The Army Medical Department Civilian Corps:

A Legacy of Distinguished Service

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Civilians have played a vital role in Army medicine from the very beginning. In fact, virtually all medical functions were provided by civilians in the first few decades of the Army's existence. The history of civilian support to the Army Medical Department (AMEDD) is an integral and inseparable component of our overall medical history.

On 27 July 1775 the Continental Congress established a medical department to provide care for the nascent Continental Army. Although it outlined a rudimentary system of care for the military, the legislation creating the medical department did not designate military rank for medical personnel, nor did it specify the correlation of the department to the larger army. This ambiguity left a corps of pseudo-civilian medical providers to carve out their own place in the Army structure, and spawned counterproductive infighting and confusion that persisted throughout the American Revolution and the subsequent War of 1812.

Despite the challenges of working in this ill-defined system, the civilian cadre of the early AMEDD made significant strides in planning and organizing battlefield medicine, preventive care, and basic logistical support for the Army. Under the purview of a Director General (antecedent of the Surgeon General), the surgeons, assistant surgeons, apothecaries, and purveyors worked tirelessly to overcome obstacles and provide the best care possible. These personnel served in a peculiar, indeterminate state—not exactly soldiers, because they had neither rank nor uniforms, but not exactly civilians, because they were subject to the rules, regulations, and restrictions of the Army. Their pay was meager and the conditions of service were arduous. According to one surgeon who served on the Canadian frontier during the War of 1812, most medical men were only willing to serve for a single year in these circumstances, and then only because of curiosity and a thirst for adventure.[1]

In 1818 Congress finally established a permanent Medical Department with a Surgeon General at its head, although neither he nor the surgeons and assistant surgeons under him held military rank. By 1840 the military surgeons had a standardized uniform and their pay was approaching that of the line officers. Although they were commissioned, they still held no military rank and were not entitled to salutes. This indistinct status was clarified in February 1847, when Congress granted official rank to medical personnel. From this point forward there would be a distinction between the military surgeons and their civilian colleagues, but their roles would often merge and their military functions were frequently indistinguishable.

The contract surgeon was the most prevalent manifestation of civilians serving the AMEDD in the 19th century. These civilian doctors were hired to fill shortages throughout the medical system, often with service at isolated frontier posts or other austere locations. Field commanders were authorized to hire contract surgeons as needed to provide adequate medical care for their units. Their numbers rose steadily over the ensuing years, and during the Civil War

[1] Letter, Mann to Tilton, quoted in Harvey E. Brown, *Medical Department of the United States Army* (Washington: Surgeon General's Office, 1873), p. 93.

more than 5,500 civilian doctors served with the Medical Department.[2] Many of these contract surgeons performed heroically in action with the units they supported. Perhaps the most striking example is the story of Mary Walker, a contract surgeon who served at Bull Run, Chickamauga, Richmond, and Atlanta, and spent time as a prisoner of war. In 1865 Dr. Walker became the first woman to receive the Medal of Honor, and she did it as a civilian in the Army Medical Department. To this day she remains the only female recipient of the award.

At the end of the 19th century the Army continued to augment its regular medical force with civilian doctors, nurses, dentists, veterinarians, and purveyors serving under contract. Contract medical personnel served in Cuba, Puerto Rico, and the Philippines during the Spanish-American War, and when Surgeon General George Sternberg appointed Major Walter Reed to chair a commission investigating yellow fever, he staffed the commission with three contract surgeons. These civilian researchers—Aristides Agramonte, James Carroll, and Jesse W. Lazear—traveled to Cuba with Reed and studied the deadly disease to determine how it was transmitted. Everyone involved in the research was exposed to disease risks, and Lazear died after allowing himself to be bitten by an infected mosquito. Their work proved that yellow fever was transmitted by mosquitoes, and led to sanitation and preventive medicine policies that saved countless lives around the world.

