

KOREAN WAR CONFERENCE:

Commemorating the 60th Anniversary

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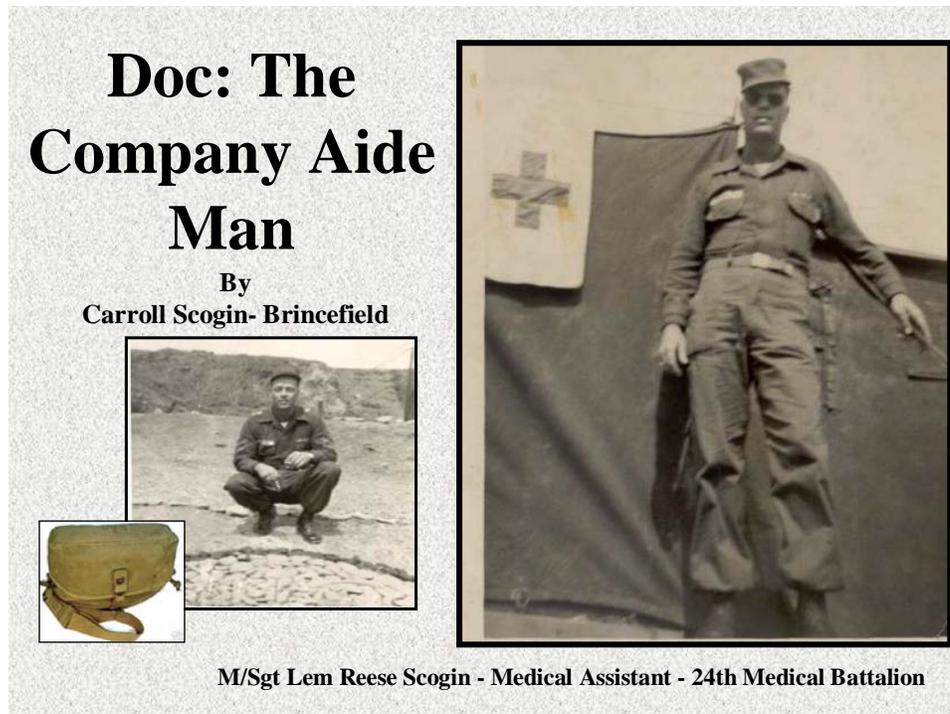
Victoria, Texas

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Doc: The Company Aide Man

Caroll Scogin-Brincefield

Lavaca County (Texas) Historical Commission



This paper has been the most difficult for me to write because it is personal. First I am a military brat, my father; M/Sgt Lem Reese Scogin served proudly in WWII and was a Army Medic during the Korean War and second I am a Blue Star mother, my son Staff Sgt. Dennis Reese Brincefield serves proudly as an Army Medic with 101st Airborne; He is serving with the 506th Aid Station in Yahy Kehl Afghanistan today. As a child of a veteran there is shock, sorrow, and pride for what my father and many other fathers endured and as a mother I worry about what my son is experiencing and the memories he will be dealt, but proud that he chose to dedicate his life to saving lives. As a historian there is so much more to learn and the forgotten stories have to be told. This paper has brought to me an intense pride and respect for all the medics, nurses and corpsman who gave their time and sometimes life protecting their guys in Korea.

I present this paper in the deepest respect and honor of those men and women who served in the medical operations of the Korean War. With over 92,000 wounded and over 36,000 killed in action the stories of the DOCS need to be told and remembered. Even though this paper reflects through pictures, maps, interviews and military documentation on how thousands of Korean War soldiers survived their battlefield wounds. I hope to show more than just stats and statistics. The history of the Frontline corpsmen/medics, MASH units, Battalion Aid stations, Field hospitals, Medi-Vacs and Ship hospitals cannot be all told in this brief paper so I hope to at least introduce you to a more realistic outlook of the Korean War medical ops. Please understand that some of the pictures are graphic I mean no disrespect and I hope they will impart a truer understanding of the medical operations that are not of the Hollywood version.¹

