

**The AMEDD NCO: Revolutionary War
to the Early 1900's**

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Title: AMEDD NCO History: Revolutionary War to the Early 1900's

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References:

- 1) Gillett, Mary C. The Army Medical Department 1775-1818. Army Historical Series, CMH, 1981.
- 2) Gillett, Mary C. The Army Medical Department 1818-1865. Army Historical Series, CMH, 1987.
- 3) Gillett, Mary C. The Army Medical Department 1865-1917. Army Historical Series, CMH, 1995.
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I. Introduction

1. Origins of Medical NCO
2. Revolutionary War Period, Civil War, Early 1900's
3. Basic duties and responsibilities have not changed
5. Forerunners of Today's Modern Medical NCO

II. Revolutionary War Period

1. July 1776 – Congress Authorized employment of Hospital Stewards
 - a) Forerunners of today's Medical NCO Corps
 - b) Not authorized, detailed from line units
 - c) Gen Washington addresses issue as a result of lack of treatment and prevention
2. April 1777- Hospital Steward authorized for every 100 Sick/wounded
 - a) Feeding patients
 - b) Procure supplies
 - c) Pay: \$1.00/day and 2 rations a day
3. March 1779 – Hospital Steward Authorized for every hospital
 - a) Result of growing need

b) Proved worth as asset

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c) Responsibility increased to include admin and logistics

III. Duties and Responsibilities

1. Much like today's NCO
 - a) 1st Hospital Manual Published in 1808
 - b) Description of Hospital Steward "above reproach . . . "
 - c) John Bemose wrote case studies rivaling that of surgeons
2. Accountability of Hospital Supplies
3. Procure Supplies
4. Discipline of Staff and Patients

IV. History and Description of Unique Insignia

1. 1851 Rank Established as Half Chevron
 - a) Established as official rank for hospital stewards
 - b) Green Background, Yellow Trim, Caduceus
2. 1856 Congress approves stewards as Medical NCO, Hard Stripes
 - a) Mustered into hospital rolls
 - b) Errantly attaches stewards to Medical Department

V. Civil War Era

1. Sought after Position, competency test required
 - a) Required skills of math, chemistry, reading writing, pharmacy
 - b) Commanded respect for duties
 - c) Medical students sought position based on respect
 - d) Pay was twice as much as a nurse
3. PCS method different than most soldiers of the time
 - a) Reported from unit to unit
 - b) Reported to Post to Post
 - c) Moved independently, not as a group
4. Shortage of Physicians led to Stewards treating Black Regiment independently
 - a) Shortage of physicians
 - b) Appointed as acting surgeons
5. Leadership Ability
 - a) Nurses/aides assigned to squads
 - b) Attendants and nurses reported to the steward
 - c) Primary trainer of hospital corps soldiers

6. Duty Assignments

- a) Regimental staff
- b) Equal ground as the Regimental Sergeant Major
- c) One of four Career NCOs on Regiment staff

VI. Early 1900's

- 1. Draw down of forces and epidemics affects medical department
 - a) Only one steward assigned to each post or hospital
 - b) Sometimes acted alone until surgeon arrived
- 2. Testing required for Medical NCOs to remain in job
 - a) Exemption only after 25 years of service
 - b) Ensured only the best were retained
 - c) Career status stressed
- 3. Reorganization of Medical Department
 - a) Steward name eliminated in favor of rank alone
 - b) 1904 Lance Corporal Rank approved
 - c) Appointed by Surgeon General or Chief Regimental Surgeon

VII. Summary

- 1. Recognized need thru the decades
- 2. Duties and responsibilities gradually increased
- 3. Keeping pace with the Force

ABSTRACT

The origins and history of the Army Medical Department's (AMEDD) Medical NCO Corps provides insight for today's Noncommissioned Officer. The history of the AMEDD Hospital Steward is as diverse and complicated as any other NCO in the United States Army. A review of this history reveals evolving duties and responsibilities that have shaped and guided the AMEDD's NCO Corps into a modern pre-eminent force multiplier. Wars, conflicts, and constant reorganization have gradually affected the Medical NCO over time and have enabled this group of NCOs to keep pace with a changing modernization of the fighting force. Surprisingly, the name of the Hospital NCO has changed, but the basic skills, knowledge, and attitudes have not. Whether called a Hospital Steward in the past or a Healthcare Specialist of the present, the main focus of the Medical NCO has not changed in over 200 years: Provide quality care to the fighting force and train the soldiers under their care.

