") and Deep South politicians who knew the benefits would go disproportionately to Blacks. McNamara had asked for funds to support the special program, and Congress turned that down, specifically saying no funds could be used for STEP or any program like it.

But even before STEP there had been similar programs, dealing with men unqualified through educational and physical reasons. In WWI the Army had run Development Battalions that provided exercise for the overweight, orthopedic rehabilitation for the flatfooted, and education for those not literate in English. In WWII the Army had issued glasses and false teeth, operated on thousands of hernias, cured tens of thousands of cases of venereal disease, and run Special Training Units that provided basic literacy education to hundreds of thousands. After WWII manpower planners feared a WWIII where the US would have to mobilize even more forces, and wanted to deepen the national manpower pool. Since over half the nation's young men were failing the various induction tests (albeit at a time when the standards were high because the military was relatively small) – and the percentage was rising – it seemed there was space to lower the standards without seriously compromising quality.

The Project 100,000 men were officially "New Standards Men" and their personnel files had no distinguishing flag, although it was possible to determine which service they entered.

Military Service	Total		New Mental Standards		MREP	
	Number	Percent	Number	Percent	Number	Percent
Total	125,152	100.0	118,631	100.0	6,521	100.0
Army	87,757	70.1	86,025	72.5	1,732	26.6
Navy	13,970	11.2	11,658	9.8	2,312	35.5
Marine Corps	11,727	9.4	11,038	9.3	689	10.5
Air Force	11,698	9.3	9,910	8.4	1,788	27.4

Project 100,000 personnel, October 1966-July 1968

The overwhelming majority, around 92%, were admitted with low AFQT scores. But the MREP included over 20,708 men actually entering military service. (The available data covers through December 1969, while the program ran into 1971.) Its guidelines were established on 5 December 1966, and enlistment (at first for volunteers, later extended to draftees who wanted to be medically remediated at government expense) began on 1 February 1967. The intent was to allow in men who needed a simple one-time fix, and who would be healthy thereafter – the one-time burden on the AMEDD would be enough without adding chronic patients. Men had six weeks to recuperate, and if they were then able to pass the physical they were in the military for three years, the standard enlistment then. The list of allowed conditions was expanded in August 1967, and

widened still further that December. Most of the men in the MREP were simple cases of over- or under-weight, and the few surgical patients apparently posed little problem to an AMEDD that was expanding to support the Vietnam-era Army. In the first eighteen months of the program, OTSG consultants had to review only 614 cases. The MREP certainly broadened the manpower pool, but the overwhelming majority of MREP cases (83.5%) were for over- and under-weight, and the next largest three categories (abdominal hernias, undescended testicles, and pilonidal cyst/sinus) brought in fewer than 2,500 recruits. There is no indication what the MREP cost, either in medical care or the pay and accommodation costs of the extra basic training time as the over/under weight got to standard.

To avoid discrimination there was no identification of New Standards Men, so it was not possible to do any follow-up on whether the MREP men performed well or not. Since they were motivated enough to undergo extra basic training, possibly including surgery, their motivation and morale were presumably above average, and they had to have normal AFQT scores, so they probably served their nation as well, or better, than the average recruit of 1967-1971. Thus the AMEDD helped the Army obtain high-quality, motivated recruits, and it helped those young men have a healthier future.

Sources

Health of the Army, supplement, 1969

Health of the Army, supplement, 1971

"The Marginal Man and Military Service: A Review," Department of the Army, December 1965

Edward Drea, *McNamara, Clifford, and the Burdens of Vietnam 1965-1969*. Historical Office, Office of the Secretary of Defense, 2011.

Assistant Secretary of Defense (Manpower and Reserve Affairs), "Project One Hundred Thousand: Characteristics and Performance of 'New Standards' Men," December 1969.

Neel Award for AMEDD History

Ms. Gwyneth R. Milbrath RN MSN MPH receiving the 2015 Spurgeon Neel Award from BG Daniel Perugini and Mrs. Spurgeon (Alice) Neel. Ms. Milbrath, a registered nurse who is currently a doctoral student at the University of Virginia, wrote the winning submission "Grace under fire: The Army nurses of Pearl Harbor, 1941." The Spurgeon Neel Award is sponsored by the AMEDD Museum Foundation, and is awarded to the article of 5000 words that best exemplifies the history, legacy, and traditions of the Army Medical Department. Ms. Milbrath received a $500 monetary reward, a special medallion and her article will be published in the *AMEDD Journal*.

Named in honor of Major General (Retired) Spurgeon H. Neel, first Commanding General of Health Services Command (now U.S. Army Medical Command), the award competition is open to all federal employees, military and civilian, as well as non-governmental civilian authors who submit manuscripts for publishing consideration.

Interested authors may submit a manuscript to the AMEDD Museum Foundation by 30 September 2016. At the time of submission, a manuscript must be original work and not pending publication in any other periodical. The winning manuscript will be selected no later than December 2016.

Additional detail concerning the Spurgeon Neel Annual Award may be obtained by contacting Mrs. Sue McMasters at the AMEDD Foundation, 210-226-0265 or amedd.foundation@att.net.

The AMEDD's Combat Librarian

Edgar Erskine Hume was possibly the most decorated doctor in the Army when he retired in 1951. He was born in Frankfort KY on 26 December 1889, the son of a doctor. He graduated from nearby Centre College with a BA and started a pattern of extra study by staying an extra year for a MA in 1909 before going to Johns Hopkins for his MD. After graduating medical school in 1913 he went to the University of Munich (Germany) for further study (1914) and then the University of Rome (Italy) for still more study (1915). He served with the Italian Army as a medical volunteer in 1915-16, then returned to the US.

He applied to the US Army and was appointed a 1LT in the Medical Reserve Corps in September 1916. As was normal, he attended the Army Medical School (graduating first in his class) as a reservist before receiving a Regular Army commission in January 1917. His first duty station was at the Ft Leavenworth Disciplinary Barracks, where he was Parole Officer and head of the Department of Sociology, apparently using his medical judgment to decide whether it was safe to parole inmates. The US declared war in April 1917, but Hume stayed at Leavenworth until November. Then he was brought back to Washington DC to be the XO of the Sanitation Department of OTSG from November 1917 through June 1918 and getting rapid promotions – to Captain and Major both on 28 March 1918, then temporary Lieutenant Colonel on 2 April. The Sanitation Department had wide responsibilities, including preventive medicine, epidemiology, camp sanitation (and inspections), inspecting recruits, and maintaining current morbidity data. While Hume was there it was growing by leaps and bounds, from the peacetime two officers and a few clerks to a final 52 officers and enlisted men with 400 clerks.

