

CHAPTER 1

HERITAGE OF THE HOSPITAL CORPSMAN

INTRODUCTION

LEARNING OBJECTIVES:

Describe the historical significance of the Hospital Corps.

Explain how the lessons of yesterday inform the decisions and conduct of tomorrow.

The heritage of the Hospital Corps places a special expectation on every new member. You are responsible for upholding its proud tradition. The tradition of "service with distinction" has been established by your predecessors in every corner of the world and under every kind of adversity. Your shipmates deserve your respect and count on your skills. They merit your confidence; coupled with your skills you will carry on in the proud tradition of the Hospital Corps. Professional ethics is the key to service with distinction.

ORIGIN AND DEVELOPMENT OF THE CORPS

The tradition of excellence in the Hospital Corps has been molded by over two hundred years of history. In March 2, 1799, Congress mandated that the newly commissioned sailing warships—that comprised the first U.S. naval fleet—contain a "cockpit," or sick bay, where sick and injured men could be brought and cared for by "Surgeons," and "Surgeon's Mates." These first Navy physicians were ably assisted in this task by the forerunners of today's Hospital Corpsman, called "Loblolly Boys." The curious name relates to one of their less dramatic responsibilities: serving the daily ration of porridge or "loblolly" to the ill and injured. Other pertinent duties included providing the cockpit with containers to collect amputated limbs and providing containers of coal to heat tar, which was used to stop hemorrhaging.

Loblollies served with distinction in the Quasi-War with France (1797-1800) and in the First Barbary War (1801-1805). However, many of their names and individual accomplishments have been obscured by or lost in time. The few identifiable names that remain with us include John Wall (the Navy's first Loblolly Boy), John Dornyn (the first Loblolly prisoner of war), and Joseph Anderson (the first African-American Loblolly).

The Navy regulations first listed "Loblolly Boy" as an official rate in 1814. Over the next seventy four years, medical enlisted Sailors were given several classifications. From the age of American expansion to the end of the Civil War, medical enlisted Sailors were called "Surgeon Stewards." In the post-war decades that bridged the naval decline to the rebirth of sea power, the medical enlisted Sailors were called "(male) nurses," "baymen," and even "apothecaries." The term nurse was used for junior enlisted medical personnel; it was replaced in 1873, by bayman which was defined in the Naval Regulations as simply "one who manned the sick bay."

The Hospital Corps became an organized unit of the Navy Medical Department under the provisions of an act of Congress approved 17 June 1898 signed into law by President William McKinley. This act provided for appointment to the warrant rank of pharmacist and established the following ratings: Hospital Steward (Chief Petty Officer), Hospital Apprentice First Class (Third Class Petty Officer) and Hospital Apprentice.

Under this act, the Secretary of the Navy appointed 25 senior Apothecaries as Pharmacists. These original 25 are rightfully referred to as the charter members of the Hospital Corps. Among these plankowners was Cornelius O'Leary. At the time of his appointment, he had already had 38 years of experience as an apothecary. Another notable

early Hospital Corpsman was Hospital Apprentice Robert Stanley. In 1900, Stanley became the first of twenty-two Hospital Corpsmen to be awarded the Medal of Honor.

SERVICE IN WORLD WAR I

In 1916, on the eve of America's involvement in World War I, the Hospital Corps saw further structural changes; it could be argued that these set the foundation for the current system of rank structure used today. As part of this revision, the rates would be: Hospital Apprentice; Hospital Second Class; Hospital First Class; Pharmacist Mates Third, Second, and First; and Chief Pharmacist Mate. All would wear a red cross on their sleeve. By adding an improved rank structure the Hospital Corps allowed for a massive expansion of personnel which was needed for the war in France and for the occupation of Haiti (1915-1934).

During World War I, the reputation of the Hospital Corps, especially in the field with the Marine Corps, was greatly enhanced by its many achievements. Both the United States and France cited many Hospital Corpsmen for valor and performance of duty under fire. Fifteen Hospital Corpsmen were killed in action, 2 died of wounds, and 146 were wounded or gassed. They were the recipients of some 460 major awards and citations, including 2 Medals of Honor, 55 Navy Crosses, 31 Distinguished Service Medals, 2 U. S. Army Distinguished Service Medals, and 27 Letters of Commendation.