The origins of today's Army Medic can be traced back to the Revolutionary War. We find is that the modern medical Noncommissioned Officer (NCO) of today is not very different from the hospital steward that served in the Revolutionary War or in the early 1900's. A close inspection reveals that the hospital steward had very similar duties and responsibilities in respect to the time period with today's modern medical NCO. Through time, the duties and responsibilities of the Hospital NCO gradually increased to keep pace with a changing military force. The simple evolution of the medical NCO shows that the Army Medical Department (AMEDD) recognized the need for a quality NCO that would to conserve the fighting force.

In July of 1776 Congress authorized the employment of Hospital Stewards to assist physicians in the care and treatment of revolutionary war soldiers. The congressional authorization was a result of General Washington He addressed the lack of adequate treatment and prevention of various diseases and injuries for the Continental Army during the early campaigns of the revolutionary war. Many soldiers were lost lack of proper treatment and disease. This took a terrible toll on General Washington's fighting forces. He lobbied Congress for these soldiers in the hope that they would help in reducing such preventable losses. These medical soldiers are the direct forerunners of today's Medical NCO. Although Congress authorized their positions, each Hospital Steward was detailed from a line unit. There was no formal medical training provided, but each person had to demonstrate skills in order to hold the position. Each steward had to have a basic understanding of math, reading, and writing in order to do well. A result of this requirement: only the very best were selected. These soldiers learned their tasks through on-the-job type training. Although they were doing an outstanding job, the AMEDD was overwhelmed with patients. Unfortunately, a shortage of qualified personnel coupled with increasingly more patients created a situation that required even Hospital Stewards. Another request for more stewards led to a small increase in their numbers. In April 1777, one Hospital Steward was authorized for every 100 sick and wounded soldiers. This increased the

number of personnel who could provide care and also slightly modified the duties they performed. Their responsibilities consisted of feeding patients and procuring supplies required for the administration of the hospitals. The pay for the Hospital Steward was approximately \$1.00 plus two rations a day. Gradually the hospital stewards proved their worth as an integral part in the delivery of health care to soldiers time and time again. Their responsibilities increased to include more administration and logistical functions. The gradual increase in the level of responsibility is indicative of the demonstrated skills and knowledge hospital steward had. The very first Hospital Manual published in 1808 described the duties and requirements of the hospital steward as "...one that is above reproach..." Clearly the path was set that would have this position prove its worth as an NCO well into the future. To illustrate the reading and writing skills that a Hospital Steward had, John Bemose, a Hospital Steward wrote case studies that rivaled that of many surgeons of the time. In addition to the normal accountability of the hospital medical supplies, the steward's responsibilities grew to include the procurement of the supplies. This included the ability to manage the funds required to get the supplies. Another major change was the implementation of an extremely important duty. The Hospital Steward would now handle the discipline not only of the patients, but also dictate the discipline of the hospital staff members. As the duties changed over time, so did the uniform insignia that the steward wore.

Beginning in the early 1800's the insignia changed to reflect the adjustments in the structure of the AMEDD NCO Corps. In 1851, the steward's rank was established as a half chevron. This insignia had a caduceus with a green background that was emblazed with yellow trim. In 1856, because of the rapid changes within the AMEDD, Congress approved "hard stripes" for the stewards to recognize the hard work and greater responsibilities that these soldiers had. The changing of the uniform insignia coupled with the dramatic increase in responsibility led to a major transformation. The Medical NCO would soon get mustered into the roles of the AMEDD. With this bold change, another dramatic event was forthcoming. Up until

this time, the medical NCO was still detailed from other units. Still selected from the common rank and file and given on-the-job training. This major change did more than provide the AMEDD with its own base of soldiers, but also provided for a formal medical training program for the Medical NCO that is in place to this day.

