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Chief's Corner

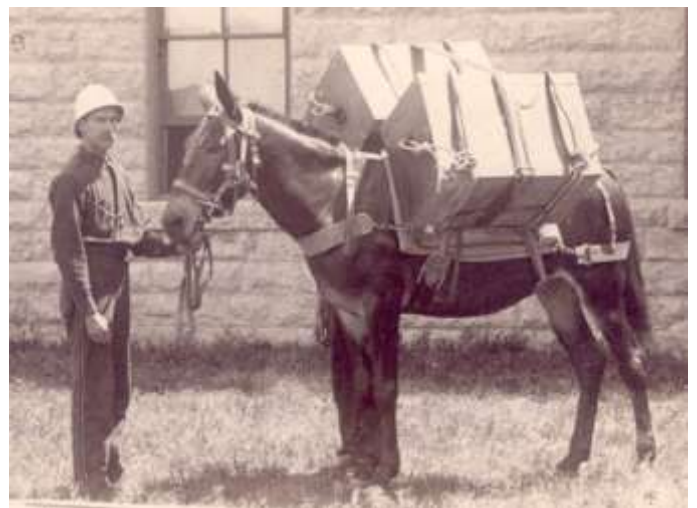
Hi folks, and welcome back to the fall edition of *AMEDD Historian*! The summer was busy for us as we were vacationing and getting prepared to send our history team (provisional) to Afghanistan the first of October. We first deployed our history team in 2011. The history team's mission will be to collect oral histories, various documents, photographs, and three dimensional artifacts for the museum. So if you have photos or documents from **ANY** deployments, please consider donating them to the ACHH. The AMEDD Center of History & Heritage (ACHH) is the AMEDD's Center of Excellence for AMEDD history and you can help us grow the archive with your donation. With all that excitement, the ACHH staff still wrote some interesting articles on our history, but the most exciting aspect is three readers like you have done the research and submitted articles that you can read in this issue of the *Historian*.

So... We want you! This is your journal and we ask you to be proud of Army Medicine history and submit your articles, photos of artifacts with description, documents and memorabilia to share our Army Medicine historical experience. "Knowing history begins with studying it, then making it useful to our profession by applying what we've learned."

I look forward to hearing from you about our past!

Bob Driscoll
Chief, ACHH

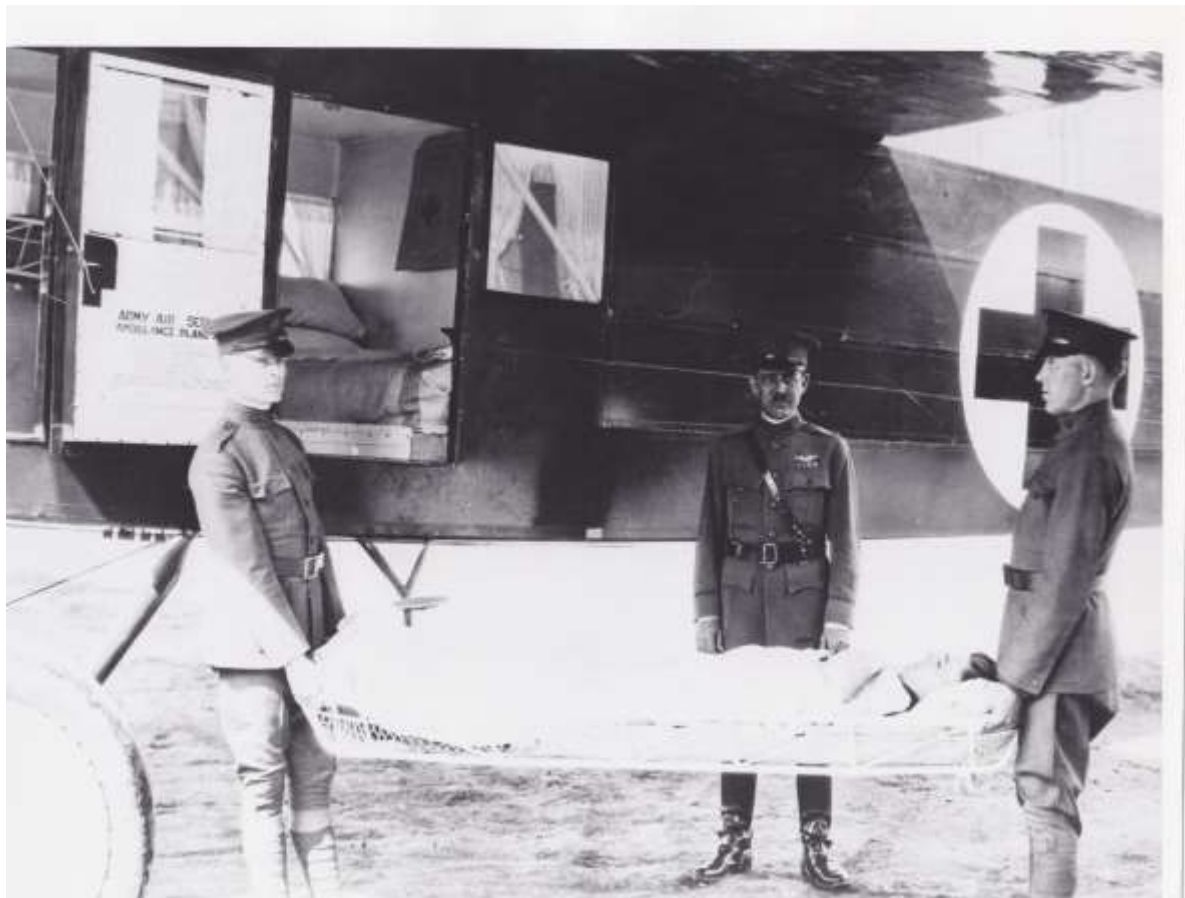
In 1899 the AMEDD opened a school at Angel Island (in San Francisco Bay) for Hospital Corps men who were being deployed to the Philippine Islands. In 1899 alone, 692 men passed through the Angel Island school. These photos date to 1902, and show men being trained on using an extemporized litter (rigged from rifles and slings) and moving a battalion's surgical chests by pack mule.



Photos courtesy National Museum of Health and Medicine.



The Army has long wanted to quickly evacuate the wounded. Between 1908 (the rough date for the “gallop ambulance” above) and 1926 (when the Army Air Service became the Army Air Corps) patient opportunities for rapid patient evacuation changed remarkably. Neither of these ambulances was adopted, but research and development work proceeded in peacetime as well as wartime. Photos courtesy Library of Congress (above) and National Archives (below).