The 20th century ushered in significant changes in the structure of the Army Medical Department. At the turn of the century the AMEDD was comprised of only two corps, the Medical Corps and the Hospital Corps (precursor to the AMEDD Enlisted Corps). Hundreds of civilian contract nurses had been in service during the Spanish-American War, and in 1901 they traded their contracts for commissions with the creation of the Army Nurse Corps. The contract dentists followed suit with the creation of the Dental Corps in 1911, then the Veterinary Corps in 1916 and the Sanitary Corps (later Medical Service Corps) in 1917. By this time, with five officer corps, plus a Medical Reserve Corps (civilian physicians who had agreed to serve in time of need) and a corps of enlisted Soldiers, most contract medical positions had been converted to active military status. However, this did not eliminate the need for civilian augmentation to the AMEDD. When the United States entered World War I, the AMEDD was woefully small and inadequate for the colossal task of supporting over four million troops in a distant war. The majority of the vast surge in medical manpower was filled through the Medical Reserve Corps, but the scope of the required growth necessitated hiring more than 80 contract surgeons. Army hospitals were typically staffed with civilians in a wide variety of positions, including unique specialties and new practice fields that had not yet been fielded in the active force. Civilian reconstruction aides (later termed physical therapists and occupational therapists), dieticians, x-ray technicians, and other medical specialists helped bring state-of-the-art medicine to the Soldiers. A number of Civil Service personnel, including psychologists, also aided in screening new recruits and draftees.

[2] Mary Gillett, *The Army Medical Department, 1818-1865* (Washington: Center of Military History, 2000), p. 181.

As with all wars, the end of World War I began a rapid reduction in military strength. Medical personnel were furloughed and discharged along with the combatants, so that the Medical Corps dropped from 12,731 officers in 1919 to 1,948 a year later.[3] The budget appropriation declined commensurate with the personnel numbers, forcing Surgeon General Merritte Ireland to decree that no existing civilian vacancies would be filled after 1 January 1920.[4] The number of civilians working in the AMEDD dropped precipitously, but the need for their services did not. When it became necessary to hire civilian lab technicians, dietitians, administrative personnel, and other essential positions, Major General Ireland required his personal approval for each hiring action. Although their numbers were dwindling, a few contract surgeons continued to provide essential service to the Army. In 1918 the Army approved a special insignia for contract surgeons—a bronze caduceus with a superimposed *CS* monogram—so that an appropriate uniform was available to them, although few if any contract surgeons wore uniforms between the world wars.

In 1940 America was preparing for the possibility of another major overseas conflict, and the Medical Department again found itself desperately undermanned. In order to ensure the availability of uniformed personnel for combat units, Surgeon General James Magee allowed stateside hospitals to rectify personnel shortages by hiring civilian employees as long as their numbers did not exceed 20% of the total staff. Despite this limitation, persistent shortages of military personnel meant that fully half of some hospital staffs were civilians. By 1943 the ever-increasing need for military personnel overseas compelled the AMEDD to reverse its policy limiting the percentage of civilians, and instead work to maximize the civilian personnel in US-based facilities so that all deployable personnel would be available for assignment overseas. There was a cascading quality to the policy directive, designed to ensure that those most needed for combat service were utilized that way:

> In general, men qualified for overseas service were to be released as rapidly as possible from assignment to all zone of interior installations. In replacing them commanders were not to assign men to positions that could be filled by women; they were not to assign military persons, male or female, to those that could be filled by civilians; and they were not to assign officers to duties that could be performed by enlisted persons or civilians.[5]

In the last year of World War II the War Department established a goal to increase the number of civilian employees to about half the total force. Surgeon General Magee had objected to this policy at first, but after four years of fighting, the benefit of a robust corps of civilians was

[3] Percy Ashburn, *A History of the Medical Department of the United States Army* (Boston: Houghton Mifflin Co, 1929), p. 377.
[4] Mary Gillett, *The Army Medical Department, 1917-1941* (Washington: Center of Military History, 2009), p. 476.
[5] Clarence M. Smith, *The Medical Department: Hospitalization and Evacuation, Zone of Interior* (Washington: Center of Military History, 1956), p. 249.

clear. By March of 1945 there were approximately 11 civilian employees for every 10 enlisted Soldiers in the AMEDD.[6]

After the war ended, the rapid discharge of personnel led to shortages that induced the AMEDD to resume the practice of hiring contract surgeons and dentists once again. By the end of 1948, 285 civilian professionals where thus employed.[7] The personnel shortage became critical enough that Congress passed a "doctor draft" law in September 1950 and funneled money to the AMEDD to hire even more contract surgeons and dentists. When Surgeon General Raymond Bliss requested still more civilian personnel, an Army-level staff study objected on the grounds that "further encroachment upon military medicine by civilian medicine may well threaten the very existence of the Medical Department."[8] The Army was again at war, this time in Korea, and once again the Army Medical Department was struggling to meet its personnel requirements.