At the beginning of July, he was assigned to Base Hospital 102, which had been organized to show the flag in Italy. (The US sent BH102, a few ambulance units, and only one infantry regiment to fight in Italy.) Hume oversaw its final training in the US and operations in Italy, based in Vicenza. It was only supposed to take surgical patients, but Hume negotiated for it to take all Americans who needed hospitalization. Hume needed special tact not just to operate with allies, but because some of his nurses were Sisters of Charity who had received special permission to work in the Army – they did not join the Nurse Corps (Female), and wore their own habit. For the final offensive of the war, Hume organized surgical teams to go forward from the hospital and work at Italian field hospitals, going himself. Caught in shellfire, he was wounded, and later received the Silver Star for refusing to be evacuated until all other wounded were. Hume also managed to get from the Italian front up to the British front in France, and also observe the main US operations. In February 1919, with the fighting over and typhus epidemic in Serbia (where the Allies were helping establish the Kingdom of Yugoslavia), the US sent a relief mission under Red Cross auspices. Hume volunteered as the Chief Medical Officer and later became the commissioner of the whole endeavor while reverting to Major. He helped organize public health work and both hospitals and clinics. For his work he received the Distinguished Service Medal.

Hume shortly after WWI, with his first DSM.

Coming back to the US in November 1920, he was assigned to I Corps Area Laboratory, a reference laboratory in Boston. It allowed him to study at the Harvard/MIT public health program, where he received an MPH, and he also received a Diploma in Tropical Medicine from Harvard. His academic work continued in his next assignment, as Assistant Librarian of the Army Medical Library, 1922-1928. His main duty was overseeing the Index Catalogue (see newsletter number 11), but he was briefly editor of *Military Surgeon* (predecessor of *Military Medicine*), and studied at Johns Hopkins for his DPH – co-founding the international honor society for public health graduates. From 1928-30 he put his public health credentials to work as the medical

inspector and epidemiologist at Fort Benning, choosing to attend the Infantry Advanced Course in 1928. With his new muddy boots experience, he was assigned as instructor for the National Guard of Massachusetts and New Hampshire, returning to Boston for 1930-32.

Next he headed the Army Medical Library from September 1932 to October 1936, before heading to the Medical Field Service School to be director of administration. Having never been there, he took the Advanced Course. He served there until late 1942, involved in the major expansion of the MFSS to meet the AMEDD's expansion for WWII. From February to April 1943 he was briefly commander of Winter General Hospital in Topeka, Kansas, taking a new organization and getting it started towards 1,500 beds specializing in medicine, psychiatry, and general and orthopedic surgery.

Suddenly in April 1943 he was pulled out of Kansas and sent to North Africa as a Civil Affairs planner for forthcoming operations in Sicily and mainland Italy. Civil Affairs would be his work for the next few years. He was Chief of Public Health for Sicily, then advanced to Chief of Allied Military Government (at times Assistant Chief of Staff for Civil Affairs of Fifth Army, then operating in Italy). He was not in the rear with the gear; he landed the first day at Salerno, going into a minefield to rescue a man who'd detonated a mine. Hume was wounded in his second war doing that, and received a Navy Bronze Star. He stayed up front, going into Naples ahead of the combat troops (October 1943), going into Rome with the first combat troops (June 1944) and leading Italian police in a firefight against Fascist resistance, going into Modena, Milan, Turin, and Genoa with the first patrols (April-May 1945). He got a Bronze Star with V for treating civilians under direct enemy fire, and Soldiers Medal for treating victims of a boobytrap. He did not neglect the medical aspects of military government, being a key player in the fight against the 1943 typhus outbreak in Naples that threatened Allied supply lines going through that city.

After the fighting ended he was Chief of Military Government in the US zone of Austria into 1947, then came back to the Pentagon and was Chief of the Reorientation Branch of the Civil Affairs Division of the Army Staff. He now oversaw civil affairs work in Germany, Austria, Japan and Korea. (In his spare time at the Pentagon he was president of the Association of Military Surgeons of the US.)

MG Hume as Far East Command Surgeon.

In a post-war world where the US was still an occupying power, his civil affairs credentials made him a valuable asset, and in July 1949 GEN Douglas MacArthur brought Hume to Tokyo as Chief Surgeon of Far East Command, overseeing US forces in Japan and Korea. When the Korean War started, MacArthur added Surgeon for UN Command to Hume's responsibilities. Again, Hume went forward, both on the ground and in the air – he was wounded twice, and received three Air Medals. He also received his fifth Silver Star (he'd received several for his front-line activities in Italy) and his third DSM.

Hume retired for age on 31 December 1951, and died of a heart attack at Walter Reed on 24 January 1952. He had received three Distinguished Service Medals, five Silver Stars, a Legion of Merit, a Soldier's Medal, five Purple Hearts, three Air Medals, four Bronze Stars (one with V), the Navy Bronze Star, the Commendation Ribbon (it was not yet the Army Commendation Medal) with four Oak Leaf Clusters , and other US and foreign decorations. He received the DSM, Purple Heart, and Silver Star in three different wars. Not bad for a librarian!

Sources

Hume biographical file, AMEDD Center of History and Heritage.

The Evolution of Veterinary Insignia in the United States Army

Craig M. Calkins, CPT, VC

Since the Army Reorganization Act of 1901, veterinarians in the United States Army have worn variations of four different insignias. General Order 81, dated 17 July 1902, prescribed veterinarians to wear the uniform of second lieutenants in either the cavalry or artillery with the US Coat of Army being replaced by the block letters "V.S.". This insignia was not required to be worn until mid 1903 (no pictures could be obtained of this insignia).

On December 31, 1902 General Order 132 was published changing the insignia worn by veterinarians to "consist of the device of arm of service with number of regiment or battery in the upper angle and the foot of a horse, shod, with wings on sides" (FIG 1-3).

Change 7 (30 December 1916) to the 1915 Specifications for the Uniform of the United States Army specified that insignia worn by veterinarians change to "A caduceus of gold or gilt metal, 1 inch in height, superimposed in the center by a monogram of dull finished bronze bearing the letters "V.C." 3/8 inch high" (FIG 4).

The final insignia change came with Change 1 to Service Regulation Number 42 dated 29 December 1917. This change eliminated the monogram letters and replaced them with a single letter "V" (FIG 5). The caduceus, found in the current insignia, was approved in 1902 and has signified medical personnel ever since.

Left: Figure 1. 2nd Artillery Veterinary Insignia (1902 - 1916)

Right: Figure 2. 5th Cavalry Regiment Veterinary Insignia (1902 - 1916)

Left: Figure 3. Field Artillery Veterinary Insignia (1902 - 1916)

Right: Figure 4. Monogram Insignia (1916 - 1917)

Figure 5 - Current Insignia (1917 - Present)

Special thanks to Robert Driscoll, Andy Watson, and Richard Baker for providing historical documentation and photographs of insignia.