The Harrowing Story of WW II Army Doctor, Major Luther C. Heidger

Robert L. Ampula, US Army Medical Department Regiment

Mere hours after the devastating surprise attack on Pearl Harbor by forces of the Japanese Empire on the morning of 7 December 1941, a series of near simultaneous, well-coordinated attacks began on Malaya, Hong Kong, Guam, Wake Island, and the Philippine Islands. At Clark Field on Luzon in the Philippine Islands, Army personnel were listening to reports of that attack on their radios, and although aware an attack on their location would likely follow, few, if any knew it would ensue as rapidly as it did. Around noon, formations of planes could be seen approaching Clark Field. Many mistakenly thought these were US Navy planes flying in perfect formation.(1) The thought quickly vanished as the planes began to rain destruction upon man and material. The men scrambled for cover as bombs destroyed planes, fuel trucks, and facilities. The B-17s that were refueled, lined up, and prepared for takeoff, were hit and soon burning on the airfield. This created heavy smoke which hindered anti-aircraft batteries in their attempt to ward off the attackers.

Along with the sound of explosions and anti-aircraft fire, could be heard the cries of the wounded and dying. Through the thick smoke, while the bombs still fell, two figures could be seen moving amongst the casualties and rendering aid. Those figures were Army doctors, Major Luther C. Heidger and First Lieutenant Roy W. Day Jr., who rushed to save their comrades at the first sound of explosions. Having lost their helmets during the initial chaotic sprint to reach the wounded, they advanced from casualty to casualty with total disregard for their own personal safety. Even when the Japanese Zero fighters arrived to strafe the airfield and destroy the P-40 fighter planes, and the second wave of bombers arrived to complete the task to destroy Clark's aircraft, Major Heidger and First Lieutenant Day never faltered in their life saving mission and seemed almost oblivious to the carnage around them. Both Army Medical Corps officers were among the first in the Armed Forces to earn awards for valor in WW II.

When the attacks finally ceased, the Soldiers emerged from whatever cover they had found as refuge during the attacks and began fighting the numerous fires that were now raging. Medics arrived with the few ambulances that were still operational and began transporting the wounded. When this proved inadequate, trucks that had escaped destruction were put into use for this task as well. While this was transpiring, Major Heidger began his duty to record the deaths suffered in the attacks on Clark Field.(2) The landing of Japanese ground forces started almost immediately on the north and east coasts of Luzon and the attackers quickly pushed toward Manila. Major Heidger and the surviving Clark Field Soldiers, following war plans, began moving down the Bataan peninsula toward the port at Mariveles for transport to Mindanao. Their ship was bombed by the Japanese enroute and had to be repaired prior to completing the voyage to Mindanao.(1)

After disembarking, the group moved inland to Camp Keithley where they would largely remain until the end of April 1942. The plan was to offer resistance against the Japanese until American reinforcements arrived. Major Heidger directed the construction of a make shift hospital and began to treat the increasing number of sick due to tropical diseases such as malaria. He also treated civilians and delivered at least one baby while on Mindanao.(1) Soon, wounded American and Filipino Soldiers arrived for treatment as the Japanese continued their advance on allied positions.

On 10 April 1942, the last defenders on the Bataan peninsula surrendered and the Japanese turned their focus to Corregidor. On 5 May the Japanese started landing troops and despite gallant efforts to repel the enemy, Corregidor fell on 6 May. LTG Jonathan Wainwright(3) was told by the Japanese that he must surrender all of his forces in the Philippines and not just the forces on Corregidor. Fearing reprisals by the Japanese on the prisoners already in Japanese hands, he capitulated. Several days later Major Heidger and the Clark Field sur-

vivors received the news that they too must surrender. Several made the decision to fight on with guerrilla forces, but most obeyed the orders fearing that disobedience could bring desertion charges or harm to those who surrendered.

The Japanese moved the prisoners to Camp Keithley where they would be held until July 4th 1942. On that date the prisoners were told they would march 100 miles to Cagayan. They would soon learn the extent of the brutality to which their Japanese captors were capable. Most of the men were weak due to food limitations and many were also sick with tropical diseases, and/or wounded. On the march, those who lagged behind or could not continue were swiftly taken to the rear and executed. Prisoners who attempted to help their friends would often weaken themselves as well, causing both to fall behind. Fortunately, the first day and the march ended after 25 miles in Iligan instead of the 100 miles to Cagayan.



MAJ Luther Heidger, 1897-1944

After a few days the prisoners were crammed into the hold of a ship for transport to Cagayan. The conditions on the ship were deplorable. On arrival, the prisoners were hustled off the ship and were trucked to Malaybalay where they were held until October. Late October they were put on another ship and sent to Davao Penal Colony where they would remain, often to endure brutal treatment at the hands of their captors, until 1944. Major Heidger treated the POWs as well as their Japanese guards during those two years. Tropical maladies were indiscriminant and equally affected both the guards and their prisoners.

By August 1944 it was apparent that the Philippines would be next in the United States Island hopping campaign against the Japanese. The Japanese decided to transport their prisoners from the Philippines to Japan. 750 prisoners, including Major Heidger, were herded onto a ship at the end of August and it sailed to the southwest coast of Mindanao. After a few days, they were transferred to the holds of the Shinyo Maru, one of the so called Hell Ships.(4) The ship sailed, hugging the coast for a few days when they were spotted by the submarine USS Paddle on 7 September 1944. The Shinyo Maru sailed without markings and was targeted by the USS Paddle and torpedoed, unaware that the ship carried prisoners of war.

Prisoners that survived the explosions and managed to free themselves from the debris and rising water, scrambled to reach the deck to escape the sinking ship. Adding to the bedlam, the remaining Japanese guards targeted the hatches as the men emerged. Those that escaped that mayhem and made it to the water were in for yet another trying ordeal. The Shinyo Maru sailed as part of a convoy. Other ships of that convoy launched lifeboats to rescue the Japanese survivors of the Shinyo Maru. The POWs, now struggling in the water to stay afloat or swim to the shore of Mindanao, were targeted by the Japanese on these boats and shot. The Japanese officers even swiped at their heads with sabers. It is unknown how many prisoners died as a result of the explosions or were trapped in the bowels of the ship unable to reach the surface when it went down. What is known is less than 90 of the 750 prisoners made it to shore. The survivors were fortunate to meet up with Filipino Guerrillas who fed and harbored them until the submarine USS Narwhal came to evacuate them at the end of September 1944. It is unknown if Major Heidger survived the explosions and escaped the sinking ship just to be killed by his Japanese guards, but sadly, he was not among those who survived to reach Mindanao and eventual rescue.

For his actions, Major Heidger received the Distinguished Service Cross and Bronze Star. 1LT Day was interned at another camp in the Philippines. He was eventually transported to a work camp in Japan and sur-

vived the war. 1LT Roy Day Jr. received the Silver Star.

<http://ameddregiment.amedd.army.mil/cross.html>

<http://ameddregiment.amedd.army.mil/ameddsilverstar.html>

Maj. Heidger's story was told in the January 1943 issue of Heroic Comics, probably because he was from the town where the comic was published. To see Heidger's story, go to <http://comicbookplus.com/?dclid=23417>, pages 15-18.

