

NCOs in the American Army (1925-1945)
Contributions of the Medical NCO Corps

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Resource Management R10

16 December 2005

The contributions of the Medical noncommissioned officer (NCO) are numerable. Soldiers in the Medical Corps have served their country for years with little or no recognition. Doctors and medics receive recognition but what about the X-Ray and Laboratory technician. In April 1943, the Training Division, Office of The Surgeon General, began a study of course content at the Medical Department Enlisted Technicians Schools that revealed wide variations in emphasis within courses. That summer, the Training Division developed a program guide designed to insure standardization. The guide was approved by the next highest echelon, and published on 29 August 1943, as an Army Service Forces (ASF) memorandum.(Office) This program guide controlled training for male enlisted technicians through the remainder of the war. The program guide for female technicians was developed at the Army and Navy General Hospital. While these guides reduced the amount of variation between courses, neither eliminated it entirely.

In developing courses, schools reduced lectures and emphasized "learning by doing." Following an introductory lecture, almost every school devoted the bulk of classroom time to on-the-job training. The school at the Army and Navy General Hospital reported in mid-1943 that the instructors limited their straight lectures to twenty-five minutes, devoting the remainder of the hour to oral quiz and review.(Office) Similarly, the school at William Beaumont General Hospital reported that demonstrations were included in almost all lectures. The Medical Department Enlisted Technicians School at Lawson General Hospital reported that students were taught laboratory procedures by lectures, demonstration, and by actually performing over and over again the various procedures.(Office) After a month of formal course work, student laboratory technicians spent a major portion of their time in training laboratories, where, under close supervision, they practiced procedures they would later perform independently. In courses

for medical and surgical technicians, the latter part of training was devoted to practice in model hospital wards. In every course, emphasis was practical, rather than theoretical. The guiding principle was to teach a technician to perform a duty, without necessarily understanding why it was done in a given way. The short period of time allowed for training permitted no other approach.

Until August 1943, courses for medical, surgical, dental, X-ray, and laboratory technicians were divided into two major phases. The first phase was conducted in the school and included both formal and applied training. The second phase consisted of on-the-job training at the hospitals to which the schools were attached. At Fort Sam Houston, for example, student laboratory, dental, and X-ray technicians spent 2 months in the school, and a third month at the VIII Corps Area Laboratory, the Central Dental Laboratory, or the Station Hospital X-ray Clinic.(Office) Medical and surgical technicians spent the last part of their training working in hospital wards.

Despite being the last of the technical services to accept members of the Women's Army Corps (WAC), the Medical Department became their single largest employer. By the end of the war, some 20,000 WACs, or more than one-fifth of the entire Corps, were employed by medical installations. As long as well-trained civilians and enlisted men were available, The Surgeon General was reluctant to accept enlisted women. In the autumn of 1943, the Medical Department began accepting about 200 women a month for training as enlisted technicians. Early in 1944, when the Medical Department suffered the loss of some 5,000 technicians to the Infantry, The Surgeon General asked for an extensive program to recruit WACs for the Medical Department.(Office) Within months, more than 4,000 women had been recruited. From mid-

1944 until the end of the war, WACs played an increasingly important role in Army medical service.

Since one of the purposes of the program was to recruit skilled women from the civilian sector, many WACs recruited for the Medical Department required no further technical training. In addition to recruiting technically skilled women, recruiters were authorized to accept high school graduates for training as technicians. The program proved so popular that training facilities had to be continuously expanded. The first Medical Department Enlisted Technicians School for members of the Women's Army Corps was established at the Army and Navy General Hospital on 9 September 1943, in facilities that had been used for 3 years by the school for male technicians. (Office)

The most decorated and recognized medical NCO is the combat medic. The main objective of the combat medic was to get the wounded away from the front lines. Many times this involved the medic climbing out from the protection of his foxhole during shelling or into no-man's-land to help a fallen comrade.(Steinert) Once with the wounded soldier, the medic would do a brief examination, evaluate the wound, apply a tourniquet if necessary, sometimes inject a vial of morphine, clean up the wound as best as possible and sprinkle sulfa powder on the wound followed by a bandage.(Steinert) Then he would drag or carry the patient out of harms way and to the rear. This was many times done under enemy fire or artillery shelling.

Medics served during World War II as unarmed non-combatants. One of these brave NCOs was Technician 5th Grade Alfred L. Wilson. Technician 5th grade Alfred L. Wilson was with the Medical Detachment, 328th Infantry, and 26th Infantry Division near Bezange la Petite, France.(Congressional) On November 8th 1944 Wilson's unit came under artillery fire. They suffered heavy casualties; and Wilson began administering to the wounded.(Congressional)

While treating his comrades he was seriously wounded himself, but he continued to treat his comrades. He refused to be evacuated by litter bearers sent to relieve him. He continued dispensing aid, bandages, and medicine despite his own pain and blood loss. As he lost more and more blood, becoming weaker and weaker, he crawled from patient to patient. When he could no longer move, he gave instructions to men who could. He refused any assistance, giving directions until his whispered voice was silenced and he lapsed into unconsciousness. Wilson died later from his injuries.

Another medic received recognition for his bravery. Technician Fifth Grade James K. Okubo distinguished himself by extraordinary heroism in action on 28 and 29 October and 4 November 1944, in the Foret Domaniale de Champ, near Biffontaine, eastern France.(Congressional) On 28 October, under strong enemy fire coming from behind mine fields and roadblocks, Technician Fifth Grade Okubo, a medic, crawled 150 yards to within 40 yards of the enemy lines. Two grenades were thrown at him while he left his last covered position to carry back wounded comrades. Under constant barrages of enemy small arms and machine gun fire, he treated 17 men on 28 October and 8 more men on 29 October.(Congressional) On 4 November, Technician Fifth Grade Okubo ran 75 yards under grazing machine gun fire and, while exposed to hostile fire directed at him, evacuated and treated a seriously wounded crewman from a burning tank, who otherwise would have died.

The Medical Badge was finally introduced March 3, 1945 for medical personnel who served with the Medical Detachments during World War II. The introduction of both Expert Infantryman Badge (EIB) and Combat Infantryman Badge (CIB) in November 1943 created an administrative problem and caused wide concern about medical personnel and infantrymen. (Combat) Although medical personnel, regularly attached to an infantry unit were running

considerable hazards when carrying out their duty, they were NOT entitled to the CIB. Army Regulations strictly forbid granting combat awards, since this was against the Geneva Convention and the non-combatant status of medical personnel. In fall of 1944, the War Department once more stressed that it was forbidden to grant EIBs and CIBs to medical personnel and Chaplains.(Combat) This was because a lot of infantrymen, acknowledging the risk and courage of combat medics attached to infantry units, complained it was unfair to treat medics this way, and also some people were thoroughly frustrated they could not earn the extra \$ 10.00/month of combat pay, which went with the CIB award. Because of this the Surgeon General's Office introduced a special badge to honor medical personnel. The design was adopted 3 March 1945.

Medics were unarmed non-combatants during this period but they all carried the Hospital Corpsman's Knife. The Hospital Corpsman's Knife was issued as standard equipment and used as a tool not a weapon.(Olson) It was used to cut branches to make splints and litters, and to cut cloth for bandages. Some medics carried their own pistols for protection. The red cross was not always recognized as a non-combatant and would be shot at.

"To conserve the fighting strength" is the motto of the Army medical branch. They are not all close to the fighting like the combat medic but their contributions are great.

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