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So Others May Live: The Price of Healthcare in Combat

Robert Del Toro
Chapman University, delto105@mail.chapman.edu

So Others May Live: The Price of Healthcare in Combat

A Thesis By

Robert S. Del Toro

Chapman University

Orange, Ca

Wilkinson College of Arts, Humanities, and Social Sciences

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Committee in Charge:

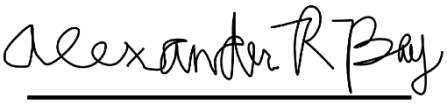
Charissa Threat, Ph.D., Chair

Alexander Bay, Ph.D.

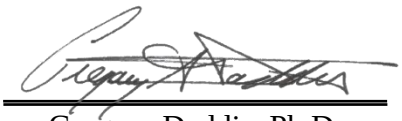
Gregory Daddis, Ph.D.

The thesis of Robert S. Del Toro is approved.

Charissa Threat, Ph.D., Chair



Alexander Bay, Ph.D.



Gregory Daddis, Ph.D.

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ABSTRACT

So Others May Live: The Price of Healthcare in Combat

by Robert S. Del Toro

"Medics carried more responsibilities than dry feet, salt tablets, syphilis, and puncture wounds," U.S. Army Medic Ben Sherman stated after reflecting on his tour in Vietnam. On the battlefields of North Africa, Italy, France, and Vietnam, the medics of the U.S. Army Medical Department faced the difficult duty of preserving life while death surrounded them. Their patients were not strangers but, men they had grown close to, they were comrades and family. Analyzing the memoirs and letters of forward medical personnel from the Second World War and the Vietnam War, this thesis analyzes how a medic's care went beyond the battlefield. Medics were not just the frontline healers that have dominated popular memory but, were men who were responsible for keeping the unit at fighting strength both mentally and physically. This thesis argues that examining caregiving during war allows us to understand the complex nature of the job of a combat medic, the psychological and physical impact of war on those who sought to make spaces of healing surrounded by death. Before battle medics took care of their unit's everyday health needs. After battle, many medics listened to the fears and confessions of their friends, as if taking on the role of a priest when none could be found. They quickly learned the signs of a traumatic mental break that could cripple a soldier. The men of the Medical Department saw the infantry they supported as more than just patients, with every death or evacuation taking a greater toll on the medic. These factors created an environment where the medics own mental and physical health were pushed to the limits of the human condition. In a military occupational specialty where the casualty rate was more often than not at100%, a medic

faced the reality that he would either leave the battlefield from an enemies' bullet or because his own body and mind had reached their limit.

Table of Contents

Introduction: "So Others May Live"

"I felt like I was walking on a cloud, so high was I with excitement and joy at being able to rescue, treat, and save these men. For me, this action truly defined the role of a combat medic."[1] Charles Kinney felt this reaction while saving the lives of a fire team who were written off for dead in the rice paddies of Vietnam in 1965. Throughout its history, the United States (U.S.) Army Medical Department, later renamed the U.S. Army Medical Services, has been tasked with providing medical care for U.S. troops at home and abroad. During the twentieth century, doctors, nurses, and enlisted medics were mobilized in multiple conflicts as U.S. troops saw combat across the globe. Two of these conflicts, the Second World War and the Vietnam War, pushed the personnel of the Medical Department to the limits of not only their skills in triaging, treating, and assisting with the recovery of patients, but also their capacity to cope with the horrors of war they witnessed and the devastation it brings to the human body.

Driven by the demands of both the Second World War and the Vietnam War, medics understood that to confront the traumas of war they needed to create a space that would treat both the body and mind. Born from their role as battlefield healers and watching numerous friends and comrades suffer from the effects of war, medics took it upon themselves to create this space of healing and nurturing. However, this proved a difficult task as war has traditionally been an environment of death and destruction, where only the strong can survive. These men came from a wide variety of backgrounds, from the surgeon who went to school to practice the art of medicine to the enlisted medical aid men who, were little more than laymen ordered to preserve the life of the wounded. These men faced a burden that none had expected when their

[1]Charles M. Kinney, *Borrowed Time: A Medic's View of the Vietnam War*, ed. by Pamela Gilles Watson. (Victoria: Trafford Publishing, 2003), 65.

understanding of medicine was rapidly flipped on its head as war forced them to confront a changing medical landscape. In the civilian world, medicine was defined by very strict margins, the confined systems of triage, treatment, and rehabilitation were measured in the survival rates of the patient. But when the precise and sterile environment of the hospital was grafted onto the battlefield, success was measured in how many patients could be treated, and how many could be given a comfortable death.