Sources

1. Victor L. Mapes with Scott A. Mills The Butchers, The Baker (McFarland, 2000).
2. William Bartsch, December 8, 1941 MacArthur's Pearl Harbor (Texas A&M University Press).
3. LTG Jonathan M. Wainwright took command when General Douglas MacArthur departed for Australia on 12 March 1942.
4. Hell Ships were so named because of the hellish conditions. Prisoners were crushed into the holds of the ships for days at a time by abusive guards. Oppressive heat and lack of food and water made the conditions unbearable. Many prisoners perished due to suffocation, hunger, and illness.

The remarkable Annie Etheridge

LTC Peter L. Platteborze, Brooke Army Medical Center

Few people today know the story of Annie Etheridge who was once nationally acclaimed as the iconic nurse of the North. Various accounts indicate that she served admirably, without pay, through the entire four bloody years of the American Civil War functioning in a role that we consider today as a combat medic. One national newspaper commented "that if England can boast of the achievements of Florence Nightingale, we of America can present a still higher example of female heroism in the person of Annie Etheridge."

She was born Lorinda Anna Blair on 3 May 1839 in Detroit, Michigan. Little is known about her youth other than she spent considerable time aiding her sick father and had worked in a hospital with a poor reputation for patient care. At the age of 21, she married James Etheridge and shortly after the April 1861 outbreak of the Civil War they both patriotically enlisted in the 2nd Michigan Volunteer Infantry Regiment. She signed on with 19 other women to serve as a vivandiere, or daughter of the regiment, with duties to serve as a nurse as well as a cook and laundress. Prior to the Civil War, American women did not officially serve in the military; most vivandiere were outfitted in a feminine version of the regimental uniforms.



In June 1861, the 2nd Michigan marched to Washington D.C. to join the Army of the Potomac. Within a month, Annie was the lone vivandiere remaining in the regiment. Unlike her peers, she seemed to thrive in the constant hardships of field service and military camp life. In mid-July, the regiment skirmished with the enemy at Blackburn's Ford, which subsequently developed into the battle of First Bull Run. On the battlefield, Annie selflessly moved to the wounded exhibiting great courage under fire as well as an amazing silent focus upon her mission of mercy. Thus began her reputation for being found on the front lines caring for the wounded where many surgeons wouldn't dare venture. After the battle, her husband deserted yet Annie stayed having found her calling earning her the nickname "Michigan Annie." Her regiment then helped defend the capitol until the spring of 1862 when they supported General McClellan's Peninsular Campaign designed to capture the Confederate

capitol of Richmond. She participated in the battle of Williamsburg and was then temporarily transferred to duty aboard hospital transport ships operated by the U.S. Sanitary Commission. These steamboats were designated to carry wounded soldiers back to major city hospitals along the East Coast.

In August 1862, Annie returned to the front lines with her regiment at the battle of Second Bull Run. While giving aid to a wounded soldier of the 7th New York, an artillery shell burst nearby immediately killing him. Upon observing this Major General Philip Kearny rode up to her saying "I am glad to see you caring for these poor fellows. When this is over I shall recommend that you be given a horse and rank of sergeant." Unfortunately for Annie he was killed two days later at the rear guard action of Chantilly and she received neither rank nor pay. This earned her even greater respect and affection from the fighting men, who now began calling her their 'sergeant in petticoats.' Thankfully she did receive a horse which allowed her to move to the front much quicker and with more medical supplies and water, and also provided her the ability to transport the wounded back to a field hospital.

In November, the 2nd Michigan was reassigned to the Union's Army of Tennessee while Annie decided to remain with the Army of the Potomac by transferring to the 3rd Michigan. The following month Annie had another near-fatal incident at the battle of Fredericksburg. She was binding a soldier's wounds when an artillery shell exploded nearby, mortally wounding him and removing a large portion of her skirt.

She received the greatest notoriety for her role in the May 1863 battle of Chancellorsville. Here, at the front lines (and on her 24th birthday) she received her only wound of the war when a Minie ball grazed her hand. This bullet struck her horse which frantically bolted out of thick woods with her holding on. Fortunately, it ran into the Union reserve and was quickly subdued. Later that day Annie conspicuously cheered on a heavily wounded and demoralized unit of artillerymen causing them to not abandon their battery, and they subsequently played a pivotal role in the battle. For this noble sacrifice and heroic service on 27 May 1863, she was awarded the Kearny Cross, a decoration given to only two women in the entire Civil War.

Being wounded did not impede her efforts on the battlefield. Multiple reports indicate that she was at the heavily contested Peach Orchard area of Gettysburg during the brutal fighting on 2 July 1863. Following this battle, Annie travelled with the remnants of her regiment to New York City to assist in suppressing violent draft riots. During this time she received many public visitors in camp to include Hannibal Hamlin, the Vice President of the United States.

In April 1864, the new commanding General of the Army, Ulysses S. Grant directed that all women leave the front. Despite this order, Annie remained in the heat of several battles that spring and summer. In June the three year enlistment expired for the men of the 3rd so Annie and the soldiers who re-enlisted were transferred into the 5th Michigan Infantry. Around this time, Annie was specifically ordered by General Grant to stay away from the front. Soldiers in her division, from privates to the general, signed a petition asking for special dispensation for her to continue serving with them. General Grant did not concur and Annie was forced to report to the large hospital at City Point where she remained until the end of hostilities.

After the war Annie marched with the 5th Michigan in the Army's Grand Review parade in Washington and was mustered out with them in July 1865. By the end of the war, she had served in an amazing 32 engagements and had directly tended to the soldiers of the 2nd, 3rd, and 5th Michigan Volunteers. The lives of many soldiers in the Army of the Potomac were saved due to her tireless efforts.

In 1870 she married Charles Hooks, a Union veteran of the 7th Connecticut Infantry, and settled into work for the U.S. Treasury Department in Washington, D.C. In 1887 she finally began receiving a small pension for her

noteworthy services to the Union Army. She died in 1913 and was buried with veteran's honors in Arlington National Cemetery next to her husband. In 1915 the state of Michigan had a white marble headstone erected on her grave site as a monument to this remarkable nurse who embodied the ideal daughter of the Union Army.

Sources

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Bruce Butgereit and Marcia Butgereit, "Annie Etheridge: a sergeant in petticoats" *Michigan History Magazine*, July 2011.

Richard Hall, *Patriots in Disguise: Women Warriors of the Civil War* (New York: Paragon House, 2003).

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Army Recommendation: Don't use X-rays for forward surgery

Dr Sanders Marble, Office of Medical History

That could have been the headline after a 1900 report, "[The Use of the Roentgen Ray by the Medical Department of the United States Army in the War With Spain \(1898\)](#)". Major (Dr) William C. Borden declared "Experience with [X-ray] use in the late war and the conditions of military surgery lead to the conclusion that the use of the apparatus in movable hospitals is not advisable, and that its use should be restricted to permanent base and general hospitals and to hospital ships." Borden was an experienced surgeon (he would soon be appointed professor of surgery for the Army Medical School), and had used X-ray machines in experimental work at the Ft Snelling, MN hospital and during his command of the Army general hospital at Key West FL during the Spanish-American War.