Training a Medic, 1944 edition

Justin Gardner

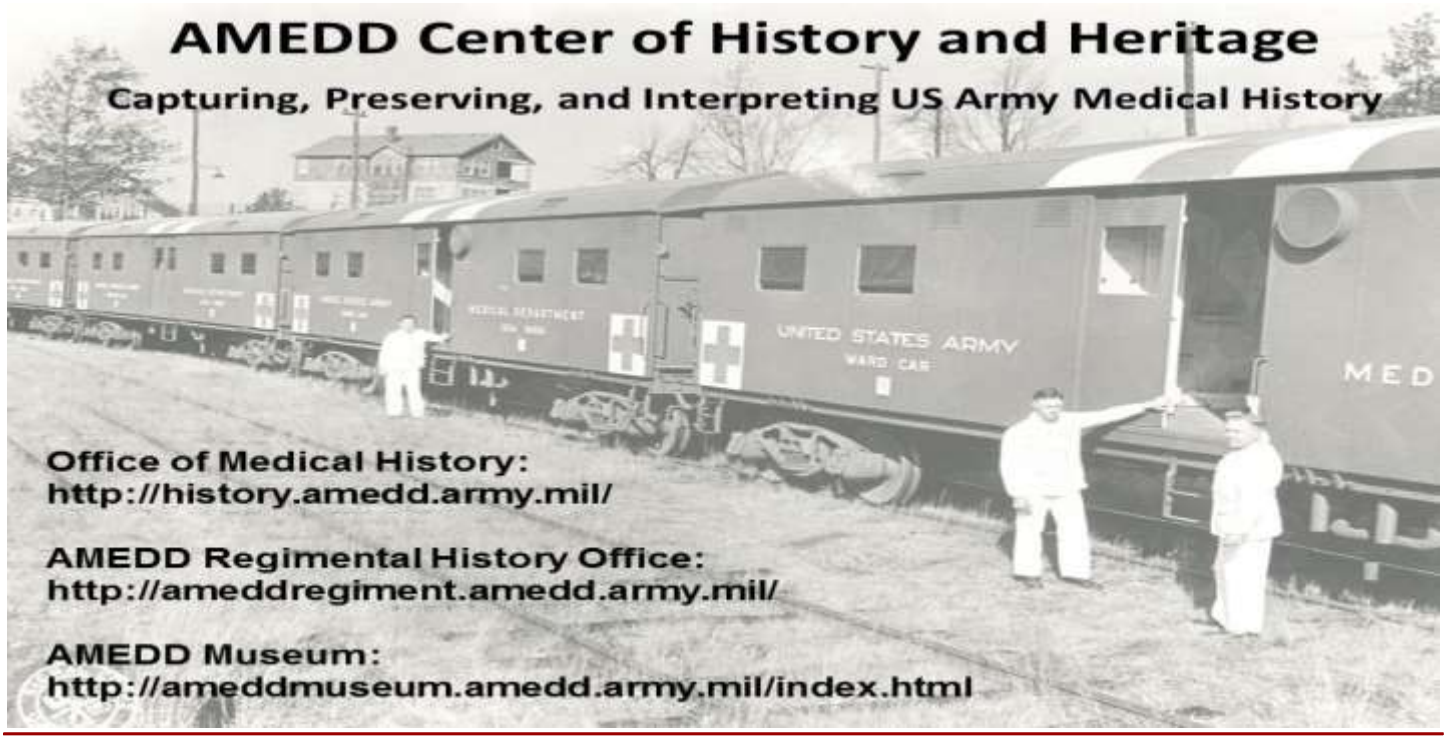
In 1942, Mitchel Blecharczyk was drafted. When he said he had passed high school biology, he was assigned to the Army Medical Department. Assigned to Madigan General Hospital at Fort Lewis, he received on-the-job training. At Madigan he saw paraplegic patients, returned from fighting in the Pacific; many had bedsores from the long evacuation without Stryker frames and skilled care during . He recalled several different treatments were used, including using clothing buttons, to close the wounds. Most, however, were unsuccessful. He also served at a Port of Embarkation, and recalled two primary duties: the largest problem was treating VD, and the second was collecting men who had hanged themselves rather than be sent to the Pacific.

The AMEDD had both 'rated' and 'non-rated' technicians in WWII; rated technicians had school training. In 1944, Blecharczyk was sent to the Medical Department Replacement Training Center at Fort Benjamin Harrison, IN, where he was trained as a surgical technician; on graduation he was promoted to Technician Fourth Grade and sent to the Pacific. He served in the Marianas Islands, in hospitals on Saipan, Guam, and Tinian. For a short time, he and some comrades were sent to the field to serve as emergency medical corpsmen for Marine units. Blecharczyk's final assignment was at the 204th General Hospital on Guam.

T/5 Blecharczyk in WWII.
Courtesy Justin Gardner.

His surgical technician training notebook was recently digitized by the Migel Library at the American Printing House for the Blind. Courses included Nursing, Math, Medical Aid, Material Medica (including the new penicillin), Medical Administration, and Anatomy and Physiology. He took detailed notes, often including the date and instructor. Following over 240 pages of notes, tests, and handouts on medical terminology. The collection closes with a medical department ID card, special orders from August 9, 1945, and a picture of the class having just practiced giving each other casts.

To read through medic training of 1944, go to https://archive.org/details/usarmymedictrain00mitc



The Cadet Nurse Corps

COL Betsy Vane, Army Nurse Corps Historian

This article is being written to describe the Cadet Nurse Corps program of World War II. This program was implemented to provide more nurses for the war effort both in the combat theaters and on the home front. Because of the wording "Cadet Nurse Corps" many people today mistakenly believe this was an Army sponsored program. It was not. The Army did have a role in the program as Senior Cadet students were required to complete their last six months (of 30 months) education and training in civilian or federal hospitals, and the forty-four participating Army hospitals appreciated the Cadets' service. However, those Cadets did not serve as military nurses and are not considered veterans unless they actually served in the Army or the Navy during their Senior Cadet training and/or after graduation.

The Cadet Nurse Corps (originally named the Victory Nurse Corps or Student War Nursing Reserve) was an important Federal program to train US nurses during WWII. The CNC provided for the training of nurses for the armed forces, government and civilian hospitals, health agencies and war industries. The program was run by the U.S. Public Health Service, a uniformed service but not a military service. The Cadet Nurse Corps program ran from 1943-1948 and graduated 124,065 nurses (of the 179,000 who started) from 1,125 school of nursing. Another result of this Federal aid program was that US hospital nursing schools obtained more students and better qualified instructors and head nurses. The program also financed improvements in physical facilities (nurses' residences, instructional facilities, classrooms, and libraries) and curricula (both undergraduate and postgraduate). All of these features significantly impacted nursing education in the U.S.

Two recruiting posters for the Cadet Nurse Corps. From http://www.azhumanities.org/the-u-s-cadet-nurse-corps-in-arizona/

The Cadets "served while they learned." The U.S. Cadet Nurse Corps law of June 15, 1943 allowed women (regardless of race, creed, or color) in good health between the ages of 17 and 35 years, who had graduated from an accredited high school with good grades, the opportunity to receive "A lifetime education – free" and to be "The girls with a future." The promises made by the Cadet Nurse Corps did not bar marriage. The CNC also offered post-graduate scholarships and refresher courses for nurse graduates to help with the shortage of nursing school instructors, public health nurses, industrial nurses, and psychiatric nurses.

When they joined, the USPHS subsidized the entire nursing student educational expenses to include tuition, fees, books, a monthly stipend, maintenance, and uniforms. The Cadets made a non-binding promise to serve in the CNC for the duration of the war in a civilian or military hospital, the Indian Health Service, or other public health facilities. The Cadets were not legally compelled to repay the subsidy with military service or other government service. This nonbinding contract with women was a reflection of society's beliefs of the status of women in the 1940s. The government followed a different set of rules with women, and should the Cadets not comply with service because of family needs, marriage, or other circumstances, they were excused from that service. The creators of the Cadet Nurse Corps program may have thought that a binding type of program would dissuade young women from participating.

