# *The Army Medical Specialist Corps*




45th
Commemorative


UNITED STATES ARMY
MEDICAL SPECIALIST CORPS

# The Army Medical Specialist Corps

*The*
*45th*
*Anniversary*

*by*
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*CENTER OF MILITARY HISTORY*
*UNITED STATES ARMY*
*WASHINGTON, D.C., 1993*

# *Foreword*

Review of past events enables better understanding of the present and strengthens resolve to improve the future. On the forty-fifth anniversary of the Army Medical Specialist Corps, this volume details the contributions of occupational therapists, dietitians, and physical therapists who have served in the United States Army. It reflects upon the historical personages and events which shaped and structured the development of the Corps.

Even though the Corps is the youngest of the six Army Medical Department's Corps, it has quickly matured into a group of professionals making significant contributions to the total team. An overview is presented of current activities as well as considerations of future developments within the Corps. We look forward to welcoming the newest specialty—physician assistants—into the Army Medical Specialist Corps, a cadre of highly professional and dedicated officers.

We extend our sincere appreciation to past and present members of the Corps, to members of the allied health professions, military and civilian, and to the United States Army Medical Department for its direction and support for almost a half-century.



Washington, D.C.
January 1992

ROY A. SWIFT
Colonel, USA
*Chief, Army Medical Specialist Corps*

# *Preface*

The fundamental purpose in composing the text and acquiring the collection of photographs for this commemorative monograph was to provide a review of the historical events which affected the formation and development of the Army Medical Specialist Corps and to trace the influence of the persons whose vision, courage, and commitment contributed to the character of the Corps.

The introduction defines the present mission of the Corps and the current operations structured to support that mission. The historical review traces the involvement of dietitians, occupational therapists, and physical therapists in the Army Medical Department from World War I to their contributions in Operation DESERT STORM. Care was exercised to reflect upon the development of the three specialties as national professional organizations in the civilian medical community and to illustrate the interactions, through time, between Army physical therapists, dietitians, and occupational therapists and these professional organizations. As this volume goes to print, the Corps is integrating physician assistants into the Army Medical Specialist Corps following enactment of federal legislation. The monograph's final paragraphs address current Corps activities which offer promise in molding the Corps' role in the challenging world of the twenty-first century.

This monograph was completed with the strong support of Brig. Gen. Harold W. Nelson, Chief of Military History, and Col. Roy A. Swift, Chief, Army Medical Specialist Corps. The Corps extends sincere appreciation

to the staff of the U.S. Army Center of Military History and to the Chief of Military History for their contributions and guidance. The author is also grateful for the research assistance provided by Mr. Thomas McMasters and the staff of the U.S. Army Medical Historical Holdings, Fort Sam Houston, Texas; Mr. Phillip Cavanaugh and the staff of the U.S. Army Quartermaster Museum, Fort Lee, Virginia, especially Mr. Luther Hanson; CSM Terry Nigh, Mr. Ronald Still, and the staff of the Command Historian, Health Services Command; the staff of the U.S. Army Military History Institute, Carlisle Barracks, Pennsylvania, especially Dr. James Wilson; and the staff of the Center of Military History including Mr. Morris MacGregor, former Acting Chief Historian, Col. Robert Sholly, Histories Division chief, Miss Hannah Zeidlik, Mrs. Geraldine Harcarik, and Mr. Jim Knight, and especially Mr. John Elsberg, Editor in Chief, Ms. Catherine Heerin, and the production staff.

Others providing critical assistance were Mrs. Mary Binderman, Librarian, American Occupational Therapy Foundation, Rockville, Maryland; Mrs. Mary Kate Duggan, Assistant Head, Collection Access Section, National Library of Medicine, Bethesda, Maryland; Ms. Phyllis Quinn and Mr. Bernard Marcotte of the Information Services staff, American Physical Therapy Association Archives, Alexandria, Virginia; Mr. Michael Rhode, Archivist, Otis Historical Collection and Archives, National Museum of Health and Medicine, Armed Forces Institute of Pathology, Washington, D.C.; and, especially, Mr. Richard Boylan, Supervisory Archivist, National Archives, Washington, D.C. Likewise, the author extends her gratitude to Mr. Jerry Harben, Editor, *HSC Mercury,* for his assisting the author's research in this periodical.

The author gratefully acknowledges the personal responses contributed by Col. June Williams McDonald, Col. Katherine Manchester, Col. Jessie Brewer, Col. Patricia Accountius, Col. Barbara Gray, Col. Mary Armstrong Kelso, Col. Richard Lynch, Col. John Moore, Col. Carole Buss, Col. Jean Chambers and Col. Marilyn Walker, USAF, Col. Jane Sweeney, Lt. Col. Paul

Ellsworth, Lt. Col. Mary Welsh Bridenstine, Lt. Col. John Reardon, Lt. Col. Patricia Miller Hodges, Lt. Col. Millard Laney, Lt. Col. Kathleen Hirsh, and Maj. Dale Hill. The author recognizes as of special note the work of Lt. Col. Willard Eazer and Col. Mary Van Harn while assigned to the Army Center of Military History in preserving and recording historical data related to the activities of the Corps during the Vietnam War.

The content of the commemorative benefited greatly from the commentaries and photographs provided by Lt. Col. Donald Ruehle, Lt. Col. James Rousey, Lt. Col. Corliss Trom, Lt. Col. Walter Cosey, Capt. Beverly Patton, Capt. Robert Moore of the USARIEM staff, and, of special mention, by Maj. Mary Laedtke, regarding their deployment and service during Operation DESERT STORM.

Historical data defining the involvement of Corps personnel in research and development while assigned to the United States Army Research Institute of Environmental Medicine, Natick, Massachusetts, and information directed toward current research objectives were provided for the commemorative most expeditiously by Lt. Col. Nancy King and Majs. Cecilia Thomas and Valerie Rice.

The author wishes to thank Col. William Goodwin and Maj. Debra Berthold, AMSC Branch, PERSCOM, for their courteous and precise replies to the inquiries regarding Corps personnel status, both currently and of historic vintage, during the months involved in preparing this commemorative. And, singularly among all contributors to this volume, the author appreciates the insight and precise definition of historical events provided by Miss Virginia Williams, executive secretary to six Chiefs of the Army Medical Specialist Corps.

The members of the review panel for the Army Medical Specialist Corps Forty-fifth Anniversary Commemorative monograph were Col. Roy Swift, Chief, AMSC, Col. Clyde Bell, Chief, Occupational Therapist Section, AMSC, Col. William Greathouse, Chief, Physical Therapist Section, AMSC, and Col. Karen Fridlund, Chief, Dietitian Section, AMSC, Office of

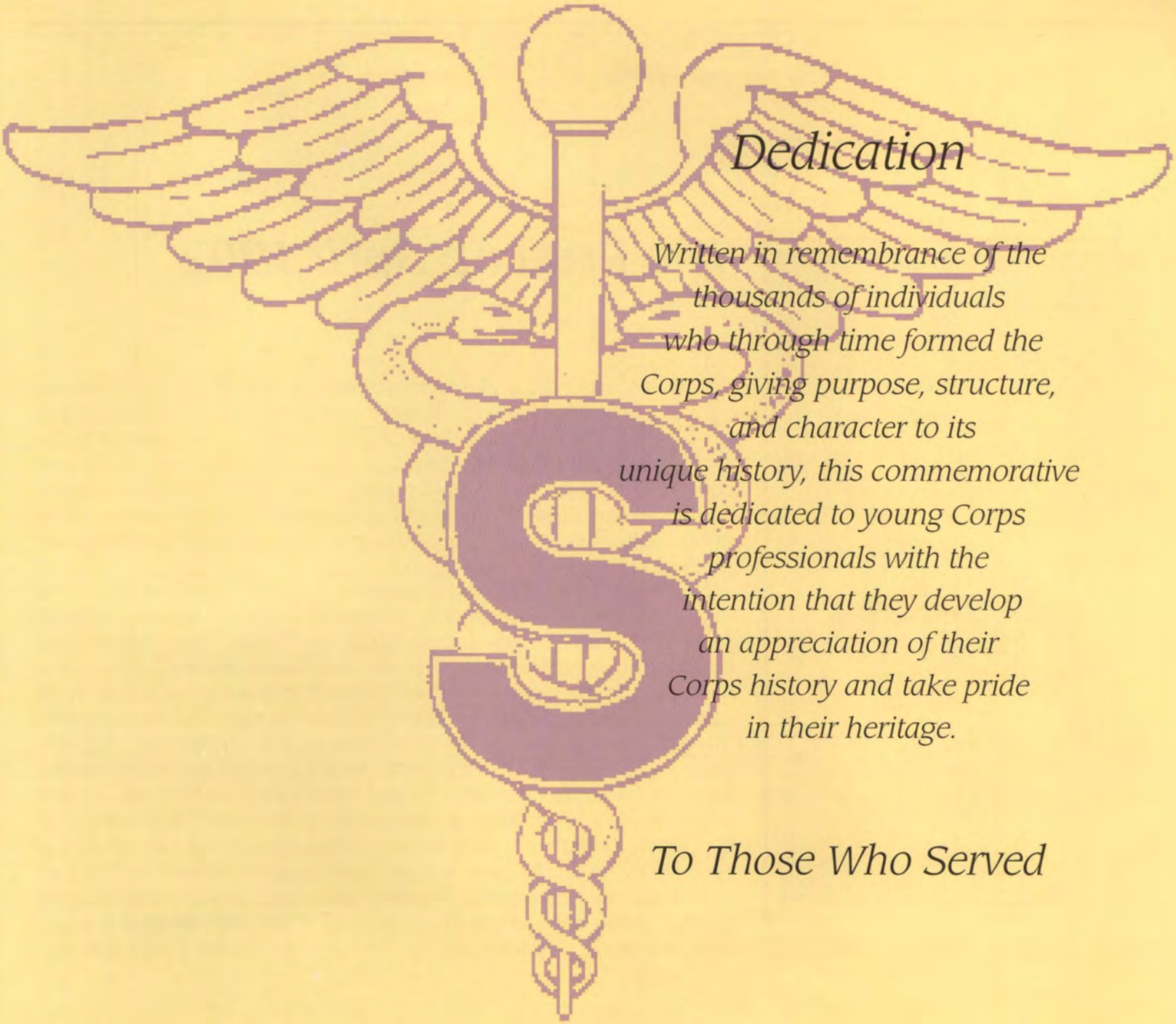
the Army Surgeon General, and Dr. Mary Gillett and Dr. Albert Cowdrey, senior historians with the Histories Division, U.S. Army Center of Military History. The author sincerely appreciates the review of the completed manuscript by Dr. Jeffrey Clarke, Chief Historian, Center of Military History. Their commentaries provided during the composition of the volume, in addition to their final review, have provided direction and insight for which the author is sincerely grateful. However, the author alone accepts responsibility for any errors of fact or omission found in the text that follows.

Washington, D.C.

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# Dedication

*Written in remembrance of the thousands of individuals who through time formed the Corps, giving purpose, structure, and character to its unique history, this commemorative is dedicated to young Corps professionals with the intention that they develop an appreciation of their Corps history and take pride in their heritage.*

## To Those Who Served



*Rappelling forms part of contemporary combat support training for physician assistants.* (U.S. Army Center of Military History)

# *The Present: April 1992*

The Army Medical Specialist Corps is one of six Army medical corps established by Congress to serve under the direction of the Army Surgeon General. The Corps is composed of occupational therapists, physical therapists, dietitians, and physician assistants in active duty, reserve, and National Guard components. The members of the Corps develop dual careers, as an officer in the United States Army and as a professional in the above named medical fields.

