The AMEDD Historian

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Contents

Chief's Corner

Welcome to this edition of the *AMEDD Historian*! In this edition, we have some interesting articles that support the Army's focus on readiness. Army Chief of Staff Milley, and LTG West have used "Task Force Smith" as an example of lack of readiness in the force, but to the regular soldier, what was "Task Force Smith," and what went wrong that contributed to this a lack of readiness? In this edition of the *AMEDD Historian* is a reprint of an oral history of Captain (later Colonel) Edwin Overholt, MC who was the battalion surgeon of the 1st Battalion, 21st Infantry Regiment also known as "Task Force Smith." Colonel Overholt describes his personnel lack of readiness, but of the Army at that fateful moment when the U.S. Army met with North Korean troops. Following Colonel Overholt's history, ACHH staff historian Lew Barger makes an historian's analysis of "Task Force Smith." Also on the theme of readiness, Army Nurse Corps historian, Colonel Betsy Vane has an article on "Readiness and Field Training for Nurses" in World War II.

With a focus on readiness by army leadership, how does history contribute to readiness? To answer this question, I would suggest the past provides a glimpse of how to prepare for the future. Just as you read Colonel Overholt's account of what

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Surgeon with Task Force Smith, July 1950

COL Edwin Overholt, MC

Dr. Overholt as a colonel in 1966.

[COL Overholt had enlisted in a Navy program pre-med program during WWII.] I was discharged from the Navy in January of 1946 and immediately joined the Medical ROTC (Army) program at my medical school, i.e. The University of Iowa. I strongly felt that this amazing gift in education that I had been given should follow with an Army internship and further duty as they desired for at least 3-4 years! I entered the regular Army in April 1948 and was assigned to Fitzsimons Army Hospital in Denver, Colorado. In keeping with the pace of civilian medicine and as a result of specialization, Major General Bliss offered his medical staff the opportunity to obtain specialty training in elite civilian hospitals to "professionalize the medical corps." Prior to this most of their physicians were general practitioners. In truth, civilian medicine looked with disdain on the quality of physicians in the Armed Forces. In the periods from 1948-1950 these regular Army physicians were returning to the "Army teaching hospitals." As a result, specialty training in the Army hospitals became very competitive. I was elated when after one year of internship, I was chosen to continue a three year residency.

In January of 1950, we were informed there was an acute shortage of physicians for dispensaries in Japan (318 positions authorized but only 156 personnel as-

signed). 42 Army physicians were to be chosen from our teaching hospitals. This was to be a 90-day TDY. Having never been overseas, I looked upon this as a great opportunity! We were flown via commercial airlines. On arrival in Tokyo, three of us were "pipelined" to the southern island of Japan (Kyushu) occupied by the 24th Infantry Division. We reported to Major Heritage, division surgeon, and were informed that since we were only going to be with the division for 90 days, we would draw straws for our positions. My two colleagues were assigned to Sasebo and Beppu. The division headquarters dispensary was in Kokura, the capital city with a dirty industrial climate. Since prostitution was an acceptable profession in the Japanese culture, I was daily exposed to venereal diseases in our troops. Also, when one of the regiments would go on a field maneuver, I would replace their dispensary physician. I remember the Army's recruiting propaganda which emphasized the opportunity "to see and enjoy the world." This was even true for the lowly paid GI private who could live it up.

[On 25 June 1950 the North Koreans invaded South Korea. American civilians and the few military advisers in South Korea were evacuated to Japan.]

… while sitting in the officer's club about 10 o'clock in the evening, I received a phone call from division headquarters. They ordered me to report to Itazuke Air Force Base by 0600 hours the following morning. I was instructed to be in full field attire. The remainder of the evening was spent scurrying about a strange base for equipment. … This mission was accomplished short of finding field boots. In a driving rain, I was jeeped over the lousy roads to the air base. I was assigned as battalion surgeon to companies A & B of the 1st battalion, 21st Infantry Regiment, 24th Division. I met the medics of this unit for the first time on our transport plane.

Lieutenant Colonel Smith, commanding officer of the 1st Battalion 21st Infantry Regiment, the evening before had been directed to mobilize companies B & C of his battalion to proceed to Itazuke Air Base, some 75 miles distant from their home base, and fly to Korea immediately. Colonel Smith had many gaps in his rifle platoons which he filled by borrowing replacements from the 3d Battalion. By 3 o'clock in the morning, Colonel Smith had assembled his officers and non-coms, i.e. 400 plus men. Their firepower was pitifully meager. Less than a third of the officers had any combat experience. Only one in six of the men had ever faced the enemy. The majority were 20 years old or less. American's peace time army was off to war!!!

My first act on the C54 transport was to introduce myself to the aid station personnel. To this day, I vividly recall looking at these young men and knew that few were well trained for intense combat. I also noted that each solider had an extra pair of boots strung across the back of their neck. My first action was to ask who wore 8 1/2 C boots? The raise of a hand by a PVT prompted the loss of his extra boots so I could go into Korea wearing appropriate footwear. On arrival in Korea we were trucked to Pusan in Korean trucks and then marched through the streets to the cheers of the multitude before we boarded a freight train. As we moved north there was a steady stream of civilian and ROK troops who were walking and/or trucking south.

We disembarked at Pyongtaek... On the 4th of July Lieutenant Colonel Smith and his staff officers (including me) jeeped to our defense position, planned disposition of the infantry and our aid station. On the evening of the 4th of July, under steady rain and pitch dark, we moved out of Pyongtaek and three miles beyond to Osan, our blocking position. The Korean drivers would not go north so we had to drive the old, worn-out Korean trucks that we had commandeered. Exhausted from the events of the past days, the two companies immediately began moving into position under darkness. It was known that the tanks would be coming down the road and the instruction was to shoot for the treads to stop them. The acute bend in the road would leave them ideally exposed. The medics were the last in the transport line. I was in the lead truck. The radiator overheated causing us to repeatedly stop and fill the radiator with water. Because of this difficulty, we were at least an hour behind the two companies of infantry. Fortunately, I had marked our departure point off the road with white gauze. The aid station was to be on the backslope of a large hill that overlooked both the road and railroad where it was anticipated that the North Korean troops would be coming. The infantry was to be on the forward slope. I had also left markers along the way because I knew we would have to find our area under total darkness and we would have to traverse across several rice paddies to get into position. Initially, the

medics were reticent to follow me. Only a few were willing, but as morning light began to filter through the rain, more and more of the medics fell into position. We were unarmed and there was fear that the North Koreans might already be in position. Also, there was no contact with the two infantry companies ahead. Recall that I had not known these troops and had never been in a field exercise with them. As a 27-year-old captain with no prior combat experience, I was an untried leader.

Unfortunately, the Medical Service Corps officer who had trained with them on maneuvers and, was their officer in charge, was not available. Lieutenant Colonel Smith had assigned him other duties. Eventually the litter bearers were dispersed behind the companies and a lean-to tent was put up as an aid station. Foxholes were dug to provide some protection.

We were in position by 0600 hours. About 8 o'clock and over the next frantic few hours, 33 Russian tanks lumbered down the road and as they made that hairpin turn they exposed their bellies to our well-positioned bazooka teams. Unfortunately, the 2.36-inch bazooka was ineffective in stopping these Russian tanks. Certainly our bazooka teams with their second lieutenant officers (recent graduates of West Point) did not appreciate this fact. Fortunately for us, the tanks were uninterested in any of the exposed medics on the backslope of the hill. They lumbered down the road toward Pyongtaek. The capture of this road precluded any evacuation of the wounded by motor transportation. We had planned to evacuate the injured via truck to Pyongtaek and then by a single gas-powered rail car to an arriving hospital and/or evacuation by air to Japan. In regard to our artillery that had zeroed in on their tanks, they disabled only three or four tanks because of the absence of armor piercing shells. … We also did not have appropriate landmines to halt the column.

