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Welcome!

Welcome to the first issue of the *AMEDD Historian*! Army Medicine is 238 years old and we have a distinguished history that we should be proud of! The *AMEDD Historian* will come to you electronically, and is our effort to bring that history to you on a quarterly basis. Contributions will come from our readers, as well as from our professional Army Medicine history staff at the AMEDD Center of History and Heritage (ACHH), here at Fort Sam Houston. In the *AMEDD Historian* we will print articles of interest, post pictures with descriptions, and include artifacts found in the AMEDD Museum. So, the next time you visit Fort Sam Houston, you'll need to stop in and see many of the eight thousand artifacts on display.

Lieutenant General Horoho asked me how history can serve as a leadership tool and how best to leverage it for Army Medicine. I will say that history can inspire us to serve and appreciate our heritage! For example, the story of the consciences objector named Desmond Doss who served in WWII. Although exempt from serving, he enlisted in the Army as a combat medic and was awarded the Congressional Medical of Honor for saving many of his comrade's lives. (continued on page 12)

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The Certificate of Merit

Robert L. Ampula, Administrative Officer, AMEDD Regiment

The United States has recognized Soldiers for distinguished merit or acts of valor since the birth of our nation. However, unlike the many awards we have today to recognize these achievements, the first century of our existence offered few choices. The first of the nation's awards was the Fidelity Medallion created by an act of the Continental Congress in 1780. It was also referred to as the André Capture Medal and it was



established for award to those Soldiers who assisted in the capture of Major John André of the British Army. André was subsequently executed as a spy for his part in Benedict Arnold's attempt to surrender the fort at West Point. The medallion is not often considered the first award for distinguished merit because it was created to recognize participants of a singular event, never to be issued again. The medallion was presented to only three Soldiers before its disuse.

The second award, therefore, is most often credited as the original award for military merit. This award was established by General George Washington in 1782 and designated the Badge of Military Merit. General Washington wanted to inspire ambition and foster military merit and thus authorized the badge in the figure of a heart in purple cloth or silk. The badge was only awarded to three Soldiers before passing into history with the end of the Revolution. The Badge was revived in Feb of 1932 and is now recognized as the Purple Heart. After the American Revolution, it would be over fifty years before another award for valor or distinguished merit would appear.

The Certificate of Merit followed the two short lived Revolutionary War recognitions and takes its place in history as the third award for distinguished merit in the history of the United States. The Certificate of Merit began during the Mexican War in an Act of Congress on March 3, 1847 followed rapidly by War Department General Order number 9 dated 10 March 1847. Although it is unknown precisely why the Certificate of Merit was established, the General Order offers some clues. The order increased the size of the Army by ten regiments to assist in the execution of the Mexican War. In addition, this order contains a number of provisions that appear to be incentives for enlistment and retention. Among these provisions was a way to reward non-commissioned officers and Privates who distinguished themselves.

The act stated that non-commissioned officers who distinguished themselves could be rewarded with brevet promotions to the lowest grade of commissioned officer. The act also provided that "... when any private soldier shall so distinguish himself the President may in like manner grant him a certificate of merit, which shall entitle him to additional pay at the rate of two dollars a month." This was a significant amount of money at the time. Some state volunteers appear to have been paid only \$7 a month in the Mexican War and consider that 14 years later during the Civil War, a Private was only paid \$13 a month. There were no known medical Soldiers awarded the Certificate of Merit among the 539 certificates issued for actions in the Mexican War. It is possible that officers were not specifically mentioned in this act because they could already be rewarded with brevet promotions.

With the end of the Mexican War it was generally assumed the Certificate of Merit had run its course and it went into disuse much as its predecessors. That is not to say that recommendations were not submitted, only that none were acted upon, probably in the belief that the award was only for the Mexican War. In addition, the introduction of the Medal of Honor during the Civil War provided a means to recognize gallantry although there was no monetary reward. After the Civil War and during the early part of the Indian War there were, again, no certificates of merit awarded. It wasn't until after the Battle of the Little Big Horn in 1876 that action to reinstate the Certificate of Merit was approved.