What better way to begin than with the glamorous story of basic training. Basic training for a hospital corpsman was the Naval Station Great Lakes located North Chicago, Illinois at the Naval Hospital Corps School. Basic training was 10 weeks. Then onto Combat Corpsman School which also carried the name "Field Medical Training." It consisted of two very different segments: the medical aspect of being a combat corpsman, followed by fifteen days of infantry training with Marines. Upon arrival at Camp Pendleton, issuing a sea bag of Marine uniforms and the sea bag of Navy uniforms was shipped home. They also issued a standard medical kit, they were issued M1-A carbines, bayonets, and complete combat web gear.² According to Corpsman Glen Schroeder "We had everything a Marine would have," Corpsmen were instructed on field medicine which consisted of giving immediate attention to all kinds of combat-induced trauma to various parts of the body. "Quick attention was essential in saving the lives of wounded combatants, and the 'what to do' and 'what NOT to do' for each kind of wound was taught."³

On board ships heading to Korea; Corpsmen and medics received another valuable three-minute class in combat survival (what they did not teach you in school). Lesson One: The sleeping bag had a 'panic' zipper. If pulled clear up, the bag would fall open. Lesson Two: Sleep in your clothes and field boots. Lesson Three: Sleep with your weapon loaded on safe. Lesson Four: Sleep with your K-bar or bayonet for a close kill.

"The hardest part of a corpsman's job in Korea with an infantry company was staying alive to help others who were wounded."⁴

Approximately 8 weeks of army basic training the soldier was taught, fix his bed, perform proper hygiene, shoot and maintain his M-14 rifle, throw hand grenades, utilize his C-Rations, perform first aid, operate a map and compass. Then onto Fort Sam Houston known as the Home of Army Medicine and home of the combat medic for approximately 8 more weeks of training. At the end of the Second World War, the Army decided to make Fort Sam Houston the principal medical training facility located in San Antonio, Texas.⁵ Army Medic Selley stated, "I do believe that the combat surgical training was more difficult because of the crude medical equipment we would have available on the frontlines. Knowledge of how to perform basic medical services required a greater knowledge of anatomy and physiology and how to apply flexible care."⁶

Doctors often stated they used their medical knowledge more in practicality on the frontlines than in the sterile environment of a hospital. The combat doctor really had to know his "stuff" on the frontline. This was a huge problem for the Army in those days. Not only were the medical doctors not combat trained, they barely had any Army training at all. Many were lucky they knew how to wear the uniform.

My father went through his medical training here and 50 years later my son step through the same gates to receive his training. One lesson that has not changed though in 60 years of warfare was and is that officers, medics and corpsmen are the first primary targets!⁷

"Where's Korea?" some medics asked when the Communists attacked June 25, 1950...and these guys were stationed in Japan! The next reaction, reported CPL Lacey Barnett of Medical Company, 34th Infantry, 24th Division: "just let 'em kill each other."⁸ Very few expected to get involved.

Joseph Brown who had enlisted in the US Navy in February of 1949 stated "We didn't do anything out of the ordinary other than get shot at, shelled, and survive in a country most had never heard of."⁹

Corpsman Glenn Schroeder—four short words to describe his time in Korea...."I have visited Hell!"¹⁰ Ironically, the conflict known as the "coldest war" started in one of Korea's hottest and, after early rains, driest summers June 25, 1950.

The medical personnel who tended the wounded are held in the highest regard by veterans today. Typically, each Army or Marine rifle platoon had a medical man assigned to it, and whenever there was a combat patrol, the medic/corpsman went along--His job was to save lives by providing quick first aid, then evacuating the wounded to medical facilities away from the front lines. The Army medics and Navy corpsmen—thought nothing of risking their own lives to give aid to the men who were fighting on the front line. While burp guns were firing deadly bullets and mortars were exploding around them, the aid men and corpsmen were there on the spot—saving the lives of combatants. Officially referred to as "medics" by the Army and "corpsmen" by the Marines, these front-line medical men were often just called Doc. Whether they had medical degrees or not, the medics and corpsmen became "Doc" to the soldiers who depended on them on the front line. Being a medic or corpsman was gruesome, gut-wrenching work, as the lives of wounded men often hinged on the kind of initial medical aid they received. "The worst thing" recalled medic Terry Ward "was giving morphine to soldiers who were beyond help."¹¹