Part of the recruitment campaign was to convince parents that a career in nursing was worthwhile for their daughters. Parents were concerned that working as a nurse could lead to poor health due to great physical demands, degrading work, or may prevent them from marrying. The response to these concerns was that nursing training could prepare women for future success as a practicing nurse or as a homemaker. The Office of

War Information and War Advertising Council helped develop themes such as "War Work Now," "Scholarships for Complete Education," and "Nursing – A Design for Successful Homemaking or Professional Career." The plan was to have women succeed in both a nursing career and as a homemaker.

Many of the nurse Cadets came from families hard hit by the Great Depression that could not otherwise have afforded nursing education. During the war years, the Cadet Nurse Corps Program had a marked effect on the number of young women applying for admission to nursing schools. They joined not only because of their patriotic feelings, but also because of the financial program carried out by the government.

So how did the Cadet Nurse Program come into being? During WWII civilian hospitals turned to the federal government to help bolster their nursing services. Many young women had joined the women's auxiliaries of the military forces and war industries to support the war effort. Employment statistics for December 1942 indicated that 1.5-2 million women were needed for war industries, 1 million for non-war industries, and 200,000 for the women's armed forces auxiliaries. Employers engaged in fierce competition for the services of women high school and college graduates. The most obvious solution to bolster nursing services was to educate more nurses, and a rapid increase in student nurse enrollments was thought to be the fastest way of increasing the hospital nurse service force. During the winter of 1944-1945 there was an acute shortage of nursing personnel in the US as the Army and Navy had enrolled more than 65,000 registered nurses, and industry had employed 13,800 nurses. In an attempt to fill the vacuum, student nurses were responsible for about 80% of the work in the 1,300 hospital affiliated nursing schools.

To deal with the acute nursing shortage within the US, the Federal Security Agency arranged conferences to seek solutions. (The FSA was created in 1939 and was a forerunner of the Department of Health, Education, and Welfare.) These conferences included all the major professional nursing and hospital associations and led to a bill being introduced to the House of Representatives by congresswoman Frances Payne Bolton (a Republican from Ohio), a longtime champion of nursing, and the U.S. Cadet Nurse Corps became law on June 15, 1943.

Now you can complete your training with Pay . . .

U. S. Cadet Nurse Corps

Here's your chance to **— Identify yourself nationally with the war — wear attractive outdoor uniform — have training expenses paid — receive pay while you train — get a paid nursing assignment earlier.**

Help for you . . . to help U. S. Your country needs your help so urgently that the government has made *immediate* financial aid available to student nurses for the war's duration.

You have a head start! Your present training continues *without* interruption . . . but with your expenses paid, your uniforms supplied, your opportunities improved, and a monthly check in the bargain!

● **Register for the U. S. Cadet Nurse Corps at your school office.** Wear a distinctive uniform and become officially identified with your country's drive for Victory.

Uniforms you'll love. Designed and chosen by leading fashion experts, the uniforms are eminently attractive. Furnished without charge, they include complete summer and winter outdoor uniforms, topcoat or reversible raincoat, hat, purse, and insignia.

Train with pay. Tuition and all fees paid . . . from the date you register for the U. S. Cadet Nurse Corps until you graduate. You're credited with previous training, but not reimbursed for back tuition.

Living expenses paid . . . including room, board, laundry, etc.

Plus a monthly check! You'll be classified and paid according to training already completed:

Pre-Cadet (first 9 months of training) . . $15 mo.
Junior Cadet (next 15 to 21 months) . . $20 mo.
Senior Cadet (until graduation) . . . . . $30 mo.

Possibilities during Senior Cadet period

- "Live out."
- Request transfer to Federal hospital, including Army and Navy.
- Transfer to other civilian hospital or agency.

You are eligible if you entered nurse training between January 1, 1941 and January 1, 1942, and your curriculum has been accelerated to 32 months or less. If admitted on or after January 1, 1942, your curriculum must have been accelerated to 24-30 months.

Your pledge . . . In return for these benefits, you agree to make your services available throughout the war in military, other Federal or essential civilian nursing service, health permitting.

At war's end, students in training 90 days prior to end of hostilities may complete their training at government expense.

Apply at your school office now!

Federal Security Agency
UNITED STATES CADET NURSE CORPS
U. S. Public Health Service

After the Bolton Act (or the Nurse Training Act) passed, the Division of Nurse Education was established within the USPHS, reporting to the surgeon general. Lucile Petry was appointed as the director of this program. She had been on the nurse education staff of the USPHS for two years and had been named Dean of Cornell University–New York Hospital School of Nursing but took over the CNC instead. Ms. Petry became the first woman to head a major USPHS division. The Federal Security Administrator appointed an advisory committee on the training of these Cadet nurses.

Effective advertising from the War Advertising Council helped recruiters exceed quotas. The subsidized program of the Cadet Nurse Corps was also a boon to Black nursing students and by September 1944 there were approximately 2,000 Black nursing Cadets, representing all but 500-600 of the total number of Black students enrolled in all nursing schools. The National Association of Colored Graduate Nurses also assisted the Cadet Nurse Corps recruit African American nurses. It is important to remember that segregation was a law at this time. Advertisements and articles ran in popular magazines read by young women including *Mademoiselle, Cosmopolitan, Colliers, Harper's Bazaar, Vogue, Scholastic Magazine* and *Ladies' Home Journal.* CNC members were in posters, movie news-

reels and features, radio soap operas, symphony concerts, documentaries and variety shows. Companies like Eastman Kodak, Pond's Cold Cream, Kotex, Pepsi-Cola, Old Spice, Sanka Coffee, and National Biscuit Company ran ads that featured Cadet Corps Nurses. Other sponsors included pharmaceuticals, insurance, public utilities, and women's wear. Cigarette and alcohol companies were not asked to be sponsors, and were turned away if they asked. Thousands of department stores, post offices, pharmacies, hospitals, and schools prominently displayed Cadet Nurse Corps recruitment posters. Cadet Nurses attended the launching of liberty ships, war bond rallies, and marched in patriotic parades.

US nursing schools received telegrams announcing the Cadet Nurse Corps and inviting them to participate. The schools had to be accredited, and affiliated with an American College of Surgeons-approved hospital; at the time, the ACS inspected and accredited hospitals. The schools had to have adequate staff and facilities. Congress had mandated that all schools (regardless of size) were eligible for aid for the Cadet Nurse Corps program, so as a result, barely adequate schools were improved by funding and advice given by field consultants.

CNC insignia from Margaret Gonser: epaulette, patches, and the USPHS insignia from her hat.
ACHH historical reference

To accelerate the education of these nurses, training time was reduced from the traditional 36 months to 30 months or fewer. Three levels of Cadets were established: Pre-Cadets, Junior Cadets, and Senior Cadets. Pre-Cadet (also known as "Probies" due to the probation period) was the designation of nursing students during their first nine months in school. They studied the basic sciences and fundamentals of nursing. These students were scrutinized for appearance and grades, and both had to be satisfactory for them to remain in school. Pre-Cadets wore plain red epaulets on their outdoor uniforms and received a $15 monthly stipend. Junior Cadets were nursing students enrolled for the next 15-21 months of their training, and they attended classes and completed hands-on training by staffing medical, surgical, obstetric and pediatric wards. They wore the red epaulets with one silver Maltese cross and received a $20 monthly stipend. Senior Cadets had completed their basic educational requirements. Because the state boards of nursing demanded an additional six months' experience, students then went to a practice assignment in their home school or in another civilian, military, or government institution. Senior Cadets wore the red epaulets with two silver Maltese crosses centered on each epaulet on their outdoor uniforms. During their Senior Cadet training, 73% remained in their home civilian hospitals, with 27% working in federal government facilities, the Army, Navy, Veterans Administration, Public Health Service, Indian Health Service, and other public health agencies.