The Adjutant General's office published General Order 110 on 6 December 1877 announcing the reinstatement of the Certificate of Merit and it established 22 June 1874 as the earliest date of actions for which awards of the Certificate could be submitted. At least two certificates were awarded for actions prior to this date as evident in The Official Army Register for 1901, published by order of the Secretary of War by the Adjutant General's Office December 2, 1900. The register lists a certificate of merit for Private Daniel O. Drennan for distinguished courage, perseverance and fidelity in carrying dispatches from Fort Totten to Fort Stevenson, Dakota, through a country infested by raiding parties of hostile Indians in 1870, and for saving, at the

risk of his life, valuable public records from destruction by fire in Chicago in 1871 while serving as private, general service. The second was for Sergeant John Nihill for gallantry in action against hostile Apache Indians at the Whetstone Mountains, Arizona, July 13, 1872 while serving as private, troop F, 5th cavalry. These anomalies aside, June 22, 1874 was established as the earliest date for which the certificate could be awarded.

In 1891 eligibility was expanded from privates to any enlisted man. Unfortunately, actions that were noteworthy but were not in action against an enemy of the United States could not be recognized using a strict interpretation of the criteria for the Certificate of Merit. Those criteria would be expanded and further defined the following year. The similarities between the Medal of Honor and the Certificate of Merit were evident and some individuals were awarded both for the same action.

1892 saw a change in criteria for award of the Certificate of Merit. Adjutant General's Circular number 2 dated 11 February 1892 states "Medals of honor should be awarded to officers or enlisted men for distinguished bravery in action, while certificates of merit should, under law, be awarded for distinguished service, whether in action or otherwise, of a valuable character to the United States as, for example, extraordinary exertion in the preservation of human life, or in the preservation of public property, or rescuing public property from destruction by fire or otherwise, or any hazardous service by which the Government is saved loss in men or material. Simple heroism in battle, on the contrary, is fitly rewarded by a medal of honor, although such act of heroism may not have resulted in any benefit to the United States. Where the conduct of an enlisted man, non-commissioned officer or private has been represented to merit both a medal of honor and a certificate of merit, recommendation may be made for both, either simultaneously or at different times."

The one drawback to the Certificate of Merit was there was no way to visually identify individuals who had received the certificate. That was rectified with War Department General Order No. 4 dated 11 Jan 1905. That order announced a system of badges (medals) including one to represent the Certificate of Merit.

During World War I General Pershing, Commander in Chief of the Expeditionary Forces in France, noted that our allies were using decorations to recognize gallantry and outstanding service by senior officers while in the field. The United States had only the Medal of Honor and the Certificate of Merit and their approval level was far above the immediate commander. General Pershing recommended that recognition other than the Medal of Honor, be authorized for the Armed Forces of the United States for service rendered, in like manner to that awarded by the European Armies. President Woodrow Wilson concurred and two new decorations were approved by an Act of Congress 9 July 1918, the Distinguished Service Cross for gallantry and the Distinguished Service Medal for meritorious service in a position of great responsibility.

Since the criteria for the new awards were similar to the Certificate of Merit, the certificate was discontinued by this same act. The act provided that the holders of the Certificate of Merit should receive the Distinguished Service Medal in lieu of their Certificate of Merit and the additional pay of \$2 a month for the Certificate of Merit would cease upon issue of the Distinguished Service Medal. However, the act further authorized an additional \$2 a month for recipients of the new decorations. It should also be mentioned that this act established a citation star which would later become the Silver Star.

One final footnote to the Certificate of Merit came on March 5, 1934 in an Act of Congress. The act stated "That the Distinguished Service Cross shall be issued to all enlisted men of the Army to whom the certificate of merit was issued under the provisions of previously existing law in lieu of such certificates of merit." It went on to additionally state "Those persons who have heretofore received the Distinguished Service Medal in lieu of the certificate of merit under the provisions of the Act of July 9, 1918 (40 Stat. 870-872), shall be issued the Distinguished Service Cross provided the Distinguished Service Medal is first surrendered to the War Department ." One can only conclude this provision was added because Certificates of Merit were issued for gallantry and not for distinguished service in a position of great responsibility. There were four known AMEDD Soldiers who received the Distinguished Service Cross in lieu of their previously awarded Certificate of Merit/Distinguished Service Medals.