Civilian doctors, nurses, and administrative personnel played an important part in supporting the Army during the Korean War. In the Army hospitals based in Japan and Korea, local civilians served in large numbers. Japanese nurses served as aides to the American nurses, sometimes outnumbering the Americans by as many as nine to one. The Korean War ended in 1953 with an armistice rather than a treaty. This circumstance, coupled with the continuation of conscription for both doctors and enlisted men, slowed the pace of the inevitable post-war drawdown.

In the ensuing decade the jubilation that had swept America in 1945 was superseded by a sense of foreboding as the Cold War simmered, threatening to erupt with a devastating nuclear exchange. The notion of military service, once a point of pride and honor among Americans, began to lose its sheen. Military manpower numbers were sustained through the draft, but a burgeoning civilian medical industry competed effectively with the government for qualified doctors, scientists, and medical administrators. According to a Surgeon General report, "Recruitment of well-trained and experienced personnel for top-level medical research and scientific as well as managerial positions was a difficult and chronic problem."[9] In 1959 the Medical Department began formal career management programs for civilian employees in 12 career fields: civilian personnel administration, comptroller, safety, supply management, procurement, education and training, equipment specialist, librarians, information and editorial, automatic data processing, intelligence, and engineers and scientists. The Surgeon General implemented these programs to develop a more effective civilian workforce by providing promotion opportunities and training incentives. In 1964 the AMEDD added the Medical Department Central Funding Program, which provided funding for civilian employees to

[6] Ibid., p. 255.
[7] Albert E. Cowdrey, *The Medics' War* (Washington: Center of Military History, 1990), p. 30.
[8] Ibid., p. 33.
[9] William S. Mullins (Ed), *A Decade of Progress: The United States Army Medical Department, 1959-1969* (Washington: Office of the Surgeon General, 1971), p. 113.

participate in off-post training courses. These policy innovations helped with recruitment and retention of AMEDD Civilian personnel, but other imminent changes would have the opposite effect.

In 1964, as the military situation in Vietnam was escalating and the United States contemplated a massive deployment of ground troops, Congress dealt government civilians a harsh blow with the Dual Compensation Act. This act, and the even more stringent Civil Service Reform Act of 1978, imposed heavy financial disincentives for military retirees wishing to continue serving as government civilian employees. In order to take a Federal Civil Service job after retiring from the military, the retiree would have to forfeit some or all of his retirement pay during the period of employment. Few military retirees were willing to give up their retirement pay when regular corporate jobs typically offered comparable pay without the financial penalties. At the same time, many college-age members of the American populace were disillusioned with the government because of resentment over the unpopular war in Vietnam. This left two potential sources of civilian employees—new college graduates and military retirees—virtually excluded from the hiring pool.

The end of the Vietnam War initiated a period of significant change in the Army, most evident in the AMEDD by a complete reorganization of the department in 1973. The keystone of this reorganization was the establishment of the US Army Health Services Command (HSC), a new organizational structure that consolidated command of medical centers, hospitals, non-divisional medical activities (MEDDACs), research facilities, and training sites throughout the continental United States (CONUS). Major General Spurgeon Neel was appointed as the commander of the new organization, charged with the daunting task of pulling dozens of disparate units together in the new organization.