Cadet Nurse Corps uniforms were an important part of the recruitment of these nurses. The uniforms were an obvious sign of their commitment to the war effort, and it helped the nurses form an identity. Students wore their home schools' uniforms with shoulder patches indicating their CNC membership when they were working. The oval sleeve/shoulder patch had an eight-point Maltese cross design. This was an early symbol of nursing, with the eight points representing the beatitudes of the Sermon on the Mount, and also symbolized human compassion and life-saving skills. Cadet nurses were issued distinctive summer and winter outdoor uniforms. The uniforms were designed to be "pretty and feminine" rather than military. Summer uniforms were a two piece gray and white striped cotton suit with red epaulets and large pockets on the jacket. The white blouse had a simple round neck and a gored skirt. Winter uniforms were gray wool suits with a single breasted jacket with button pockets, a white round neck blouse, and a gored skirt. Cadets also got a winter overcoat of gray velour with a belted back and red epaulets, a gray twill raincoat and gray Montgomery beret. When Cadet nurses appeared in uniform in public, servicemen often saluted them, and the Cadets learned to acknowledge a

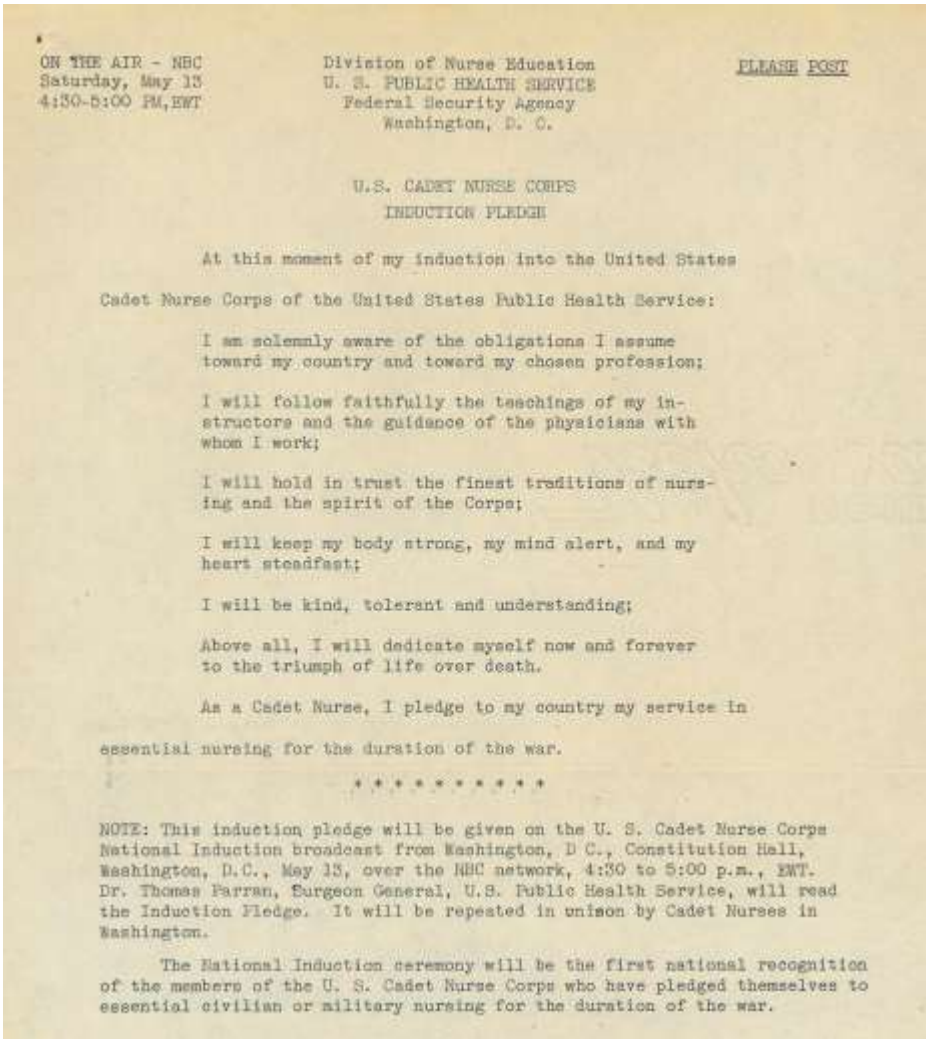
Non-government insignia from Margaret Gonser. Her school of nursing had a patch, and she volunteered with the American Red Cross.

salute with a smile or a nod, as they were not held to military protocols as they were not serving in the military.

Cadets furnished their own blouses, shoes, scarves, and stockings. (Decorated stockings were not allowed, neither was leg makeup, brown colored cosmetics put on the legs due to the wartime shortage of stockings). Shoe rationing was in effect, and CNC Director Petry urged the Cadet Nurses to use their own shoe ration coupon for their outdoor uniform shoes. There was an official CNC rouge and lipstick "Rocket Red" made by the cosmetic company Lentheric, that matched the bright red trim on the gray uniform. The makeup was sold in gray plastic containers, with the Maltese cross motif in red.

There were two nationwide simultaneous induction ceremonies, in May of 1944 and 1945. Cadet Nurse Corps members practiced marching, standing at attention, wearing their uniforms, and reciting the Cadet Nurse Pledge. The ceremonies were broadcast over the NBC network with radio station hookups throughout the country. Cadets unable to attend were asked to pause briefly in their hospital duties to renew their pledges and rededicate their service to military or civilian nursing for the duration of the war.

On 15 June 1944, Army hospitals opened their doors to the first Senior Cadets. From that date until February 1946, 5,688 cadets were accepted into Army institutions with only 61 failing to complete the course. By 1 January 1945, ninety-three graduates of the Cadet Nurse Corps program had accepted commissions in the Army Nurse Corps. An unknown number were later commissioned into the Army or the Navy.



ON THE AIR - NBC
Saturday, May 13
4:30-5:00 PM,EWT

Division of Nurse Education
U. S. PUBLIC HEALTH SERVICE
Federal Security Agency
Washington, D. C.

PLEASE POST

U.S. CADET NURSE CORPS
INDUCTION PLEDGE

At this moment of my induction into the United States Cadet Nurse Corps of the United States Public Health Service:

I am solemnly aware of the obligations I assume toward my country and toward my chosen profession;

I will follow faithfully the teachings of my instructors and the guidance of the physicians with whom I work;

I will hold in trust the finest traditions of nursing and the spirit of the Corps;

I will keep my body strong, my mind alert, and my heart steadfast;

I will be kind, tolerant and understanding;

Above all, I will dedicate myself now and forever to the triumph of life over death.