fig 2

Army Medic Carl Nussmeyer reflected on his service "I was with the men when they were fighting. I was actually a fighting soldier while taking care of somebody who's hurt. A medic has a helmet with a red cross on it, well that wasn't true at the time I was there. You carried a weapon of some kind, and you had a gunnysack over your helmet and to keep the noise down, you had your dog tags taped so they wouldn't jingle. You would get a patrol order; and you went out in this valley between the two sides. You would run patrol out in the valley about every two or three nights. I carried a stretcher and a weapon, of course the aid bag with Aspirin and all types of bandages, Vaseline, gauze, three syrettes of morphine. You were supposed to have that, and a piece of rubber for a tourniquet. Bandage Morphine Tag when someone was wounded the only thing you could do was stop the bleeding and get him back to the aid station. That's the first stop. It was at least half a mile to a mile depending from the battle. Every circumstance is different. Somebody hollered in there, "Medic" you go out and get him, bring him in or work on him there Bandage Morphine and Tag and it continues move on Medic!!!!¹²



fig 3

Lt. Adams descriptions said it best: getting the wounded from the fight to the aid station was the toughest problem.¹³ The corpsmen/medics could get the wounded to the aid station faster, and placing the aid station so close to the fighting positions and it was a huge morale booster for the fighting soldier just yards away. Doing so did, of course, make the aid station more vulnerable and at risk. Most battalion aid stations were bunkers. They had sandbag walls and huge timbers on top, and sandbags on top of that. They came in various sizes. Some were relatively small. Some were good size. Lt Adams had a 12 foot square about 5 feet deep hole where he placed his aid station. Lt. Adams did resuscitative surgery, doing his best to keep the men alive. The wounded were placed in the hole, which at least kept out of line of enemy fire.¹⁴

Some stations were usually set up in a blackened-out school building, tent, or some other structure. While the wounded were being treated here, illumination was provided by a Coleman lantern during the night. The medics were always part of attending to the casualties. Army medic Harold Selley noted, "Several times, my collecting station was surrounded by the enemy and we were unable to get our wounded to the rear. Most of the time, we medics provided our own perimeter security for the station. That meant we took turns in staying in foxholes guarding our station."¹⁵

As stated in a write-up from Leatherneck Magazine, a Marine Corps magazine in 1952: "The corpsman has a working knowledge of medicine and does not merely dispense simple first aid. While on independent duty he is considered a doctor without a medical degree. Marines in Korea had accepted him as their "type of man" and is evidenced by the affectionate, "Hey Doc." According to the Leatherneck magazine "Marines go out of their way to take care of DOC because DOC takes care of them."¹⁶ This sentiment was also felt by the corpsmen Schroeder stated "They knew that I thought of them as 'my guys'

and would try my darndest to keep them alive. I'm proud to have served with them."¹⁷ Corpsmen were combatants and medics. Combatants when the fighting began, medics when the cries for "Doc" began.