Later in the morning of July 5th, several thousand North Korean infantry struck our position. We were vastly outnumbered and were in a vice, the tanks to the south and the North Koreans infantry in front, and would soon be outflanked. The purpose of our existence was to slow the North Korean's advance as long as possible as well as to demonstrate that they now faced a more formidable foe than the shattered Republic of Korea Army. Though the fighting was intense, it was a simple task for the communist troops to outflank our two small companies.

A broad spectrum of wounds quickly found their way to my aid station where we feverishly worked in the pouring rain. The canvas shelter was not protective in the drenching rain, and equipment and suppliers were very inadequate for the number and severity of wounds. For the wounded who could walk, I directed them all morning to move east across the rice paddies with the hope that they would find assistance. There was no alternative.

After approximately two hours of fighting, it was obvious that our situation was hopeless. To obviate being overrun, Lieutenant Colonel Smith retreated his remaining troops. In the chaos, this information arrived at the aid station as follows. Suddenly a lieutenant came running over the hill and stopped dead in his tracks when he saw the aid station surrounded by many seriously wounded soldiers. He yelled, "What the hell are you doing here?" You could imagine what I told him. We were well aware of imminent capture and I had decided to stay with the wounded. However, in a matter of seconds, North Korean troops came around the hill and began to open fire on us despite the fact that our Red Cross markings were clearly exposed and we had no weapons. As I knelt over a severely wounded soldier, I remember him looking at me and yelling that all was lost and I should get the "hell out of there." I grabbed Chaplain Hudson and made a break across the rice paddies. It was impossible to sustain a run because on the narrow, wet, muddy rice paddy ledges, balance failed and we repeatedly fell into the rice paddies. Fortunately the North Koreans were not interested in immediately chasing us, and were more interested in the equipment and wounded left behind. In our retreat, I came upon wounded GIs and treated them as best I could. The many haggard, extremely fatigued and depressed soldiers grouped together in several small gatherings. The roads behind me, where I had positioned trucks to evacuate the wounded to the rail station, were blocked by Russian tanks. I purposely remained at the end of the retreat line to encourage as many of the disheartened soldiers not to give up. All were discouraged and extremely fatigued. I was often delayed and had to depend on friendly Koreans to send me in the direction of the larger group. On later reflection, I am certain that this was worthwhile since several soldiers joined me in our effort

to reach Ansong. To my dismay, a third of our original unit were killed, wounded, or captured by the North Koreans.

AMEDD Readiness, 1950

When Surgeon General Raymond Bliss took office in 1947 his most pressing requirement was to improve readiness in the post-war AMEDD. He laid out three missions: prevention (of physical and psychological problems); therapy (of the problems that did develop), and research to support both prevention and therapy.

So why was 1LT Edwin Overholt, MC, thrown into action in July 1950 unprepared?

The AMEDD's strategic environment was highly uncertain after WWII. There was radical change in American defense:

a National Military Establishment was created, later reorganized into the Department of Defense
an Air Force was created in 1947, with an Air Force Medical Service coming in 1949;
President Truman lobbied hard for Universal Military Training, then went with an all-volunteer military, before restoring the draft in 1948 (although doctors were exempt)
there were proposals for a single medical service for the three armed services
there were proposals to merge the military hospitals, the Veterans Administration hospitals, and the Public Health Service hospitals into a single Federal hospital system.

Military operations were also uncertain, with most of the Army on occupation duty in Germany and Japan while the Air Force's nuclear bombers were the main deterrent. That changed due to escalating confrontation with the Soviet Union. With the Berlin Blockade of 1948 and communists winning the Chinese Civil War in 1949, President Truman said the US would help nations under outside threat. NATO was formed, and the Army began building up forces in Europe.

Amid all this uncertainty, there was one right answer for the AMEDD, regardless of the question: have enough well-trained doctors to support the Army. That was Bliss' priority. Bliss had been a hospital-based doctor his entire career – he had never attended professional military education and never been assigned as surgeon to line troops. In 1946-47 his solution to the foreseeable shortage of doctors was to institute residency programs. He argued this would help recruit high-quality physicians and retain them, partly through payback time, partly by offering positions as teaching staff in the residency programs, and partly by changing the perception from many wartime doctors that career Army doctors were clinically second-rate. Bliss recognized there would be a period when the AMEDD would have both few doctors in general (in 1950 the AMEDD had only 60% of authorized physicians) and many of them would be tied up in the residency programs, leaving field units very short of medical officers. (As Surgeon General, Bliss would work on other programs to improve conditions for physicians, including reducing paperwork, getting professional pay, and having Medical Service Corps officers as administrators so doctors could focus on professional medical matters.) However, Bliss viewed both interns and residents as a deployable personnel reserve, something like PROFIS personnel, somewhat mitigating the shortage of physicians. With a personnel shortage, clinical training was prioritized over field training.

Thus, Bliss had made a strategic plan and accepted a period of risk. Unfortunately for 8th Army personnel who deployed to Korea, the North Koreans attacked when AMEDD physician readiness was at a low ebb. On 26 June 1950 Bliss told his key staff "just a week or so ago G-2 made the statement that we would be alerted perhaps 6 months before any [Communist] invasion and at least 10 days." The Army and AMEDD had no such warning.

Task Force Smith: You Go to War With the Army You Have

Lewis Barger, Historian, Office of Medical History

A quarter century before General Mark A. Milley became Chief of Staff of the Army another Chief of Staff, General Gordon R. Sullivan, made readiness his first priority. Sullivan also faced a personnel drawdown and resource cuts following the end of two wars, Cold and Gulf. Sullivan used the slogan "No More Task Force Smiths," a reference to the first American unit sent to challenge the North Korean Army after they invaded South Korea in June, 1950. Task Force Smith has since served as a shorthand reference to the idea that failure to maintain a ready force in peacetime will result in failure in combat. Although Sullivan's principle concern was that deep cuts would produce a hollow force, Task Force Smith is often used as a cautionary tale for junior and mid-level officers to ensure that they take all reasonable steps to ensure their units do not lose focus on mission readiness.

T.R. Fehrenbach's 1963 history, *This Kind of War: A Study in Unpreparedness* is one of the better-known histories of the Korean War and has appeared regularly on Chief of Staff of the Army professional reading lists. As his title suggests, Fehrenbach placed much of the blame for the Army's early performance in Korea on institutional unreadiness, charging that weapons were outdated and in poor condition, the Army in the Pacific had failed to conduct in-depth planning prior to committing forces to Korea, units were poorly trained and had become soft as a result of years of occupation duty, and morale was low. While many of Fehrenbach's charges are accurate, their root causes went beyond the Army to government policy and the attitudes of the American public.