As a Cadet Nurse, I pledge to my country my service in essential nursing for the duration of the war.

* * * * * * * * * *

NOTE: This induction pledge will be given on the U. S. Cadet Nurse Corps National Induction broadcast from Washington, D.C., Constitution Hall, Washington, D.C., May 13, over the NBC network, 4:30 to 5:00 p.m., EWT. Dr. Thomas Parran, Surgeon General, U.S. Public Health Service, will read the Induction Pledge. It will be repeated in unison by Cadet Nurses in Washington.

The National Induction ceremony will be the first national recognition of the members of the U. S. Cadet Nurse Corps who have pledged themselves to essential civilian or military nursing for the duration of the war.

Classroom Instruction, not including on-the-job training
First Year: 755 hours
Second Year: 160 hours
Third Year: 230 hours
Total: 1145 hours

Pre-Clinical: 5 ½ months
Medical Nursing: 5-6 ½ months
Surgical Nursing: 5-7 months
Diet Kitchen: 1 ½ months
Operating Room: 3 months
Obstetrics: 4 months
Pediatrics: 3 months
Communicable Diseases: 3 months
Vacation: 2.5 months
Total: 36 months

Following the end of combat in the Pacific, the Federal government decided that the Cadet Nurse Corps would admit no new students beginning in October 1945. Currently enrolled students were allowed to complete their training. When the Cadet Nurse Corps program finally terminated in 1948, it had received over $160 million in federal appropriations and had graduated 124,065 students, about 70 percent. During the period 1944-1946 forty-six percent of the USPHS budget was devoted to the Cadet Nurse Corps.

The U.S. Cadet Nurse Corps was a program that resulted in a dramatic rise in the number of nursing students, a greater public recognition of nurses, and changes in the manner in which nurses were educated and trained. The CNC supported a more academic approach to nursing rather than an apprenticeship type of training. The program introduced nurse instructors as lecturers on disease subjects that had previously been taught by physicians, and also brought attention to how Federal aid could assist postgraduate studies for nurses. It produced nursing careers for many women who then made many valuable contributions to nursing care. Cadets and their families did their part in supporting the war effort.

Sources

Philip Kalisch and Beatrice Kalisch, American Nursing, A History, Fourth Edition, Lippincott Williams & Wilkins, 2004.
John Parascandola, ed. "PHS Chronicles: The Cadet Nurse Corps, 1943-48" http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1403514/pdf Accessed 3/25/2013.
Thelma Robinson and Pauline Perry, Cadet Nurse Stories, The Call for and Response of Women During World War II, Center Nursing Publishing, 2001.
Rochester General Health System, "U.S. Cadet Nurse Corps: 1943-1948" http://wwwlrochestergeneral.org/about-us/rochester-general-hospital Accessed 3/22/2013
Mary T. Sarnecky, A History of the U.S. Army Nurse Corps, University of Pennsylvania Press, 1999.

Food For Thought: World War II AMEDD Strength Figures

Corps	June 1943 (a)	VJ Day/Sept 1945
Medical	37,000	45,300
Dental	12,000	14,000
Veterinary	1,800	2,070
Sanitary	1,750	2,500
Nurse	28,000	56,000
Pharmacy	(established 1943)	68
Dietitian (b)	700	1,575
Physical Therapist (b)	400	1,300
Enlisted Men (c)	525,000	493,000
Totals	620,000	635,713

from June 1947 Bulletin of the U.S. Army Medical Department

(a) Beginning of MG Norman Kirk's tenure as Surgeon General

(b) In 1942 dietitians and physical therapists were given commissions with relative rank within the AMEDD, but no corps was established. In 1944 they were granted full Army of the United States commissions, but no corps was established. In 1947 the Women's Medical Specialist Corps was established for dietitians, physical therapists, and occupational therapists.

(c) The Hospital Corps had been retitled the Enlisted Force, Medical Department in 1916, and subsequently abolished in 1920. These enlisted men supported all AMEDD officer corps.

Medic Malvin L. Brown, First Smokejumper Fatality

Scott C. Woodard, Office of Medical History

Army Airborne Pioneers

Throughout the Second World War the Army followed law and policy and had segregated units. The Army formed various units for Blacks, including a parachute battalion. PFC Malvin L. Brown was a member of the only parachute unit composed entirely of Black soldiers. The Advisory Committee on Negro Troop Policies in December 1942 recommended the activation of a Black parachute battalion "for the purpose of enhancing the morale and esprit de corps of the negro people." A cadre of personnel was selected from the 92d Infantry Division and volunteers from various units were used to form the 555th Parachute Infantry Company activated on 30 December 1943 at Fort Benning GA. This core group would eventually be designated as Company A, 555th Parachute Infantry Battalion on 25 November 1944. In late 1944/early 1945, the "Triple Nickles" began parachute training at Fort Benning. It was during this time that officials in the War Department, US Army, US Navy, and the Federal Bureau of Investigation became aware of mysterious devices found out West. They determined that incendiary bombs from balloons were coming from Japan and landing along the west coast from Alaska to California. Combined with the Department of Agriculture's request for seasonal firefighting assistance, the War Department sought to counter the threat posed from the drifting time bombs and implemented the "Firefly Project." The troopers were pulled halfway into their eight-week combat training program and diverted to prepare for a new mission to combat potential forest fires and bomb disposal in coordination with the US Forest Service (USFS) in the Pacific Northwest.

Firefighting and Bomb Disposal Training

Two hundred enlisted men of the 555th were ordered to Pendleton OR, with a detachment of 100 enlisted men stationed in Chico CA, on 3 May 1945. Initially, training was conducted by the Army. Training subjects included a brief instruction on fire fighting and neutralizing the Japanese balloon bombs. The USFS training regimen was modeled after their own fire control officer program with slight modifications. The 16-hour course provided information on the fundamentals of fire behavior, fire line locations, tools and construction. The paratroopers received additional training in "smoke jumping." CPT Bradley Biggs, one of the original paratroopers, recalled: "Troopers would jump with full gear, including fifty feet of nylon rope for use in lowering themselves when they landed in a tree. Their steel helmets were replaced with football helmets with wire mesh face protectors. Covering their jumpsuits and/or standard army fatigues, they wore the air corps fleece-lined flying jacket and trousers." The USFS's final report on the "Firefly Project" noted that the paratroopers understandably had quite a bit of trouble breaking from the habits of Army parachuting versus USFS "smoke jumping." The Army trained to land in open terrain, while the USFS purposely guided toward trees in order to prevent landing in uneven mountainous areas riddled

A chalk from the 555th waiting for a routine equipment check. Courtesy National Archives.

USFS parachute landing technique. Courtesy Forest History Society.

with downed timber. Biggs commented, "While we were trained to handle ourselves if we landed in trees, most of us went for the clearings from force of habit and past experience." This, combined with a lack of training in mountainous country for the troopers, jumpmasters, and pilots proved to be disastrous.