The majority of men and women in the Army Medical Specialist Corps support the medical care of military service members and their families in Army clinics and hospitals worldwide. They support patients through rehabilitation therapy, nutritional analysis and education, and the management of patient feeding and dining facility operations. They also support troop unit physical fitness programs through use of sports medicine techniques and educational programs focusing on life-style management, stress control, and nutrition. For patients undertaking mental health rehabilitation, they design and implement educational programs stressing personal responsibility for aspects of daily living, and, as the gatekeepers of the Department of Defense troop health care system, they serve in primary health care clinics, provide emergency medical care, and, when accompanying combat units, train personnel in aspects of first aid, medical evacuation, and triage. Traditionally, senior Corps personnel advise the Sur-

geon General regarding policy issues affecting their respective professional specialties.

In addition, members of the Corps rotate through assignments in personnel management at Corps level and perform recruitment duties in three regional areas within the continental United States. Corps members design and implement computer programs to improve patient care through the study of patient demographics and to effect managerial control of subsistence and the costs of other logistical support.

During the last decade, Corps members, especially occupational and physical therapists, have been involved in the exceptional family member program. This program has enabled military personnel whose family members require specific medical support formerly unavailable in assignment locations overseas to participate in normal assignment rotation, thereby improving the Army's readiness posture by increasing career rotation assignments for all soldiers.

In support of the service member's family, an Army dietitian is currently assigned to Headquarters, Army and Air Force Exchange Service (AAFES), as an adviser to the Department of Defense Dependent Schools (DoDDS) school lunch program which operates in primary and secondary schools for dependent children on military posts worldwide. To advance development of medical field feeding and clinical nutritional support, and to adequately test field equipment required by physical and occupational therapists in the combat environment, the Corps also assigns personnel to the Directorate of Health Care Operations, Office of the Surgeon General, Deployable Medical Systems project. The Corps conducts nationally accredited postgraduate internships and affiliations in dietetics, physical therapy, and occupational therapy and assigns selected personnel to advanced military training. Corps personnel conduct research in postgraduate master's- and doctoral-level studies and participate in research programs during clinical rotation assignments. Research studies in human performance, physiology, nutritional assessment, and effectiveness of rehabilitation equipment



*Lt. Col. Kathleen Hirsh, AMSC dietitian and adviser to the DOD school lunch program, visits a dependents' school in Europe, 1991.* (The Surgeon General's Office)

are being conducted by Corps personnel assigned to the U.S. Army Institute of Surgical Research and to the U.S. Army Research Institute of Environmental Medicine (USARIEM). Another research project designed to reduce compensation costs and manpower losses for civilian employees injured in the workplace has been implemented within Health Services Command, U.S. Army Health Care Studies and Clinical Investigation Activity.

# The Beginnings




*World War I government posters encouraged women to volunteer for duty in the War Department.* (National Archives)

The present Corps status and current missions are the direct outcome of national requirements for nutritional and rehabilitative support for personnel serving in the armed forces dating from the early decades of the twentieth century and the involvement of the United States in World War I. In fact, World War I medical support for Army personnel was a primary driving force in the national recognition of dietetics, occupational therapy, and physical therapy in 1917 and 1921 as civilian professional specialties.

At the beginning of the twentieth century, pioneering physicians and physiotherapists were examining the use of massage, electrotherapy, exercise, and hydrotherapy in patient reconstructive therapy. The study of nutrition was developing worldwide as foods were analyzed to determine which components prevented illness and which were necessary for proper nutrition. The use of remedial work, training persons in aspects of daily living, had been operational therapy in the rehabilitation of mentally ill patients since the early 1800s and, by the turn of the century, had also become a major area of focus in rehabilitating persons recovering from industrial accidents.

After the United States declared war against Germany on 6 April 1917, Maj. Gen. William C. Gorgas, the Army Surgeon General, sponsored the Executive Order of 11 May 1917 which authorized the Civil Service Commission to employ physiotherapists, occupational therapists, and dietitians as civilians within the Army Medical Department for the duration of the war emergency and to accompany hospitals for overseas duty.




*Reconstruction aides at Base Hospital No. 20, France, during World War I.* (AMEDD Historical Holdings, Fort Sam Houston, Texas)

# World War I







*U.S. Food Administration posters. The need to organize food production, distribution, and use led in 1917 to the formation of the American Dietetic Association.* (National Archives)

As the entire nation prepared for the war emergency, the dietitians, occupational therapists, and physiotherapists recruited by the Army Medical Department represented a broad spectrum of abilities and reflected diversified training. Some arrived at station as teachers, some as students. They came from thirty-nine states and represented a cultural cross-section of American home towns, from small towns like Port Arthur, Texas, and Ann Arbor, Michigan, to the larger cities of Boston, New York, Portland, St. Louis, and Chicago. Adventuresome and dedicated, most were young, and most were women.

The first qualifications for dietitians assigned to base hospitals were established by the National Committee on Dietitian Service of the Red Cross in 1916. The Army itself outlined the initial qualifications for physiotherapists and occupational therapists, who were titled "reconstruction aides." Dietitians' requirements included completion of two years' college study, majoring in home economics, and four months of practical experience in hospital dietetics. Occupational therapy aides were required to be skilled in their craft specialties, exceptionally adept at teaching, preferably a graduate of a school of industrial arts and crafts, and, by 1918, possessing hospital experience. Minimal requirements for physiotherapy aides included 240 hours of certified hospital experience and completion of a four-month course in theoretical and practical physiotherapy in two of the following modalities: hydrotherapy, mechanotherapy, massage, or electrotherapy. Completion of secondary school educa-

tion was also required as was the passage of a physical examination. The aides could be married and included men as well as women.

The first physiotherapy reconstruction aides to serve in World War I were generally teachers of physical education in colleges and universities, and trained physiotherapists were recruited on an individual basis, often being contacted by General Gorgas personally. Reconstruction aides were recruited from over seventy universities and colleges and were enrolled by the Army in physiotherapy training at seven approved civilian institutions, the most prolific being Reed College in Eugene, Oregon, which contributed over two hundred graduates.



*Mealtime in a World War I hospital ward.* (AMEDD Historical Holdings)

The Army paid dietitians and reconstruction aides according to the Civil Service Commission salary scale, allotting $4 per diem travel pay, $62 a month for quarters, laundry, and subsistence if not furnished by the base hospital, and $10 per month for overseas duty. Monthly salaries were $15 for student dietitians, $50 for reconstruction aides, $60 for staff dietitians, and $65 for head dietitians and head reconstruction aides. Age limits for dietitians were 25 to 35 years, for occupational therapy aides 25 to 40 years, and for physiotherapy aides 23 to 40 years.

Dietitians served overseas initially as members of hospital units organized through the Red Cross and deployed in support of the British armed forces. The first dietitian to serve overseas embarked from New York on 8 May 1917, assigned to Base Hospital No. 4 organized at Lakeside Hospital in Cleveland, Ohio. Exceptions were the formation of Dietitian Unit No. 1, twenty-four dietitians who deployed to France in September 1918 to supplement the staffs of base hospitals, and the assignment of one dietitian in 1919 to Rockwell Field in San Diego, California, to re-

*"I have never known of anything approaching the devotion of these girls to their work. They worked hard all day, attended lectures on technic after hours, held quizzes during the noon hour and in the evenings and could be found in the clinic until late hours trying out technics one upon the other. . . . No corps ever displayed greater loyalty, more unselfishness, greater devotion to duty or a better general high average of efficiency, from the chief aide to the humblest assistant aide, than did the reconstruction aide body during the heaviest work of the reconstruction period. Their esprit de corps became a thing remarked upon by all who observed their work."*

From C. M. Sampson, *Physiotherapy Technic.* (St. Louis, Mo.: C.V. Mosby Co., 1923), pp. 412-13. Sampson was a World War I medical officer who worked with both occupational therapy and physical therapy reconstruction aides.



*Occupational therapy rehabilitation at the carpentry shop, Base Hospital No. 9, Chateauroux, France, 1920.* (AMEDD Historical Holdings)



*General kitchen, Base Hospital No. 214, Savenay, France, 1919.* (National Library of Medicine)

search and implement proper diets for military pilots. In June 1918 the first reconstruction aides, twenty-four occupational therapists, deployed for Base Hospital No. 117 at La Fauche, France, a neuropsychiatric unit. Estimates of the number of reconstruction aides who served in the Army during World War I vary between 1,400 and 3,000 persons. Both dietitians and reconstruction aides served in large 3,000- to 20,000-bed hospital complexes at home and abroad as the total Army strength between 1917 and 1919 grew to over 3.65 million men, with about 2 million Americans serving in Europe with the American Expeditionary Forces.

To organize administrative details of the reconstruction program, establish the training curricula, and prepare reconstruction aides for overseas duty, Miss Marguerite Sanderson, President, Boston School of Physical Education, was appointed as the first Supervisor of Reconstruction Aides, OTSG. In 1918 she left Washington for the 25,000-person hospital complex at Savenay, France, and continued to supervise reconstruction aides with the U.S. Third Army (Army of Occupation) until June 1919. Miss Mary McMillan, an American physiotherapist trained in England, left her private practice in Boston at the request of the Surgeon General to structure the education programs for reconstruction aides, serving as the head instructor at Reed College in 1918. She completed her manuscript of the first text to be published in the United States written by a physical therapist, "Massage and Therapeutic Exercise," while as-



*The duty uniform for women reconstruction aides in World War I.* (Armed Forces Institute of Pathology)




Dietitians' World War I insignia reflected American Red Cross sponsorship. Worn on duty uniform lapel, 1917–1926. (All illustrations of insignia courtesy of the Surgeon General's Office)

signed at Walter Reed, and was appointed Superintendent of Reconstruction Aides in Physiotherapy, Medical Department at Large, OTSG, in late 1919. Considered by many to be the founder of physical therapy in the United States, she reentered private practice in June 1920 to develop and instruct the curriculum for physical therapists at the Harvard Graduate Medical School.

Representing dietitians at OTSG was Miss Lena Cooper, appointed on 11 November 1918. Employed by the Kellogg Sanitorium, former director of the School of Home Economics, Battle Creek College, Battle Creek, Michigan, and first vice president of the American Dietetic Association, she initiated the first training course for student dietitians approved by



*Dietetic interns in Diet Kitchen No. 2, Walter Reed General Hospital, 1924.* (AMEDD Historical Holdings)

the Army Surgeon General. Taught at Camp Custer Base Hospital, Michigan, the first class graduated in February 1919.

The stated mission of the Army Medical Department during the Great War was to heal the injured soldier and to equip him with the training and skills necessary to become an effective member of society both "industrially" and socially. The scope of World War I rehabilitative training provided hospitalized personnel is reflected in the Walter Reed General Hospital program of 1920. The program included academic subjects, English (grammar, rhetoric, literature, writing), mathematics (including plane and solid geometry and calculus), history and civics, and languages. More practical courses in business law, accounting, shorthand, and the use of office machines (typing, mimeography) were supplemented by an industrial crafts regimen that offered courses in mechanical drawing and drafting, motion picture operation, radio and Morse telegraphy, tire vulcanization, automobile repair, reed and cane work, weaving, woodcarving, woodworking, book binding, stenciling, leatherwork, basketry, and sewing and lace making (for women). Patients also edited a hospital paper titled *The Come Back*.

Uniforms worn during the first months of the war were at best token. Until guidelines on attire were determined by OTSG in August 1917, dietitians often dressed as members of the American Red Cross since they were serving with Red Cross–sponsored hospitals, and reconstruction aides who accompanied hospitals early in the conflict wore the uniform of the hospital to which they were attached. The Red Cross supplied uniforms for dietitians and basic garments for aides going overseas, including woolen tights and flannel pajamas.