At the end of World War II most soldiers serving overseas were eager to return to the United States and to civilian life. A points system prioritized returnees by months served overseas, medals awarded, and familial responsibilities. A finite number of transports limited the number who could be returned quickly. At the same time, low-points soldiers, who had never left the United States, were similarly eager to return to civil life but found themselves practicing skills they knew they would never have to employ, or simply engaged in busywork while they waited. Meanwhile, the Army was concerned about retaining sufficient numbers of soldiers to meet post-war requirements both as occupiers and as an instrument of national power. Complaints from soldiers chafing under continued Army discipline coalesced around inequities between the treatment of officers and enlisted soldiers. The Secretary of War, facing a significant public relations problem, formed an investigative board to look into soldier complaints as well as a separate advisory committee to examine complaints about the military justice system. Resulting changes were designed to improve the lot of the enlisted man, but would also be seen as stripping NCOs and company grade officers of the authority to maintain discipline in their units and lead to assertions that by placating junior soldiers, the Army had weakened the hierarchic structure it relied on for effective combat performance.

Troops unloading "somewhere in Korea."
Courtesy National Archives.

The US role in the world was also changing. Historically, the US had stayed in the Americas, with a few Pacific bases after the 1890s. Now, the US was the only democracy

strong enough to stand up to the Soviet Union. In June 1948 the Berlin Blockade began, lasting until the following May. In April 1949 the North Atlantic Treaty Organization formed, and in August 1949 the Soviet Union detonated their first atomic bomb.

A seemingly intuitive delineation between the US and Soviet spheres of influence lay along the 38th parallel on the Korean peninsula. At the end of WWII, that line was the agreed boundary as Americans and Russians moved into Japanese-occupied Korea. The Americans saw their role as limited to getting Japanese out and turning Korea over to the Koreans, but Japan had run Korea since 1910 and Koreans lacked the skills to assume responsibility. Americans had little patience for the task, and although a small military presence was maintained in Korea to train the Korean Army, the bulk of US forces were stationed in Japan.

The Joint Chiefs of Staff advised against guaranteeing Korean security. President Harry S. Truman agreed in April 1948 stating, "The United States should not become so irrevocably involved in the Korean situation that an action taken by any faction in Korea or by any other power in Korea could be considered a 'casus belli' for the United States." The Joint Chiefs believed a communist attack would likely succeed and it would be unwise to "risk a major war in an area where Russia would have nearly all the natural advantages." Based on this policy decision, General of the Army Douglas MacArthur (Supreme Commander for the Allied Powers in Japan) would have very little responsibility for planning Korean security. In 1949, as remaining US combat units left Korea, MacArthur's staff were given responsibility for planning the evacuation of US personnel remaining in Korea (government employees, civilians, and military advisors) – the only military action was neutralizing enemy airpower to allow the evacuation.

An unknown battalion aid station in Korea, 1950.
Courtesy National Library of Medicine.

Truman's policy decision became public knowledge on January 12, 1950 when Secretary of State Dean Acheson outlined the American defensive perimeter in the Pacific. The line ran from the Aleutian Islands to the west of Japan and down to the Philippines, excluding Taiwan and the Korean peninsula. Europe remained America's primary area of interest, where although it had fewer US troops than the Pacific, US forces were joined by French and British forces in facing the increasingly provocative Soviets. In the Far East the Republic of China and Britain occupied a few former Japanese-held areas, but Americans were essentially the sole occupiers of Japan and South Korea.

US troops in Japan included four understrength infantry divisions, an infantry regiment, and nine anti-aircraft battalions, all organized under the Eighth Army. LTG Walton Walker took command of the Eighth Army in September 1948. For the previous three years Army units in Japan had ensured civil order as an occupation force while MacArthur and his Far East Command staff had worked to rebuild Japan's civil infrastructure based on a democratic model. The combat forces had done little to maintain their combat skills: unit level training to maneuver and fight on the battlefield was essentially nonexistent, and even basic skills like weapons qualification were rarely practiced. When Walker arrived, MacArthur charged him with instituting a training program to rebuild a combat-ready Eighth Army. Walker faced numerous difficulties, including a lack of suitable training areas, a lower priority for resources than units in Europe, and perhaps most challenging, an influx of low-quality recruits who had been accepted for service to replace the WWII veterans. The Japanese were, however, beginning to take greater control over the civilian administration of the country, freeing troops from occupation duties.

Walker reorganized understrength units to permit them to operate effectively as combat organizations. He established training programs of up to fourteen weeks to ensure all newly assigned soldiers entered their units competent in basic skills. To develop collective skills he implemented unit training programs that required units to practice their combat skills in increasingly large formations. He established a large training area near Mount Fuji where battalions and regiments could train together and conduct live-fire operations. In April 1949, MacArthur announced a change in the tone of the occupation replacing the strict oversight of a defeated enemy with "an attitude of 'friendly, protective guidance.'" Walker's training program, matching guidance given by MacArthur for all tactical forces in Far East Command, required company level training be completed by December, 1949, battalion level training by May, 1950, and regimental combat training was scheduled to be complete by the end of July. Between December 1949 and May 1950 regimental combat teams conducted monthly command post exercise training and Eighth Army and the four divisions conducted command post exercises between March and May 1950, with Walker assessing his staff as ready at the end of the May exercise.

Walker's training programs, while focused on defending Japan in the event of an attack, significantly improved combat readiness, unit cohesion, and the morale of the soldiers under his command. Eighth Army estimated its combat readiness at 70% in December 1949, up from 22% the previous March. By May 1950 the Eighth Army G-3 reported "Approximately 75% of all tactical battalions in Eighth Army have completed battalion level training and have been tested." While Walker accomplished a great deal by June, 1950, his units were still short of men and equipment. In June, 1950, Eighth Army had about 93 percent of its peacetime strength assigned, but divisions with a wartime authorization of nearly 19,000 personnel were only authorized 12,500 in peacetime. Regiments had only two of their three infantry battalions filled and a division filled at its peacetime authorization had only 62 percent of its wartime allocation of infantry and 14 percent of its authorized tanks.

Twelve months after the US combat units left Korea and six months after Secretary Acheson's speech, North Korean military forces attacked across the 38th parallel to reunite Korea under a North Korean communist government. President Truman would completely reverse US policy in the Far East. On the afternoon of the 25th of June, the US introduced a resolution which the UN Security Council passed condemning North Korean aggression and calling for the removal of their forces north of the 38th parallel. That evening, after receiving a briefing from MacArthur on the situation in Korea, the Joint Chiefs told him to be prepared to deploy ground and naval forces to restore the boundary. Later that evening the President directed MacArthur to send officers to encourage the South Koreans and gain a clearer picture of what was actually happening. MacArthur was further ordered to deploy air and naval assets to prevent the fall of Seoul. By this time, the Joint Chiefs' cautions about a ground war in Asia had been replaced by a belief that the Soviets were testing American resolve and that if necessary, ground forces should be committed to check communist aggression.

141st General Hospital, Fukuoka, Japan. Before the North Korean attack, most AMEDD personnel in Japan were working in hospitals.
Courtesy National Library of Medicine.

Early on 26 June the US Ambassador in Korea ordered all government and military dependents out of the country and on the 28th ordered all US personnel out of Seoul. MacArthur's assessment team arrived on the evening of the 27th, and quickly assessed that a defensive line on the south side of the Han River (which ran to the south of Seoul) could still be established, but that restoration of the border would require US troops. With more UN support, Truman authorized more US air and naval operations, and on the 30th the President gave

MacArthur permission to deploy ground troops. That evening LTC Charles Smith was ordered to prepare two infantry companies of his battalion, the 1st Battalion, 21st Infantry Regiment, for air transport to Korea.