The WWI Medic's Belt

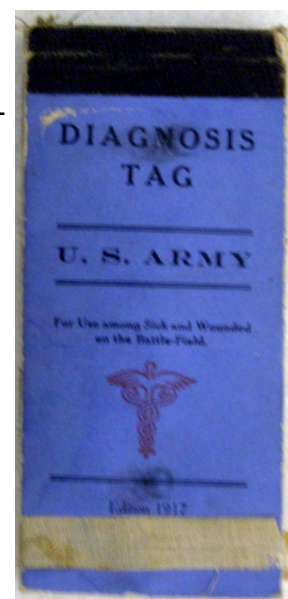
Paula A. Ussery, Museum Specialist, AMEDD Museum



One of the new pieces of equipment carried onto the World War I battlefield by the enlisted aid man was the “Web Belt, Enlisted Men, Medical Department” also referred to as the Medical Belt for the Hospital Corps. It was developed between the Spanish-American War and the beginning of America’s involvement in World War I.

Beginning in December 1913 two medical boards met to investigate the suitability of adapting the new Infantry and Cavalry web equipment to the needs of the Hospital Corps. The Medical Board’s findings stated, “The Hospital Corps Pouch and its contents received first consideration. The meetings of the board were for some weeks devoted to discussions and experiments as to the manner in which the contents of the pouch ... could be carried on the ... soldier equipped with either the Infantry or Cavalry equipment. Sets of these equipments were procured for experimental purposes. Finally after much trial ... and experimentation, the board arrived at the conclusion that a belt of some description was the only form of carrier which could be successfully combined with either of the equipments which the board was directed to utilize in equipping the Hospital Corps soldier.” Not surprisingly the enlisted medical belt resembled the rifle cartridge belt.

In this new belt there were also 10 pockets of two standard sizes. It altered to some extent the items carried onto the battlefield. Perhaps the most dramatic change was in the number of Individual Dressing Packets (bandages) carried. The Hospital Corps Pouch had carried four, the new belt carried 10. Additionally the ones carried in the enlisted belt were to be packaged in paper rather than in metal. Dry iodine was replaced by iodine swabs that did not need to be mixed in the field. Some contents remained unchanged between the Pouch and the Web Belt, such as scissors, dressing forceps, adhesive plaster, and a glass bottle with aromatic spirits of ammonia. Suspended below the belt, was a new item, in a slightly larger pouch, a booklet of Diagnosis Tags and a lead pencil. The canteen was also suspended below the belt and the Hospital Corps Knife was replaced by a hand axe.



The Web Belt for the Hospital Corps was recommended due to its superior comfort to the wearer. It weighed less, the weight was uniformly distributed and there were no constricting straps across the chest. It was also judged to be more durable, and more military in appearance.

The first contracts were awarded to the Mills Woven Cartridge Belt Company in 1916 and 1917. Due to the increased demand due to America's entrance into World War I, additional contracts were awarded in 1918 for belts made of sewn canvas duck rather than woven webbing. The one Web Belt, Enlisted Men, in the collection of the AMEDD Museum is one produced of canvas manufactured by R.H. Long in 1918. R.H. Long produced 100,000 of these for the Medical Department. This belt was donated to the museum in 1993 and arrived with about 98% of the contents intact, including Individual Dressing Packets in paper, 2 boxes of (now empty) iodine swabs, a booklet of Diagnosis Tags and a glass bottle with spirits of ammonia.

Historical SALUTE Report

Guide to Selecting Items for Archiving

As your directorate/organization prepares to purge old files and documents, please consider whether or not these documents have enduring historical value. If you determine that you have documents that warrant inclusion in the AMEDD's Medical History Research Collection, please contact Mary Hope (Senior Archivist) for information about forwarding the files (mary.hope@amedd.army.mil).

In making your determinations about the historical value of your files, your initial criteria should be based on the standard DOTLMPF model (Doctrine, Organization, Training, Leadership, Material, Personnel, Facilities). If the documents address significant changes or analysis of any DOTLMPF categories, they should probably be saved.

Other considerations for assessing historical value (with handy acronyms to aid in remembering):

SAVE-

Size of the material. Is it a cabinet or truck load? Sometimes the sheer quantity of material makes it impractical to sort through everything, and one must assume that nothing of significant historical value exists in a mass of unsorted paper. **Are there other copies; especially are there multiple copies on-site?** Only one copy should be sent for archiving – duplication in the collection only leads to confusion. Keep a list to avoid duplicates.

Value of the documents. Does it capture an event, change, or other item of interest? If so, send it to the research collection.

Excessive documentation of a particular subject. If several documents lead up to a single significant decision, and a decision paper captures the information, perhaps only the decision paper should be saved.