On the 17th of September 1951, Corpsman Joe Brown's company suffered 80 percent casualties in the taking of Hill 812, one of three enemy positions on Kanmubong Ridge. Much of what happened during that assault has been pushed to the back of Joe Brown's memory, through out the long hours of fighting; Joe and only one other corpsman were kept busy taking care of all the casualties of a reinforced company. He said, "I was treating wounded Marines, and I could hear the bullets—for lack of a better word—snap over my head." Injuries were treated, casualties were tagged, orders for evacuation were given, and then the corpsmen simply moved on to the next wounded Marine who shouted, "Doc!" Brown said, "One thing that helped me keep my sanity was taking care of wounded Marines. It seemed everywhere there was a Marine needing help. Many of them asked how bad they were wounded and then would get up and continue up the mountain as soon as a battle dressing was applied." Under the conditions we were in, one had to 'suck it up' and go on.¹⁸ The duties of corpsmen in the Korean War were routinely rotated. Generally, they were assigned to a line company first. Later, they were transferred to battalion aid. Finally, they moved even further back from the front lines to a field hospital called "Easy Med." The battalion aid stations(each company in the medical battalion operated a small hospital) known by names such as Able med, Easy Med, were the Navy/Marines equivalent of the Army's MASH Able Med/ Easy Med was just like a hospital, "There was a place for surgery and wards to care for the patients. You had an X-ray department and laboratory. There were no female nurses—just corpsmen, doctors, a chaplain, and a psychiatrist."¹⁹ The Korean War was the first time the military had psychiatrist assigned to MASH and Battalion Aid units. When casualties were brought in by jeep and helicopter, the battalion surgeon and corpsmen finished the treatment of wounds that the front line corpsmen did not have time to complete. The surgeon determined where the casualty would be sent next. If the wounds were extremely serious and needed the highest tech attention possible, the patient was forwarded by helicopter to a hospital ship. If the surgery needed could be handled by a field hospital, then the patient was sent there. The corpsmen were on call more or less 100 percent of the time.

With supplies low improvising became a front-line medical specialty. When corpsmen and medics ran out of supplies during a battle, they often ripped apart T-shirts to make bandages. One Navy corpsman used a carbine as a splint for a Marine's broken leg. After riding in an ambulance, plane and boat, the injured man arrived aboard a hospital ship, where a sailor removed the battlefield splint and informed the patient that the rifle had been cocked and loaded the entire time.²⁰ The supplies came by jeep, truck, and helicopters, when they came. There were field pharmaceuticals or basic drug items. When the combat medic brought his wounded to the aid station, he was re-supplied of these kit items in the aid station. Then the aid station was restocked by the supply people of the regiment. Often this was a stumbling block to the operation of the medics, since there was always a time delay in getting the

supplies needed. The frontline medics to the infantry companies took priority since the first medical attention by the aid man was the highest in priority.

Amusing incidents occur amidst tragedy. Cpl Barnett recalls the medical company motor sergeant fuming about a convoy stoppage July 14, when a tall man asked what was going on. "I don't know, but whoever is running this show sure is all (bleeped) up!" the sergeant replied, before turning to see stars on his division commander's helmet. Major General William F. Dean walked on, without comment.²¹ General Dean became the highest ranking POW in Korea captured on August 25, 1950. He was released September 4, 1953 at Panmunjom.²²

With guerillas attacking transport trucks with needed supplies many Mobile Army Surgical Hospitals affectionately called MASH units learned to operate without operating tables and other necessary supplies. The 8076th MASH was activated Yokohama, 19 July 1950 and activated as a 60 bed MASH. The personnel included twelve (12) nurses and eighty-nine (89) enlisted men, and (10) Medical Officers. Between 4 October and 31 January the hospital "bug out", on an average of once a week, and on one move the hospital was broken down and ready to pull out in one hour and fifteen minutes; To operate in no less than thirteen different areas in close medical support of front line units.²³ At this time the MASH was functioning as a truly Mobile Hospital and as a truly Surgical Hospital and as a result it was never more than 10 miles and often as close as five miles behind the front, and as the fighting moved forward MASH was right behind it.



fig 4

Its primary mission was to perform as a sixty-bed surgical hospital, however, in many instances the unit assumed the additional responsibilities of an evacuation hospital without loss of operational

efficiency. Between 2 August and 5 October at Miryang, the unit furnished forward hospital support for all front line troops except the 25th Infantry Division, admitting 5,674 patients and in one twenty-four hour period handled 244 surgical procedures. On another occasion this unit processed 608 patients in one day. A total of 15,000 patients were cared for during the nine months.²⁴ Journalist Philip Deane described MASH work: "Stitch this, clip that, sponge, stitch, clip, saw - faster, faster, there are more waiting," he wrote. Having surgeons deployed so close to the front, saved many lives with early surgical intervention. The Army's Mobile Army Surgical Hospital units in Korea went a long way toward saving the lives of thousands of American military personnel in the Korean War. Break down the hospital tents, pack up the supplies load them on the trucks and be ready to pull out within 6 hours. Corpsmen and officers, who were not driving, rode on top of the trucks after the gear had been packed. BUG OUT- Welcome to MASH