WORLD WAR II AND THE YEARS FOLLOWING

Women were first brought into the Hospital Corps during World War II. On 12 January 1944, the first Hospital Corps School for Women Accepted for Volunteer Emergency Service (WAVES) was commissioned at the U.S. Naval Hospital, National Naval Medical Center, Bethesda, Maryland. The first class consisted of 230 enlisted women. These women served important functions at hospitals stateside allowing the Navy Medical Department to fulfill its wartime duties to the fullest.

During World War II, a total of 15 Navy enlisted men were awarded the Medal of Honor; of this number, seven were Hospital Corpsmen. Members of the Hospital Corps received 820 major awards and citations (an honor of unique distinction since none of them bore arms). On the summit of Mount Suribachi, Iwo Jima, along with six marines, Pharmacist Mate John Bradley proudly participated in the raising of our flag. This scene has been reproduced thousands of times and is symbolized by the U.S. Marine Corps War Memorial.

At the end of the war, the Honorable James Forrestal, Secretary of the Navy, and later the first Secretary of Defense, paid honor to the Hospital Corps of the United States Navy for its singular attainments during this conflict. His words ring true today and tell so well the role of the Corpsman, not only in that conflict and the conflicts that have followed, but also in times of peace. Insofar, that can be determined; this is the first time in military history that a single corps has been commended by the Secretary of the Navy.

"Out of every 100 men of the United States Navy and Marine Corps who were wounded in World War II, 97 recovered. That is a record not equaled anywhere, anytime. Every individual who was thus saved from death, owes an everlasting debt to the Navy's Hospital Corps. The Navy is indebted to the corps. The entire nation is its debtor for thousands of citizens are living normal, constructive, happy and productive lives who, but for the skill and toil of the Hospital Corps, might be dead or disheartened by crippling invalidism. So, to the 200, 000 men and women of the Hospital Corps, I say on behalf of the United States Navy: "Well Done. Well done, indeed!"

On 02 April 1948, the nomenclature of the Hospital Corps' ratings was changed to read: Hospital Recruit; Hospital Apprentice; Hospitalman; Hospital Corpsman Third Class; Hospital Corpsman Second Class; Hospital Corpsman First Class; and Chief Hospital Corpsman. At this same time, the rating insignia of the Hospital Corps was changed from the Red Cross to the caduceus.

KOREA AND THE YEARS FOLLOWING

As part of a United Nations force, Marines were committed to the Korean peninsula when South Korea was invaded by its northern neighbor in the summer of 1950. Within the first year, Hospital Corpsmen had participated in the dramatic landing at Inchon and the frigid retreat from the Chosin Reservoir. Although only one Marine division was involved in the war between 1950 and 1953, the Hospital Corps lost 108 killed in action. Disproportionate to their numbers was their heroism. In Korea, Hospital Corpsmen earned 281 Bronze Star Medals, 113 Silver Star Medals, and 23 Navy Crosses. All five enlisted Navy Medals of Honor were awarded to Navy Hospital Corpsmen serving with the Marines.

VIETNAM AND THE YEARS FOLLOWING

With the escalation of the Vietnam conflict between 1963 and 1975, Hospital Corpsmen were called to serve in Southeast Asia. They served in Marine Corps and Navy air/ground forces, naval support activity hospitals, hospital ships, Riverine Warfare ("Brown Water Navy"), and Navy ships on the "Gun Line" off the coast of South Vietnam and "Yankee Station" off the coast of North Vietnam. They served in Cambodia and supported troops from Thailand. Like their predecessors, they performed emergency treatment in all kinds of combat conditions. They were assigned to small medical teams that provided care and health advice to Vietnamese civilians. Some were assigned as medical advisors to Vietnamese military units. Hospital Corpsmen truly felt the brunt of the Vietnam conflict. Six hundred twenty were killed or mortally wounded and another 3,353 were wounded in action.