If, based on the criteria above, you feel that archiving might be warranted, look for:

PAPERS-

Personnel or people in command

Actions of major or unique units

Pertinent location information about deployed units or personnel

Significance in regards to major AMEDD or Army missions

And...

DOCS-

Documents that are historic (opinions will vary, but this could include things like hand-written notes from Surgeons General, urgent combat-related updates, etc.)

Organizational changes (i.e. TDA/TO&E modifications)

Changes of command

Structure and mission of the unit/activity

WW II Medal of Honor Recipient PFC Desmond T. Doss

Robert L. Ampula, Administrative Officer, AMEDD Regiment

When World War II began, Desmond T. Doss was working at a shipyard in Newport News, Virginia. His job afforded Desmond the opportunity to request a deferment from serving in the military service, but being in good health, he felt it was his duty as well as an honor to serve his country in the war. Desmond was also devoutly religious and his faith restricted him from taking a life under any circumstances, a fact he made known when he joined the Army.



Americans were appalled at the Japanese attack on Pearl Harbor and when the United States entered the war the majority of Americans rushed to support the war effort. Those who opposed the war were seen as unpatriotic. The term "Conscientious Objector" evoked many negative connotations during this period of our history. There were primarily three categories of conscientious objectors. The first, like Doss, refused to take a life but were willing to join the military service in other than combat roles. The second were individuals that would perform alternative service in support of the war effort. Finally, there were those who were opposed to any support of the war. Some members of the latter group were imprisoned throughout the war.

As a result of the prejudices associated with the CO tag, Desmond endured much ridicule and harassment during his early time in the Army. Soldiers would throw shoes at him while he prayed and would make sarcastic remarks. Desmond preferred to be called a conscientious cooperator instead of objector because he believed in serving his country like everyone else. He just didn't want to take a life. He preferred to save lives, and while other Soldiers were receiving combat training Desmond received medical training. The longer he was with his unit and the more the men got to know him, the better their relationship became.

Desmond's time in the military improved when he was assigned to the 77th Division, the Statue of Liberty Division. He felt it was an honor to serve with these men. They learned to trust each other and with the exception of a few individuals, he never again experienced difficulties as a conscientious objector.

PFC Desmond T. Doss is the only known conscientious objector to receive the Medal of Honor in World War II. What follows is a truly amazing and inspirational account of his heroic deeds as they appear on his Medal of Honor citation. His citation is divided into separate acts so one can grasp the multitude of heroic deeds that he performed during one month on Okinawa.

Medal of Honor Citation, PFC Desmond T. Doss

For conspicuous gallantry and intrepidity in action at the risk of his life above and beyond the call of duty Private First Class Desmond T. Doss, 307th Infantry, 77th Infantry Division, distinguished himself near Urasoe-Mura, Okinawa, Ryukyu Islands, 29 April to 21 May 1945. He was a Company Aidman when the 1st Battalion assaulted a jagged escarpment 400 feet high. As our troops gained the summit, a heavy concentration of artillery, mortar and machine-gun fire crashed into them, inflicting approximately 75 casualties and driving the others back. PFC Doss refused to seek cover and remained in the fire-swept area with the many stricken, carrying them one by one to the edge of the escarpment and there lowering them on a rope-supported litter down the face of a cliff to friendly hands.

On 2 May, he exposed himself to heavy rifle and mortar fire in rescuing a wounded man 200 yards forward of the lines on the same escarpment; and two days later he treated four men who had been cut down while assaulting a strongly defended cave, advancing through a shower of grenades to within 8 yards of enemy forces in a cave's mouth, where he dressed his comrades' wounds before making 4 separate trips under fire to evacuate them to safety.