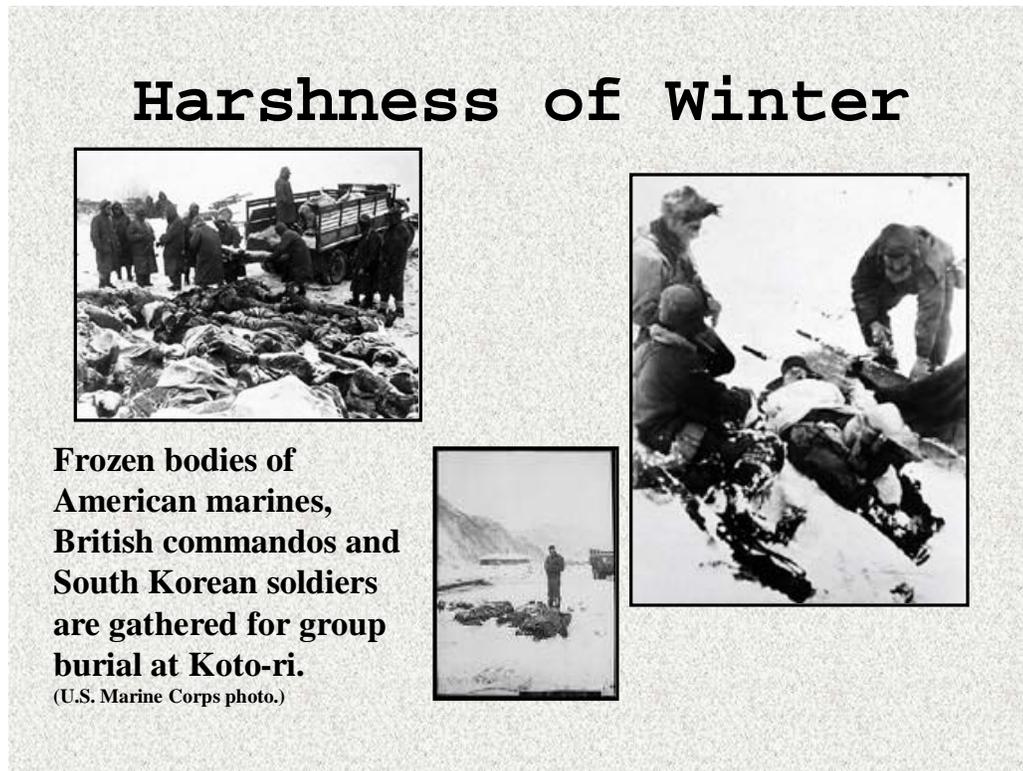
When General MacArthur landed at Inchon, 13 Army Nurses of the 1st MASH and 4th Field hospital also came ashore on the very same day of the invasion and by the end of 1950 over 200 army nurses were in Korea. A total of 120,000 women served during the Korean War not all were in Korea but served at support bases in nearby Japan and other Eastern countries.²⁵



fig 5

The US Air Force Nurse Corps was in its infancy when the Korean War began Nurse Janice Britton was assigned to the 801st Medical Air Evacuation Squadron and according to her dairies a typical day began with C-54 flight from Osaka Japan down to Ashyia on the southern island of Japan, picked up supplies and took them to Hamhung on the northeastern shore of Korea. The plane then went to Kimpo Air Base near Seoul picked up more supplies and flew to Pyongyang. Once the cargo was offloaded the C-54 was turned into a hospital ward by Nurse Britton and her med tech. A manifest was made of each patient and their wounds and was left at Pyongyang so in case something happened they would have a list of who was on board. Then the plane flew to back to Ashyia Japan (3 hour flight) where the patients were unloaded and taken to the army hospital for further care. US Navy Commander Francis Omori

stated: The process involved the best possible care for those who have been hurt, and this mission was accomplished with extreme efficiency and kindness.²⁶ From September to December 6, 1950 more than 4000 men had evacuated from Hagaru-ri's frozen airstrip while being under fire, the Chinese occupied the hills beyond the marine perimeter.²⁷