As civilians, dietitians and reconstruction aides were not entitled to protective wartime benefits equal to those of Army medical personnel with whom they served, such as war risk insurance, reduced railroad fares, war bonuses, or hospitalization in military hospitals following completion of their tours of duty. Serving within these discrepancies, several American dietitians were decorated by the British and French governments, and four died while on duty.




Reconstruction aides' insignia, worn on hospital duty uniform lapel, 1917–1926.




Reconstruction aides' insignia, worn on jacket and cape lapels, 1917–1926.

*"You people act as inspiration. . . . remember you are the first, pioneers everyone of you, so hold up that standard good and high and march right ahead into Berlin. I'll meet you there, if not before. . . . God bless you, one and all."*

From a letter by Miss Mary McMillan to reconstruction aides awaiting overseas duty in World War I. Quoted in the American Physical Therapy Association, *The Beginnings: Physical Therapy and the APTA.* (Alexandria, Va., 1979), p. 19.

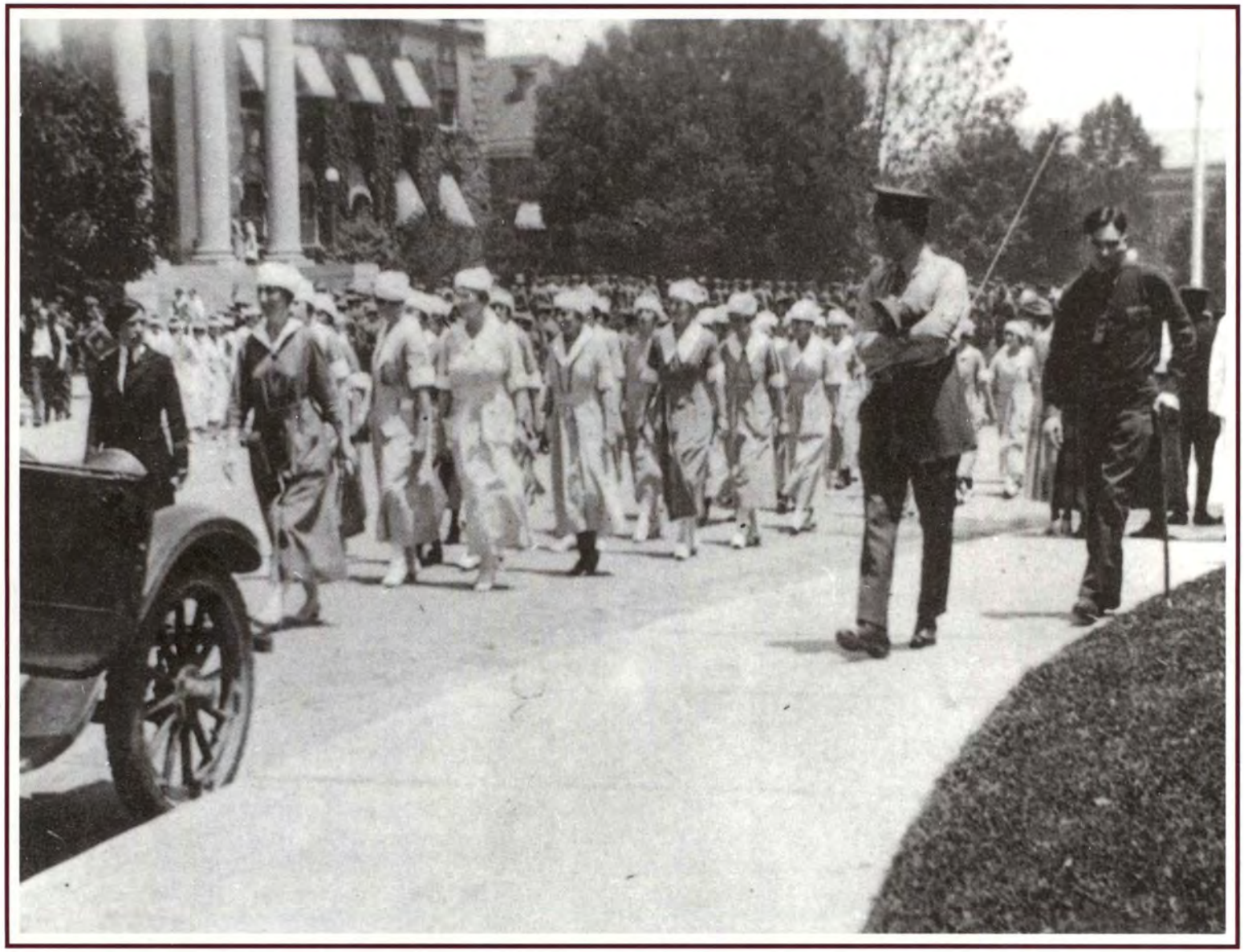


*Mrs. Dwight Davis, Mrs. Calvin Coolidge, and Mrs. John Rogers visit Miss Alberta Montgomery, head instructor of the first Army occupational therapy school, Walter Reed General Hospital, 1925.* (AMEDD Historical Holdings)

The armistice ending World War I was signed on 11 November 1918, and dietitians and reconstruction aides were discharged as their patients completed rehabilitation. Since an amendment to the Smith-Hughes Act in 1919 placed responsibility for rehabilitation of the war wounded under the Federal Board of Vocational Rehabilitation, physiotherapy was being practiced in only six Army hospitals by June 1921, and by 1923 a mere twenty-four dietitians were assigned worldwide.

Meanwhile, in the American civilian medical community, occupational therapists, dietitians, and physical therapists were experiencing the first stages of professionalization. Critical to this process was the establishment of reputable professional organizations. The National Society for the Promotion of Occupational Therapy was founded in March 1917 at Clifton Springs, New York. In October 1917 a conference of dietitians from Canada and the United States, meeting in Cleveland, Ohio, to discuss strategies concerning the management and conservation of food during the war emergency, organized the American Dietetic Association. The American Women's Physical Therapeutic Association was founded in January 1921 in Boston, requiring that charter members be former reconstruction aides.

In the fall of 1922 the Medical Department Professional Service Schools at Walter Reed General Hospital instituted postgraduate courses for dietitians and physiotherapists; one for occupational therapists followed in 1924. These training programs were accredited by the national professional organizations and would continue through the next five decades, experiencing changes in course length, curricula, and entrance requirements, breaks in continuity as the nation prepared for World War II, and eventually the inclusion of men and married students.



*Pass in review. Miss Mary McMillan at the head of her "troops," Walter Reed General Hospital, 1919.* (Armed Forces Institute of Pathology)

# *Service at Home and Abroad in World War II*

On 8 September 1939, in response to the expansionist policies of Germany, Italy, and Japan, President Franklin D. Roosevelt declared a national state of emergency and began encouraging leaders from business, academic, and professional disciplines to perform voluntary work in support of the defense effort. They were titled "dollar-a-year" men and women, reflecting their one dollar honorary salary. One volunteer was Miss Mary Barber, the president of the American Dietetic Association, who served as Food Consultant to the Secretary of War. At the same time, the military services initiated a massive mobilization and training effort to acquire and develop the personnel necessary to wage a modern war. The anticipated Army requirements for dietitians, physical therapists, and occupational therapists far exceeded the existing staffing ceilings of the Army Medical Department and, in fact, exceeded in certain instances the number of professionals recorded by the professional organizations nationwide.

As war developed in Europe, Japan attacked the United States Pacific Fleet at Pearl Harbor, Hawaii, on 7 December 1941, without a formal declaration of war. The United States declared war against the Axis Powers on 8 December 1941, the same day Japan attacked Manila. Captured during the Japanese occupation of the Philippines were three dietitians and one physi-

cal therapist who were civilian employees of the Army Medical Department at Sternberg Army Hospital in Manila. Three of the women had served on Bataan and Corregidor, and all were imprisoned in 1942 at the civilian internment camp located on the Santo Tomas University grounds in Manila. The dietitians were Miss Ruby F. Motley, Mrs. Vivian R. Weissblatt, and Mrs. Anna Bonner Pardew; the physical therapist was Miss Brunetta A. Kuehlthau.

Japan's attack on Pearl Harbor galvanized American national resolve. War bonds and stamps were sold by the Treasury to




*Ward food service for ambulatory patients, 171st Station Hospital, New Guinea, 1943.* (U.S. Army Center of Military History)




Dietitians serving in the Army Medical Department as Civil Service employees wore this insignia on the lapel of the hospital duty uniform, 1926–1942.




Physical therapists wore this insignia while serving as Civil Service employees in the Army Medical Department, 1926–1942.




Army Medical Department insignia for dietitians with relative military rank. Worn on uniform lapel, December 1942–April 1947.

support the war effort; raw materials which could supply the war effort were conserved and later rationed; women replaced men in the factories producing war materiel; and over 15 million American men and women volunteered or were drafted to serve in the armed forces.

As in World War I, the Army Surgeon General initially organized hospitals to support the British armed forces. The first to embark, the 5th General Hospital, left for Northern Ireland in May 1942 with two dietitians assigned. The 7th Station Hospital which deployed during November 1942 to Oran, Algeria, in support of Operation TORCH also had physical therapists attached. These women were the first of hundreds of dietitians and physical therapists to serve overseas and among thousands, including occupational therapists, to serve in the Army Medical Department during World War II.

Dietitians and physical therapists served in every theater of war—European, Pacific, Mediterranean (North African), and China-Burma-India theaters—and occupational therapists served in the United States, the Zone of the Interior. Until 1943, when dietitians and physical therapists were designated relative military rank for the duration of the war plus six months, personnel in the three specialties served as civilian employees of the Army Medical Department with Civil Service commissions. By law, as civilians they could not be assigned outside of the Zone of the Interior except as volunteers. As in World War I, they wore varied uniforms initially and established standards of operation that best fulfilled their various missions. But they brought to the patients whom they served advanced techniques of professional practice which had been refined since the days of the doughboys and the American Expeditionary Forces.

These professionals served in England in the Office of the British Quartermaster and cared for patients in London during the blitz. Their hospital kitchens were often in nissen huts and contained coal-burning ranges and wooden sinks. After the invasion of Normandy, dietitians operated large hospital messes in Paris serving 6,000 to 7,000 meals daily. Therapists in European field hospitals frequently worked in bitter cold, wearing their four-buckle boots, as they cared for patients from offices and mess halls in tents erected over earthen or concrete foundations often awash in a sea of mud.

They advanced as the hospitals advanced behind the Allied forces, from Africa to Italy and from England to France and into Germany. And they retreated as the American troops retreated from Manila to Bataan and to the Malinta Tunnel hospital on Corregidor. They served in hundreds of posts around the globe including assignments in Iran, Algeria, Sicily, Tunisia, Morocco, Belgium, the Netherlands, and in the China-Burma-India theater, where the enemy was often tropical disease, torrential rains, and the boredom of subtropical heat. They supported the Allied troops fighting in the Pacific, from Australia to the Philippines, serving in the East Indies, New Guinea, Guam, Wake, Guadalcanal, and, finally, Japan.

The World War II hospitals in which they served overseas changed status readily, and patient census fluctuated rapidly as convoys of hundreds of battle casualties arrived and were dispersed. On Guadalcanal, New Caledonia, and Saipan, these medical personnel labored with barely minimal supplies of water and other necessities. Such shortages together with the availability of a highly variable amount of electrical current characterized their work environment in every theater. The Army provided medical treatment for Allied and enemy wounded, prisoners of war, and injured civilians, all casualties of war. Dietitians were thus responsible for providing meal service for patients of varied nationalities—Chinese, Indian, Burmese, North African, Thai, Filipino, French, English, Italian, Irish—each with distinct native food preferences. Food supply in sufficiency and variety was undependable, especially in the Pacific and China-Burma-India theaters.