Many of the people affected by the new organization were AMEDD civilians—over 22,000 belonged to HSC at the end of its first year, most of whom were brought into the command via "Mass Change" directives that moved employees of all CONUS medical activities to HSC on 1 July 1973. The mass change was implemented by Walter N. Howell, the first Civilian Personnel Director in HSC, who served in that position for only a few months before departing at the end of July. In addition to those civilians who transferred to HSC under the reorganization plan, additional civilian positions were added over the next few years as part of a vigorous "civilianization" program that converted thousands of jobs from military to civilian. The impetus for civilianization was two-fold: first, the Army was shrinking due to post-Vietnam strength reduction policies; and second, the end of conscription in 1973 meant that more and more military positions went unfilled due to military manpower shortages.

Civilian recruiting was almost as difficult as military recruiting for the Army in the early 1970s, and the embryonic Health Services Command was no exception. The new HSC Civilian Personnel Director, William R. Bruce, reported in March of 1974 that "with less than six months

of the fiscal year remaining, only 42% of the civilianization vacancies have been filled."[10] The AMEDD felt that the dual compensation restrictions on retirees had a negative impact on civilian recruiting, and obtained authority to waive the restrictions for retired military physicians to take civilian jobs at the GS-11 through GS-14 level. Within a year HSC had filled more than 90% of its civilian vacancies, but paradoxically only ten retirees were hired under the terms of the dual compensation waiver authority. Instead, the success in civilian recruiting is credited to energetic efforts at the lower levels (hospitals and MEDDACs at bases like Fort Knox and Fort Leonard Wood) and to rising unemployment rates in the United States, which made the stability of government employment seem more attractive.[11]

During the summer of 1975 the Army's Deputy Chief of Staff for Personnel briefed the Vice Chief of Staff of the Army (VCSA) on the status of civilian personnel management. The VCSA's response was "very positive and supportive," and he asked "how the Army Staff can get more involved in the civilian area and how we can better make civilians a part of the Army team."[12] An Army Circular of the same year, addressing plans for the Army's Bicentennial Celebrations to occur in 1976, called for "Recognizing the contribution and role of civilian employees in the Army."[13] It seemed that senior Army leaders were increasingly aware of the contributions of Army civilians, largely because the transition to an all-volunteer force had driven a civilianization effort that converted nearly 10,000 active Army positions to civilian status. HSC, with its large civilian contingent, was a strong advocate for this population.

By the end of 1982 there were 23,700 civilian employees in HSC, comprising nearly half of the command's total strength. Military members of the AMEDD were grouped into seven corps—the Medical Corps, Army Nurse Corps, Dental Corps, Veterinary Corps, Medical Service Corps, Army Medical Specialist Corps, and Enlisted Corps. The civilians, proud of their affiliation with the AMEDD but not officially recognized as a corps, sought their own identity. The December 1982 edition of the *HSC Mercury*—the official newspaper of HSC, and later US Army Medical Command—announced a contest to design a new insignia to represent HSC civilians. The winning design, submitted by Esiquio Gonzales of the Academy of Health Sciences, was unveiled in the June 1983 edition of the *Mercury.* This design, featuring the AMEDD caduceus backed by a shield, with the word "CIVILIAN" in a banner across the front and a smaller "HSC" banner at the top, was later adopted by the AMEDD Civilian Corps (with "HSC" removed) and still represents the Civilian Corps today.

[10] Memo, William R. Bruce, Director, Civ Pers, for IG, 15 MAR 74, sub: Army Quota for Civilianization, AMEDD Center of History and Heritage Research Collection, Fort Sam Houston, Texas.
[11] Memo, COL Robert N. Gilliam, DCSPER, for CG, HSC, 13 JAN 75, sub: FY 73-74 Civilianization Goals Met, ACHH Research Collection.
[12] Ltr, Ben B. Beeson, DA Dir of Civ Pers, to William R. Bruce, HSC Civ Pers Dir, 17 JUL 75, ACHH Research Collection.
[13] Ibid.