In the winter of 1950 and 1951 over 5,600 frostbite patients were evacuated for treatment. It was then that the coldest weather ever encountered in Korea with temperatures as low as 23 and 35 degrees below zero with copious amount of snow. Because of the complete surprise of the Chinese intervention, and the unusually cold weather, there were men who were fighting in nothing more than fatigues and field jackets, so along with numerous battle casualties there were literally hundreds of men froze to death. During the six days they were in Kunuri there were 1,836 admissions to the hospital and on one day 661 admitted. At this time there were only 12 medical officers and 120 enlisted men to treat the wounded. There were no such things as blowers for heating, and the entire hospital was in tents. Routinely there were 13 and 14 persons in each squad tent. The patients were arriving in such a large number that literally there was no place to put them inside the hospital tents, and when the ambulances would arrive they would just have to leave the patients lying in the snow, where unfortunately some froze to death before they could even be brought into the hospital tents. However being brought inside was no assurance against freezing because the temperature in the tents was so low that patients froze there, their resistance being lowered as a result of injuries. It was at this time that one of the most difficult decisions any medical officer ever had to make was made, with the influx of casualties was such that the

unit was unable to care for all of them. Therefore some of the more seriously injured patients were given sufficient medication to prevent suffering and then they were put aside to die while the hospital's attention was focused on those casualties who could be saved.²⁸ When the Korean War began, the status quo, the typical way of treating, "that book went to hell overnight!" is according to Commander Omori.²⁹ A one hundred bed hospital had to be converted to accommodate 5,000. They stacked the patients on bunk beds, sometimes three tiers high. The wounded arrived in droves in the middle of the night, by ship to ship transfer, by trains, by helicopter, buses, ambulances, boats.

The Chinese preferred attacking at night or when it snowed announcing their presence by whistles and bugles. Medics and corpsmen worked at night because that was when the wounded were coming in they had no tables most of the time they worked on their knees or bent over somebody on the ground or on a litter doing some procedure. The only things sterile were battle dressings and the morphine syrettes Corpsman Ralph Fly reflected on working conditions he experienced He took care of Marine casualties from Vegas, Carson, and Reno outposts. "Doctors and corpsmen treated more than three hundred wounded over the next 70 hours."³⁰ Patients arrived by helicopter, jeep ambulances, and personnel carriers. "We had no sleep during that time. We were so busy: the sun stars, and the moon seemed to race across the sky. When the wounded stopped arriving, I had actually thought only a few hours had passed. But, no, it had been about 70 or 72 hours."³¹ In the aid of so many wounded during the Korean War, United Nations countries of Sweden, India, Denmark, Italy, Norway supplied medical assistance as was needed. Denmark's *JUTLANDIA*, a Danish Hospital Ship was offered to the United Nations and South Korea to aid in the care of the wounded. The U.N. decided to accept the fully-equipped Danish Hospital Ship, to be at the disposal of the allied forces in South Korea. It was, in fact, a civilian ship run by the Danish Foreign Ministry under the U.N. command and sailing under the Red Cross. The hospital, as well as the crew, was manned with voluntary Danish personnel. The ship was then probably the most modern hospital in Denmark and had wards with a total of 356 hospital beds (during normal service), 4 (+1) operating rooms, X-ray-, eye-, and dental clinics, laboratories, pharmacy and other specialized departments. The hospital had a staff of 91 persons: professors, doctors, specialists, nurses and assistants. The ship's crew amounted to 97 from the captain to youngest sailor. During the service in Korea, the hospital treated 4,981 patients, mostly severely wounded soldiers from 24 different nations. Further, about 6,000-7,000 civilian Koreans were treated onboard *Jutlandia* or by the Danish hospital staff in most often very primitive wards and first-aid stations ashore.³²