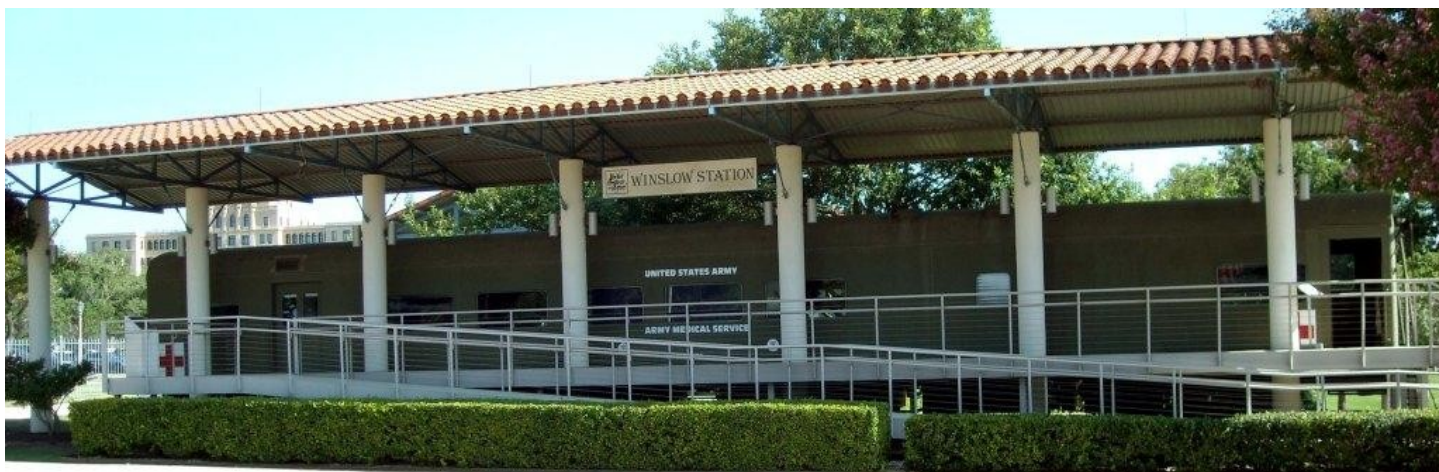
On 5 May, he unhesitatingly braved enemy shelling and small arms fire to assist an artillery officer. He applied bandages, moved his patient to a spot that offered protection from small arms fire and, while artillery and mortar shells fell close by, painstakingly administered plasma. Later that day, when an American was severely wounded by fire from a cave, PFC Doss crawled to him where he had fallen 25 feet from the enemy position, rendered aid, and carried him 100 yards to safety while continually exposed to enemy fire.

On 21 May, in a night attack on high ground near Shuri, he remained in exposed territory while the rest of his company took cover, fearlessly risking the chance that he would be mistaken for an infiltrating Japanese and giving aid to the injured until he was himself seriously wounded in the legs by the explosion of a grenade. Rather than call another aid man from cover, he cared for his own injuries and waited five hours before litter bearers reached him and started carrying him to cover.

The trio was caught in an enemy tank attack and PFC Doss, seeing a more critically wounded man nearby, crawled off the litter and directed the bearers to give their first attention to the other man. Awaiting the litter bearers' return, he was again struck, this time suffering a compound fracture of one arm. With magnificent fortitude he bound a rifle stock to his shattered arm as a splint, and then crawled 300 yards over rough terrain to the aid station. Through his outstanding bravery and unflinching determination in the face of desperately dangerous conditions PFC Doss saved the lives of many soldiers. His name became a symbol throughout the 77th Infantry Division for outstanding gallantry far above and beyond the call of duty.

1953 Railcar Ambulance

Chuck Franson, Registrar, AMEDD Museum



Beginning with the Civil War (1861-1865) the Army used railroads for the evacuation and transport of sick and injured soldiers. Rolling stock initially consisted of what was available (boxcars, coaches etc.), but soon purpose-built hospital cars were constructed, and staffed by Army personnel. The hospital railcar provided transportation to patients requiring further care, both in the United States as well as overseas during World War I, World War II, and the Korean War. Medical transportation by rail was of particular importance during the Korean War, because of the relatively small number of good roads.

This particular railcar, officially designated “Car, Railway Hospital Unit”, was manufactured in 1953 by the St. Louis Car Company of St. Louis, MO, and is an example of hospital cars from the Korean War, and is similar to units from WWII. The car is accurately marked and equipped. Original electrical components, heating systems, medicine, and food are not included, however, the car does contain the kitchen area with stove, refrigeration and hot water system.

Some cars were equipped with operating rooms if needed, but were generally not utilized. The AMEDD Museum car is set up as a transport with tiers of fold up bunks lining each side. At the rear of the car is a small nurse’s station and receiving area with sliding door. There is a shower, a lavatory and two small office/sleeping compartments for medical staff. No space is wasted; linen closets are placed along the side walls. Several rows of bunks have been removed, creating space for an exhibit with contemporary images and information concerning the use of hospital cars.