As civilians transitioned to medical soldier they faced a difficult process, sent into combat ill trained for what they would face, they struggled to find their space on the battlefield. Placed in a role that was not the infantry they supported nor complete noncombatants; medics found their place in combat by generating a space that was conducive to the healing process. As the ebbs and flows of war demanded they take on new burdens of care, medics began to assume the personas of healers, priests, psychologists, confidants, and friends. These identities shaped the medics experience and represented the extremes of combat medicine. Developing close bonds with the men they cared for created an environment where medics could properly treat their comrades but, it also created new traumas as friends were lost. In this way, this thesis offers a case study about war and society by examining the inherent traumas of performing medicine. Ultimately, this thesis argues that examining caregiving during war allows us to understand the complex nature of the job of a combat medic, the psychological and physical impact of war on patients and the medics response to it, and how war and trauma affected the physical and mental wellbeing of medics themselves.

The focus of this thesis will be on the most forward units of the medical department, the medics and the surgeons stationed as close to the battlefield as possible who, due to proximity to combat, saw casualties at the first stages of triage, and how treating these men under fire affected

their physical and mental wellbeing during the Second World War and Vietnam. These individuals were caught between two worlds; they were exposed to the same danger as the infantry they supported on the battlefield while simultaneously expected to perform at levels much more difficult than that of their civilian counterparts. The medic and combat surgeon occupied different positions within the Department as medics were enlisted men trained to perform emergency medicine while surgeons were commissioned officers who went to medical school to become physicians. Nevertheless, while these two jobs on the surface appear to be vastly different, many medics and combat surgeons performed each other's duties whenever necessary. Therefore, the terms combat medic or medic will be used interchangeably throughout this thesis in reference to medical personnel on the frontlines. Forward personnel worked feverishly to tend to the wounded while operating in an environment that was a departure from the relatively peaceful wards of American hospitals. This proximity to combat was not only vital to patient care but also complicated providing care itself as the enemy always lurked in the background with many medical personnel paying the ultimate price in caring for the wounded. For example, during the Second World War it was estimated that after six months of fighting a division compliment of medics would suffer a 100% casualty count, while in Vietnam some units reported a 100% casualty rate after three months in combat.[2] These numbers represent the wounded, missing and the dead. Therefore, the use of the word casualty throughout this thesis will refer to either wounded or deceased soldiers.

World War II and the Vietnam War mark turning points in U.S. military history, for both combat arms and medical units, as each built on the experience of previous conflicts. The Second

[2] United States Army, European Theater of Operations, Evacuation of Human Casualties, *Report of the General Board, United States Forces, European Theater, Study No. 92*, Bad Nauheim, Germany: General Board, U.S.F.E.T., 1945, 1. Kinney, *Borrowed Time*, 33.

World War was born in the blood and trenches of the First World War as armies across the world modernized to ensure the stalemate of trench warfare would never be recreated again. Mobility came to define the battlefield of the Second World War. Medical units began to see the devastation brought on by weapon platforms designed to hit hard and move quickly through the battlefield, and these weapon systems simultaneously pushed the mind to its limits as soldiers witnessed how modern wars consumed large amounts of men and supplies. The Vietnam War built upon the successes of the Korean Conflict as revolutionary new technology transformed combat medicine. Technology, such as the helicopter, was instrumental in transporting the wounded over the difficult to traverse Korean Peninsula, and became a mainstay to providing medical care during Vietnam .[3] Along with perfecting new technologies, the Vietnam War also marked a shift in the kind of war the U.S. fought, as the hybrid nature of Vietnam's conventional and guerilla wars created an environment that blurred the front line, causing medical personnel to adapt to an environment where they could be thrown into combat at any moment. These two wars, while fought on different scales and with varying tactics, shared one thing in common: the fundamentals of combat medicine stayed consistent over the twenty years between the conflicts. Medics from both wars shared similar experiences across these conflicts. These shared experiences tell a story of the challenges of patient care in combat, of how patient interaction affected healthcare workers, and when that interaction ended in violent ways, how it left an imprint of trauma on the caregiver. This thesis therefore, adds to a much larger historiography of twentieth century U.S. war and medicine, and war and society that focuses on the experiences of medical personnel as they confronted new forms of modern warfare by looking at medical care

[3] Albert E. Cowdrey, *The Medics' War* (Washington D.C.: U.S. Government Printing Office, 1987), 95.

from the often overlooked physical and psychological view point of the men who experienced war first hand.