Following the fall of Saigon in April 1975, Hospital Corpsmen continued to serve in the many "hot spots" around the world. Fifteen hospital corpsmen were killed in the line of duty when the Marine Barracks in Beirut, Lebanon, was bombed and destroyed by terrorists.

Hospital corpsmen were present at sea and ashore when the United States took military action in Grenada and during operation Desert Storm.

SEPTEMBER 11TH

The attacks on the Pentagon and World Trade Center on 11 September 2001 (9/11) awoke the proverbial American "sleeping giant." In the days that followed the fall of the towers, America relentlessly searched out terrorist havens across the world and neutralized them. As our focus shifted from hotspot to hotspot, from Afghanistan to the Philippines, Hospital Corpsmen were there to support the mission.

As the mission of Navy Medicine changed, so did its philosophy. On 27 September 2001, by order of Navy Surgeon General Michael Cowan, new signal flags, "Charlie Papa: Steaming to Assist" were flown above all Navy medical activities. As VADM Cowan explained, "The men and women of Navy Medicine were among the first to respond, providing aid to the injured at the Pentagon and comfort and care for thousands of rescue workers who worked around the clock in the desperate race to find survivors beneath the rubble that was the World Trade Center. [Similarly] we are no longer standing by to help when a Sailor or Marine is sick or injured. We are out in front of the problem, providing preventive care, promoting wellness, and anticipating crises before they occur."

GLOBAL WAR ON TERROR (GWOT)/OVERSEAS CONTINGENCY OPERATIONS

Afghanistan

The attacks of September 11th were traced to Al Qaida, an ultra conservative Sunni Islamist terrorist organization and its leader Osama bin Laden. Requiring a base of operations, Al Qaida had associated itself with the Taliban, the fundamentalist religious and political movement then in control of the remote and mountainous Afghanistan. Following the Soviet withdrawal from Afghanistan in 1989, the Taliban seized

control of this land in turmoil and fostered much of Al Qaida's extreme ideology. When the United States demanded that the Taliban give up Bin Laden and the other Al Qaida members operating in the country, the Taliban began to actively protect and aid the terrorists in their struggle against the West. Left with no other choice the United States, allied with Afghanistan's Northern Alliance and the local Afghan resistance, began combat operations against the Taliban on 07 October 2001.

Afghanistan's landlocked location and hostile, arid landscape severely hindered any traditional form of land based military campaign. As such the attacks began with an intensive air bombardment, which was successful largely due to the aid of the Navy SEALs who, along with other Special Forces units, called in devastatingly accurate air strikes in support of a renewed Northern Alliance ground offensive. SEAL Corpsmen, operating hundreds of miles away from higher echelon support, treated not only their own injured, but also provided essential medical aid to their poorly trained and equipped Afghan allies.

In November, after flying over 372 miles by helicopter from the USS *Peleliu* and the USS *Boxer* in the North Arabian Sea, the Marines and Hospital Corpsmen landed in Afghanistan. The Marines faced the daunting task of hunting down the Taliban in an operating area that had seen almost continuous conflict since the time of Alexander the Great. Few since Alexander have successfully managed to hold this troubled land.

The austere and unforgiving mountainous environment of Afghanistan is as much of an enemy as the terrorists who hide in the many caves and grottoes it provides. The lack of infrastructure prevents rapid evacuation of casualties by land and its extreme elevation makes helicopter travel difficult. Corpsmen who had been trained to expect to be able to move wounded Marines to higher echelon care within hours of injury, were now often faced with the very real prospect of stabilizing and maintaining them for days.

As America continues to withdraw from Iraq and as the responsibility for Afghanistan shifts from the Army to the Marine Corps, Hospital Corpsmen are being deployed to Afghanistan in large numbers in support of national objectives. Faced with an ongoing conflict, tomorrow's Corpsmen will be challenged with living up to the standards set by those who serve there today.