Early on the morning of July 5th Task Force Smith, a portion of Headquarters Company, B and C Companies, and a mixed platoon of two recoilless rifles and two 4.2 inch mortars, all reinforced by a battery of 105 mm howitzers, arrived at their battle position in Osan, Korea. Four hours later the first tanks of a North Korean armor regiment, followed by two infantry regiments, came into view. Smith's small force performed well, knocking out four tanks and killing or wounding about 130 of the North Korean infantry before Smith ordered his unit to withdraw before being completely overrun. But, TF Smith had little effect on the advance of the armored force, and the North Korean infantry were only delayed about five hours. Approximately 150 men from Smith's 400 man task force were killed, wounded, or missing.

MacArthur's explained his decision by saying "I also hoped by that arrogant display of strength to fool the enemy into a belief that I had much greater resources at my disposal than I did." MacArthur credited Smith's force, and the units following immediately behind him, with forcing the North Koreans to slow their overall advance, providing sufficient time to move enough troops into South Korea to establish the Pusan perimeter. "I managed to throw in a part of two battalions of infantry who put up a magnificent resistance before they were destroyed, a resistance which resulted, perhaps, in one of the most vital successes that we had."

In the end, Task Force Smith was not defeated by a paucity of weapons, a lack of training, or the poor morale of its soldiers. They were defeated because two infantry companies and reinforcements were placed in an unsupported position in the path of three regiments of armor and infantry. They could have benefitted from improved weapons and a full complement of personnel, but eventually the result would have been the same. MacArthur, faced with the potential loss of the port of Pusan, decided to commit forces piecemeal hoping they would slow the North Koreans sufficiently for additional US forces to deploy. While he hoped the sight of Americans on the battlefield would be sufficient to stop the North Koreans, he was also aware of and accepted the risk that he was trading American lives for time.

Many of the factors affecting TF Smith were beyond anything even a theater commander could influence. We again find ourselves at the end of a prolonged period of combat, facing resource constraints and a smaller Army. Our national strategy identifies expected foes, but in an uncertain world the next crisis may be a short notice deployment against unexpected adversaries. At the tactical level, the most important lesson to be gleaned is that the ideological switch from an army of occupation to a focus on individual and collective training resulted in Lieutenant Colonel Smith's ability to field a disciplined fighting force on short notice. Had Eighth Army not made training its priority in the 21 months preceding their deployment to Korea, TF Smith might well have ended in complete disaster. Today's leaders must ensure that readiness remains their top priority and nothing takes precedence over ensuring their soldiers can perform their mission on the battlefield. As Secretary of Defense Donald Rumsfeld observed, "You go to war with the Army you have, not the Army you might want or wish you had at a later time."

Sources

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New to the ACHH Research Collection

New Documents:

WWII Service records belonging to Captain James Burnett, M.D were added to his collection Technical and Field Manuals, Army Medical Bulletins, and artifacts.

1920s and 1930s Daily Sick Reports for various subordinate units of the 14th Infantry Regiment.

LTC (ret.) Rick Fisher donated a selection artifacts and archival items collected during his command of Charlie Company, 3d Medical Battalion, 3d Infantry Division which was later reflagged as Charlie Company, 2d Combat Support Battalion, 3d Infantry Division.

Collection of 150 35mm color slides documenting the tour of a Samuel Warrington Williams, a US Army combat medic who served during the Vietnam War.

COL Robert F. Elliot's collection of documents and photographs related to the May 11, 1972 bombing at the V Corps Headquarters in Frankfurt, Germany and the memorialization of Camp Paul Bloomquist.

"World War II Case Histories"—Major Howard P. Serrell's 4th Auxiliary Surgical Group notebooks, June 1944 - July 1945 with accompanying service records. MAJ Harold P. Serrell served with the 4th Auxiliary Surgical Group during World War II.

Highlights

Major Howard P. Serrell served with the 4th Auxiliary Surgical Team in the European Theatre during World War II and was awarded a Silver Star for his actions in Bastogne on Christmas Day, 1944. His "World War II Case Histories" are a series of three notebooks written between June 1944 and July 1945 that document the types of casualties he encountered. The ACHH is thankful to Major Serrell's family for donating his notebooks to the research collection.

New Books:

1 book

10 US Army 1950s and 1960s publications to the research collection

Highlights

Clark, Jr., John E. 2016. *Ray Banta's War: A Combat Surgeon in World War II China*. Signed by author.

Recent AMEDD Museum Donations

The AMEDD Museum has recently received several exciting donations.

The AMEDD Museum Foundation has offered to the museum a wonderful grouping of AMEDD insignia. This group of more than 250 items includes both enlisted and officer's insignia. Among the more unusual insignia are Sanitary Corps insignia from World War I, World War I Ambulance Service insignia, World War I Dental Corps and World War I Contract Surgeons insignia. A variety of enlisted insignia and rank chevrons was also included with this generous offer.

Major General Stephen Jones, former Commanding Officer, US Army Medical Department Center and School, has offered one of his uniforms, including boots and helmet and medical pack, from his deployment as Command Surgeon in both Afghanistan and Iraq. Among the items in this donation is a stethoscope he used when examining former President of Iraq Saddam Hussein. MG Jones has also offered to the AMEDD Museum a WWI medical enlisted uniform from his grandfather, Frank Larner, who served with the 33d Division. This uniform includes his coat, shirt, breeches, overseas cap, and a pair of puttees.

A transfer from the Veterinary Detachment here at Fort Sam Houston has added to the collection several objects from World War I veterinarian Allan Neal , as well as decorations, a general officer's pistol belt and holster and insignia from Veterinary Corps Chief Brigadier General Elmer W. Young, who began his Army career in 1925. Young served both in the United States and overseas during World War II as commanding officer of the 18th Veterinary Evacuation Hospital in the India-Burma Theater. Young served as Chief of the Army Veterinary Corps between 1954 and 1959.

The First Medical Department School for Non-Commissioned Officers

Adriane Askins Wise, Command Historian, AMEDDC&S HRCoE

The Army Medical Department long recognized its success was dependent on the quality, experience, and ability of its non-commissioned officer corps. In an effort to maintain and improve its NCO Corps to the highest level possible, in 1920 provisions were made for a non-commissioned officer course at the new Medical Field Service School (MFSS) at Carlisle Barracks, PA. However, financial and organizational issues delayed the inaugural course until January 1924. In the fall of 1925, a report of the first two and a half iterations of the course (the third course was taking place at the time of writing) was published in issue 17 of the Army Medical Bulletin.

The school's goals were:

to make soldiers of all its students
develop their leadership abilities
to teach them practical methods of instructions as well as the art of handling and training troops.

The Program of Instruction was based on lessons learned during WWI and designed to prepare NCOs to pass promotion exams. All five departments of the MFSS (Training, Hygiene, Military Art, Administrations, and Logistics) were placed at the disposal of the Director of the Noncommissioned Officers' School and were actively involved in conducting the course. By the time the third course iterations rolled around, the bulk of student instruction (154 hours) was spent on Basic Training. Administration training came second, with 72 hours, including a short course on ward management, nursing and pharmacy taught from the standpoint of an NCO rather than of the technician. This was done to improve management skills, a subject with which Medical Department NCOs had repeated difficulty passing during promotion exams. Elementary hygiene, field sanitation, and sanitary devices commonly used in the field received 20 hours of instructions and 8 hours were spent on motor transportation, including viewing a "motion pictures of the automobile motor."

In an attempt to develop competency in mapping, a skill considered of utmost importance Army-wide, 25 hours were dedicated to map reading and sketching. Taught by the Department of Military Arts' MAJ T.E. Darby, MC, (one of the first proponents of MEDEVAC) and CPT Frederick A. Blesse, MC, (of Blesse Auditorium fame), it appears to be the one subject in which Medical Department NCOs excelled, as it was the only course for which the NCOs received accolades from the Bulletin authors.