The AMEDD Museum railcar was refurbished and given to the AMEDD Museum through the generosity of LTC (ret.) Ruby Winslow Linn, in memory of her parents Edward W. and Lena M. Winslow. The refurbished car is part of the AMEDD Museum complex, and rests on rails beneath a protective canopy.

While railroads have been superseded by aircraft for medical transportation, for over 100 years hospital rail cars represented a very important stage in the care of wounded servicemen. Be sure to stop by the AMEDD Museum to view this fascinating item from our past.



West Point Degrees for Nurses? Exploring an historical curiosity

Sanders Marble, Senior Historian, Office of Medical History

On 13 March 1945, Representative James J. Heffernan (D-NY) introduced House Resolution 2605:

A Bill to confer the degree of bachelor of nursing upon commissioned officers of the Navy Nurse Corps and the Army Nurse Corps. Be it enacted by the Senate and House of Representatives of the United States in Congress assembled, that there shall be added to title 10 of the United States Code, after section 486a, a new section to read as follows:

“Sec. 486b. Bachelor of Nursing Degree to Members of Nurse Corps – The Superintendent of the United States Military Academy may, under such rules and regulations as the Secretary of War may prescribe, confer the degree of bachelor of nursing upon all commissioned officers of the Army Nurse Corps, from and after the date of accrediting of said academy by the Association of American Universities.

Sec. 2. There shall be added to title 34 of the United States Code, after section 1057a, a new section to read as follows:

Sec. 1057b. Bachelor of Nursing Degree to Members of Nurse Corps – The Superintendent of the United States Naval Academy may, under such rules and regulations as the Secretary of the Navy may prescribe, confer the degree of bachelor of nursing upon all commissioned officers of the Navy Nurse Corps, from and after the date of accrediting of said academy by the Association of American Universities.

Sec. 3. As it is the sense of this Congress, in addition to acknowledging the patriotism and self-sacrifice of the members of the Army and Navy Nurse Corps, to recognize their high degree of professional skill and training, occasioned by their inductive experience and knowledge, and demonstrated by their technique and efficiency in the utilization of the most recently developed medicines and drugs, medical methods, and equipment for the relief of the sick and disabled, and resulting in their advancement in the nursing and medical fields above and beyond other members of the nursing profession, the degree entitled “bachelor of nursing” shall not be conferred, granted, or permitted by any college, university, school of nursing, or other institution, except as herein provided.

It should be noted that the service academies were not educating nurses, they were simply granting degrees to people already serving in the military. The idea of West Point and Annapolis admitting women was controversial enough in the 1970s; even though these degrees did not involve attending the academies, the idea of giving degrees to women in 1945 would likely have been even more controversial. So why was Heffernan, an obscure Democratic backbencher from New York City, bringing it up? Heffernan left no papers so the whole story cannot be told. Available pieces suggest who was not behind this bill and allow a hypothesis of why it was introduced.

As background, despite over 40,000 nurses serving in the Army and 10,000 in the Navy, the military was short of nurses as 1944 turned into 1945. Casualties since the invasion of France had been heavy, and the Battle of the Bulge reminded everyone that Germany was far from defeated. Moreover, major battles (and casualties) loomed in the Pacific. Hospitals were full, and with patients in Europe being prepared for evacuation to the US, they might burst at the seams. On 8 January 1945, President Franklin Roosevelt publicly proposed drafting nurses. Drafting women was instantly controversial, and there were pertinent questions about how the military had been handling nurse recruiting. For instance, why did it discharge nurses who married? Why did it not use male nurses? Why could it not broaden its height and age restrictions? Could more civilian nurses be hired to help in military hospitals? How had such a shortage been allowed to develop? The proposed draft of nurses has been well studied but Heffernan’s bill has been ignored. At a time when the proposed draft was, in a way, questioning nurses’ patriotism, the idea of a West Point or Annapolis degree as recognition of service would have soothed some egos.

Discussion

First, it seems extremely unlikely that anyone in the government gave the idea to Heffernan. It is highly improbable the Superintendents of West Point and/or Annapolis wanted to grant even these courtesy degrees. American society was uneasy with women serving in the military and there is no reason to suspect that senior officers such as Maj. Gen. Francis Wilby of West Point and Rear Adm. John Beardall of Annapolis were

substantially more liberal either personally or on behalf of their institutions. The caveat in the bill about accreditation from the Association of American Universities was meaningless; both were accredited, West Point in 1925 and Annapolis in 1930.