While physical therapy equipment had been evaluated and standardized in the late 1930s through efforts of the American Medical Association's Council on Physical Therapy, and purchased in 1939 by the Army in anticipation of wartime requirements, physical therapists operating in the early months of the war, or in remote locations, often rehabilitated the wounded with improvised equipment. Ingenuity and a "can do" work ethic were mandatory. Mess tables served as plinths; water for whirlpools was heated on field ranges; weights for resistance exercises often consisted of cans filled with dirt, rocks, and sand. Large basins and




Army Medical Department insignia for physical therapists with relative military rank. Worn on uniform lapel, December 1942–April 1947.




While serving in civilian status with the Army Medical Department, occupational therapists wore their civilian professional organization cloth shoulder patch on the sleeve of the hospital duty uniform, 1942–1947.

bathtubs became whirlpools. Paraffin came from melted candles (or in Khorramshahr, Iran, from an oil refinery). Bamboo, scrap lumber, and salvage parts from vehicles or aircraft were used to construct many an improvised physical therapy apparatus.

To treat and transport the wounded, 27 American hospital ships were commissioned in World War II, 3 operated by the Navy and 24 by the Army. These floating hospitals which accompanied Allied armadas during European, Mediterranean, and Pacific invasions were generally converted luxury liners refitted to house hospital wards, surgeries, dental detachments, laboratories, pharmacies, staff living quarters, kitchens, and mess halls. The first operational hospital ship, the USAHS *Acadia,* on her maiden voyage to North Africa in June 1943, included two physical therapists and one dietitian in the ship's personnel complement. The ship's roll and lack of ward space inhibited physical therapy procedures, and physical therapists were removed from the hospital ships' crew manifests following the *Acadia*'s second voyage. However, forty-two Army dietitians continued to be assigned to hospital ships in the Mediterranean, European, and Pacific theaters from 1943 to 1945. Each such vessel required one dietitian per 1,000 patients or less, and two dietitians for those carrying more than 1,000 pa-



*U.S. Hospital Ship* Acadia. *On her maiden voyage in support of Operation TORCH in 1942, her medical staff included two physical therapists and one dietitian.* (AMEDD Historical Holdings)

tients. The ships were operated by the U.S. Merchant Marine or the U.S. Navy, which generally provided mess stewards to manage galley operations, including subsistence purchasing, storage, and preparation. The officers and enlisted personnel of the medical staff, however, were Army personnel. The ships carried, produced, and stored their own fresh water, and several had fully operational bakeries and meat-processing plants. Fresh milk was taken aboard in frozen blocks and thawed during transport. Patients were served from ward kitchens.

Meanwhile, in the United States landmark legislation had advanced the military status of specific medical personnel within the Army. On 22 June 1944, Congress passed Public Law 78–350, known as the Bolton bill (House of Representatives bill H.R. 3761 introduced by Congresswoman Frances P. Bolton, Republican, 22d District, Ohio, on 1 December 1943). This legislation provided commissioned status for dietitians, physical therapists, and nurses in the Army, granting them the same allowances, rights, benefits, and privileges as other commissioned officers. It also provided protection under the war clause for women serving overseas.

As Allied forces advanced in the European and southern Pacific theaters, food supplies in the Pacific theater had become extremely scarce. Starvation rations given Japanese-held prisoners of war were providing daily intakes of only 700 to 800 calories and 10 to 25 grams of protein, approximately one-third of the normal adult nutritional requirement. Unaware of the progress of the worldwide conflict or of their changed military status, the captured dietitians in Manila continued to supervise food preparation and distribution among internees, protecting as best possible the nutritional status of the children, elderly, and seriously ill. Severe malnutrition at Santo Tomas was the major contributing factor in the hundreds of deaths among internees during the winter of 1944–45. Among the survivors liberated in Manila by American forces in February 1945 were the three dietitians and physical therapist assigned to Sternberg Hospital in 1941 and members of their families.

On 8 May 1945, Germany capitulated. At the time, approximately 780 Army dietitians and 570 Army physical therapists were serving in all overseas theaters. Meanwhile, consultant positions had been authorized

*"We had to dig pits in which to build a fire . . . we used a 50 gallon oil can with the top cut off; this was placed over the fire pit, and in it we cooked the rice, which was our main food. . . . In our camp we had a small garden, so we had to do most of the planting on a mass production basis. It takes a lot of vegetables to feed 4,000 people! We found a plant called talinum which grew very rapidly, a green vegetable similar to spinach except that it is rather slick when cooked. We found that we fared much better if we had this green vegetable along with the rice. Many didn't like it, but they ate it and were glad to get it. . . . We formed lines for everything. People fainted in the lines because they were so weak, but they would get up and keep going. . . . At the end there were three to four deaths every day, mostly due to malnutrition . . . people trying to work with such small caloric intake naturally would lose their strength. . . . I have seen many horrible things, but I have also seen many acts of bravery, courage and sacrifice that make me proud to think I am an American."*

From an impromptu address by lst Lt. Ruby Motley, M.D.D., before the House of Delegates, American Dietetic Association, 17 October 1945, upon her return from three years' imprisonment in the Japanese internment center at Santo Tomas. Quoted in *Journal of the American Dietetic Association* 22 (1945): 201-05.

for occupational therapists in the Zone of the Interior's nine service commands. Their mission was to oversee occupational therapy personnel assigned and to supervise the coordination of apprentice training programs in Army hospitals. By 1 August 1945, dietitians on active duty numbered 1,580; physical therapists 1,300; and occupational therapists (Civil Service–commissioned assigned in the Zone of the Interior) 899, including 452 apprentices.

Following V–E Day, medical assets were redeployed from the Mediterranean and European theaters to stateside hospitals, or were reassembled and deployed to the Pacific theater as the Allied offensive progressed. Japan surrendered on 2 September 1945.

World War II was the most devastating conflict to engulf mankind. Over 70 million men and women fought in it, and an estimated 40 million soldiers and civilians died or were listed as missing because of it. In the years immediately following the war, the United Nations would be established; the peoples of Asia and Africa would alter forever the European colonial system controlling global economics; nationalistic regional conflicts following the decline of empires would evolve; and the divergent ideologies embraced by the Union of Soviet Socialist Republics and the United States would divide the former wartime allies, polarizing the community of nations into opposing coalitions during the ensuing Cold War.



*Patients tend a garden as part of their occupational therapy program at Fort Bliss, Texas, 1944. Dietitians used the produce in the hospital mess hall.* (U.S. Army)

# The Corps Is Established



Women's Medical Specialist Corps insignia, worn on the uniform lapel, 1947–1955.

After World War II, the Army Personnel and Surgeon General staffs, with the concurrence of the Legislative Branch of the War Department, recommended the formation of a single Regular Army Corps containing dietitians, physical therapists, and occupational therapists, as well as a separate Army Nurse Corps. Both were to contain only officers, an organizational concept approved by the Army Surgeon General on 29 January 1946, fourteen months after V–J Day. Although similar legislation had been proposed since 1937, this initiative finally met with success.

In January 1947 Congresswoman Margaret Chase Smith (Republican, 2d District, Maine) introduced legislation proposing the formation of the Women's Medical Specialist Corps. The bill passed in the House of Representatives on 10 March and in the Senate on 24 March 1947. On 16 April 1947, President Harry S. Truman signed Public Law 80–36, the Army-Navy Nurses Act of 1947, which established the Women's Medical Specialist Corps (WMSC) and the Army Nurse Corps (ANC) as part of the Regular Army. The authorized strength of the WMSC was established as nine-tenths of a member for every 1,000 members of the total authorized strength of the Regular Army, but not less than 409 officers. The ratio composition of the Corps was as follows: Dietitian Section, 39 percent; Physical Therapy Section, 33 percent; and Occupational Therapy Section, 28 percent. The Corps was allotted 24 permanent grade majors, and a total of 385 permanent

grade captains, first lieutenants, and second lieutenants. The Corps insignia was the silver caduceus with the letters "W" and "S" superimposed in black.

Original legislation granted the Secretary of War authority to appoint a chief of the Corps in the temporary grade of colonel and one assistant chief for each specialty in the temporary grade of lieutenant colonel. The ranks of colonel and lieutenant colonel could be held only for the duration of the four-year appointment. The first chief of the Women's Medical Specialist Corps was Col. Emma E. Vogel, appointed in December 1947. The first assistant chiefs were Lt. Col. Helen C. Burns, February 1948, dietitian; Lt. Col. Edna Lura, August 1948, physical therapist; and Lt. Col. Ruth A. Robinson, August 1948, occupational therapist.



*President Harry S. Truman signs the Army-Navy Nurses Act of 1947 establishing the Women's Medical Specialist Corps in the Regular Army, 16 April 1947. With the president are, left to right, Col. Frances Blanchfield, Army Nurse Corps; Lt. Comdr. Ruth Dunbar, Navy Nurse Corps; Maj. Helen Burns, Chief Dietitian, Walter Reed General Hospital; and Maj. Emma Vogel, Chief Physical Therapist, Walter Reed General Hospital.* (AMEDD Historical Holdings)

# The Korean Conflict: The Young Corps Comes of Age



*Soldier receives nutritional support via nasogastric tube feeding after throat injuries, 12th Evacuation Hospital, Yongfong-po, Korea.* (Armed Forces Institute of Pathology)

On the rainy Sunday of 5 June 1950, the North Korean Army, estimated at 135,000 men accompanied by Soviet advisers and equipped with Soviet armor, air support, and artillery, crossed the 38th Parallel and invaded South Korea. Within hours, President Truman directed the U.S. Far East Command to mobilize U.S. combat forces and initiated diplomatic efforts which culminated in United Nations Security Council resolutions approving deployment of a multinational combat force in support of the Republic of Korea.

The Army Medical Department deployed thirty-four hospitals to Korea (the first surgical hospital arriving in early July 1950) and operated hospital ships in Korean coastal waters. As the conflict was waged across the mountainous Korean landscape in the bitter cold of the 1950–51 winter, the medics refined the use of the mobile Army surgical hospital (MASH), used medical evacuation by air to defeat both the terrain and the primitive Korean rail and road network, and established echelons of medical care in Japan, Hawaii, and the United States.

The Korean War marked the first time the Women's Medical Specialist Corps supported the Army Medical Department in a wartime situation. However, the reduced Corps strength of 340 officers in 1950 reflected the same post–World War II austerity measures which had weakened the rest



*Aspects of daily life in medical field support, Korea, 1951.* (Armed Forces Institute of Pathology)

of the Army. Innovation and hard work were necessary to reconstitute the Corps' effectiveness.

As in World Wars I and II, the July 1951 Army requirement for over 1,075 Corps officers, based on a total Army personnel strength of 1,532,000, was unattainable. Corps recruitment was impeded by the requirements of civilian industry and by Army regulations prohibiting the commissioning into the Corps both of women responsible for dependents under 18 years of age and of professionally qualified men. Additionally, many Army dietitians, physical therapists, and occupational therapists had accepted the 1947 Air Force Medical Department interservice transfer option to the Air Force Medical Specialists. The active duty Corps strength by 30 December 1952 was thus only 631 officers with a two-thirds reservist majority. While this statistic could be attributed to individual volunteer action, more realistically it was the product of involuntary recalls of reserve officers by Colonel Vogel in August 1950 and July 1952.