Methods of instruction included demonstrations, hands on participation, worksheets (then called conferences), tests/problem solving, and a few lectures. After the first iteration, course administrators concluded that formal lectures were a waste of time when it came to NCOs. Most had little to no formal education and learned best through experiential instruction. (At the time, the Army accepted recruits who could read and understand English at a fourth grade level.) The best course of action was to systematically train a student in his duties, have him perform said duties, and impress upon him that he was learning this in order to instruct others. Printed instructional materials for study and reference were devised as supplemental learning aids and guides.

The inaugural course commenced on 2 January 1924 with 70 NCOs and selected privates first class from the garrison at Carlisle Barracks. It consisted of three hours daily of instruction over a 13 week period. During the morning, students performed their regular duties and in the afternoons they attended training. During instructional hours students were organized in a company but they lived in their quarters or off post, since the Army had virtually no housing for married NCOs. Almost immediately, course developers and instructors discovered two problems. The limited number of hours students spent as a unified company severely limited practical training, and students could not focus solely on their training due to having their time divided between regular duties and training. Only 46 of the 70 students earned diplomas for their efforts. Major effort went into correcting noted defects by the time the second iteration rolled around on 2 January 1925.

The second course saw a smaller class size (9 Regular Army NCOs, 4 Navy Corpsmen, and 15 from the garrison at Carlisle Barracks) attending 8 hours of instruction (8:00-12:00 AM to 1:00-4:00 PM) five days a week

and 4 hours of instruction (8:00-12:00 AM) on Saturdays. Students were organized into a company for both administration and training, and assigned barracks and prescribed study hours in the evenings. The matriculation rate was greatly improved: all but four graduated. The bulletin authors stated that those who did not matriculate in the first two courses were either "young, uncertain, undeveloped corporals … [or]… very inefficient noncommissioned officers who never should have been selected to attend…" They recommended the course be limited to technical or staff sergeants in the Regular Army with at least 6 or 7 years of service before retirement, and to younger master sergeants. They believed this group of "ambitious" and "fairly intelligent" NCOs would be those most likely to apply what they had learned in good practice and to the betterment of their companies and detachments.

The early MFSS NCO courses of 1924-25 set the foundation for all future AMEDD NCO training. While coursework, admission requirements, and training location changed and were refined with the needs of the Army and AMEDD, the seminal objects of the of The School for Non-Commissioned Officers remain a core part of today's Non-commissioned Officers Academy. NCOs are the strongest link between enlisted personnel and commissioned officers; the importance of training and educating them was realized in the past and remains key to the AMEDD's present and future success.

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Above: The 1924 class of AMEDD NCOs.

Right: Today's AMEDD NCO Academy.

Saddling Up with Clio: The Staff Ride and the AMEDD

by Wayne R. Austerman

The Staff Ride is at its core what Chief of Staff GEN Carl Vuono called "primarily an analytical experience" that permits the student "to understand how and why events occurred as they did and to gain insights into what these observations mean in today's military environment." That may be all well and good, but what specific value can such an experience hold for an AMEDD officer?

A very large percentage of AMEDD officers may continue to be fortunate enough to spend the bulk of their careers stationed at conventional fixed medical facilities. To them, war will remain an unpleasant abstraction hovering dimly on the periphery of their future. Yet inevitably there will be leaders called to serve in war zones amid all the risks and uncertainties which such circumstances so freely generate. Two of this nation's recent major conflicts have seen a return to the sweeping mechanized battles so reminiscent of North Africa in World War II.

In the maneuver phase, casualties have been negligible and victory has been assured. Not since Korea has an American medical unit been caught up in the chaos of a battle that saw our forces confronted with large-scale defeat and retreat. The experience of the Korean War should form a template for preparing our leaders to deal with the most adverse scenarios possible for medical units on the battlefield: the need to move from Point A to Point B under hazardous and uncertain conditions in the near presence of the enemy. Such threats became reality at Kasserine Pass in 1943, the Ardennes in 1944, and the Korean Peninsula in 1950. We can assume no immunity from the repetition of such events in the future.

Soldiers on a staff ride.
Courtesy www.dvidshub.net

"One of the Most Disgraceful Things"

During the Korean Conflict many AMEDD officers were thrown into the war zone with only negligible training in what it was like to function as part of a medical unit under such conditions as prevailed throughout the early part of the war. It was not uncommon for physicians, in particular, to assume roles as battalion surgeons while "largely ignorant of field procedures, organization, and weapons." Brigadier General Crawford Sams, MC, described the failure to prepare such officers for the realities of a wartime environment as "one of the most disgraceful things in the military service." A March 1951 survey conducted in Korea revealed that 8th Army doctors reporting they needed more training "in a variety of basics: in map reading, setting up and packing . . . under field conditions, on the chain of command, and on their 'specific duties as Battalion or Regimental Surgeons.' Additional training was ... needed in field tactics ... A division surgeon opined that medical officers should learn more about tactical defense of a medical field installation, how to set up a perimeter defense, and how to use the hand grenade and bayonet." It was an environment where "roadlessness, primitive conditions, and harsh topography" were the norm, the enemy "routinely tried to kill medics and destroy medical vehicles," and "tactics of infiltration and encirclement fatally disrupted medical evacuation," in a pattern of operations which "had no analogue ... except the Battle of the Bulge." One doctor lamented that "I didn't know what a gun looked like; I didn't even know how to head up a medical unit." In short, too many AMEDD officers had never learned to think like soldiers as well as healers."

Korea is over sixty years past, and the modern AMEDD does an incomparably better job in preparing all of its officers and NCOs to conduct field medicine under combat conditions. Yet the need remains for a

means of impressing upon all leaders the terrible consequences of not being properly attuned to the brutal realities of wartime operations. The staff ride allows us the invaluable luxury of benefitting from the study of others' fatal mistakes. A staff ride participant has to think like a line officer leading a unit in combat, so he or she must become conversant with the basic concepts of land warfare on the tactical level. When the student is walking the actual ground, considering actual human beings making good or bad decisions – and living or dying by their consequences – these cease to be arid abstractions.

'A Few Fries Short"

The typical staff ride conducted by the AMEDDC&S Leader Training Center from the program's inception in 1992 until its termination in 2015 strove for an air of exciting authenticity. Participants fired live rounds from a variety of period weapons. That engaged students' interest, and was fun in itself. The deeper learning point was about technology: commanders can moderate the impact of technological or materiel limitations and tailor their planning to achieve success by minimizing their own equipment's shortfalls while maximizing the effects of its capabilities. Medical units are often operating at the end of a long and tenuous line of supply; they must "make-do" with the minimum resources available as opposed to enjoying the normal complement of advanced "bells and whistles" available at home.

In 2001, the Leader Training Center introduced a new staff ride to the August 1840 battle of Plum Creek, fought near modern Lockhart, TX. It was the largest engagement of the Indian Wars in Texas; a force of 200 Texan militiamen outthought, outmaneuvered, and badly defeated a force of one thousand Comanche. The Texan commander at Plum Creek, Major General Felix Huston, possessed an extremely volatile personal temperament, an outsized ego, and a complete lack of combat experience. He was notorious for his short temper and erratic emotions. He had wounded another officer in a duel over a fancied personal slight, then collapsed into tears and begged his opponent's forgiveness. Personal wealth and political influence had gained him his command. Indeed, one serious student of his career has described him as being "a few fries short of a Happy Meal."