Perhaps the War Department or Navy Department may have wanted to grant such degrees. Lt. Col. Tracy Voorhees was a political trouble-shooter for the War Department working on the nursing situation; his memoirs refer to a letter praising nurses' patriotism but not this bill. Heffernan was on the Naval Affairs Committee and may have been getting information from the Navy Department, but if it was an idea coming from the Navy Department they might well have checked with the War Department for concurrence, and no such correspondence has been found.

It is also possible that the Army Nurse Corps or Navy Nurse Corps was working with Heffernan. Capt. Sue Dauser (Superintendent, Navy Nurse Corps 1939-45) left no papers to prove or disprove anything. Col. Florence Blanchfield (Superintendent, Army Nurse Corps 1943-47) did leave papers, but was overseas when Heffernan introduced the bill and there is no personal correspondence between the two. Official papers also show no contact. Moreover, Blanchfield was a personal friend of Frances P. Bolton, (R-Ohio), a longtime advocate of nursing in the House, and would likely have worked through her friend – the Congressional voice of nursing – rather than Heffernan. Bolton had already introduced a variety of bills about nurses and nursing, and her sponsorship would have been needed to get this idea adopted.

Finally, Blanchfield, Dauser, Bolton, Rep. Edith Nourse Rogers (R-Massachusetts, who had shepherded the bills establishing the Women's Auxiliary Army Corps and Women's Army Corps), and Acting Secretary of War James Patterson all testified about drafting nurses. None mentioned granting degrees from the service academies. When Rogers proposed her own modifications to the bill, she did not include degrees.

Second, nursing organizations might have wanted governmental recognition of nurses to advance the cause of nursing, or advance nursing education towards the baccalaureate level. During the war, the American Nurses Association focused on changing public opinion about nursing rather than directly lobbying Congress or the military. Moreover, the ANA made no mention of either degrees or Heffernan's bill in the *American Journal of Nursing*; if the ANA had been responsible for the bill the editor would presumably have mentioned it. When the ANA president testified, she brought up commissioning nurses as officers (they would be drafted as privates) and various other topics, but not degrees.

The National League of Nursing Education might also have been behind the bill, especially as it sought to advance from nursing schools' diploma-trained nurses to baccalaureate-qualified nurses. However, a NLNE representative did not bring up the idea when testifying before the House and NLNE reports did not mention the bill. Again, if the NLNE had been behind Heffernan's bill, they would likely have mentioned it. In addition, this sort of degree, with no requirements other than serving in the military, would hardly have advanced the agenda of the NLNE towards a bachelor's degree as the minimum requirement to be a registered nurse. In fact, creating an essentially honorary Bachelor of Nursing might have diluted the value of a real degree, boomeranging on the NLNE.

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Fort Sam Houston had a hospital from the time it opened in 1877, but by the mid-1930s a new facility was urgently required as standards had changed and patients were being referred from a wide region. Construction of the Station Hospital, Fort Sam Houston, took place from July 1936 to November 1937, and cost \$3 million. Some work was done by the Works Project Administration, a relief agency during the Great Depression. In 1942 the hospital was redesignated a General Hospital and named for the recently-deceased Brigadier General Roger Brooke. During World War II Brooke General Hospital took over many buildings for patients and staff as it expanded to over 3,000 beds. In 1946, when the Medical Field Service School moved from Carlisle Barracks to Fort Sam, the combination became Brooke Army Medical Center.

The original Brooke General Hospital building continued in use as a hospital until 1996.

Photo courtesy Fort Sam Houston Museum.

New Items in the Historical Research Collection

Recently the University of North Texas gave copies of 34 oral histories of AMEDD personnel. Many were at Pearl Harbor (either at the hospital at Hickham Field or at Tripler General Hospital), others were Texans serving as medical personnel in WWII, and a third group were Vietnam veterans.

If you are interested in a list or a transcript, please contact Ms Mary Hope, senior archivist of the ACHH at history@amedd.army.mil or 210-808-3296, DSN 471-3296.

Welcome (continued)

In addition to many such personal contributions, history describes the organizational structure of Army Medical units, explains why we have certain types of units, and provides perspective that can be of significance in today's decision making process.