The many drastic changes that the AMEDD NCO structure endured coupled with beginning of the civil war, required more changes to keep pace with the Army. Each development and change had but one purpose, keep the best and the most qualified NCO in the ranks. One of the new changes put in place insured only the best soldiers would fill these positions. In order to become or stay appointed as a Medical NCO, a competency test was now required. Each medical NCO had to demonstrate math, chemistry, reading, writing, and apothecary skills. The prestige of the position made the Medical NCO one that was sought after by many people. Two reasons may have been the pay and the respect of the position.

The Medical NCO was paid twice as much as a nurse of the time and was placed in a position of authority and leadership. Many medical students sought out these positions during their training, mainly because of the respect that the position demanded. The students felt the position gave them a better and more rounded educational experience in learning their new trade as physicians. Many normal personnel actions were drastically different from the mainstream Army NCOs during this period regarding the day-to-day management practices the non-medical NCO might have encountered. An example of this is found in the simple task of movement from one unit to another. Unlike their NCO counterparts in the Infantry or the Quartermaster Corps, many Medical NCOs were moved and given assignments to specific units or posts. They also were allowed to move independently and not with a group. This certainly was not the normal procedure for an enlisted man during the Civil War period. The Medical NCOs leadership ability and skills were capitalized on in many different types of roles. The basic organization of a civil war era hospital had the nurses and aides assigned to a squad, which in turn was under the

responsibility and charge of the Medical NCO. Additionally, many Medical NCOs were assigned to independent positions where they sometimes were the only medical person providing care to soldiers. For example, when there was a shortage of physicians to provide medical care to the newly formed black regiments during the Civil War, the Medical NCO filled the gap and performed as the Regimental Surgeon for an extended period until a doctor would arrive.

One of the basic jobs the medical NCO had been charged with completing was one that was the most important to the hospital corps. The Medical NCO was the primary trainer of the hospital soldiers. The respect garnered by the Medical NCO was recognized at all levels of command during the Civil War. The Medical NCO was one of only four career NCOs on many regimental staffs. All these changes were required to keep pace with the force structure transformation. Beginning in the early 1900's many outside factors began to affect the AMEDD NCO Corps once again. Another shortage of quality NCOs would ensue and a name change was contemplated once again.

The draw down after Civil War coupled with the rise in epidemics drastically reduced the number of medical troops. Testing was still used to maintain a quality Medical NCO force, to insure only the best was retained in service. The only exemptions for testing were those soldiers who had served as a Steward for 25 years or more! Although their numbers had decreased, there would be no argument that only career minded and quality NCOs would remain in the service. When the AMEDD again reorganized to keep pace, the term "Steward" was eliminated in favor of the rank alone as a title. In 1904, a Lance Corporal Rank was approved for the Medical Corps. The addition of the Lance Corporal rank provided a career track for the medical soldiers assigned to medical units. This culminated in an appointment to the highest enlisted rank within the AMEDD that normally was chosen by The Surgeon General or the Chief Regimental Surgeon.

Today, the AMEDD Medical NCO faces the same challenges as the Hospital Stewards of yesterday. From the austere beginnings of the Army Medical Department, the modern Medical

NCO has evolved with the changing face of the Army and the AMEDD. The need for the Medical NCO was recognized from infancy of our nation's Army through the traumatic Civil War years. Throughout the decades, the Medical NCO has been forced to change and adapt in order to keep pace with the Army. These changes included the gradual increase in the duties and responsibilities based solely on competence and a demonstrated ability to lead and train the soldiers under their charge. As the Army modernized and transformed, so has the Medical NCO. Names and uniforms have changed, but the basic skills, knowledge and attitudes have not. The lesson garnered demonstrates the focus of the Medical Department's motto "To Conserve the Fighting Strength". The Hospital Steward, Medical NCO, and the Healthcare Specialist have remained committed for more than 200 years to providing the Army's war fighting soldiers' professional and quality medical care.

Works Cited

- 1) Gillett, Mary C. The Army Medical Department 1775-1818. Army Historical Series, CMH, 1981.
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