The commander, CPT James H. Porter, reported the unit conducted three training jumps with military parachutes in June 1945. Only one of these jumps was over a wooded area. Jumpmasters focused on the Forest Service technique of dropping only a few men over timber with each pass – quite different than their Army experience which sought to push as many paratroopers out in the fastest time possible. Training continued through July 1945 when the majority had qualified as "Smoke Jumpers." On 23 July 1945, the 555th's General Orders Number 9 established a "Stand-By-Detachment" consisting of two commissioned Fire Officers-of-the-Day and 51 enlisted Fire Guards. Headquarters Company provided the required aid man.

First Smokejumper Death

Malvin L. Brown entered the Army from Philadelphia, PA on 9 November 1942. When the 555th was formed in 1943, PFC Brown volunteered. At the time, most Blacks were assigned to service support units and led by white officers, while the 555th had Black officers. These highly-motivated volunteers had to carry two burdens – completing airborne training while facing the sting of segregation and discrimination. Some medics had only on-the-job training, but Brown had the full three-month training program for medical and surgical technicians after basic training. During the initial phase, soldiers trained in anatomy and physiology, hygiene and disease prevention, ward procedure, ward management, and emergency medical treatment through didactic lecture in the first month. The intent was for students to receive more hands-on application in small groups during the latter phases of the course. The second month focused on first aid and emergency care for injuries and diseases likely found in a combat environment such as inflammation, infections, wounds, and burns. The third month was practical training in hospital wards.

Brown before enlisting, holding a niece. Courtesy of the 555th Parachute Infantry Association

Brown reported to the Pendleton Airfield later than the other troopers because he was completing his medical training. The medics served as vital elements of the battalion for a good reason. Medical personal always cover a mission, particularly air drops. The 555th experienced the normal range of accidents incurred in parachuting, sprains and fractures. During the 1945 fire season, the Triple Nickles had more than 30 injuries. In context, this is actually very few and quite remarkable considering that they jumped an average of 37 men into 15 fires.

On 6 August 1945 the call came for 15 military smokejumpers for a fire in the Umpqua National Forest near Lemon Butte. Even though he had not completed his smoke jumping training, Brown volunteered to replace the assigned medic who was sick. The fire was situated along a ridge on the south side of the summit in an area where many trees tower 200 feet. The only clearing was a two-acre opening half-way up the slope. It did not take much wind to carry the nine-man chalk into this obstacle so close to the drop zone. Normal procedures to exit a tree were to utilize the letdown rope smokejumpers carried by attaching it to himself and the parachute. After disconnecting, the firefighter lowered himself to the ground using the 50-foot rope. According to reports, Brown fell from a very tall and leaning fir tree for about 150 feet into the ravine and was believed to have died instantly. His fellow paratroopers traversed an 80 percent slope for 1,000 feet until they got to a creek bed. They then carried him for over three miles through backcountry without any trails. Once they did come across a trail, it was another 12 miles before they came upon their first

road.

The USFS attributed many of the sprains, broken bones, and other injuries to tree landings and judged the could have been avoided "had the men availed themselves of the guiding apparatus on the Derry Chutes." It is not clear if PFC Brown was using a Derry parachute or the military T-7 model; apparently, both were used by the 555th. The paratroopers' unfamiliarity with the terrain, the Army habits of pushing the entire chalk out of the aircraft and aiming toward clearings probably contributed to the landing Brown experienced. PFC Brown had not completed the three-jump smokejumper certification regimen (only one of which was in a wooded area), yet he volunteered to be there for his buddies.

The 555th Parachute Infantry Battalion made history and excelled as the first all-Black parachute infantry unit. They were the first military organization to become smokejumpers, building upon the legacy of the United States Forest Service from years previous. A triple volunteer (airborne, medic, and replaced another medic for a mission) Triple Nickle Malvin L. Brown was the first smokejumper to die in the line of duty. His battalion bravely fought 28 fires and jumped into 15 of those infernos from a perfectly good airplane.

555th medics ready before a takeoff, 30 August 1945. Courtesy http://www.forestry.oregonstate.edu/forest-fires-1

Special thanks to Joe and Sharon Murchison of the 555th Parachute Infantry Association, Inc., Chuck Sheley of the National Smokejumper Association, and Ralph Alvarez of the 82nd Airborne Museum for their insight and assistance. Another version of this appeared at http://www.army.mil/article/162507/Medic_Malvin_L__Brown__First_ Casualty_in_the_US_Forest_Service_Smokejumper_Program/

Sources

Biggs, Bradley. "www.tripleknickles.com." Captain Bradley Biggs - SmokeJumpers. 2008. http://www.triplenickle.com/smokejumperstory.htm (accessed January 27, 2016).

Bradsher, Greg and Naylor, Sylvia. "Firefly Project and the 555th Parachute Infantry Battalion ("Smoke Jumpers")." The National Archives, Rediscovering Black History. February 10, 2015. http://rediscovering-black-history.blogs.archives.gov/2015/02/10/the-555th-smoke-jumpers/ (accessed January 14, 2016).

Corbet, Mark. "The Death of PFC Malvin L. Brown: "In The Interest of Public Welfare"." Smokejumper Magazine, July 2006.

Gidlund, Carl. "The Longest Rescue?" Smokejumper Magazine, October 2014: 10-12.

Lee, Ulysses. The Employment of Negro Troops. Washington, D.C.: Center of Military History, 2001.

Lienhard, John H. "War Department Report of Death: WD AGO Form 52-1." August 6, 1945. http://www.uh.edu/engines/epi1533.htm (accessed January 14, 2016).

Mullins, William S. Medical Department, United States Army Medical Training in World War II. Washington, D.C.: Office of the Surgeon General, 1974.

Porter, James H. "555th Parachute Infantry Historical Report." TripleNickle.com. February 1, 1946. http://www.triplenickle.com/deptarmy.htm (accessed January 21, 2016).

Rahm, Neal M. Final Report: Fire Fly Project. San Francisco: United States Forest Service, 1946.

Sheley, Chuck. "Operation Firefly-Triple Nickles Myth, Fact and Common Sense." National Smokejumper Association. June 12, 2015. http://smokejumpers.com/index.php/smokejumperhistory/get (accessed January 6, 2016).

Stone, Tanya Lee. Courage Has No Color. Somerville, Massachusetts: Candlewick Press, 2013.

Wills, Edwin H. "Fire Fly Project SOP." Pendleton Army Air Base: Headquarters, 555th Parachute Infantry Battalion, July 23, 1945.

The Military Blood Program During the Vietnam War

Charles Franson, AMEDD Museum

During the early phases of the US involvement in Vietnam, the requirement for whole blood was minimal, less than 100 units per month. Through 1965, this was easily supplied by military facilities in Japan.

The 8th Field Hospital was the only facility to administer whole blood transfusions until the spring of 1965. Every 10 days, shipments of 10 units of low-titer group O blood were shipped from Japan, which generally satisfied the demand. In the event of increased demand, the 406th Mobile Medical Laboratory, a satellite of the 406th Medical Laboratory in Japan, bled local donors. In May 1965, the 3d Field Hospital arrived in Saigon and became the central blood depot in Vietnam. The 406th Mobile Medical Laboratory was charged with distributing whole blood to all US forces in Vietnam.