*Meat inspection at the U.S. Army Hospital, Fort Jackson, South Carolina.* (Armed Forces Institute of Pathology)

The decision by President Truman in 1950 to support the Republic of Korea resulted in the United States' fighting a limited war as members of a multinational peacekeeping force assembled under United Nations auspices. The conflict ended in a truce signed in Panmunjom on 27 July 1953, establishing an armistice line generally to the north of the 38th Parallel. As a segment of this large and complicated tapestry, the Women's Medical Specialist Corps assigned personnel in support of the medical missions, activated reserve personnel, and accelerated training of dietitians, physical therapists, and oc-

cupational therapists. Corps consultants became established by position in overseas commands, and Corps personnel were protected in overseas assignments by international law. Enlarging upon their responsibilities in World Wars I and II, dietitians were responsible for the total management of food service operations including fiscal responsibility and staff feeding as well as patient therapeutics. The care of casualties who had contracted poliomyelitis, tuberculosis, or Japanese type B encephalitis or who were recuperating from the effects of cold weather injuries (over 4,000 cold injury patients were treated by physical therapists in the Osaka hospital during the winter of 1950–51 alone) stimulated innovation in techniques and reconstruction program development by Army physical therapists and occupational therapists. In support of the Republic of Korea Army hospitals, physical therapists designed clinics and instituted training programs for Korean medical personnel.



*Physical therapy techniques are used to strengthen injured soldier's leg, U.S. Army Hospital, Fort Bragg, North Carolina.* (Armed Forces Institute of Pathology)

# Chiefs of the Army Medical Specialist Corps



*Colonel Emma E. Vogel*
1947–1951



*Colonel Nell Wickliffe Merrill*
1951–1954



*Colonel Harriet S. Lee*
1954–1958



*Colonel Ruth Robinson*
1958–1962



*Colonel Lois Forsythe*
1962–1966



*Colonel Mary Lipscomb Hamrick*
1966–1969

# *Chiefs of the Army Medical Specialist Corps*



*Colonel June E. Williams McDonald*
1970–1973



*Colonel Elizabeth Lambertson*
1974–1977



*Colonel Eloise B. Strand*
1978–1981



*Colonel Jessie S. Brewer*
1982–1985



*Colonel Mary E. Lucas*
1986–1989



*Colonel Roy A. Swift*
1989–

# The Corps Evolves, 1953–1965

Between 1953 and 1965, with the support of advocates including President Dwight D. Eisenhower and General Maxwell D. Taylor, the legislature passed numerous public laws determining the structure of both active duty and reserve components of the Women's Medical Specialist Corps. The 83d Congress revised promotion, retirement, and retention requirements for reserve components. The 84th Congress legislated adjusted dates of rank for Regular Army officers, modifying aspects of existing law to equalize credit for length of Army service in determining both time in grade and opportunities for promotion. Effective 23 February 1954, the Office of the Chief, WMSC, was changed from divisional to staff level, functioning directly under the Army Surgeon General.

In 1955 Congresswoman Frances Bolton again introduced legislation requesting reserve commissions in the Army Nurse Corps and the Women's Medical Specialist Corps for male nurses and male medical specialists. When the 84th Congress passed this legislation on 9 August 1955 as Public Law 84–294,



*Physical therapy support for polio patient in an "iron lung," 1953.* (AMEDD Historical Holdings)

the Women's Medical Specialist Corps was retitled the Army Medical Specialist Corps, and the Corps insignia was changed, removing the black "W" from the Women's Medical Specialist Corps silver caduceus and establishing as insignia for the Corps a black "S" on a gold caduceus.

Service of men in the Corps specialties prior to 1955 was well established. They had served as reconstruction aides, mostly as occupational therapy aides, during and following World War I. Qualified male physical and occupational therapists had also worked as enlisted personnel in Army physical therapy departments stateside and overseas during both World War II and the Korean War. Approximately fifty male physical therapists and six male occupational therapists were serving in the Army Medical Department as enlisted personnel immediately prior to the proposal of the 1955 legislation. The first male dietitian to serve in the Army was Capt. Claud Prichett, who had served in the Office of the Quartermaster General, Washington, D.C., during World War II.



Army Medical Specialist Corps insignia, worn on uniform lapel, 1955 to present.

To encourage recruitment, the Army Student Dietitian Program was instituted in 1957. The program permitted students to enlist in the Women's Army Corps (WAC) reserve, draw pay and allowances while attending school, finish the Army dietetic internship after completing college, be commissioned in the AMSC, and fulfill a service obligation of two to three years, depending on the number of college years supported. In 1962 a similar course, the Army Student Occupational Therapy Program, was instituted to encourage occupational therapists to enter the Army, and in October 1963 male students were authorized to participate in both programs. Corps physical therapist strength remained optimal due to the commissioning of male therapists. The student programs were phased out in 1976 in order to reallocate the active duty spaces they encumbered to other Army Medical Department personnel requirements.

Corps personnel served as members of international medical teams in humanitarian efforts overseas. In 1958 Capts. Helen Bjerke and Rachel Adams, assigned to the U.S. Army mission in Peru, provided instruction in dietetics and physical therapy for Peruvian medical personnel at the Central Military Hospital in Lima. In 1962 Maj. Janet Hammill participated in a nutritional survey for the Kingdom of Jordan. The following year Maj. Mary Fisk conducted a nutrition survey in Venezuela as a member of the Interdepartmental Committee on Nutrition for National Defense. In 1964 Capt. Priscilla Steel accompanied a medical military training team to the military hospital in Bogota, Colombia, to implement a nutrition training program.

From 1953 to 1965, as legislation effecting Corps structure evolved, Corps personnel contributed steadily to professional publications and served in numerous national elective offices, including the presidencies of their respective professional organizations.

# *Vietnam: Corps Combat Support in Southeast Asia*

Three weeks before the North Korean assault across the 38th Parallel, the United States had announced a policy of increased military aid to French forces in Indochina fighting a strong insurgency that was both Communist and nationalist. This support continued despite the defeat of France in 1954 and the separation of Vietnam into opposing northern and southern regimes following the Geneva Accords. Between 1955 and 1960 the United States supported the southern, pro-Western government in Saigon, resulting in a growing advisory involvement during 1961–64 and culminating in the deployment of American ground troops to South Vietnam in the spring of 1965. By 1968 the American commitment within the Southeast Asia Treaty Organization (SEATO) military coalition in South Vietnam increased to over 500,000 troops. The U.S. involvement ended in March 1973.

In support of the military mission in South Vietnam, between 1962 and 1973 the Army Surgeon General deployed twenty-four fixed medical installations with area support missions including surgical, evacuation, and field hospitals, and a 3,000-bed convalescent center supported by six medical laboratories, a centralized blood bank, medical logistical support installations, and multiple air ambulance units. The Army medical buildup in Vietnam was completed in 1968, with 5,280 Army hospital beds available in country and tertiary care echeloned to Okinawa, Japan,

Korea, and Hawaii. Army medical personnel served in every combat zone of South Vietnam, from the mountains of the Central Highlands to the rice paddies of the Mekong Delta, providing sophisticated surgical and medical care near to, sometimes within minutes of, the battlefield for allied combat personnel, civilians, and prisoners of war.

In Vietnam, more than in any previous combat situation, this capability for definitive medical care was fostered by the speed of medical evacuation using the unarmed helicopter air ambulance, "Dust Off," as the primary method for evacuating casualties, defying the mountainous canopied jungle, the flooded delta, and the dusty plains. This capability and other technological advances in the field of medicine enabled fixed medical installations to operate in a combat environment requiring support by medical specialties formerly located in rear echelon health care facilities. Thus, at the request of the Office of the Surgeon, Military Assistance Command, Vietnam (MACV), the first Army Medical Specialist Corps officers were assigned in South Vietnam during the spring of 1966. Maj. Barbara Gray, a physical therapist, volunteered for duty in Vietnam and arrived in Saigon with the 17th Field Hospital in March 1966, marking the first time an Army Medical Specialist Corps officer had purposely been assigned to an active combat zone. As consultant staff adviser to the 68th Medical Group, she recommended assignment of physical therapists and physical therapy specialists to all Army surgical, field, and evacuation hospitals in country. The proposal was approved by the Office of the Surgeon General in December and implemented.

*"Physical Therapy has finally been recognized as a necessity for early treatment of combat wounds and has received full status as a medical team member with the 44th Medical Brigade. . . . Physical Therapy treatment administered to the patients after surgery by trained Physical Therapy personnel would restore patients to duty more quickly."*

Maj. Barbara D. Gray, Staff Adviser on Physical Therapy to the Commanding Officer, 44th Medical Brigade, U.S. Army, Vietnam. Quoted in Activities Report, 17th Field Hospital, Mar–Dec 1966.

Six physical therapists were to follow Major Gray as consultants to the MACV Surgeon between her departure in 1967 and the final redeployment of American military units in 1973. In addition to the 3d Field and 24th Evacuation Hospitals, physical therapists served in the 8th and 17th Field Hospitals, the 12th, 24th, 29th, 36th, 67th, 71st, 85th, 93d, and 95th Evacuation Hospitals, the 6th Convalescent Center, and on the MACV staff.

In May 1966 the first Corps dietitian, Maj. Patricia Accountius, was assigned to the 3d Field Hospital, Saigon. Requesting consultant status at the 68th Medical Group, she shortly thereafter was appointed food service adviser to the 44th Brigade and the first of eight dietetic consultants

to the U.S. Army, Vietnam (USARV), Surgeon. To support the numerous Army hospital feeding operations throughout Vietnam, dietitians were assigned as consultants to the medical groups supporting each of the four combat tactical zones. Effective 1 July 1968, these consultant dietitians, with warrant officers and senior food service adviser NCOs, traveled by land and air throughout their assigned zones, advising food service management personnel, consulting with patients and medical staffs regarding patient care, training enlisted personnel (94B MOS) in aspects of patient feeding, inspecting food service operations, and endeavoring to acquire trained personnel and adequate operational equipment for their units. An exception, the 3d Field Hospital in Saigon, had resident dietitians assigned from 1970 to 1973.

*"Since I have arrived, I have visited the 3d Field, Saigon; 18th Surgical, Quang Tri; 22d Surgical, Phu Bai; 95th Evacuation, Da Nang; and 24th and 93d Evacuation, Long Binh. I go by U21's, helicopter, jeeps, trucks, ambulances, sedans, or any other transportation that is available. The 94 Foxtrots have really proved themselves over here . . . and I do hope that Charlie continues to operate outside the perimeter."*

Lt. Col. Mary R. Preston, Staff Dietitian, 44th Medical Brigade, 1968. Taken from a letter to Lt. Col. June E. Williams, Chief, Dietetic Section, AMSC. In AMSC historical files, U.S. Army Center of Military History.

To provide perspective regarding the scope of actual rations served in hospital facilities in country, the 1968 Annual Report to the Surgeon General from the 44th Medical Brigade recorded 4 million rations served, 1.7 million of these patient rations, of which 9 percent were modified diets. (Since a ration is the amount of food necessary to sustain one soldier for one day, the 4 million ration count would equate to roughly 12 million meals served.) Additionally, Army Medical Specialist Corps consultant dietitians recorded 137 staff visits to U.S. Army medical food service installations and five staff visits to Republic of Korea, Australian, and Thai hospitals in South Vietnam during 1968. In addition to Corps personnel assignments in Vietnam, logistical support for military operations in Vietnam was authorized by the Kingdom of Thailand, and four Corps officers, all dietitians, served at the 5th Field Hospital in Bangkok from 1967 to 1973.

While the majority of Army occupational therapy support for Vietnam War casualties was provided in military hospitals in Japan, Hawaii, and the continental United States, one Army Medical Specialist Corps occupational therapist, Maj. Hetty Ricker, was assigned to Vietnam in that military occupational specialty (MOS), arriving August 1971 as the occupational therapy consultant to the USARV Surgeon. Her mission was to assist in establishing a drug abuse program at the 3,000-bed convalescent center at Cam Ranh Bay, to strengthen rehabilitation programs in thirteen other Army drug control treatment facilities, and to evaluate oc-

cupational therapy support and education in the medical civil assistance programs aiding the Vietnamese civilian population.