In 1981 the Army Chief of Staff approved a concept for a revised US Army Regimental System "to provide each soldier with continuous identification with a single Regiment."[14] By 1986 the regimental system had expanded beyond combat regiment affiliation to encompass the entire Army, with the intent of emphasizing "the history, customs, and traditions of the Regiment/Corps."[15] The Army Medical Department Regiment was activated on 28 July 1986, and henceforth every officer and enlisted Soldier who graduated from an AMEDD Branch or Military Occupational Specialty (MOS) producing school was affiliated with the Regiment. The regimental system was updated in 1990, incorporating a new stated purpose of developing loyalty, commitment, a sense of belonging, and esprit. More significantly, the 1990 revision authorized DA civilians to be affiliated with a regiment by direction of the regiment or corps commander. This marked an important milestone for Army civilians, not only by embracing them as valued members of the service but also by encouraging career specialization within a functional area of the Army. Apparently the value of this authorization was initially overlooked, because it would be another 21 years before the AMEDD would include civilians in the Regiment. The road to that recognition would involve several defining events in the AMEDD civilian identity.

In 1993 the AMEDD, recognizing the efficiencies gained with the HSC implementation and acting on lessons learned in Desert Shield/Desert Storm, undertook another major reorganization. Health Services Command was re-designated as US Army Medical Command (MEDCOM), which stood up as a provisional command in 1993 and became fully operational in 1994. HSC, commanded by a major general, was limited in its scope to CONUS. MEDCOM would be commanded by the Army Surgeon General, and would have responsibility for medical facilities around the world. Regional Medical Commands helped manage this vast responsibility by providing a subordinate layer of command and control, and specialty functions like dental and veterinary care established their own sub-commands under MEDCOM. The transformation to MEDCOM raised personnel numbers exponentially, since the new command encompassed personnel in Europe, Asia, Central America, and the Pacific in addition to CONUS. The task of managing this workforce was immense. Functional corps chiefs for each corps of the AMEDD worked with personnel proponents to provide lifecycle management of military personnel, but no such system existed for civilian personnel management.

The Department of the Army implemented a civilian personnel proponency plan in 1991, with the Surgeon General designated as the civilian personnel proponent for health care occupations. The Surgeon General, in turn, relied on the HSC Civilian Personnel Director to oversee lifecycle management of AMEDD civilians. As early as 1988 the term "civilian corps chief" was used informally within the Medical Department to refer to the HSC Civilian Personnel Director, but the title was merely colloquial and never documented in written orders.

[14] US Army, *Army Regulation 600-82: The U.S. Army Regimental System* (Washington: Dept of the Army, 1 May 1986), p. 3.
[15] Ibid., p. 4.

An AMEDD Personnel Proponency Steering Committee (APPSC) was formed to establish the personnel proponent policies for the Medical Department, and this group deliberated the idea of creating a bona fide Civilian Corps Chief. The APPSC determined that such a position would be ineffective, since corps chiefs were functional area experts who managed personnel within their areas of specialization. AMEDD civilians were deemed too diverse a group to be managed by a single corps chief in this way, and the committee determined that the functional corps chiefs could manage civilians along with military members. However, the term "Corps Chief" continued to be applied to the Civilian Personnel Director in HSC and then MEDCOM, until it became something of a de facto truth. An article in the December 1996 issue of *The Mercury* hailed the arrival of a new AMEDD Civilian Corps Chief, Ms. Sharon Coleman Ferguson. The article compared the Civilian Corps to the other corps of the AMEDD, stating that, "By the mid-1990s… AMEDD civilians had a designated chief like other corps."[16] Ferguson noted that the 27,500 AMEDD civilians outnumbered all of the other corps in the AMEDD combined, and listed her goals for making the Civilian Corps "act like a real corps by boosting civilian professional standards, utilization, training and career development."[17]

The legitimacy of the Civilian Corps Chief title received a boost the following August, when Army Surgeon General Ronald R. Blanck included Sharon Ferguson in a *Mercury* article he published about the roles of the AMEDD Corps Chiefs. Ferguson, who was then serving as MEDCOM's Assistant Deputy Chief of Staff for Personnel in addition to her role as Corps Chief, was listed as "Chief of the Civilian Corps, consisting of civilian employees of the AMEDD."[18] Ferguson had been serving in that position since March of 1996, and it is because of the Surgeon General's public recognition of her as Corps Chief that we now celebrate 26 March 1996 as the founding date of the AMEDD Civilian Corps.