In this first issue Bob Ampula has written about The Certificate of Merit, the predecessor to the Silver Star awarded for valor. I like to make the analogy that equipment plus training equal's capability on the battlefield. Paula Ussery's short article about the World War I medic's belt that consisted of 20 pressure dressing can be contrasted to the capability of today's combat medic, with 16 weeks professional training, and an aid bag with enhanced capability. We all know about transporting casualties/patients by ground ambulance and helicopter. Chuck Franson brings the hospital train to life. Although awarded many years after the action occurred, Lew Barger writes about the first AMEDD recipient of the Congressional Medal of Honor, Assistant Surgeon Bernard J.D. Irwin. We all know about the fine officers the United States Military Academy (USMA) at West Point produces, but Sanders Marble describes how Congress considered authorizing the USMA to award Bachelor of Nursing degrees in 1945.

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're learned."

Bob Driscoll



Office of an unknown Army hospital, c.1898.

We know nothing more about this photo. If you have any information or ideas, please let us know.

(AMEDD Museum collection)

Apaches, an Army Doctor, and the Medal of Honor

Lewis Barger, Historian, Office of Medical History



Assistant Surgeon Bernard JD Irwin
(Office of Medical History Collection)

January marks the anniversary of the Bascom Affair, a small engagement in southeastern Arizona largely forgotten by most Americans today, but which sparked twenty-five years of warfare with the Chiricahua Apache that ended only after Geronimo's surrender. The Bascom Affair also involved the first heroic act for which a Medal of Honor was awarded.

The Bascom Affair began with the theft of some livestock and abduction of a young boy from John Ward's ranch, most likely by Coyotero Apache. Ward believed the culprit to be Cochise of the Chiricahua and reported the theft to the Army. 2nd Lt. George N. Bascom was dispatched with about sixty men to Apache Pass with orders to compel Cochise to return the boy and stolen livestock.

The fresh water spring at Apache Pass made it an important point for overland travel. Cochise and his tribe made their home in the surrounding area and reportedly had good relations with the employees of the Butterfield Overland Mail Company who operated a nearby station for three years, sharing the spring with the Chiricahua. When Bascom and his party arrived they stopped north of the Butterfield station not far from the Chiricahua encampment.

Cochise, accompanied by family members, approached Bascom's camp on the 4th of February, unaware that the troops had come looking for him. Cochise entered the tent to talk and Lt. Bascom confronted him about the missing livestock and boy, telling Cochise that he and his party would be held as hostages until it was returned. Cochise cut his way out through the tent wall and escaped without injury through a fusillade of bullets. The Soldiers captured the remainder of the party, clubbing and bayoneting one of the Apaches who attempted to follow Cochise.

Following the commotion, Lt. Bascom marched his command back to the Butterfield mail station but Cochise had gathered a party of warriors and reached the station first, capturing one employee and wounding another. Bascom's party arrived during the fight and killed a third Butterfield employee, mistaking him for an Apache. Cochise withdrew, taking the first employee with him as a captive. Bascom dispatched messengers requesting reinforcements and medical support. During the following days Cochise attacked two parties traveling through the pass, killing eight and taking two more Americans prisoner.

The first relief column was led by Assistant Surgeon Bernard J.D. Irwin commanding a party of fourteen Sol-

The first relief column was led by Assistant Surgeon Bernard J.D. Irwin commanding a party of fourteen Soldiers. Along the way Irwin and his troops captured three Apache warriors and 10 cattle while covering 100 miles in two days in heavy snow. Cochise saw Irwin's party approaching and withdrew from the area. Irwin was credited with the relief of Bascom's besieged troopers in addition to the Indians he had captured en route and in 1894 he was awarded the Medal of Honor, making it the first action for which the Medal of Honor was awarded.

Shortly after Irwin's party reached the pass two companies of Dragoons arrived completing the reinforcement of Bascom's expedition. They soon discovered the mutilated bodies of Cochise's three prisoners. In retaliation the Soldiers decided to execute the three Apaches captured by Bascom as well as the three captured by Irwin, hanging them near the spot where the murdered Americans were discovered. Cochise was enraged by the execution of his family members and declared war on the Americans. The Bascom Affair was over, but its repercussions would be felt for the next quarter century.

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.

Scans should be in Adobe Acrobat (.pdf) format.

Material can be submitted through our website.

Banner Exhibit Available

Through a partnership with the National Library of Medicine, a banner exhibit on amputations and the Civil War is available for loan to MTFs and units. For more information contact '210-295-0983.