Iraq

When, in accordance with United Nations Security Council Resolution 1441, American forces invaded Iraq on the 20 March 2003 to remove Sadaam Hussein, the Corpsmen assigned to the 1st Marine Expeditionary Force (I MEF) were among the first Americans to cross the border. During the assault the Marines and Sailors of I MEF, in conjunction with the 3d Infantry Division (3rd ID) and the 1st U.K. Armored Division, drove over 300 miles into Iraq; the deepest penetrating ground operation in Marine Corps history. As they had since Belleau Wood, battalion Hospital Corpsmen served beside their Marines and rendered lifesaving care even while the battle raged around them. The 1st Medical Battalion, 1st Marine Logistics Group, as part of the historic assault, provided essential forward medical care to rapidly advancing units.

In March 2004, the 1st Medical Battalion returned to Iraq, providing much needed relief to the 82d Airborne Division Medical Units in the Sunni Triangle. During Operation IRAQI FREEDOM II, the Battalion conducted operations in support of Marine units throughout Al Anbar Province, culminating in Operation AL FAJR. This liberated the insurgent stronghold of Fallujah and enabled the first legitimate elections to occur in Iraq.

The Iraqi conflict gave Navy Medicine an opportunity to utilize the newly developed Shock Trauma Platoon (STP) concept. Each surgical company in the Medical Battalion had two STPs attached to them. The STP, a small, mobile medical unit, was designed to advance with assault units and support combat operations from just behind the front lines. Between 17 February and 21 September 2004, STP 2, treated

141 combat casualties with a phenomenal 98% survival rate allowing evacuation of its patients to definitive care at higher echelon medical facilities.

While most of the war in Iraq was conducted by land forces, the contributions of Hospital Corpsmen serving with the fleet cannot be overlooked. The Tomahawk missile that opened the Iraqi conflict was launched from the USS *Cheyenne*, a submarine that could not have sailed without her independent duty corpsman (IDC).

An inescapable legacy of the Overseas Contingency Operations in Iraq and Afghanistan are the thousands of Marines, Sailors, and Soldiers returning with traumatic brain injury (TBI) as well as deeper psychological wounds categorized as Post-Traumatic Stress Disorder (PTSD). PTSD is nothing new. Over the course of 140 years of warfare, PTSD has been labeled as nostalgia, neurasthenia, shell shock, and combat fatigue. Though medical professionals have long studied the symptomology and treatment for PTSD, only recently, since 1980, has it been acknowledged as a diagnosable psychological disorder. Recent studies have revealed that as many as one in six returning from combat operations in Iraq suffer from the disorder with as many as 300, 000 returning veterans from Iraq and Afghanistan. Combat medical personnel are in the unique situation of taking care of the psychologically wounded while also being exposed to the same stressors that induce PTSD.

Combat stressors and burnout are the unfortunate and inevitable byproduct of hard-fought wars and campaigns. However, our Sailors and Marines with war-induced psychological trauma do not have to suffer in silence like many of their ancestral combat veterans. The Navy Medical Department can boast of some of the finest mental health care providers who offer a wide array of treatment for PTSD.

An interesting footnote to Hospital Corps history occurred in 2004 when, while visiting wounded Marines at Bethesda Naval Hospital,

Chief Warrant Officer Four Brian Dix, the Director of the Marine Corps' Drum and Bugle Corps, met HM3 Joe Worley. Badly wounded by a rocket propelled grenade and six bullet wounds during the battle of Fallujah, Iraq, "Doc" Worley stunned the Marine Officer when he recalled that harrowing day that proved so costly to him and his platoon. Thus inspired by the heroic actions of all Hospital Corpsmen which were so exemplified by HM3 Worley, CWO4 Dix composed a military march entitled appropriately "Corpsman Up!" to honor all the Hospital Corpsmen past and present. Such a unique and moving tribute is a testament to the bond we share with those whose lives we are entrusted and stands unequalled in military medicine.

CORPSMEN WITH THE FLEET

Even as the first tower fell in New York on 9/11, Hospital Corpsmen assigned to the National Capitol Region rushed to make the USNS *Comfort* ready for sea. Arriving on the 14th, the *Comfort* provided much needed respite to the thousands of rescue workers who searched in vain for survivors amid the rubble of the Twin Towers. During the initial phase of fighting in Iraq, Corpsmen on the *Comfort* treated more than 650 casualties, many of them Iraqi civilians.