USS Haven, USS Repose were sister ships and these ships were docked out of artillery range and the tides at Pusan and at Inchon. U.S.S. Consolation (AH-15) was the first hospital ship to participate in the Korean action and the first to return battle casualties to the U.S. from Korea and was the first naval ship to include a female medical officer on her staff during the Korean War, as well as having the first blood bank available onboard. The Naval hospital ships were the first to have installed helicopter flight decks to receive casualties directly from battle field via helicopter.

The ships were fitted with wards with a total of 356 hospital beds (during normal service), 4 (+1) operating rooms, X-ray-, eye-, and dental clinics, laboratories, pharmacy and other specialized departments.³³ It was truly a floating refuge for many soldiers as well as South Korean civilians.



fig 7

Within Korea movement of the wounded was by road, rail, or air. Transportation of casualties between Korea and Japan was by air or sea; litter jeeps roared back and forth between the aid station and the collecting station, to avoid losing patients to the enemy, evacuations had to keep moving. Ambulances were scarce and took a beating. The 24th Med was under strength and undertrained, but its ambulance company was an exception. It pushed its vehicles as far as the aid stations, against fire and badly mapped terrain. Some got lost; some vehicles were hit by fire, but they kept operating. The seriously wounded were loaded two to a jeep, lightly wounded were often loaded seven to a vehicle one in the front seat, four in the back, and two on the hood. Jeeps would bypass the battalion aid station and take the patients to the advanced clearing station where the seriously wounded would be evacuated by helicopter or box ambulance.³⁴ The box ambulances of the 7th infantry was ordered back to P^rAiu-Ri to prepare for their part in history with the long awaited Operation Big Switch and the signing of the truce on July 27, 1953.³⁵



fig 8

During the Korean War, the newly created United States Air Force created a number of air ambulance units for use in forward operating medical units, using helicopters for rapid evacuation of patients. It was in the Korean War that helicopter evacuation became a reality. The helicopter had finally been accepted as an organic vehicle of the Army, with the rugged terrain and poor road conditions complicated the movement of the sick and wounded. The rugged terrain of Korea made surface transport arduous.³⁶ In addition, the scarcity of hard-surface roads and harsh climate often made it extremely difficult to transport casualties from forward units. Evacuation of patients and casualties was effected by units of the 584th Medical Ambulance Company and the 50th Medical Detachment, Helicopter Group. There was a bubble for the pilot and, if there was a guy on a litter, half of him stuck out. A carrier or litter was placed on each side. Rapid medical evacuation increased survival rates. By November of 1951 over 8,000 men had been evacuated. Helicopters transported 4% of all patients; they saved many lives by bringing them to a hospital within an hour of being wounded.³⁷ In a report to the Surgeon General dated January 1951 from the 8th US Army Korea “too much cannot be said in praise of the helicopters stationed at the hospital who brought seriously wounded patients from inaccessible areas and evacuated seriously wounded casualties from forward medical installations, thereby providing a quick smooth comfortable evacuation from forward areas to the hospital with a minimum of shock and delay” Before the armistice ended the conflict in 1953, army helicopters would fly 18,000 U.N._casualties to hospitals, helping save seven of every 10 victims.³⁸



fig 9

Worn-out, undermanned ambulances couldn't handle the load. They got help from liaison planes, the C-47's and C-54's that ferried the wounded out and brought blood and medical supplies in. Most evacuations were by air and the situation was so acute that planes that normally carry 35 or 40 patients were taking loads of 50 and 60 wounded out. Aircraft were used to fly the more serious cases directly to Camp Wood Japan, on to Tripler Air Force base Hawaii, then to Travis Air force base California, then to zones of interior hospitals stateside.