American troop withdrawals began in July 1969 as responsibility for conduct of the war was transferred to the South Vietnamese military, and by February 1973 the last of the 74 Army Medical Specialist Corps officers to serve in Vietnam returned home. A total of 47 physical therapists, 26 dietitians, and 1 occupational therapist served in South Vietnam, married and single, men and women. For some the assignment was their first tour of overseas duty, and for others it represented the capstone of a long service career. Some requested and were granted extended tours, and others were redeployed in the middle of their mission. Their service improved the nutritional status of the combat soldier and provided nutritional support for patients of many nationalities, both military and civilian, friend and foe. Their early intervention in patient rehabilitation preserved normal body function and speeded patient recovery. As individuals within the Corps, they supported the Army medical mission to "conserve the fighting strength."




*Maj. Barbara Gray instructs orthopedic patients, 93d Evacuation Hospital, Vietnam. Major Gray was the first AMSC officer to serve in Vietnam.* (U.S. Army Center of Military History)

# Corps Developments During the 1970s

As combat and support units redeployed to the United States from South Vietnam, Army Medical Department personnel strength declined and Corps active duty authorizations were reduced from 624 in 1969 to 472 in 1972. Men composed 37 percent of the Corps in 1970, an increase from 23 percent in 1966.

The shortage of physicians during the mid-1970s encouraged the certification of "physician extenders" in Army hospitals. Physical therapists assumed initial contact roles for musculoskeletal evaluation, and occupational therapists assumed primary evaluation and treatment roles for patients with hand disorders and strengthened their traditional presence in community health programs. The U.S. Army–Baylor University eighteen-month program in physical therapy awarding a master's degree was revised in 1971 and began accepting male students in August 1972.

In March 1973 enlisted career group 94F, Hospital Food Service Specialist, was established. This military occupational specialty provided the training required for nutritional care of patients and was a direct result of medical requirements established in Army hospitals in Vietnam. The 94F MOS courses were taught at Walter Reed, Fitzsimons, and Brooke Army Medical Centers and in the Army Medical Field Service School (redesignated the Academy of Health Sciences in 1972) at Fort Sam Houston,



*Capt. Mary Frances Hawkins and 2d Lt. Richard Lynch study blueprints for Walter Reed Army Medical Center. Upgrading of Army hospital food service facilities was widespread in the 1970s.* (AMEDD Historical Holdings)

Texas. Courses in the 91J Physical Therapy Specialist MOS originally taught at the Army Medical Field Service School continued to be taught at the Academy of Health Sciences, and in 1973 the 91L Occupational Therapy Specialist MOS course, first taught for certification at Valley Forge General Hospital, was established at the academy. The contributions of the noncommissioned officers and enlisted personnel in 91J, 91L, and 94F MOS (redesignated 91M MOS in 1990) were, and continue to be, fundamental to the functioning integrity and efficiency of the Corps.

Following the termination of the Panama Canal Treaty, Health Services Command assumed responsibility for medical assets formerly maintained by the Panama Canal Company. Although occupational therapy and physical therapy programs in the Panama Canal Zone remained civilianized, Lt. Col. Theodocia Meier, an Army dietitian, was assigned as Chief, Food Service, on 20 April 1979 to oversee the management and consolidation of medical food service operations formerly managed by the Panama Canal Company. AMSC officers also served in Honduras and El Salvador on humanitarian relief efforts and participated in the Mexican Army Medical Corps Clinical Conference in 1976.

Army efforts to upgrade physical conditioning of Army personnel during the late 1970s and 1980s required major contributions from each Corps specialty. Physical therapists, using advanced training in sports medicine, designed, implemented, and supervised exercise programs and participated in medical screening for personnel over forty years of age. Dietitians supervised weight loss programs and restructured hospital menus and nutritional instructional material to include more fiber and less fat, sugar, and salt in the service member's diet. In support of Army fitness programs, occupational therapists developed stress management, smoking cessation, and drug control programs for military personnel and their dependents.

In 1980 the Army weight control program (Army Regulation 600–9) was revised to specify the calculation of body fat percentage by certified practitioners assigned in the Army Medical Department as a primary factor in determining the service member's acceptable body weight. The Surgeon General designated dietitians, physical therapists, and occupa-

tional therapists, as a Corps, to calculate and officially monitor body fat percentages for all Army personnel exceeding Army weight standards. Monitoring assigned aspects of the weight control program greatly increased workload especially for Corps members assigned in heavy troop concentration areas and notably during the initial stages of the program. Though physician assistants later assumed responsibility for portions of the program, especially for military units located far from fixed medical installations, accountability for monitoring body fat measurements remained a Corps mission until a further revision of AR 600–9 in 1986 assigned the responsibility to unit commanders.

# Expanding the Medical Mission of the Corps in the 1980s

The Department of the Army's emphasis on unit combat readiness and physical fitness for Army personnel strongly influenced operation of the Army Medical Specialist Corps during the 1980s. The Corps' mission in support of these initiatives expanded the scope of its personnel assignments beyond the traditional clinical environment, influenced course selections for postgraduate study, and focused attention on the composition of the troop master menu. The Corps assigned dietitians to combat divisions to provide nutritional support for line units and provided physical therapists and dietitians in troop fitness centers. The focus, scope, responsibilities, and number of Corps positions established to interact with Army command headquarters in addition to, as well as within, the Army Medical Department expanded. Increased emphasis on medical combat support was stressed in restructured courses at the Academy of Health Sciences, and Corps personnel were assigned with combat units during field training exercises in the United States, Europe, and the Middle East. To increase their ability to provide close support for combat units, selected Corps personnel completed airborne training, and increasing numbers qualified for the Expert Field Medical Badge.

Research positions were established in military nutrition and exercise physiology at the United States Army Research Institute of Environmental Medicine (USARIEM), and in 1984 a permanent Corps research position was established in the Clinical Investigation and Research Service at Walter Reed Army Medical Center. Additional positions to provide combat development staff support, staffed by Corps specialties in rotation, were established in the Office of the Surgeon General and at Health Services Command and, in 1984, on the Forces Command (FORSCOM) staff to facilitate training and Corps interaction in combat readiness. Increased allocations were funded for Corps officers to attend the AMEDD Advanced Course, the Combined Arms and Services Support School, the Command and General Staff College, and the Army War College residency course.

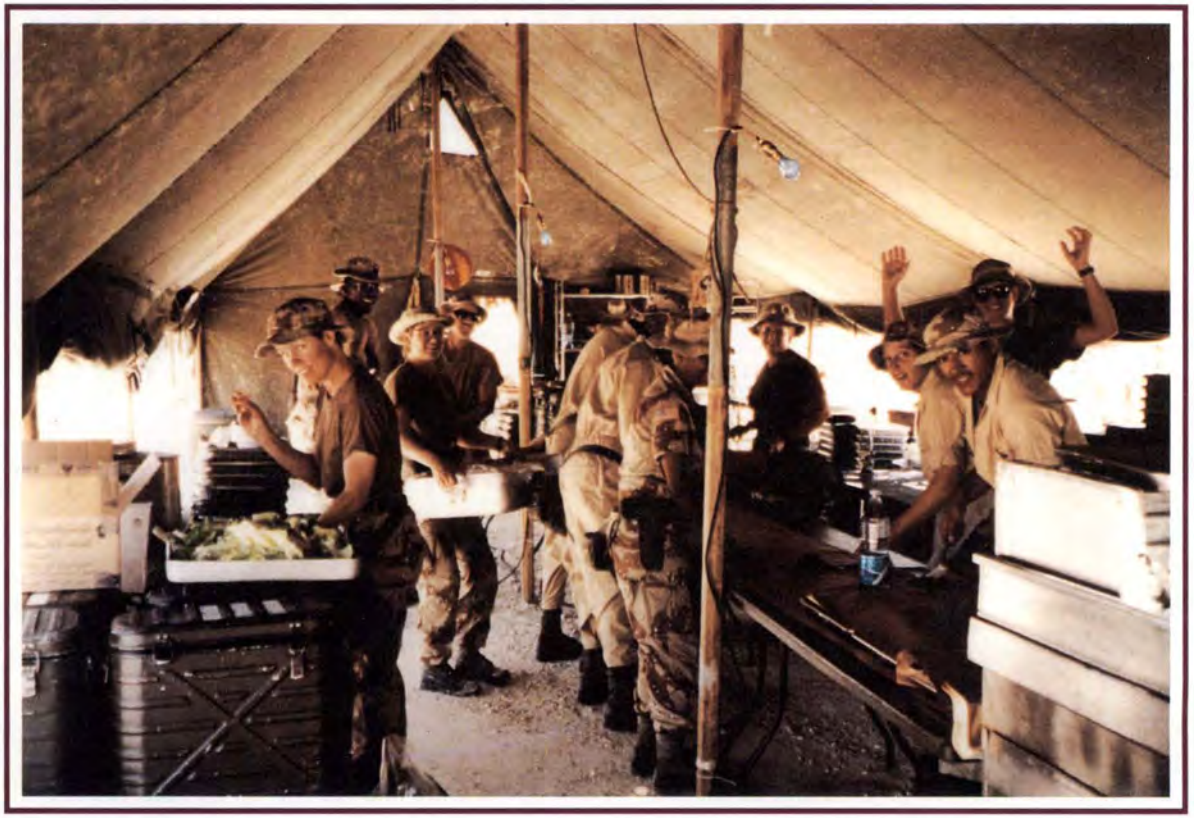
The requirement placed upon Army, Navy, and Air Force Medical Departments by the Department of Defense in 1981 to provide diagnostic and therapeutic support for dependents of active duty personnel attending Department of Defense Dependent Schools (DoDDS) initiated the involvement of Corps personnel as team members in providing medically related services to children in special education. To this end, the Army Medical Department located student recipients, determined the students' medical requirements, and provided medically related support, as necessary, by occupational therapists, physical therapists, audiologists, speech therapists, nurses, dietitians, and psychologists. The program was titled the Exceptional Family Member Program (EFMP), and in 1987 over 13,000 children were enrolled worldwide. Of the medically related services required by these children, over three-quarters were provided by occupational therapists (48 percent) and physical therapists (30 percent) in the DoDDS school environment.

In 1989 Col. Roy A. Swift was appointed Chief, Army Medical Specialist Corps, the first man to be selected for this position. Since 1955 when men were admitted to the Corps, two men had served as assistant Corps chiefs, both as Chief, Occupational Therapist Section, OTSG: Col. Louis S. Carmona, appointed in 1978, and Colonel Swift, appointed in 1986. In 1989 men composed 42 percent of the Corps, an increase from 37 percent in 1970.

# *Corps Missions in Operations DESERT SHIELD and DESERT STORM*

On the morning of 2 August 1990, Kuwait was invaded in force by Iraqi infantry, armor, and artillery crossing its northern border. The assault and ensuing occupation were strongly opposed by both the United States and the United Nations, resulting in the rapid buildup of a coalition military force between August 1990 and January 1991. The allied response, code-named DESERT SHIELD, included the deployment of 550,000 American troops to Southwest Asia and was followed on 15 January 1991 by Operation DESERT STORM, a joint allied military offensive which ended in the last weeks of February with the defeat of Iraqi military forces in Kuwait and southern Iraq.

Between August 1990 and January 1991, forty-four Army hospitals, mainly from Army Reserve and National Guard assets, including station hospitals, evacuation hospitals, combat support hospitals, and the traditional MASH, deployed to Southwest Asia. As opposed to medical support mobilization during the Vietnam and Korean Wars, now members of each Corps specialty were represented in the personnel complement of the first hospital to be deployed. By January 1992 these first AMSC members were followed by an additional 39 dietitians: 15 active duty military,



*Thanksgiving meal preparation in the Nutrition Care Division, 85th Field Hospital, Saudi Arabia, 1990.* (Courtesy of Lt. Col. Don Ruehle)

20 activated reservists, and 4 activated from the National Guard; 5 physical therapists, all activated reservists; and 3 occupational therapists: 1 active duty military and 2 activated reservists.