From Borden, *Use of the Roentgen Ray*, plate III.

How did an experienced surgeon come to such a judgment? He listed four reasons, but they overlapped on the relative risk of infection from forward surgery versus delaying surgery. Borden felt that, for most patients, the risk of infection from surgery in improvised forward hospitals was greater than the risk of delaying surgery until the patient was back at a proper hospital. Borden was strongly in favor of using X-rays, and strongly in favor of surgery to debride devitalized flesh and remove both projectiles and bone fragments, but he thought opening a patient for septic surgery was a greater risk. Borden knew that every single surgical patient in the field hospitals had become infected. In an era before antibiotics or even bacteriostatic sulfas, infection was a great killer, and Borden had hedged his advice by admitting there were patients who would need forward surgery. But putting an X-ray machine in the forward hospitals to help surgeons with those few patients who needed surgery would encourage too much forward surgery and increase the number of infections.

Another surgeon was vocal in his support of X-rays for forward surgery. Nicholas Senn was an equally prominent surgeon (in civilian life he was professor of surgery at Rush Medical College) and he was a National Guard surgeon who had been ashore in Cuba and performed forward surgery there. He wrote "In the light of our recent experience the X-ray has become an indispensable diagnostic resource to the military surgeon in ac-

tive service, and the suggestion that every chief surgeon of every Army Corps should be supplied with a portable apparatus and an expert to use it, must be considered a timely and urgent one.” Senn was not calling for many X-ray machines; one apparatus per army corps would have been eight sets for the whole Army. Senn was describing an ideal, not grappling with how to achieve it, while Borden considered the types, advantages, and disadvantages of period X-ray machines. Meanwhile, Borden falsely believed the new high-velocity bullets cauterized their wounds, so he was more willing to accept surgical delay.

These two views exemplify not only doctors having differing opinions, but military medicine having different requirements than the civilian practice of medicine. The Army would purchase X-ray machines for its large fixed hospitals in the next few years but the fragile, bulky, and balky X-ray machines of the period were unsuited for use under canvas. The Army experimented with portable sets, staying abreast of technical developments but not investing in any particular model. X-ray machines were deployed to the hospitals when the Army responded to both the 1914 and 1916 Mexican crises.

In WWI the British and French demonstrated the importance of X-rays in all surgery and better equipment was available. The US shipped overseas 150 fixed X-ray machines, 55 trucks with attached X-ray machines, 264 portable machines, and 250 bedside machines. Thousands of soldiers would be X-rayed in forward hospitals. The Army was pragmatic, not dogmatic, about X-rays and had to consider operational as well as clinical factors when fielding X-ray equipment.

Sources

William Borden, The Use of the Roentgen Ray by the Medical Department of the United States Army in the War With Spain (1898), (Washington, DC, Government Printing Office, 1900).

William Borden, “Gunshot wounds: a report of gunshot cases in the Spanish-American War and deductions therefrom,” New York Medical Journal 1900.

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Vincent Cirillo, “The Spanish-American War and Military Radiology,” American Journal of Radiology 2000.

KDA Allen, Historical Note, in AL Ahnfeldt, KDA Allen, and EM McFetridge, Radiology in World War II, (Washington, DC, Office of The Surgeon General, 1966).

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Color of the 95th Medical Gas Treatment Battalion. Note the crest featuring the combined roles of the unit demonstrated with the crossed retorts representing chemical operations, and the caduceus for medical service.

Courtesy AMEDD Museum.

Medical Gas Treatment Battalions of World War II

Nolan A. (Andy) Watson, AMEDD Center of History and Heritage

One of the hallmarks of battle in World War I was the use of chemical agents. They produced horrible wounds, lingering effects, and created a great amount of terror among the troops. It is arguable whether the use of these weapons was decisive, but once utilized, armies immediately looked toward countermeasures and treatment for the terrible wounds. Keeping these casualties in mind, military planning for World War II included provisions for units to treat gas casualties. Medical Gas Treatment Battalions were formed early during World War II to perform this mission.

The 91st, 92d, 93d, 94th, and 95th Medical Gas Treatment Battalions (MGTB) were organized with medical personnel additionally trained on the effects and dispersal of chemical agents. They had thorough and realistic training, in some cases being exposed to mustard gases and then providing treatment. Adaptive, the units trained for the chemical treatment role until deployment to the European Theater when their mission changed. Always ready for their primary mission, the units also assisted in the evacuation of thousands of wounded Soldiers and treated victims of concentration camps.

As the Great War ended, the Medical Department and Chemical Warfare Service worked in greater cooperation on the treatment of gas casualties. Both agencies performed studies to document cases and management. After the war, as the Army drew down and the world wanted to move on, the medical department recognized the value in continued training and sent a small number of physicians to attend courses to the Chemical Warfare School at Edgewood Arsenal, Maryland.

The next war would be the reverse of gas preparedness. World War I saw a rush to concentrate on gas casualties, whereas World War II focused on gas casualties from the beginning and then turned in different directions. The build-up for World War II directly drew from the previous war's experiences concerning medical support for chemical wounds. Aware of the potential for catastrophic failure, gas treatment units were included in the formation of medical support plans. These gas treatment battalions were designed to provide support at the Army and Corps level.

Much of the treatment of gas casualties at this time consisted of recovering the wounded with medical clearing platoons, decontamination cleaning through rinses or scrubs, and respiratory or "oxygen" therapy. Medical treatments were to be administered as needed throughout these phases. The wounded were also segregated and given time to recover. Contaminated clothing and other material would be safely discarded, and new clothing would be issued. Once stabilized or sufficiently improved, the patients were to be transferred for further care or convalescence in rear areas.

Trained in medical, chemical, and field procedures the units awaited their next step, combat. All of the MGT battalions



"I carried all my T/E gas treatment equipment to the very end [of the war] and we kept it in good condition."
LTC Charles Gingles, commander of the 91st MGTB.
Image courtesy US Army Chemical Corps Museum.

were sent to the European Theater of Operations. First they made their way to England and then waited. Upon arrival in England in June 1944 the newly arrived 94th MGTB had an informal gathering with the 92d MGTB. The 91st and 92d MGTBs had been in England since December 1943. Due to their shared mission and cadre, it was an amicable gathering.

Waiting for the Normandy invasion, the gas treatment units remained in England for months. They reviewed procedures and continued strengthening their respective organizations. Although leadership and physical training were stressed, familiarization with a new field type transfusion set, British multiple oxygen therapy apparatus, and field autoclaves were also undertaken. These items could be used for the decontamination mission, or for a variety of other medical tasks which the gas treatment units might soon face.



European Theater of Operations gas treatment kit developed in part by COL William D. Fleming, Chief of the Medical Research Division later assistant theater surgeon in charge of gas defense. National Archives.