General Huston's immediate subordinates were veterans of both the Texas War for Independence as well as innumerable clashes with the Comanche. Huston's intended tactics for fighting the tribal horde – deployed afoot in a horseshoe-shaped formation – appalled his senior militia officers by its stupefying ignorance of the realities of Indian warfare. Only at the critical moment were his officers able to persuade Huston to alter his tactics and lead a mounted charge. Even then, victory owed as much to the tact and intelligent subordination employed by his officers as it did to Huston's ultimately wise trust in their counsel.

The Texans at Plum Creek understood their opponents' cultural mindset and religious psychology, especially the deep belief in the power of omens and portents. Based on that, they seized a decisive advantage over the Comanche and successfully exploited it at a crucial point in the flow of the action. A tribal shaman died in a preliminary skirmish with the Texans, shaking the Comanche faith in the power of their "medicine" that day. When another war chieftain was decapitated by a Texan shotgun blast in the ensuing charge – yet remained firmly upright in the saddle as his horse bolted through the warriors' ranks – they were convinced that fate was against them in any fight with the Texans that day. The outnumbered militiamen were astute enough to anticipate their opponents' reaction to such events. These insights formed key components in their ability to outthink and thus outfight their enemies. In Afghanistan and Iraq today, knowledge of the Koran, Islamic culture, and the prior course of Muslim history are as important as maintenance, supply and weapons proficiency for American advisors.

Many of the most common yet essential skills of military leadership are both branch-immaterial and highly perishable if not frequently utilized. After over twenty years of leading staff rides at the AMEDDC&S the author can testify that there are still many CCC students who have difficulty reading a topographic map sheet while on the move. Concepts such as the difference between the "military crest" and the "topographic crest" of a ridgeline or the function of contour lines on a map remain foreign to many. Many still think roads worldwide are two-lane, hard-surfaced, and all-weather. Then there was the captain who, while counting the musket ball strikes on a cardboard silhouette target, observed, "Hey! There are more holes in the other side!"

At the conclusion of each staff ride I directed for AMEDD personnel, I told the participants: "You are all AMEDD officers or NCOs. You will never have to lead infantry, armor or artillery units into combat. But you are still leaders. The day may yet come when you find yourself serving with a forward medical unit of some type deployed to a war zone. The situation may suddenly change for the worse and you may find yourself in command of a unit or a portion of a unit in the near-presence of the enemy. If that day ever comes, if all you do is pause and say to yourself, 'Well, I don't want to end up like the loser on that staff ride back at Fort Sam,' then I have accomplished my mission here today." It may be that Clio, the ancient Greek muse of history, can still share much of value with Aesculapius.

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Officers observing a GMC 3/4 ton ambulance in cross-country trials on the National Mall, approximately 1922. After WWI, Surgeon General Merritte Ireland started a systematic review of equipment, organization, and doctrine starting with the combat aidman—the term 'medic' was not yet common—and continuing until the Great Depression slashed AMEDD budgets.

"Readiness" and Field Training for Nurses

COL Betsy Vane, ANC Historian

Today when Army nurses speak of "readiness" it is with the understanding of clinical and military aspects of training and education needed to provide quality nursing care to ill and wounded warriors. This definition makes perfect sense for 2016, and it is worthwhile to look back in time to appreciate the evolutionary steps of this "readiness" concept.

In 1937 the *Army Medical Bulletin* issue "History and Manual of the Army Nurse Corps," proclaimed: "Preparedness for all kinds of emergencies and disasters is a sign of the highest type of intelligence. As people learn the lessons of history and experience they become more conscious of the need of preventing calamities and of being ready to meet them. This is a time when every scientific preparedness measure is being used to deal with epidemics and catastrophes of all sorts." So the concept of being prepared or ready was theoretically defined by the Army Nurse Corps before WWII.

During WWII, Army nurses (by law, females only) were expected to work in hospitals, and those hospitals were supposed to be located in the safer rear areas. It followed that nurses would not need field equipment or field uniforms, as they would not be working in those more austere environments. The Army did not plan on training women for field situations, even though Army nurses had proven their worth in several previous conflicts, and they did indeed work well in "field" locations. An estimated 1/3 of all graduate nurses in the United States served in the ANC during WWI, and they served with field, mobile, evacuation, base, camp, and convalescent hospitals. They also served on hospital trains and transport ships. The peak strength of the ANC during WWI was 21,480 with over 10,000 serving overseas. The Army wished to have a permanently trained group of professional nurses willing to serve in an emergency, but purposefully working in a "the field environment" was not included in that definition.

Luckily for the Army Nurse Corps, Army nurse Florence A. Blanchfield would serve in WWI when Army nurses were given paramilitary status with titles of "Miss" or "Nurse." They were not in an enlisted, commissioned, or warrant officer status, and held acting rank for the duration of the war. She would experience the transformation of the Army Nurse Corps from one World War to another. She took the oath of office as Superintendent (today's equivalent of Chief) of the Army Nurse Corps on 1 June 1943 and served in this capacity until September 1947. She would be responsible for increasing the ANC from 1,000 members to 59,000 nurses for WWII. Florence Blanchfield became the first woman to hold a permanent commission in the Army in June 1947 when she was commissioned in the permanent grade of lieutenant colonel, and as Chief of the ANC she continued to serve in the temporary grade of colonel.

Blanchfield knew very well that nurses did not receive combat or weapons training before or during WWI, and that they were expected to serve in "safe areas" – not at "the front". She also knew they received some just-in-time training with abandon ship drills as onboard ship the nurses lived under a constant threat of attack by German submarines as they traveled to their overseas destinations. As

Nurses training at Fort Baker CA in 1943 "to follow the fighting man." Note the white leather shoes.

WWI progressed, Army nurses developed protocols to be followed during air raids. She also knew first hand that nurses successfully adapted their practice to the combat environment and developed field expedients. She saw these nurses' scope of practice grow larger – a common feature for nurses in all of our nation's wars.

Orientation for new Army nurses was quite inconsistent until the middle of 1943. An Annual Report of the 70th General Hospital wrote about the newly recruited Army nurse: some "had not even been taught how to salute properly, they were unable to carry out the simplest phases of close order drill; they had never heard of the Articles of War and some of them had never seen a gas mask…It was apparent that…they were essentially civilian nurses who happened to be in the Army uniform. Some of them were not even proficient in… wearing the latter properly…In justice to the nurses it must be said that they appreciated their own shortcomings as military personnel and accepted the corrective efforts generally in good spirits."

Nurses low-crawling under MG fire training amid dynamite explosions at Camp Blanding FL, 23 September 1943.

To correct this situation, the ANC established centers for new Army nurses to be processed, equipped, and oriented to the military. On 19 July 1943, the first basic training centers opened at Fort Devens, MA; Halloran General Hospital on Staten Island, NY; at Brooke General Hospital at Fort Sam Houston, TX; and Camp McCoy, WI. Eventually all nine Service Commands in the US had a basic training course. The nurses were oriented to military nursing and other subjects such as how to prepare for gas injuries, bivouac in the field, seek foxholes for cover, and purify water. The original curriculum contained 144 hours of instruction in a four-week period. Among the subjects taught were: military courtesy and customs, law, and correspondence; dismounted drill and physical training; care of equipment and uniforms; property responsibility; military sanitation; and ward management. Later the course was expanded to include defense against chemical, air, parachute, and mechanized attack. The nurses then learned to dig a foxhole, use camouflage, read maps, pitch tents, and "advance under a barrage of enemy shell fire." They also were instructed in military medical, surgical, and psychiatric techniques and preventive medicine and supply information. The course content was very similar to that at the flight nursing school at Bowman Field, KY, and the field nursing at Koko Head, HI, and the commando school in Shrivenham, England. From 1946, nurses were included in the basic course for all newly commissioned officers established at the Medical Field Service School, at Fort Sam Houston.