Dietitians deployed with each medical field hospital except the MASH, an improvement in field hospital personnel allocations resulting from lessons learned in Vietnam. In Southwest Asia, Army dietitians were responsible for patient nutritional intervention and the preparation of rations for all patients, hospital staff, and personnel assigned in units at-

tached to field hospitals. They also served on troop menu boards as Corps surgeon's representatives, and one Army Reserve dietitian accompanied the early humanitarian relief missions into Kuwait.

Physical therapists demonstrated in Southwest Asia, as they had demonstated during the Vietnam War, that aggressive involvement of physical therapy in the early rehabilitation of injured personnel improved healing and speeded the patient's recovery. In addition, the mission of occupational therapists expanded far beyond the traditional rehabilitation of mentally and physically handicapped combat casualties. An occupational therapist and certified occupational therapy assistants (MOS 91L Occupational Therapy Specialist) deployed as members of an Army medical combat team in October 1990 tasked with evaluating in the combat environment the success of methods and techniques developed to manage combat stress.



*American Red Cross President Elizabeth Dole presents the Red Cross Operation DESERT STORM Certificate of Appreciation to Lt. Col. Celeste Carpenter at Health Services Command for AMSC contributions in training Red Cross personnel who deployed in support of U.S. troops in Southwest Asia.* (U.S. Army photograph by Sfc. Tim Hatley)

Ninety-five percent of the coalition's combat and support units redeployed by August 1991, and by September 1991 only one U.S. Army hospital remained in Southwest Asia. Two Corps members, a physical therapist and a dietitian, remained until November 1991.




*Members of the 528th Medical Detachment (Psych), "Psych Force 90." Holding the sign is Maj. Mary Laedtke, first AMSC occupational therapist to be assigned to a combat stress control team, Operation DESERT STORM, 1991.* (Courtesy of Maj. Mary Laedtke)



*Dietitians at Rashid Hospital, Dubai, and personnel assigned from the 382d Field Hospital during DESERT STORM. Standing, left to right: Reem Aboud, Sp4c. Susan Rabinowitz, Sp4c. Janet Mobley, Amritta Kesevan, and Capt. Beverly Patton. Seated: Ingy Masri.* (Courtesy of Capt. Beverly Patton)

# *Challenge and Change: The Corps Future in the 1990s*

*"No profession can rest on the laurels of past achievements. The goal had been and continued to be the improvement of patient care, with outstanding patient-therapist relationships. The motto was: 'Return the patient to duty or to his rightful place in society in the shortest time by the best possible means.'"*

Col. Emma E. Vogel, first Chief, Women's Medical Specialist Corps, quoted in *Physical Therapy* 56, no.1 (Jan 76).

In the evolving interdependence among nations that marks the approach of the twenty-first century, economic, political, and humanitarian cooperation may become the diplomacy of the future. International exchange of medical knowledge and resources between members of the Corps and professional counterparts in other countries has been a common thread through the tapestry of AMSC history. Currently, such interaction is exemplified in the pediatric physical therapy testing, training, and rehabilitation five-year program provided to hundreds of Romanian children by the volunteer efforts of Col. Jane Sweeney and other Corps personnel following the 1991 request from the Romanian Ministry of Health.

In clinical practice, a future of expanding opportunities for Corps personnel is indicated both by the enlarging scope of independent medical practice for physical therapists, occupational therapists, dietitians, and physician assistants through expanded hospital credentialing procedures and by the increased emphasis on physical fitness and rehabilitative medicine in civilian and military practice.

On 17 April 1991, the Department of the Army forwarded to the Honorable Thomas S. Foley, Speaker of the House of Representatives, a legislative draft "To amend Title 10, United States Code, to create a Physician Assistant Section within the Army Medical Specialist Corps." This legislation was included in the Department of Defense Appropriations

Bill for fiscal year 1992 and approved by Congress in October 1991. On the evening of 5 December 1991, President George Bush signed the Department of Defense Appropriations Bill, thereby authorizing the inclusion of Army physician assistants in the Army Medical Specialist Corps. Over three hundred physician assistants worldwide transitioned to commissioned officers in the Corps on 4 February 1992. On 25 April 1992, Maj. Jimmie E. Keller was appointed as the first Chief, Physician Assistant Section, Assistant Chief, AMSC, OTSG.

Since its inception in 1947, the Army Medical Specialist Corps had remained a predominantly female Corps. With the inclusion of physician assistants in February 1992, the traditional composition of the Corps changed, becoming predominantly male.

Another milestone indicating future change was formalized on 1 July 1991, when the Army Medical Department reorganized its command and control structure, consolidating doctrine, policy, and training responsibilities in one combined staff in the AMEDD Center and School, including the Academy of Health Sciences, at Fort Sam Houston, Texas. On 1 October 1991, the Army Medical Specialist Corps Division was established within the school in support of the realignment. The division is to provide staff support in doctrinal and technical matters; perform clinical research for application within Army medical treatment facilities; and provide training programs for 91J, 91L, and 91M MOS enlisted personnel, the U.S. Army–Baylor University Graduate Program in Physical Therapy, and professional postgraduate short courses. The concentration of Corps training assets, and the opportunities inherent in the realignment to address AMEDD policy and doctrine, will directly affect the future of the Corps and its ability to enhance the welfare of the soldier and his family.

The current changes in world economic and political forces present national opportunities and challenges which will reshape the military posture of the United States. Within the decisions to be made, and the vision, leadership, innovation, and integrity of its members, rests the future of the Army Medical Specialist Corps.



*Col. Jane Sweeney, member of a pediatric medical assistance team requested by the Romanian government, provides a physical therapy evaluation for a Romanian child, 1991.* (Courtesy of Col. Jane Sweeney)



# *Milestones*

## *Chiefs of the Army Medical Specialist Corps*

Col. Emma E. Vogel
1947–1951

Col. Nell Wickliffe Merrill
1951–1954

Col. Harriet S. Lee
1954–1958

Col. Ruth Robinson
1958–1962

Col. Lois Forsythe
1962–1966

Col. Mary Lipscomb Hamrick
1966–1969

Col. June E. Williams McDonald
1970–1973

Col. Elizabeth Lambertson
1974–1977

Col. Eloise B. Strand
1978–1981

Col. Jessie S. Brewer
1982–1985

Col. Mary E. Lucas
1986–July 1989

Col. Roy A. Swift
August 1989–

## *Assistant Chiefs, AMSC, Chiefs, Occupational Therapist Section, AMSC*

Col. Ruth Robinson
Aug 1948–May 1952

Lt. Col. Helen Sheehan
Jun 1952–Sep 1955

Lt. Col. Myra L. McDaniel
Oct 1955–Sep 1959

Lt. Col. Cordelia Myers
Oct 1959–Sep 1963

Col. Winnifred E. Soady
Oct 1963–Sep 1967

Lt. Col. Eileen F. O'Brian
Oct 1967–Sep 1971

Col. Dorothy R. Street
Oct 1971–Sep 1975

Col. Eloise B. Strand
Sep 1975–Dec 1977

Col. Louis S. Carmona
Jan 1978–Dec 1981

Col. Ruta Klavins
Jan 1982–Dec 1985

Col. Roy A. Swift
Jan 1986–Aug 1989

Col. Clyde H. Bell
Aug 1989–

## *Assistant Chiefs, AMSC, Chiefs, Physical Therapist Section*

Lt. Col. Edna Lura
Aug 1948–Mar 1952

Col. Harriet S. Lee
Apr 1952–Oct 1954

Lt. Col. Agnes P. Snyder
Nov 1954–Aug 1958

Lt. Col. Barbara Friz
Sep 1958–Aug 1962

Lt. Col. Elizabeth Davies Carruth
Sep 1962–Aug 1966

Col. Dorothy Kemske
Sep 1966–Aug 1970

Col. Marilyn Anderson
Sep 1970–Aug 1973

Col. Elizabeth L. Lambertson
Sep 1973–Dec 1973

Col. Mary F. Westhoven
Jan 1974–Jun 1975

Col. Mary Van Harn
Jul 1975–Jun 1979

Col. Virginia A. Metcalf
Jul 1979–Jun 1983

Col. Mary E. Lucas
Jul 1983–Dec 1985

Col. Carole J. Buss
Mar 1986–Apr 1990

Col. David G. Greathouse
May 1990–

## *Assistant Chiefs, AMSC, Chiefs, Dietitian Section*

Maj. Helen Burns Gearin
Feb 1948–Jun 1948

Lt. Col. Eleanor Mitchell
Aug 1948–Jun 1952

Lt. Col. Hilda M. Lovett
Jul 1952–Jun 1956

Lt. Col. Helen M. Davis
Jul 1956–Jul 1960

Col. Katherine E. Manchester
Aug 1960–Jul 1964

Col. Mary Lipscomb Hamrick
Aug 1964–Jun 1966

Col. June Williams McDonald
Jul 1966–Dec 1969

Col. Virginia N. Brice
Jan 1970–Dec 1973

Col. Virginia E. McGary
Jan 1974–Jun 1974

Col. Patricia L. Accountius
Jul 1974–Jun 1978

Col. Jessie S. Brewer
Jul 1978–Dec 1981

Col. Frances A. Iacoboni
Jan 1982–Dec 1985

Col. Martha A. Cronin
Jan 1986–Feb 1990

Col. Annetta J. Cooke
Mar 1990–Apr 1990

Col. Karen E. Fridlund
Jul 1990–

*Assistant Chiefs, AMSC, Chiefs, Physician Assistant Section, AMSC*

Maj. Jimmie E. Keller
Apr 1992–

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Archives, American Physical Therapy Association, Alexandria, Virginia.

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# *Chronology*

1898—Congressional testimony commends the performance of "dietists" for their nutritional support of Spanish-American War casualties in military hospitals.

1916—The National Committee on Dietitian Service of the American Red Cross establishes the first qualifications for dietitians assigned to Army base hospitals.

15 March 1917—The National Society for the Promotion of Occupational Therapy is founded at Clifton Springs, New York.

April 1917—The United States declares war against Germany.

8 May 1917—The first Army Medical Department dietitian to serve overseas, Miss Anne T. Upham, assigned to Base Hospital No. 4 (organized at Lakeside Hospital, Cleveland, Ohio), embarks from New York City for Europe.

11 May 1917—By Executive Order of the Secretary of War, the Civil Service Commission admits dietitians, physiotherapists, and occupational therapists to serve in the Army Medical Department for the duration of the war emergency without requiring customary Civil Service examinations.

22 August 1917—The Division of Special Hospitals and Physical Reconstruction is established in the Office of the Army Surgeon General.

18–20 October 1917—The American Dietetic Association is organized in Cleveland, Ohio, at a conference of dietitians from Canada and the United States.

January 1918—Miss Marguerite Sanderson is appointed as the first Supervisor of Reconstruction Aides, Office of the Army Surgeon General.

February 1918—Miss Mary McMillan assumes duties as the head reconstruction aide at Walter Reed General Hospital.

1918—The Army Surgeon General expands emergency training programs for reconstruction aides to seven civilian institutions.

June 1918—The first unit of twenty-four reconstruction aides deploys for Europe aboard the *Manchuria*.

November 1918—The first training course for student dietitians to be approved by the Army Surgeon General begins at Camp Custer Base Hospital in Michigan.

11 November 1918—Miss Lenna Cooper is appointed as Supervisor of Dietitians, Office of the Army Surgeon General.

11 November 1918—World War I armistice is signed.

11 November 1918—Three hundred fifty-six dietitians are assigned to Army hospitals, 272 on duty in the United States and 84 overseas.