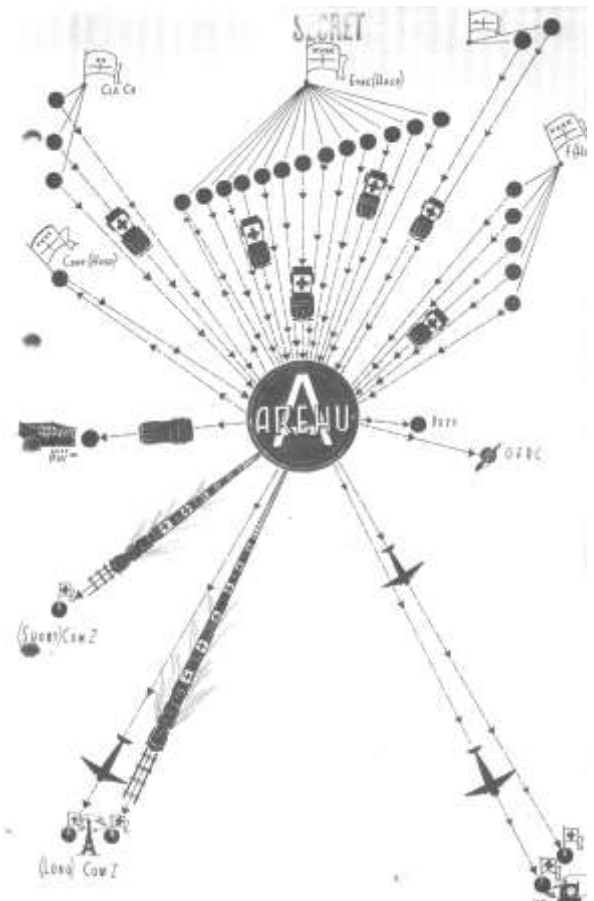
In addition to the evacuation mission the MGTBs established hospitals for casualties requiring more time for recovery. The MGTB alternated between convalescent and air holding unit hospitals, while remaining prepared for the utilization of chemical agents. Acting as air holding unit hospitals, or augments for Evacuation Hospitals, the medical gas treatment battalions moved patients and managed logistical and administrative issues.

The role of the Evacuation Hospital was to hold patients and ready them for transport for further care. Surgeries were also performed. They received patients and held them until the next location was decided upon. These hospitals were mobile and generally consisted of tentage. Receiving patients from ambulances or transferred from other

hospitals, the Evacuation Hospitals were co-located near airfields or rail lines that provided further transport.

Continuing Corps and Army level support as the American Army moved further into the continent, the medical gas treatment battalions leapfrogged across Europe. Movement was essential to keeping a continuous flow of patients to needed care. The 94th MGTB had eleven different bivouac locations in just under a year of deployment.

On 8 May 1945, as much of the world celebrated the surrender of Nazi forces, the 92d MGTB organized thirty inoculating teams to immunize former inmates of the Dachau Concentration Camp against typhus fever. Approximately 20,000 to



Cover design for the 94th MGTB report demonstrating the unit's role as a hub of evacuation for Third Army. Note details such as the inclusion of air, rail, and ambulance evacuation modes. National Archives.

30,000 people received two injections of typhus vaccine. Later the 92d MGTB's A and B Companies inoculated 5,000 inhabitants of the town of Schwabmunchen, Germany, also against typhus fever.

More tasks ensued as a semblance of order was slowly brought to the chaos of post-war Germany. Company C of the 91st MGTB established an enemy medical materiel branch control point at Heilbronn, Germany that ran from April through September 1945. At this station captured medical supplies were distributed to various hospitals treating prisoners of war and displaced persons. The depot was the only one serving Seventh Army. Later a Germany company and a Hungarian Company were attached to Company C to assist in this task.

From May through July 1945 the 91st MGTB formed truck convoys to consolidate equipment, personnel, and supplies from field and evacuation hospitals, depots, and captured enemy material. Over 1,000 tons of materials were moved from one depot to another. Over the course of the months their trucks travelled (an estimated) 100,000 miles.

Continuously busy even after the war's conclusion, the medical gas treatment battalions provided an essential level of medical support. The units were inactivated as the huge American Army of World War II was dismantled. After the war, medical treatment for gas casualties was again studied to a small degree, just as it was after World War I, but this time it took a less prominent position after the emergence of nuclear weapons. Critics might describe the mission of the medical gas treatment battalions as ill-defined or "ash and trash", but the battalions offered much needed medical care, transportation, and organization; all while maintaining attention on their primary mission of treating gas casualties.

Unit Awards

91st MGTB Meritorious Unit Commendation 1 Dec 1944 – 28 Feb 1945, Company A only

Campaigns: Normandy, Ardennes-Alsace, Central Europe, Northern France, Rhineland

92d MGTB Meritorious Unit Commendation 24 Aug 1944 – Jan 1945, HQ Det. And Company C only

Campaigns: Ardennes-Alsace, Central Europe, Northern France, Rhineland

93d MGTB Meritorious Unit Commendation 1 Nov 1944 – 1 May 1945

Campaigns: Normandy, Ardennes-Alsace, Central Europe, Northern France, Rhineland

94th MGTB Meritorious Unit Commendation 10 Nov 1944 - 8 Jan 1945

Campaigns: Central Europe, Northern France, Rhineland

95th MGTB Campaigns: Central Europe, Northern France, Rhineland

Sources

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"Cheating the Death Train", The State South Carolina's Homepage, <http://www.thestate.com/2012/01/29/2132112/remembering-the-death-train.html>, accessed April 13, 2012.

National Archives: annual reports for the MGTBs; Interview, LTC Charles Gingles, 91st MGTB Commander, 18 August 1945.

ACHH Research Collection:

Letter, Walter Gantz to Robert Driscoll, 17 October 1989.

Letter, COL (ret.) Bill Hurteau, 95th MGTB Commander, "Reflections of the 95th Medical Gas Treatment Battalion."

First Aid and Reforms: The Ambulance Corps Badges of the New York National Guard

Gary A. Mitchell, © 2014 Gary A. Mitchell

Collectors of New York National Guard (NYNG) militaria rarely encounter the two “PROMPT AID TO THE INJURED” badges, designated Type 1 and Type 2 by Paul H. Till in his reference work *Military Awards of the Empire State*. The first type of this badge was authorized by General Order 36 of December 22, 1887. The design was submitted by NYNG Surgeon-General Brigadier-General Joseph D. Bryant and approved in December 1888 by NYNG Adjutant-General Major-General Josiah Porter. Newspaper articles of the period indicate that the Type 1 badges were being presented by February of 1889.