While most of the attention given to sea based medicine goes to the two hospital ships, *Mercy* and *Comfort*, the unsung Hospital Corpsmen assigned to the rest of the fleet continue to prove their ability to support combat operations anytime, anywhere. Even the transport ships that carry Marine battalions to the fight bring with them the tools to save the lives of the men and women sent into harm's way. Each class of amphibious assault ship is fitted out as well as most civilian hospitals, bringing two to four fully functional operating rooms, ICU beds, vast surgical wards, fully stocked pharmacies and even dental clinics to every corner of the world where they are needed.

In August 2009, the U.S. "Global War on Terror" in Afghanistan and Iraq was rebranded the "Overseas Contingency Operations." Despite

this name change, Hospital Corpsmen continue to support ongoing operations serving where needed. Whether as a flight deck “HM” on a carrier supporting combat flight operations or an IDC aboard a destroyer conducting anti-piracy patrols off the Horn of Africa, Navy Corpsmen have been, and always will be, in the vanguard of all naval activities.

SOFT POWER: A GLOBAL FORCE OF GOOD

As America moves into the new century, more focus is placed upon “Soft Power,” i.e., the doctrine of using goodwill and cooperation to influence nations and peoples of the world. In an article entitled “International Neighborliness” published in *Outlook* magazine in January 1911, former president Theodore Roosevelt forecasted a global climate where fellow nations would band together to help those who have been struck by “terrible and overwhelming disaster.” The Navy Medical Department has long been on the forefront of what President Roosevelt called “acts of sincere disinterested friendliness.” For well over a hundred years, Navy medical personnel have exhibited diplomacy in the form of medical assistance to nations and peoples afflicted by natural disaster and poverty.

Navy Corpsmen have played a pivotal role in disaster relief operations. Following devastating earthquakes in San Francisco (1906) and Messina, Sicily (1908), Hospital Corpsmen were among the first medical providers to partake in relief efforts. During the occupation of Haiti (1915-1934), Navy physicians and Hospital Corpsmen alike, traveled throughout the country providing medical care to civilians and spearheaded the creation of a Haitian public health office (National d’Hygiene Publique).

The Hospital Corps’ role in disaster relief and humanitarian campaigns continues through the present. On 26 December 2004, a magnitude-9 earthquake shook the Indian Ocean just off the Indonesian coastal city of Banda Aceh. Within hours the resulting tsunami devastated shorelines from Indonesia to South Africa leaving at least 230,000 dead and millions homeless. Navy medical teams from the

USS *Bonhomme Richard*, USS *Abraham Lincoln*, Carrier Air Wing Two, and the USNS *Mercy* worked tirelessly to provide medical care to survivors.

Less than a year after the horror of the tsunami, Americans were shocked by their own disaster. At 6:10 am on Monday, 29 August 2005, Hurricane Katrina made landfall. In less than 12 hours much of the city of New Orleans lay in ruins underwater. The devastation wrought by that “perfect storm” left much of the Gulf Coast reeling. Throughout these disasters, Hospital Corpsmen were among the first to respond. Within days those assigned to ships were deployed ashore as members of response teams. The hospital ship USNS *Comfort* arrived in New Orleans a week after the storm and provided vital medical care to nearly 2,000 survivors.

During the first decade of the millennia Hospital Corpsmen deployed to Cambodia and Sri Lanka to provide care to those with landmine blast injuries; Djibouti to conduct an industrial health survey; Baghdad as part of the Coalition Provisional Authority to assist in training the newly formed Iraqi Army in combat lifesaver skills; Zambia to conduct an HIV/AIDS research project and provide HIV lectures to Zambian military personnel; Ghana to provide humanitarian aid, civic assistance, and medical peacetime support; Honduras for a humanitarian support mission; and interestingly, Vietnam, Laos, and Cambodia with the Joint POW/MIA Accounting Command (JPAC) providing medical support for those searching, recovering, and identifying the remains of American service members.