Providing appropriate uniforms and field equipment proved to be another challenge for the Army nurses. Having the right tool at the right time can be a great advantage, and one's capability is increased when the uniforms and equipment match the tasks at hand. The quartermaster system was unprepared for the thousands of Army nurses, especially when regulations stated nurses were to be in uniform at all times other than in marriage ceremonies and during physical training. Women wore different uniforms than men, and had smaller sizes of common items. Additionally, specialized clothing and equipment was needed for the various climates in WWII. For instance, wearing blue uniforms in the Pacific was problematic as the Japanese Navy wore blue

uniforms. All these puzzle pieces resulted in a variety of uniforms being worn, with varying appearances and practicality. This also applied to footwear, with nurses expected to wear oxfords and dressy pumps. Amazingly, in 1945 the women in the uniformed services were voted the nation's best dressed women. This was quite an accomplishment knowing the efforts needed to successfully clothe the nurses from uncomfortable, inappropriate, improvised and ill-fitting uniforms that were available in 1942.

The war demanded new clinical skills as well. Nurse anesthetists were in short supply during WWII so the Army developed a special training program for nurses interested in that role. More than 2,000 nurses graduated a six-month course designed to teach them how to administer inhalation anesthesia, blood and blood derivatives, and oxygen therapy as well as how to recognize, prevent, and treat shock. Psychiatric nurses were also in great demand. One of every twelve patients in Army hospitals was admitted for psychiatric care, and the Army discharged approximately 400,000 soldiers for psychiatric reasons. The Surgeon General developed a 12-week program to train nurses in the care and medication of these patients. Until 1944, no formal operating room nursing education existed, and most education was through on-the-job training. In August 1944, a three-month course was established at Cushing General Hospital, MA with training for general, plastic and neurosurgery; classes in blood and plasma administration; and orthopedic, urological and vascular procedures. In May 1945 this expanded with an additional month of instruction dedicated to operating room administration.

The first class of 39 flight nurses graduated in February 1943 at Bowman Field. Their four-week class included air evacuation tactics, physiology, survival, plane-loading techniques, and a one-day bivouac. By November 1943, the class was extended to eight weeks, and included first aid hygiene, sanitation, ward management, and operating room techniques. Two of these weeks were training at hospitals in Louisville, KY. The designation "flight nurse" was granted by the Commanding General of the Army Air Forces, and was not automatically granted upon graduation. Once certified, the nurse could wear the wings. From December 1942 to October 1944, 1079 flight nurses graduated from this School of Air Evacuation. The flight nurses helped to establish the incredible record of only five deaths in flight per 10,000 patients transported.

Nurses "running the booby trap course" at the Army School at Shrivenham, England. "The nurses are taught to suspect any object they find which might contain an explosive. With a small metal rod they probe under the object—such as this dummy soldier—looking for a booby trap from which they will remove the firing pin." September 1943.

In June 1944 the president signed a law authorizing temporary (elevated from the status of acting) Army of the United States (AUS) commissions for Army nurses for duration of the emergency plus six months, along with all the benefits of that rank. Securing permanent commissions for Army nurses (grades second lieutenant through lieutenant colonel) happened after WWII. As of June 30, 1945, about 29% of all active nurses (65,377) were on duty with the Army or the Navy.

During WWII, the ANC discovered the value and significance of orienting new Army nurses and enlisted medical technicians to both clinical and field situations, valued educating experienced nurses in new knowledge and skills, and valued the importance of the military uniform, and status of being commissioned officers. The idea of a permanent corps of educated nurses with the "readiness" skills to support and serve the fighting force was now expected and better accepted. The contributions of the Army nurses of WWI and WWII pioneered the way ahead for future generations of Army nurses to be "ready."

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Clastic anatomies – a breakthrough in anatomical training

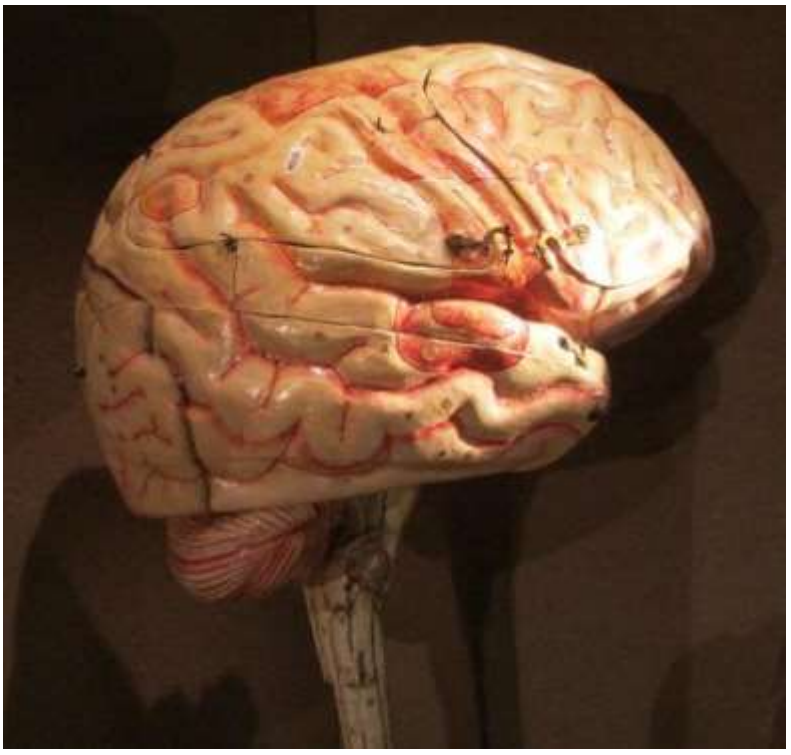
Charles Franson and Paula Ussery, AMEDD Museum

A thorough grounding in anatomy is essential for health care professionals. Clinicians must know, in minute detail, the structure and function of each part of the human body. The best way to learn is, of course, by the actual dissection and study of a human specimen. However until the 20th Century, procuring a human specimen was difficult due to social and religious conventions.

There were other persistent problems with this approach. Corpses are "single-use", that is, once anatomized, only the skeleton can be reused. The difficulty in obtaining specimens for dissection was dealt with in various ways-the use of executed criminals and purchases from grave robbers being fairly common. The other great problem, until refrigeration was perfected in the mid-20th Century is that corpses decay rapidly and produce a rather horrific odor. Medical scholars sought an easier way to study anatomy.

The answer lay in the use of models, often made from wood, clay, and/or ivory; wax was used but easily deformed with repeated handling. These anatomical models frequently had removable parts to display the deeper anatomical layers. However, these models were very costly.