In order to qualify for this badge, a guardsman took a prescribed course of instruction given by the unit’s medical officer covering such topics as anatomy, diagnosis, personal hygiene, sanitation, and first aid. Upon successful completion of the course of instruction, the guardsman would be examined by a board of officers to determine his proficiency. Guardsmen who received the board’s endorsement were qualified to receive and wear the Prompt Aid to the Injured badge. These badges were serial numbered on the reverse and the unit’s medical officer was charged with maintaining a local record of the badges assigned to members of the ambulance corps. Initially the guardsman kept his badge when he left the ambulance corps and returned to his regular company. General Order 23 of September 3, 1891 revised this provision and required the guardsman to surrender his qualification badge when he departed his ambulance corps assignment.

The Type 1 badge was made of sterling silver by the firm Black, Starr & Frost of New York City and is circular, 1.25 inches in diameter. It bears a Greek cross in red enamel, with the legend * PROMPT AID TO THE INJURED * N.G.S.N.Y. surrounding the badge at the perimeter. The reverse consists of a c-catch pin and has the stamped unique serial number of that badge at the six o’clock position. The highest numbered badge the author has seen is 541 but only a handful of samples have been observed, so the actual range could be more extensive. The legend “PROMPT AID TO THE INJURED” reflected a common description for first aid services current during the period when the badge was established. While it seems stilted to the modern reader, it would have been instantly recognizable to the public in the 1880s and 1890s.



Left: Type 1 badge,
front

Right, Type 2 badge,
front

Author’s collection



The Type 1 badge was awarded through 1895. In 1896 it was replaced with the Type 2 badge. The new badge was made of bronze in the shape of an eight-pointed star, the rays of which originate from a red enamel Greek cross at the center of the badge. Two laurel branches flank the cross. A banner bearing the legend PROMPT AID TO THE INJURED lies above the cross and N.G.S.N.Y. below. The reverse has a c-catch pin, the name of the maker, Black, Starr & Frost, and the badge’s unique serial number stamped at the six-o’clock position. The serial numbering sequence was restarted at 1 when the Type 2 badge was created. The

highest numbered badge encountered (from a very small sample) was 204. This badge measures 1.44 inches from point to opposite point. The reason for the change to the Type 2 Badge is unknown; perhaps it was a matter of economy or simply a design refresh. It is also uncertain when these badges stopped being issued, although a newspaper account indicates the Type 2 badge was still being presented as late as 1902. During research for this article, no later date of issue was discovered in period newspapers, though such reports were fairly common prior to this date.



1893 image of a 71st Regiment NYNG hospital corpsman wearing a Type 1 badge.

Author's Collection.

the rationale for the continuance of the award. It thus makes perfect sense that the 1902/3 drill season (September 1902 – April 1903) was the last time these badges were presented. This explanation most closely matches all the known facts.

Other events may explain the rationale for the end of this badge if it did not occur as hypothesized above. The Dick Act of 1903 required National Guard units to comply with federal tables of organization in exchange for federal funding; perhaps changes to meet this provision significantly changed the nature of the hospital corps when New York achieved compliance with the new law in 1906, ending the justification for this award. The U.S. Army consolidated its medical resources at the division level during field operations (and post hospital level in peace time), and doctrine even in 1898 stated that state forces, when federalized

Besides the non-existence of newspaper accounts, one event strongly suggests the drill season starting in September 1902 and ending in April 1903 was the last period of issue for this badge. The Military Code of New York was amended (and such changes passed into law by the legislature) in April of 1903. Among other changes, revisions provided for a distinct Hospital Corps for regiments and independent battalions. Prior to this time, the Military Code did not define an organic medical establishment beyond a provision for Surgeons, Assistant Surgeons, and a single Hospital Steward. Now regiments were authorized one surgeon, two assistant surgeons, one hospital steward, two assistant stewards (three if the regiment had more than ten companies), and a body not to exceed twenty-five men (one sergeant, five corporals, and the remainder privates). These individuals were enlisted for the express purpose of membership in the Hospital Corps. Another Hospital Corps was authorized to be attached to the NYNG Headquarters, and would form the nucleus of further organizational changes in 1906.

An April 1903 date for the change to the Military Code meant that time existed for preparation and implementation of the changes early in the next drill season which began in September. These changes would have disrupted the old program of instruction and badge issuance, and eliminated

and placed in the field, would adopt the federal medical organization, specifically abandoning the regimental focus that characterized these units during peace time.

So far we have looked at the physical characteristics of the Prompt Aid to the Injured badges and outlined the duration of their existence. However a complete understanding of this award must consider the context of its creation, and their reflection of greater professionalism in medical personnel.

War is a great impetus to change, and history is replete with examples of adoption and adaptation under the stress of military necessity. Peace, particularly prior to the 20th Century, was a far less fertile incubator of new ideas and new organizations in the military context. In the last quarter of the 19th Century, this tendency toward complacency was broken by a series of innovations introduced in the New York National Guard. One such innovation dealt with the expansion of medical capabilities at the regimental level.

The Military Code of New York detailed the strength and makeup of the state's National Guard. The 1866 version of this document, written with the carnage of the Civil War fresh in the minds of its drafters, defined the medical establishment of the Empire State's National Guard as consisting of a surgeon and assistant surgeon at regimental level, and a single assistant surgeon in any independent battalion. No other medical personnel were provided for within these units, the very organizations that would suffer the brunt of any casualties in time of war. Clearly this level of manning was woefully inadequate and depended on ad hoc solutions in time of crisis.

The evolution away from this unsatisfactory situation was accomplished through the efforts of the medical establishment of the Guard. Although often decried as a weakness, one strength of the New York National Guard in the 19th Century was a direct result of its perception as a social club to which the better class of citizens belonged. Higher ranked officers tended also to have higher civilian social status, and the leaders of the New York National Guard were recognizable names among the financial power brokers, politicians, and civic authorities of the Empire State. They actively sought positions of authority in the National Guard as a confirmation of their social status and as a means of fulfilling their civic responsibilities. These individuals did not hesitate to introduce the improvements that were rapidly taking place in the civilian world, being less bound by convention and tradition than their federal establishment counterparts.

Interestingly, the chain of events that led to the creation of the Prompt Aid to the Injured badge began during an 1884 vacation in Europe. While in England, Dr. (Major) George R. Fowler, a surgeon in the 14th Regiment, NYNG, witnessed ambulance certificates being issued to people who had completed a first aid course. The ceremony he witnessed was the result of a contemporary movement in Britain to establish local civilian volunteer ambulance societies throughout the country manned by personnel who had been trained in medical subjects. Major Fowler decided to establish similar classes in the United States, and upon return convinced the NYNG Surgeon-General, Brigadier-General Joseph D. Bryant, to let him conduct medical and first aid training at the 1885 summer training camp at Peekskill. The classes were very successful and soon such training was being conducted at nearly all of New York's armories. The US Army followed quickly on Major Fowler's heels, and the United States Adjutant-General issued orders in 1890 to present similar training at every post in the U.S.



Dr. George R. Fowler

Public domain image.