While medics and combat surgeons were attached to various infantry, armored, and airborne units within the U.S. Army, their parent organization was the U.S. Army Medical Department, which over its inception evolved to meet the needs of the Army. Mary Gillet chronicled the evolution of the Medical Department in her work *The Army Medical Department 1917-1941*, highlighting how throughout its history, the Department struggled to prepare generations of doctors and enlisted men for war. In the years following the First World War, the greatest obstacle the Medical Department faced was that of a Congress unwilling to fund medical spending.[4] This created an environment in which the Medical Department struggled to perform its duties while in a state of peace, and was woefully unprepared for war. A chronic shortage of both enlisted personnel and officers left all medical services in a situation where they were expected to perform more with less. As war in Europe loomed in the late 1930's, Congress finally expanded what the Secretary of War at the time called "an over worked Medical Department," but these efforts were not enough.[5] This study expands beyond where Gillet's ended in 1941 by showing the effects of an underfunded Medical Department in the 20th Century as it fought several conflicts across the globe. Those who eventually saw combat in the Second World War were the product of a Medical Department that was forced to meet the needs of a war it was not prepared for. As war loomed, enlisted medics and commissioned officers were rushed through training to fill spots for an army in desperate need to fill medical vacancies.[6] These men

[4] Mary C. Gillet, *The Army Medical Department 1917-1941*. (Washington D.C.: Center of Military History United States Army, 2009), 472.

[5] Gillet, *The Army Medical Department 1917-1941*, 512.

[6] Gillet, *The Army Medical Department 1917-1941*, 549-550.

bore the brunt of the opening days of the war for the United States, unprepared for combat and medicine caused by decades of neglect.

As the Allies reached Europe, new difficulties faced the Medical Department as the war took on a different form. The complexity of the Normandy invasion, as well as the remainder of the European campaign, required multiple groups within the military to coordinate massive numbers of men over vast distances. In their work, *The Medical Department: Medical Service in the European Theater of Operation,* Albert Cowdrey and Graham Cosmas explore, "how the military medical system organized itself in a combat theatre," at both the strategic and tactical levels.[7] As Allied forces fought across Europe the medical situation changed drastically. At the start of the invasion, medical units evacuated large numbers of casualties over short distances, but as the frontline shifted rapidly, fewer casualties were sustained while the chain of evacuation was stretched to its limits.[8] When war became more mobile, steps were taken to ensure that ambulances and hospitals were capable of keeping up with the advance, with measures such as traffic control officers or having teams on standby ready to clear a position on short notice.[9] While focusing on the larger picture of the war, Cowdrey and Cosmas briefly mention the heroism of the medics on the ground. Building on the strategic history of Cowdrey and Cosman this thesis shifts the focus to the perspective of the medic on the ground, exploring how shifting forms of combat affected individual medics compared to the Medical Department as a whole. By looking at the acts described by Cowdrey and Cosmas not as singular heroic moments but

[7] Graham A. Cosmas and Albert E. Cowdrey, *The Medical Department Medical Services in the European Theater of Operations* (Washington D.C., Center of Military History United States Army; 1992), xi.

[8] Cosmas and Cowdrey, *The Medical Department Medical Services in the European Theater of Operations,* 279.

[9] Cosmas and Cowdrey, *The Medical Department Medical Services in the European Theater of Operations,* 302.

necessary actions in order for others to live, in an environment centered around death and destruction, this thesis provides a broader understanding of the experience of medics during war.

As the post-war world developed, the Medical Department struggled to continue the advancements it had made during the Second World War. As new threats loomed, and conflicts raged, the Medical Services had to contend with evolving battlefields as the Cold War ushered in a new form of combat. Medical units were deployed to new combat zones such as the Korean Peninsula, where they faced new struggles like those detailed in Albert Cowdrey's *The Medics War*. The medical units that arrived on the Korean Peninsula were deployed alongside experimental technologies such as the new Mobile Army Surgical Hospitals or M.A.S.H and newly created helicopter squadrons designed to assist forward medical personnel.[10] As a new generation of medics fought and died in Korea, they were met with a new type of warfare. In Korea, medics were seen as no more than specialized infantrymen to the North Korean Army Rifleman, who began to use the red cross on medical equipment and personnel as "convenient bulls-eyes." This caused medics to shed the once protective symbol and carry arms to defend themselves and the wounded.[11] The Department and the Army had to adapt to an era of war where the caregiver was a valid target to be engaged and neutralized. In the post-Korean War world, the medic further blended into the infantry units they supported. This study builds on Cowdrey's work by showing how the environment of the Korean War provided new hazards for the medic on the battlefield, as the enemy and the environment worked against them.