1 January 1919—Four hundred fifty-five occupational reconstruction aides are assigned to Army hospitals, 358 on duty in the United States and 97 overseas.

31 March 1919—Seven hundred forty-eight physical therapy aides are assigned to Army hospitals, 668 on duty in the United States and 80 overseas.

28 June 1919—The Treaty of Paris ending World War I is signed at Versailles.

1919—While assigned to Walter Reed General Hospital, Miss Mary McMillan completes the manuscript of the first physical therapy text to be published in the United States, "Massage and Therapeutic Exercise."

1919—Congress passes an amendment to the Smith-Hughes Act, placing responsibility for rehabilitation of war wounded under the Federal Board of Vocational Rehabilitation. The majority of occupational therapists employed by the Army are discharged.

January 1921—The American Women's Physical Therapeutic Association is founded in Boston, Massachusetts.

2 October 1922—The Medical Department Professional Service Schools at Walter Reed General Hospital institute a postgraduate course for dietitians. Within the same month, a postgraduate course for physical therapists is initiated at Walter Reed. The Medical Department Professional Service Schools will begin a postgraduate course for occupational therapists in 1924.

1922—Fascists under Benito Mussolini control Italy's government.

1926—The Office of the Army Surgeon General officially discontinues use of the term "reconstruction aide" and institutes the titles "physiotherapy aide" and "occupational therapy aide."

1933—Passage of the National Economy Act discontinues Army postgraduate training programs in dietetics, occupational therapy, and physical therapy.

1933—Adolph Hitler becomes Chancellor of Germany.

1934—Postgraduate training programs in physical therapy and dietetics are reinstated in the Army Medical Department Professional Service Schools.

27 February 1939—Senator Morris Sheppard, Democrat, Texas, introduces the first resolution before the United States Congress requesting military status for physical therapists, dietitians, and occupational therapists. The bill does not pass.

8 September 1939—President Franklin Delano Roosevelt declares a national state of emergency.

7 December 1941—Japan attacks the American Pacific Fleet at Pearl Harbor.

8 December 1941—The United States declares war against the Axis Powers. Japan attacks the Philippines.

May 1942—The first affiliated general hospital assigned overseas in World War II, the 5th General Hospital, embarks for Northern Ireland with two dietitians aboard.

22 December 1942—Congress approves Public Law 77–828, authorizing Army and Navy nurses, dietitians, and physical therapists military status with "appropriate rank within the medical department" for the duration of the war plus six months.

5 June 1943—The USAHS *Acadia,* the first hospital ship operational in World War II, begins its maiden voyage. Two physical therapists and one dietitian are assigned in the ship's complement.

July 1943—The Reconditioning Division, Surgeon General's Office, is instituted, headed by Maj. Walter E. Barton.

1943—For exceptionally meritorious service in the North African campaigns from 8 July to 8 September 1943, the Legion of Merit is awarded to Lt. Metta Baxter at the 21st General Hospital in Italy. She is the first physical therapist so honored.

22 June 1944—Congress passes the Bolton bill, Public Law 78–350. The bill grants Army and Navy nurses, dietitians, and physical therapists full commissioned status for the duration of the war plus six months.

February 1945—American forces capture Manila and free the Japanese prisoners of war at the Santo Tomas internment camp. Three dietitians and one physical therapist employed in Civil Service status by the Army Medical Department at Sternberg Army Hospital in 1941 are among the survivors.

8 May 1945—V–E Day. Germany capitulates.

May 1945—Approximately 780 dietitians and 570 physical therapists are assigned as Army officers in overseas theaters.

1 August 1945—Active duty personnel strengths are: dietitians 1,580 officers, physical therapists 1,300 officers, and occupational therapists 899 employees (Civil Service commissioned) including interns, apprentices, and affiliates.

2 September 1945—V–J Day. Japan surrenders.

30 September 1945—Accessions for dietitians commissioned during World War II total 1,795 women. Accessions for physical therapists commissioned during World War II total 1,337 women. Male physical therapists serve in Civil Service status until the passage of Public Law 77–828 in 1942, and later as enlisted personnel.

February 1947—Congresswoman Margaret Chase Smith, Republican, Maine, introduces legislation proposing the formation of the Women's Medical Specialist Corps, to be composed of physical therapists, dietitians, and occupational therapists.

24 March 1947—The legislation proposing the formation of the Women's Medical Specialist Corps is passed by both the Senate and the House of Representatives of the 80th Congress.

16 April 1947—President Harry S. Truman signs Public Law 80–36, the Army-Navy Nurses Act of 1947, establishing the Women's Medical Specialist Corps.

5 December 1947—Col. Emma Vogel, a physical therapist, is appointed as the first Chief, Women's Medical Specialist Corps.

1949—Postgraduate training programs in occupational therapy, after being discontinued in 1933, are reinstated for military personnel in three Army hospital affiliations.

22 June 1949—The Surgeon General is awarded an Oscar for *Toward Independence,* a short documentary produced by the Signal Corps and depicting rehabilitation of wounded soldiers by WMSC physical and occupational therapists.

5 June 1950—North Korean Army units invade South Korea across the 38th Parallel.

6 June 1950—President Truman directs the Commander in Chief, Far East Command, to deploy United States combat forces in support of the Republic of Korea.

25 and 27 June 1950—Resolutions to organize a peacekeeping force to defend the Republic of Korea under auspices of the United Nations are ratified at the United Nations.

3 August 1950—The first members of a small military advisory group, authorized by Secretary of Defense George C. Marshall to oversee usage of the military assistance being provided by the United States to French forces in Indochina, arrive in Saigon. The advisory group of 128 positions includes Navy, Air Force, and Army personnel.

July 1951—During the first week of July, negotiations to end the Korean War begin between delegations representing the United Nations and North Korea and China at Kaesong.

1952—Col. Harriet S. Lee begins a two-year term as president of the American Physical Therapy Association.

30 June 1953—Women's Medical Specialist Corps active duty strength is 607 personnel compared to the Army requirement for 900 Corps officers.

27 July 1953—The truce halting the Korean War is signed at Panmunjom, establishing an armistice line located generally to the north of the 38th Parallel.

23 February 1954—The Office of the Chief, WMSC, is changed from divisional to staff level, functioning directly under the Army Surgeon General.

May 1954—French forces in Indochina are defeated by the Viet Minh at Dien Bien Phu.

3 June 1954—France signs a treaty of independence with the Bao Dai government, establishing the State of Vietnam and including the State of Vietnam in the French Union.

21 July 1954—The Geneva Agreements are signed dividing Vietnam at the 17th Parallel. The United States and the State of Vietnam nonconcur. An International Control Commission is established with representatives from India, Poland, and Canada to supervise adherence to the Geneva Agreements.

9 August 1955—Legislation authorizing the commissioning of male nurses, dietitians, physical therapists, and occupational therapists in the Army Reserve introduced by Congresswoman Frances Bolton, Republican, Ohio, is passed by the 84th Congress as Public Law 84–294. The Women's Medical Specialist Corps is retitled the Army Medical Specialist Corps. The black-lettered silver caduceus insignia is retired and is replaced by a black "S" superimposed on a gold caduceus.

1955—Col. Ruth Robinson begins a three-year term as president of the American Occupational Therapy Association.

1957—The Army Student Dietitian Program is instituted.

1958—Col. Agnes Snyder begins her three-year term as president of the American Physical Therapy Association.

1962—The Army Student Occupational Therapy Program is instituted.

January 1963— Lt. Col. Mary Lipscomb, a dietitian, becomes the first Army Medical Specialist Corps officer to receive a doctoral degree.

31 March 1966—House Regulation 14208 establishes the grade of colonel to be held by the chief and assistant chiefs of the Army Medical Specialist Corps during their four-year appointments.

1966—American combat forces totaling 335,000 personnel are stationed in Vietnam (an increase from 24,000 in country in 1964) as members of the Southeast Asia Treaty Organization signatories coalition.

1968—The first history of the Army Medical Specialist Corps authored by seventeen women who served in the Women's Medical Specialist Corps is published by the Historical Unit, United States Army Medical Service, Office of the Surgeon General. The text focuses on the years 1947 to 1961.

July 1969—American combat troops begin phased withdrawal from South Vietnam.

December 1970—The Department of the Army Subsistence Operations Review Board is convened to review the garrison menu. A senior Army dietitian is designated as a board member.

June 1970—The first Corps officer graduates from the Graduate Dietetic Internship Program, a postgraduate master's-level program established between Walter Reed General Hospital and the University of Maryland.

October 1971—Col. Katherine Manchester is installed for a two-year term as president of the American Dietetic Association.

20 December 1972—The master's-level postgraduate course in physical therapy, offered in cooperation between Baylor University and the United States Army Medical Field Service School, Fort Sam Houston, graduates its first class of officers. The program is fifteen months in duration.

December 1972—The U.S. Army Medical Field Service School is redesignated as the Academy of Health Sciences, U.S. Army.

28 January 1973—The formal cease-fire takes effect in South Vietnam.

1 April 1973—The AMEDD reorganization plan and DA General Orders 7 of 26 February 1973 establish Health Services Command, headquartered at Fort Sam Houston, Texas.

August 1974—Col. June Williams becomes the first woman and only member of the Army Medical Specialist Corps to serve as the Deputy Superintendent, Academy of Health Sciences.

1976—The Army Student Dietitian and Occupational Therapy Programs cease due to the need to reallocate active duty personnel spaces.

1978—The Department of Defense enacts the Defense Dependents Education Act, thereby authorizing students in Department of Defense schools the same medical support provided students in school systems within the various states by the Education for All Handicapped Children Act (Public Law 94–142, 29 November 1975). The Army program complementing the Defense Dependents Education Act is titled the Exceptional Family Member Program.

1984—Col. Martha Cronin, a dietitian, becomes the first AMSC officer to graduate from the Army War College Residency Course.

1989—Col. Roy A. Swift is appointed Chief, Army Medical Specialist Corps, the first man appointed to the position.

1990—The hospital Food Service Specialist, MOS 94F, is redesignated as Hospital Food Service Specialist, MOS 91M, to recognize the specialty's unique medical qualifications and to preclude confusion with the Army Quartermaster MOS 94B.

2 August 1990—Iraq invades Kuwait. United Nations resolutions approve use of force against Iraqi aggression, and the United States deploys the vanguard of a 550,000-person joint combat command to the Persian Gulf to effect an Iraqi withdrawal. The operation is code-named DESERT SHIELD.

Fall and Winter 1990–1991—Fifty AMSC officers are assigned in Southwest Asia in support of DESERT STORM: 40 dietitians, 6 physical therapists, and 4 occupational therapists. Three-fifths of these personnel are activated from the Army Reserve and Army National Guard.

23 February 1991—Ground operations by United Nations coalition forces begin against Iraqi military targets. Within five days, Iraq withdraws from Kuwait.

1 October 1991—The AMSC Division is established in the Academy of Health Sciences, Fort Sam Houston, Texas. Col. Richard Lynch is the first Chief, AMSC Division.

5 December 1991—President George Bush signs authorization for the Department of Defense appropriations bill, thereby enacting legislation which will integrate Army physician assistants as members of the Army Medical Specialist Corps. The legislation provides for commissioning physician assistants in the ranks O1 to O4, and establishes a fourth section for the Corps in the Office of the Chief, AMSC, OTSG.

February 1992—Physician assistants in the Army Medical Department worldwide are integrated into the Army Medical Specialist Corps.

25 April 1992—Maj. Jimmie E. Keller is appointed the first Chief, Physician Assistant Section, Assistant Chief, AMSC, OTSG.

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