This same enthusiasm for first aid matters spread rapidly into the civilian world as well, similar to what had occurred in Britain, spurred on by events occurring in the New York National Guard. Alvah H. Doty, a surgeon and Major in the 9th Regiment, NYNG, in 1890 wrote *A Manual for Instruction in the Principles of Prompt Aid to the Injured for Military and Civil Use*, a volume that saw numerous reprints and was regarded as the best book on the topic. The Red Cross Society of Brooklyn was also founded in 1890, with Dr. Fowler as its first president.

Surgeon-General Bryant, under whose authority the Prompt Aid to the Injured Badge was first developed, had also been the NY State Commissioner for Health and Governor (later President) Grover Cleveland's personal physician. While State Health Commissioner, Bryant famously required all ships entering NY harbor to be held in quarantine during a cholera epidemic until they could be verified as disease-free. This angered business interests who complained that he was shutting down the trade of a nation - and costing these interests a lot of money. Bryant replied that he did not mind stopping trade as long as he stopped cholera.

While a general awareness of first aid was important, medical officers in the NYNG quickly recognized that personnel with specialized knowledge dedicated full time to first aid were required. Since statutory authority did not exist to establish independent medical units, the most that could be accomplished initially was to detail men to the regimental surgeons for intensive medical training and to put these men under the command of the unit's surgeons for the period of the drill season. The annual detail of these men constituted the ambulance corps. As a body of men with such qualifications was constituted year after year, an expanding ability to establish an ambulance corps to meet any emergency of peace or war was developed, to be organized as the ambulance corps of the occasion.

Volunteers were recruited in each regiment to assume these duties. The burdens on these men would be greater than that on their comrades: they had to devote extensive time to their medical training/duties and still satisfy their existing regimental responsibilities. A means of motivating and rewarding this degree of sacrifice was sought. The idea of issuing a special award seems to have been the solution. This led to the creation of the Prompt Aid to the Injured badge. The holders of these badges were authorized to wear them on dress and field uniforms. Additionally, badge holders were specifically allowed to wear them on civilian clothes, the only NYNG award so authorized. As an indication of the exclusivity and prestige that the NYNG wanted associated with this badge, it was the first award in the NY state hierarchy of military decorations to be numbered.

The use of volunteers recruited from subordinate units to fill the ranks of the ambulance corps was codified in General Orders. This situation continued until the changes of 1903 which created an organic Hospital Corps. As noted earlier, the creation of the Hospital Corps eliminated the rationale for the badge, and it was this event which almost certainly ended the badge's existence. However the wear of out-dated awards was not rigorously policed, and National Guard medals and badges were often worn years after their discontinuance. The image below presents a member of the Company F, 1st Regiment NYNG (33d Separate Company) of Walton NY wearing a Type 2 medical badge. His collar insignia also reflects his medical affiliation as a member of the regimental Hospital Corps, consisting of a caduceus flanked by N to the left and Y to the right, surmounted by the number 1. Based upon uniform details, his photo is probably from the post-1902 timeframe. It is possible (but only speculation) that members of the original "by assignment" ambulance corps organizations may have been granted authority to continue to wear their Prompt Aid to the Injured badges if they transferred to or enlisted in the Hospital Corps.

Bryant's reforms were not limited to orderlies and medics. By General Order 17 of August 28, 1888, he re-

quired all doctors recommended for appointment as military surgeons to be examined and passed by boards of officers that he appointed. This quickly ended the practice of making professional medical qualifications subservient to social, political, or financial considerations. He also quickly addressed the problem of the qualifications of hospital stewards. These specialists were responsible for preparing and dispensing medicine, and he required all of them to be licensed pharmacists and dismissed any who were not. He well remembered his first hospital steward upon entry as a medical officer into the national guard: the man had been honest, faithful, and a stablekeeper, completely ignorant of medicines and their properties.

These reforms, in aggregate, were responsible for significantly increasing the efficiency of the medical service of the New York National Guard. This progress was in keeping, and in fact led, a similar civilian enthusiasm for emergency medical services in a non-military setting. The Prompt Aid to the Injured badge serves as a reminder and an artifact of this revolution.

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The CH-54 ‘Skycrane’ heavy lift helicopter allowed the AMEDD to experiment with air-lifted medical pods in the late 1950s through the mid-1960s. Everything from an aid station to an operating suite to a dental clinic could be moved wherever there was enough flat ground.

Photo courtesy Otis Historical Archives, National Museum of Health and Medicine.

Abzeichen des Labor Service Medical Unit

Robert S. Driscoll

While looking at some U.S. Army World War II uniforms I came across a strange medical shoulder sleeve patch, a dark blue bullion oval shoulder sleeve insignia, with the words “Medical Service” and a caduceus with a red cross on top. This curiosity sparked my interest to see what US Army medical unit this patch belonged to. What I discovered was this patch belonged to a German medical unit associated with the German Labor Service (LS) program that supported the US Army.

In August 1948 the U.S. Army hired 500 German men to support US forces in the ongoing Berlin Airlift. Due to the demand, six additional LS units were activated, providing a total of eight. In good old US Army fashion, these men were organized into companies (2905th and 7551st LS Companies), and equipped with surplus US Army uniforms.

These uniforms were dyed black and had a distinctive shoulder sleeve insignia in the shape of a red/white/blue shield surrounded in gold with the words “labor service,” with the exception of the LS Medical Unit.

In September 1949 the Berlin Airlift ended, and the eight units disbanded. However, at the same time, new LS “technical units” were established to provide physical security, ammunition maintenance, storage and handling of ammunition, engineer float bridging support, maintenance of bridging equipment, supply & transportation, and signal support to US forces.

These quasi-military unit personnel lived like soldiers in barracks, and clothing and meals were provided by the US Army, but no healthcare because LS personnel were required by German law to participate in the “Social Sick Insurance Program” and received treatment from German civilian medical facilities. The LS technical unit organization included organically a physician, dentist, and the equivalent of enlisted medical soldiers. However, these



Left: a Labor Service guard with dyed US uniform and weapon

Right: shoulder patch of the non-medical Labor Service personnel

Courtesy USAREUR history website



Shoulder Sleeve Insignia of the German Labor Service Medical Service



medical personnel had no centralized professional supervision, and, furthermore, the provision of healthcare in the “Social Sick Insurance Program” did not fit the lifestyle or structure of a military type organization. In an attempt to address this gap, a separate Medical Detachment was formed in 1953 as a separate technical LS unit, on an area support basis. However, LS personnel continued to receive medical care from their unit’s organic medical personnel and not from the area support LS Medical Detachment, resulting in duplication of medical facilities in some areas. To address the duplication of effort, it was decided to reorganize and centralize the LS medical under US control.