As the war escalated, the demand for whole blood for transfusions rose dramatically, from 100 units per month in 1965, to 8,000 units by February 1966, and over 30,000 units per month by 1968. Demand peaked at 38,000 units in February 1969, dropping to less than 15,000 units by mid-1970, as US troops were gradually drawn down. The resources of PACOM (Pacific Command) to provide sufficient quantities of blood were rapidly outstripped.

In June 1966, the need for whole blood in Vietnam became urgent, and the blood program officer, Major Frank W. Kiel, MC, Commanding Officer, 406th Mobile Medical Laboratory estimated that 1,000 units of low-titer group O blood per week would be needed. Command, US Army Pacific sent a request to the MBPA (Military Blood Program Agency) to ship the needed blood to the 406th. MBPA had been created in July of 1962, and was responsible for implementing and coordinating the distribution of whole blood in wartime. The agency, staffed by medical officers of the three services, maintained close working relationships with the US Public Health Service, the Office of Emergency Planning, Executive Office of the President, and the American Red Cross.

This Hollinger-type blood shipping box was used early in the Vietnam War, but due to its size, and the need to return for re-use was replaced by the more compact, disposable Styrofoam Collins box.

Time is critical in the collection, delivery, and distribution of whole blood for large numbers of traumatic casualties. Blood is perishable, the total life expectancy from donor to patient of liquefied whole blood is 21 days. The most desirable blood for transfusion is the freshest blood available of the group and type specific for the recipient, completely and accurately processed and cross matched- a combination of perfections difficult to achieve in war. It was determined that blood from CONUS sources was safest, free of diseases such as malaria, hepatitis and syphilis often found in blood from OCONUS sources.

Unfortunately, the 21-day clock starts ticking at the moment of donation. The blood had to be typed, screened for diseases and compatibility, prepared for shipment and transported halfway around the world, then distributed where needed. An additional problem was the impossibility of predicting exactly how much of what blood group would be needed.

The best compromise, therefore, was to provide adequate quantities of low-titer (low levels of anti-AB

antibodies) Type O (universal donor) blood. As the war progressed, other blood types were provided, with medical units in-country sorted as to their capacity to handle the other groups.

The blood was transported by air, iced, in insulated containers from seventeen CONUS military donor sites via a central Armed Services Whole Blood Processing Laboratory at McGuire AFB. The blood was then shipped from Elmendorf AFB in Alaska to Yokota AFB in Japan. From Japan it went to the USARV Central Blood Bank operated by the 9th Medical Laboratory Detachment at the 3d Field Hospital in Saigon. The 9th Medical Laboratory Detachment was supported by personnel from the 3d and 51st Field Hospitals, and five sub-depots in the blood distribution system: the 406th, 528th, and 946th Mobile Medical Laboratories at Nha Trang, Qui Nhon, and Long Binh, respectively; the Naval Support Activity Hospital, Da Nang; and the 36th Evacuation Hospital, Vung Tau. In June 1969 the central blood bank was relocated to Cam Ranh Bay, as there were fears that another Tet-type offensive could overrun the facility in Saigon.

The two most important factors in the transporting whole blood were avoiding spoilage and speed of delivery. The blood was kept iced at all times and transported in insulated containers. Early in the war, the military used a "Hollinger" box, an improvement on the WWII era blood box. These were large, heavy containers designed for multiple uses. This complicated logistics, as the size and weight of the box affected the amount of blood that could be shipped by air, and required space for the empty box on a return trip. In 1965, MAJ William Collins, Director of the Blood Program at the 406th Medical Laboratory, suggested modifying the existing cardboard blood-packing box with a Styrofoam insert. This proved superior, as blood remained cooler for a longer period of time, regardless of ambient temperatures. The container was much lighter, as well as disposable, thus streamlining logistics. (The troops also thought that the discarded foam boxes made GREAT ice chests.) Speedy delivery was another matter.

Fenwall blood collecting kit with integral donor set. These were used for local blood banking in Field Hospitals; same bag was used for administration to recipient after processing in lab.

The sheer complexity of delivering a unit of blood to the end user (donation, titration, multiple transport steps) meant that upon delivery, seven of those precious twenty-one days had passed, leaving a window of 14 days for actual administration. In order to minimize wastage, blood between 21and 31 days was often given to Vietnamese hospitals, or used for those receiving massive transfusions. At 31 days, the blood was commonly converted to lyophilized plasma.

From 1965 through 1970, approximately 1,087,994 units of whole blood were shipped by the 406th Medical Lab to Vietnam. Unlike previous conflicts, all blood was donated by service members, DOD civilians, and dependents without recourse to the Red Cross or other civilian blood banks. The lessons learned during this time and developments in blood banking set the stage for continual improvement through the current day.

In other AMEDD history news, I would like to congratulate Ms. Gwyneth R. Milbrath, RN, MSN, MPH who received the Neel Award for AMEDD History for her paper, "*Grace Under fire: The Army Nurses of Pearl Harbor*." If you are interested in competing for this year's award, see inside the newsletter for details. This past March 11 and 12, the AMEDD Center of History & Heritage (ACHH) partnered with Texas Tech University to conduct a Medical History of the Vietnam War Symposium in San Antonio. The symposium drew many Vietnam Veterans as speakers who told a story of Army medical personnel doing their best to save soldiers' lives in an unpopular war. While some of the presentations were graphic, these medical soldiers added the humor they shared lulls in combat! To complement the symposium, the ACHH Museum developed a temporary exhibit that was well received and will be up until the end of June 2016.

Recently I met with Mr. Charles R. Bowery, Jr. the new Executive Director of the Army Center of Military History (CMH). Mr. Bowery shared his perspectives and vision, and he summed up with a succinct message about how he views Army history to "educate – inspire – preserve."

Finally, I welcome your comments, and would like to again take the opportunity to invite you to send us an article! We are always looking for amateur AMEDD historians to submit articles to the *Historian*. Please remember to visit the AMEDD Museum and archive during your next visit to Fort Sam Houston! Back issues of the *AMEDD Historian* can be found at http://history.amedd.army.mil/newsletters.html.

Bob Driscoll
Chief, ACHH

Writing for The AMEDD Historian

We are seeking contributions! We believe variety is the way to attract a variety of audiences, so we can use:

Photos of historical interest, with an explanatory caption

Photos of artifacts, with an explanation

Documents (either scanned or transcribed), with an explanation to provide context

Articles of varying length (with a 500 word minimum), which must have sources listed if not footnotes/endnotes

Book reviews and news of books about AMEDD history

Technical requirements:

Photos will need to be at least 96dpi; contact us about file format. Text should be in Microsoft Word (.doc or .docx) format. Please do NOT send text with footnotes/endnotes in .pdf format.

Material can be submitted to **usarmy.jbsa.medcom.mbx.hq-medcom-office-of-medical-history@mail.mil**

AMEDD Center of History and Heritage

Director, Mr Robert Driscoll

AMEDD Museum ameddmuseum.amedd.army.mil/ 210-221-6358

Office of Medical History history.amedd.army.mil 210-295-0977

Office of the AMEDD Regiment ameddregiment.amedd.army.mil/ 210-221-8160

http://history.amedd.army.mil/ http://ameddregiment.amedd.army.mil/ http://ameddmuseum.amedd.army.mil/index.html