In the twenty-first century, the Navy Medical Department continues to perform a wide range of humanitarian operations. These missions have evolved into complex, cooperative efforts with other government agencies and non-governmental organizations (NGOs). One example was USNS *Comfort*’s 120-day humanitarian mission to South America, Central America, and the Caribbean in 2007. During this mission the hospital ship visited 12 nations and personnel saw over

98,000 patients. However, the Navy was not alone in this effort. On board were personnel from the Army, Air Force, Air National Guard, Coast Guard, Canadian Defense Forces, U.S. Public Health Service, and civilian NGOs (e.g., Operation SMILE, Project HOPE, USAID and others). In 2008, this humanitarian effort was countered in Pacific by USNS Mercy, whose 4-month deployment to the Republic of the Philippines, Vietnam, the Federated States of Micronesia, Timor-Leste, and Papua New Guinea served as a model for future “Pacific Partnership(s).”

In 2009, USNS *Comfort* travelled to Central and South America on a 4-month humanitarian assistance operation called Continuing Promise. During this effort, Navy medical personnel, in partnership with other government and non-government agencies, treated over 100,000 patients, conducted 1,657 surgeries, and filled some 13, 238 prescriptions. The legacy of this and previous campaigns has strengthened U.S. relations with the developing nations while further defining what it means to serve in the Navy Medical Department.

NAVY DENTAL TECHNICIANS

On 01 October 2005, the Dental Technician (DT) rating, a separate enlisted specialty since 12 December 1947, merged with the Hospital Corps. This merger impacted nearly 3,000 DTs serving “chairside” and administratively at dental and medical activities worldwide. Although enlisted personnel no longer wear dental ratings, Hospital Corpsmen continue to serve in such sub-specialties as dental laboratory technicians, advanced dental assistants, surgical technologists, maxillofacial technicians biomedical equipment repair technicians, and dental hygienists.

Specialized dental training for medical enlisted Sailors extends back to 03 February 1923 when the first class of Hospital Corpsmen attended the U.S. Dental School in Washington, DC. Following World War II, dental enlisted training was greatly enhanced by the establishment of special dental technician schools at the U.S. Naval Training Centers Great

Lakes, IL, and San Diego, CA, in 1948. Enlisted personnel could thus be procured by direct recruitment into the dental rating group; they no longer were required to prepare themselves for advancement in a rating group (i.e. Hospital Corpsman) that did not reflect their duties.

The Korean War marked the first time that Hospital Corpsmen wearing dental rating badges served in combat. Throughout this conflict, Navy Dental Technicians treated patients hand in hand with their medical counterparts both at home, overseas, and most notably on the frontlines. Wherever the Marines went, Dental Technicians were there, generally assisting with casualty care and treatment. The heroic performance of Dentalman Thomas A. Christensen, Jr. was representative of the dedication and sacrifices of Dental Technicians. Christensen received the Navy Cross posthumously for valor demonstrated on 06 November 1950 while treating casualties. Navy Dental Technicians and Hospital Corpsmen were chief recipients of the 1,115 major combat awards given to Navy medical personnel in the Korean War.

Dental Technicians have served in all wars and conflicts since. Although, these men and women are now known as “dental assistants,” they can continue to boast of a distinguished heritage.

THE CORPS OF THE FUTURE

The current joint environment has led to the consolidation of what had once been service independent treatment facilities. A prime example of this is the merging of the Bethesda National Naval Medical Center (NNMC) and the current Walter Reed Army Medical Center (WRAMC) into the Walter Reed National Military Medical Center (WRNMMC). This will occur when WRAMC closes its doors in 2011.

Bethesda Naval Hospital has been the Flagship of Navy Medicine since 11 November 1940, and its conversion into a joint service medical center marks the end of an era. This consolidation is far from unique. In 2005, Base Realignment and Closure (BRAC) legislation

mandated that the Army, Navy, and Air Force must co-locate all enlisted medical education and training programs to Fort Sam Houston, San Antonio, TX. For the Navy, this will re-align all Corpsmen training programs except IDC and air affiliated training programs.