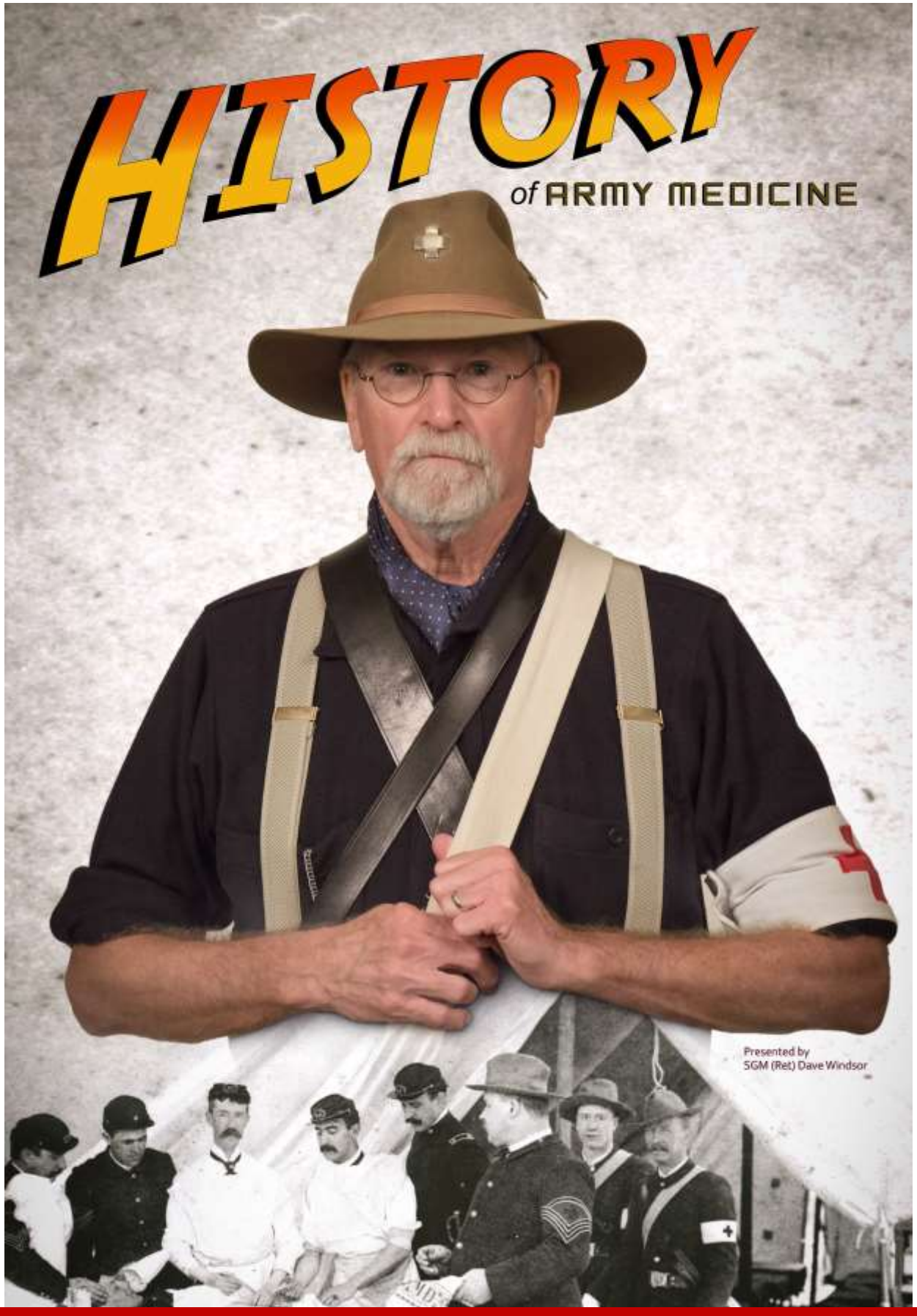
In the early 19th Century a manufacturing breakthrough occurred in France that dramatically expanded the availability of models for study. In 1820, a French medical student, Louis Thomas Jerome Auzoux, developed an interest in producing anatomical models. After experimenting with various media, he decided upon papier mache, as it was light, inexpensive, strong and easily molded into intricate shapes. His formula also contained cork and clay. After being pressed into a mold and dried, the model was patiently and thoroughly detailed by hand painting. The anatomical structures were numbered, and a key provided with the names of each muscle, nerve, blood vessel, etc. Lastly, a varnish or shellac coating was applied to protect the model from repeated handling. His first model, a leg, was exhibited in 1822, with the French government ordering models for teaching anatomy in the colonies. The models were known as 'clastic anatomies' (from the Greek word 'to break') because they could be taken apart. These models also encouraged the study of biology as a subject at the high school level. "Auzoux" became a household name.



As demand for his models increased, Dr. Auzoux opened a factory to produce his anatomical models, at its peak employing 60-100 people. Upon Auzoux's death, his grateful hometown erected a monument in memory of its benefactor. Auzoux expanded his product line from the human body and body parts into flora and animals. Production of models continued after Auzoux' death in 1880 into the 20th Century. Papier mache models remained in use for many years in schools throughout the world until superseded by plastics in the mid -late 20th Century.

The AMEDD Museum has a model of the human brain produced by the Auzoux factory (and is so marked) in 1930. It was used for anatomical instruction at the Medical Field Service School at Carlisle Barracks before WWII. The brain disassembles into smaller structures to illustrate deep anatomy, with each structure hand numbered in ink. It is the earliest of several anatomical training aids in the AMEDD Museum collection.

Artificial tree, artificial snow, real festive spirit. Some nurses of the 24th Evacuation Hospital celebrate Christmas in Vietnam, 1970. Decorations included white plastic bags and angel shapes cut out of beer cans. ACHH Historical Research Collection.



For the video tour of the museum, go to
https://youtu.be/D5DJE7qPFE0?list=PLBElSkLelj1N6K72AG7wZEaFC7hjKkv02
or go to YouTube and search for Army Medical Department Museum

happened, and Lew Barger's assessment, soldiers can learn from the past to prepare themselves and their units for the future battlefield. The AMEDD Center of History & Heritage (ACHH) is committed to assist in readiness of the medical force! We tell the history of the Army Medical Department that can be applied to prepare.

A new project that I'm very excited about is the kick-off to begin writing the history to be known as the *Tan Books*, of the Army Medical Department activities in Afghanistan, Iraq, and CONUS. In this effort, one of our authors is known to many in the AMEDD, and that is MG (Ret) Steve Jones. MG Jones will be "volunteer" author working with ACHH staff in San Antonio and the Army Center of Military History in Washington. This writing effort will need your help, so if you have labeled pictures, documents, briefings, etc., please send them to us for possible use.

As I normally conclude, in the Chief's Section of the *AMEDD Historian,* our mission is to capture and tell the AMEDD history. We are always looking for authors to contribute to the publication, so please send us your articles, and when you clean out the attic and find material/documents related to your service in the AMEDD that you don't want, think of us and future generations of AMEDD soldiers that will follow the proud tradition of "Conserving the Fighting Strength!"

Bob Driscoll
Chief ACHH

Writing for *The AMEDD Historian*

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

Photos of historical interest, with an explanatory caption
Photos of artifacts, with an explanation
Documents (either scanned or transcribed), with an explanation to provide context
Articles of varying length (500 word minimum), with sources listed if not footnotes/endnotes
Book reviews and news of books about AMEDD history

Material can be submitted to **usarmy.jbsa.medcom.mbx.hq-medcom-office-of-medical-history@mail.mil**
Please contact us about technical specifications.

The opinions expressed in The AMEDD Historian are those of the authors, not the Department of Defense or its constituent elements. The bulletin's contents do not necessarily reflect official Army positions and do not supersede information in other official Army publications or Army regulations.

AMEDD Center of History and Heritage

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