Military and civilian vehicles were put into action to evacuate the wounded. Worn-out, undermanned ambulances couldn't handle the load. But gasoline-powered rail cars called "doodlebugs" could take 17 litters and 50 sitters 30 miles to Taejon in 45 minutes. A doodlebug could free up five ambulances that would be used back on the frontlines.

Most patients were evacuated by hospital train to rear echelon hospital in Korea

Again, trains played a critical role in saving the lives of many soldiers. A self-propelled car and three coaches, fitted with crude litter racks and hitched to supply trains, became the mainstay of evacuation during the Korean War. Trains became the target of the enemy Guerrillas, who would attack the trains running from Taegu to Pusan, forcing most train evacuations to go by day with many medics armed to protect their wounded, MP's would manned sandbagged flatcars on the night runs to make sure the wounded made the trip safely.



fig 10

In Korea, the hospital death rate for wounded GIs was up till then the lowest in the history of warfare. This was in part due to the bravery and expertise of front-line medics and corpsmen --heroes who all went by the name DOC

Attacks on medical personnel were common, the enemy correctly assuming that killing medics and corpsmen would increase U.S. battlefield casualties. Medical insignia, including the Red Cross, became favorite enemy targets. By the end of the war, 830 members of the Army Medical Service had been killed and another 3,270 wounded. The Navy Hospital Corps suffered 108 killed in action. But the medic/corpsman story is told best through accounts of individual bravery. On July 16, 1950, Pfc. Don V. Bailey, assigned to the ambulance company of the 24th Medical Battalion, was wounded at Yongi, ROK, while part of a group the enemy had surrounded. His group was under extremely heavy enemy fire. Bailey continued nonetheless to try to evacuate the wounded. His ambulance was destroyed by enemy fire and he then transferred the wounded to an armored vehicle. He was wounded again. The armored vehicle was rendered inoperative. He then grabbed a jeep and loaded it with the wounded and, during this activity, was wounded six more times, rendering him helpless. He was then evacuated. He received the nation's second highest honor for valor, the Distinguished Service Cross.³⁹ One corpsman, blinded by a shell blast, continued to treat casualties by touch. Another, seriously wounded himself, insisted that he be carried by litter from one wounded Marine to another.⁴⁰

During the Korean War, acts of battlefield courage earned the Medal of Honor for 131 men. Eight of these were there Navy corpsmen and Army medics, they gave the best possible care for those who had been hurt, and their mission was accomplished and carried out with extreme efficiency.



fig 11

Thousands of Korean War veterans survived their battlefield wounds because someone with medical expertise and first-aid supplies was nearby when they were hit. As always, the medics were there, with courage and ingenuity, improvising a medical response to chaos that would save thousands of lives. Often, the wounded, didn't even know his rescuer's name, but in a sense they all had the same name, DOC and they served their country with bravery, unselfishness with a medical bag and a desire to save lives.

"There were a number of times when guys died in your arms or if not in your arms, you were kneeling next to them. Many times, the last word out of their mouth was Mom. Not God, not country but Mom. Memories like that stay in your mind and never go away," as stated by Lt. (j.g.) Henry Litvin of the 2nd battalion, 5th Marines.⁴¹



fig 12

We Thank You

The Ultimate Sacrifice



**830 Army Medical
& 108 Navy
Corpsman Killed
in Action.
3,270 Medical
Personnel
Wounded.
8 Medical Medal of
Honor Recipients**

**The
Highest
Honor**

Hospital Corpsman 3rd Class Edward C. Benfold, 1st Marine Division September 5, 1952

Hospital Corpsman Richard D. Dewert, 1st Marine Division April 5, 1951

Hospital Corpsman Francis Hammond 1st Marine Division March 26, 1953

Hospital Corpsman John Kilmer 1st Marine Division, August 13, 1952

Private 1st Class Richard Wilson 187th Airborne Infantry Regiment August 2nd, 1951

Hospital Corpsman 3rd Class William Charrette Marine Rifle Company March 27, 1953

Private 1st Class Bryant Womack 14th Infantry Regiment January 12, 1953

Sergeant David Bleak 40th Infantry Division November 2, 1953

Endnotes

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