For the Navy Hospital Corps, this tri-service integration marks the closing of another chapter in its history. Since 1902, with the establishment of the School of Instruction in Portsmouth, VA, the Navy has operated unique Hospital Corps Schools to develop and teach new recruits how to care for the sick and wounded aboard ship and ashore. Unlike the other service's training centers, which have traditionally focused training their medical personnel for specialized tasks, Naval Corps Schools use a broader brush. This jack-of-all-trades focus fostered the unique identity of the Hospital Corps by producing a well rounded Sailor prepared to operate in all expeditionary environments.

Over the years, the Navy has operated Hospital Corps Training Schools in Bainbridge, MD (1943-1957); Farragut, ID (1943-1945); Great Lakes, IL (1913-1921; 1942 to 2011), Newport, RI (1917-1921); Portsmouth, VA (1902-1906; 1921 to 2011), San Diego, CA (1928-1932; 1935 to 2011); and San Francisco, CA (1917-1921). The three remaining schools—Hospital Corps School Great Lakes, Naval School of Health Sciences Portsmouth, VA, and Naval School of Health Sciences, San Diego, CA, will be consolidated and co-located with the 882nd Training Group of the Air Force, and the Army's Academy of Health Sciences. Even though co-location threatens service dilution, steps are being taken to ensure fidelity to naval culture within the training environment. This is yet another example of the challenges joint service missions will have for Hospital Corpsmen of the future.

As the military becomes leaner and more specialized, the Hospital Corps must remain flexible enough to meet any requirement asked of them. Whether attached to a Marine Battalion in the mountains of Afghanistan, part of a ship's crew, or augmenting an Army unit in Iraq, Hospital Corpsmen will continue to set the standard for enlisted medical care far into this century.

HOSPITAL CORPSMEN AWARDS

The Hospital Corps is the most decorated branch of the United States Navy and has fought on the front lines of every battle in United States history. Hospital Corpsmen have served courageously on ships and valiantly on the battlefields of every conflict, caring for injured Sailors and Marines.

To date, there have been 22 Medal of Honor recipients from the Hospital Corps; this is *half* of all the Medal of Honor's awarded to the Department of the Navy. There have been 174 Navy Crosses, 31 Distinguished Service Medals, 946 Silver Stars, and 1582 Bronze stars awarded to Hospital Corpsmen since the establishment of the Hospital Corps. Additionally, there have been 14 Naval Vessel's that have been named for Hospital Corpsmen, and several hospitals and clinics also bear the names of courageous individuals that paid the ultimate sacrifice for our country and our freedom.

HOSPITAL CORPSMEN WHO RECEIVED THE MEDAL OF HONOR

Pre-World War I

- Hospital Apprentice Robert H. Stanley, USN (Boxer Rebellion)
- Hospital Apprentice First Class William Zuiderveld, USN (Veracruz Incursion)
- Hospital Apprentice Fred H. McGuire, USN (Philippine Insurrection)
- Hospital Steward William S. Shacklette, USN (Boiler Explosion aboard USS Bennington)

World War I

- Pharmacist's Mate First Class John H. Balch, USN
- Hospital Apprentice First Class David E. Hayden, USN

World War II

- Hospital Apprentice First Class Robert Eugene Bush, USN
- Pharmacist's Mate 2nd Class William D. Halyburton, Jr., USNR
- Hospital Apprentice First Class Fred F. Lester, USN
- Pharmacist's Mate First Class Francis J. Pierce, USN
- Pharmacist's Mate Second Class George E. Wahlen, USN
- Pharmacist's Mate Third Class Jack Williams, USN
- Pharmacist's Mate First Class John H. Willis, USN

Korean War

- Hospital Corpsman Third Class Edward C. Benfold, USN
- Hospital Corpsman Third Class William R. Charette, USN
- Hospitalman Richard D. Dewert, USN
- Hospitalman Francis C. Hammond, USN
- Hospitalman John E. Kilmer, USN

Vietnam War

- Hospital Corpsman Second Class Donald E. Ballard, USN
- Hospital Corpsman Third Class Wayne M. Caron, USN
- Hospital Corpsman Third Class Robert R. Ingram, USN
- Hospital Corpsman Second Class David R. Ray, USN