In June 1955 negotiations between USAREUR Medical Command (later 7th Medical Command) and USAREUR, LS Division aligned these medical detachments under USAREUR Medical Command. This new command relationship established twelve Labor Service medical dispensaries and one medical depot, with the medical dispensaries fully integrated into the US command structure. At the height of the Labor Service program in the 1970s, there were 82 numbered units with over 10,000 personnel. Eventually there was a total of 32 LS medical dispensaries located throughout Germany and one medical supply depot. By 1988 all the German labor units were gone, and the last five members of the Labor Service still worked for the US Army in other capacities.

Reference: USAREUR Regulation 600-400, 16 May 1991



By the 1960s litter-bearers were no longer included in line battalions. Medics treated patients, but line troops helped move the wounded man back to the rear.

Photo courtesy National Archives.

The Model T Ford Service Ambulance

Craig M. Calkins, CPT, VC, USA

Throughout the First World War the Model T Ford was frequently outfitted as an ambulance to evacuate casualties from the front lines. Between 1916 and 1919 the Ford Motor Company produced 26,515 ambulances for military use. During the earlier years of World War I, construction of the ambulance bodies varied widely depending on the manufacturer; building materials included paper, cardboard, wood, and cotton. The US Army Ambulance Service (a part of the AMEDD) realized the need to update the M1917 Ambulance and under the direction of MAJ Walter Fishleigh the M1918 Standard Ford Ambulance was developed and fielded.

M1917 Ford Ambulance

The M1917 Ford Ambulance was placed on a standard Model T Ford car chassis and capable of carrying four ambulatory patients or three litter patients. The ambulance bodies were constructed of paper, cardboard, wood, or canvas depending on the manufacturer and covered with a canvas top. Holes were cut in the tailgate and under the drivers seat to allow the litters to slide into the back. Canvas boots were affixed to the tailgate to enclose the body. The M1917 Ambulance could be outfitted with side curtains (below) to keep out the weather but provided little protection for the drivers.



M1918 Ford Ambulance

The M1918 Ford Ambulance provided significant improvements over the older M1917 Ambulance for drivers and patients alike. Redesigning the suspension system allowed a wheelbase fifteen inches longer, improving ride quality. The increased wheelbase also allowed for the body to be lengthened, fully accommodating the litters and eliminating the need for the canvas boots. Agasote, a high-density fiberboard, was utilized in the construction of M1918 ambulance bodies, decreasing the overall weight of the vehicle while providing increased structural integrity and protection to the patients. Metal shielding was attached to the cowl to protect the drivers from shrapnel. Side curtains were also available to shield the drivers from the elements. Despite these improvements, the M1918 ambulance had the same capacity for transporting casualties.

Vietnam War artifacts at the AMEDD Museum

Paula Ussery and Chuck Franson, AMEDD Museum

In 2008 Congress authorized the Secretary of Defense to conduct a program to commemorate the 50th anniversary of the Vietnam War. To prepare for these commemorative activities, the collections staff of the AMEDD Museum has surveyed the artifacts from this conflict. The exhibits of the AMEDD Museum interpret the organizational and scientific history of the AMEDD and also individual stories of service.

Artifacts include examples of the technology in use at that time, for instance a pneumatic injection apparatus, a portable surgical light from the 21st Evacuation Hospital, minor surgical kits, an anesthesia apparatus, an electrosurgical apparatus (commonly called a “Bovie”), an air droppable x-ray unit, a small autoclave, a field suction and pressure apparatus, stainless steel surgical tables, and a field x-ray apparatus made by Picker. Dental equipment from the 1960s is represented by two Field Dental Chests that contain numerous tools and supplies as well as the field dental chair and the foot engine. The Museum has only a few pieces of Veterinary Corps equipment, mostly related to food inspection and safety. Vietnam had its share of environmental hazards and the Museum has an Army snake bite kit and a bottle of Vietnam-era insect repellent. The Museum’s large artifacts include two ambulances (an M886 and an M725) as well as two jeep ambulances, type M718. Medical aviation assets from Vietnam are illustrated by the UH-1 Huey, whose role in helping to save lives makes it justifiably famous.

The donation of personal artifacts, used, carried or worn in Vietnam varies dramatically with the different Corps. The Museum is fortunate to have some field uniforms from the Vietnam time period from members of the Medical Corps, Medical Service Corps, and Army Nurse Corps.

Among the highlights from personnel of the Medical Service Corps are a small group of flight uniforms from medical evacuation pilots, including a flight jacket from Major Charles Kelly, whose personal call sign “DUSTOFF” became the term to request a medical evacuation mission.



U.S. Army issued snake bite kit from the Vietnam era.

Medical Corps personnel are represented in the artifact collection by a variety of personal uniforms and equipment (including a flight helmet) from MG Spurgeon Neel, considered the Father of Army Aviation Medicine, as well as fatigue uniforms worn by MG James Wier, who was promoted to BG while “in country.” A brass bell that was a part of a memorial to Major Gary P. Wratten, the commanding officer of the 45th Surgical Hospital who was killed on 4 November 1966 while the hospital was being erected, is a unique and poignant reminder of the losses sustained by the Army Medical Department in Vietnam. It was shipped to the AMEDD Museum in 1970 by the 45th.

The Army Nurse Corps Vietnam collection includes fatigue uniforms from BG Anna Mae Hayes, BG Lillian Dunlap and COL Rose Straley, the first Chief Nurse of the 44th Medical Brigade. COL Gayle O’Rear has also donated her iconic “Boonie” hat and fatigues worn in Vietnam from March 1970 through March 1971.

The Enlisted Corps collection of uniforms and equipment is small. The Museum has one provenanced M-5 Bag from Special Forces medic Edward Miller and no personally provenanced M-3 Bags. Medic Tim Shook has donated a spectacular Vietnam souvenir from his tour with the 1st Infantry Division, a handmade Vietnamese boat model currently on exhibit in the Vietnam Section of Gallery 1.

The AMEDD Museum does not have yet any uniforms from Southeast Asia from either the Veterinary Corps or the Medical Specialist Corps. Dr. Robert Reed, a Special Forces dentist, who served in Thailand in 1970-1971, has given the AMEDD Museum his fatigues. They are the only Dental Corps Southeast Asia fatigues in the collection and are on exhibit in Gallery 1.



Jungle hat worn by CPT Gayle O'Rear during her deployment in Vietnam.

Rounding out the Vietnam War collection at the AMEDD Museum is a cross section of captured Viet Cong and North Vietnamese Army medical materiel. Among our holdings are several first aid kits, both commercially manufactured and locally assembled. The earliest of these kits was captured in 1964. Other captured equipment includes a foot operated suction pump, sterilizers, a water distiller, a few manuals, two surgical cases and a variety of pharmaceuticals that are mostly vitamins, quinine and electrolytes. Hopefully the 50th anniversary will encourage the veterans from Southeast Asia to rummage through their footlockers and consider the AMEDD Museum as a suitable repository for their memorabilia.

The Army Medical Department has two M1917 Ford Ambulances at Fort Sam Houston, Texas. One is on static display at the Army Medical Department Museum while the other is fully functional and can be seen driving around post.

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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 (initially we will try 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

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