The Defense Authorization Act for Fiscal Year 2000 repealed the dual compensation restrictions that had kept many military retirees from entering civil service. This opened the door for many retired military personnel to bring their experience and expertise into the Civilian Corps, benefiting both the corps and the Army by preventing the perpetual loss of institutional knowledge. Many personnel in the AMEDD Civilian Corps today began their careers in uniform, and they have found that the leadership and technical skills they developed as Soldiers are still applicable as Army civilians.

The Medical Department proved to be remarkably prescient in establishing the AMEDD Civilian Corps, preceding the Army in a similar action by more than ten years. On 19 June 2006 Army Chief of Staff Peter Schoomaker and Secretary of the Army Francis Harvey signed a memorandum establishing the Army Civilian Corps, calling Army civilians "a key capability of

[16] Harry Noyes, "New Chief Plans Changes for Civilians," *The Mercury,* (December 1996), p. 8.
[17] Ibid.
[18] Ronald R. Blanck, "AMEDD Corps Chiefs Fulfill Many Roles," *The Mercury,* (August 1997), p. 3.

our Army's force structure."[19] This action highlighted the important and expanding role of civilian employees in the Army, and the Army's recognition of civilian employees as an essential component of its overall strength.

On 12 November 2009 Charles G. (Gregg) Stevens was appointed as the Chief of the AMEDD Civilian Corps. He was the fourth person to hold the title of Corps Chief, following Sharon Ferguson, Dian Jamison, and Jo Ann Robertson, but he was the first to receive a written duty appointment order for that position from the Surgeon General. Stevens is the first Civilian Corps Chief in the Senior Executive Service (SES), putting the Civilian Corps Chief position at the Flag Officer level. On 1 February 2011 Stevens was also designated as the Functional Chief Representative for medical career programs, making him both the principal advisor to the Surgeon General for the Civilian Corps and the functional advisor for civilian career planning. The role of the AMEDD Civilian Corps had evolved since the Personnel Proponency Steering Committee met in 1991, and the necessity of having a Civilian Corps Chief was recognized at the highest levels of the Medical Department.

The Army Medical Department has always garnered exceptional service from its civilian employees, but the recent official acknowledgement of the Civilian Corps' value has spurred unprecedented individual recognition for exceptional employees. On 1 February 2011 the editor of *The Mercury,* Mr. Jerry Harben, retired after 31 years of service to the AMEDD. Harben received the Army Medical Department 30-year service medallion, the first time a career civilian was presented this accolade. Later that month the MEDCOM Chief of Staff, Mr. Herbert A. Coley, signed a policy memorandum that allowed recognition of civilians as members of the AMEDD Regiment. Within a week of this policy announcement, the commander of the US Army Medical Research Institute of Infectious Diseases, Colonel John P. Skvorak, nominated Mr. Charles D. Rapp for recognition as a Distinguished Member of the Regiment. With the Surgeon General's approval on 6 March 2011, Rapp became the first civilian to receive this honor.

Throughout the history of the Army Medical Department, civilians have proudly served alongside uniformed service members to provide the best possible medical care and support to the Army. Over the course of more than two centuries they have become trusted partners and colleagues in the AMEDD, a corps of dedicated and loyal professionals working diligently to accomplish essential missions. The diversity of these missions has made it difficult to group all AMEDD civilians into a single corps, but this same diversity enables a level of flexibility that makes them indispensible. Army Surgeon General Leonard D. Heaton (1959-1969) said that the responsibility of his medical administration was "to forge the separate elements into a perfectly

[19] Memo, Peter J. Schoomaker and Francis J. Harvey for wide distribution, 19 JUN 06, sub: The Army Civilian Corps, retrieved 8 MAR 11 from http://www4.army.mil/ocpa/civilianstories/elements/6_19_06csaandsecarmysignedmemo.pdf.

balanced team."[20] The recognition of the AMEDD Civilian Corps as an essential part of the Army Medical Department has brought our team into balance.

[20] Mullins, *A Decade of Progress* (Washington: Office of the Surgeon General, 1971), p. 114.