As the Army fought through various conflicts in the twentieth century, psychological casualties grew at staggering rates amongst soldiers deployed in combat, including medics. And

[10] Cowdrey, *The Medics' War,* 69 & 94.
[11] Cowdrey, *The Medics' War,* 75.

the Army's attitude toward mental health evolved as it witnessed increased diagnoses of Post-Traumatic Stress Disorder (PTSD). David Kieran chronicles the effects of PTSD on military personnel in his work *Signature Wounds the Untold Story of the Military's Mental Health Crisis*. Focusing on a top down perspective of the Medical Department, Kieran looks at the organization's ability to treat mental health. In late 20th century conflicts, there was a push to place psychiatrists on the front lines where, "being there, wearing the same uniform as they are, sleeping in the same kinds of locations as they are, sharing some of the hardships they are," was seen as a way to bridge the gap for troopers seeking assistance.[12] These forward psychiatrists were used to offset a new generation of medics unfamiliar with psychological casualties. When the U.S. Army invaded the island nation of Grenada, for example, "only one medic had an accurate idea of how to diagnose and treat psychological casualties," within the task force.[13] In the previous conflicts, however, medics were well attuned to the psychological health of the men in their platoon and in many cases performed the role of the combat psychiatrists that would eventually perform this portion of their duties. This thesis utilizes Kiernan's work to illustrate not only the complex work of psychology in the combat zone but also how medics routinely took it upon themselves to treat the psychologically wounded both before and after guidance from the Medical Department during the Second World War and Vietnam War, a task that became more difficult, with lessons from previous conflicts lost due to the chaotic nature of war, or new conflicts pushing aside what care had worked previously.

One of the major obstacles that U.S. forces faced in combat was not the enemy but a battle within their own consciousness. Since the Second World War and the publication of S.L.A

[12] David Kieran, *Signature Wounds The Untold Story of the Military's Mental Health Crisis,* (New York,. New York University Pres; 2019), 128.

[13] Kieran, *Signature Wounds*, 25.

Marshall's report in *Men Against Fire: The Problem of Battle Command*, in which he claimed 15 to 20% of soldiers failed fire their weapon, psychologists have examined the question "why did these men fail to fire?"[14] Lieutenant Colonel Dave Grossman and Elmar Dinter developed radically different stances on the subject in their respective research. Grossman relied heavily on the work of Marshall and broke combat down past the belief of fight or flight to posture, flight, fight, or submit.[15] According to Grossman, soldiers engaging the enemy responded with overwhelming fire to posture and intimidate the enemy, using the example that in Vietnam, U.S. soldiers fired over 50,000 rounds of ammunition to hit one enemy.[16] Dinter, in contrast, disagreed, viewing the volume of fire as an attempt of goading the enemy into action. As weapons become deadlier to eradicate the enemy on the modern battlefield an army was required to escalate to the volume of fire, which soldiers willing employ.[17] Dinter illustrated that time and time again men refuse to submit to the enemy, engaging them in an effort to stay alive, contradicting Grossman's finding that men were more likely to posture than shoot to kill.[18] Using the words of Sigmund Freud, Dinter emphasizes, "the pleasure of aggression and destruction to the realm of instinct."[19] Killing driven by the instinct to stay alive, provokes the pleasure in life and living. While the medics place on the battlefield was one of healing, in Vietnam medics were given the tools to defend themselves and their patients. Forced into a position where the use of deadly force was required, medics had to contest their own moral upbringing to engage the

[14]Dave Grossman, *One Killing the Psychological Cost of Learning to Kill in War and Society*, revised edition, (New York, Open Road Integrated Media Inc.; 2014), 11-12.

[15] Grossman, *On Killing*, 33.

[16] Grossman, 242.

[17] Elmar Dinter, *Hero or Coward Pressures Facing the Soldier in Battle*, (Oxford, Frank Cass and Company Limited; 1985), 34-35

[18] Dinter, *Hero or Coward*, 16.

[19] Dinter, 22.

enemy. This thesis utilizes these two works to illustrate how in combat the medic had to go against their own nature to defend their patents and themselves.

Traditionally PTSD has been viewed as a result of combat experiences, but as the medical community, civilian and military, learned more about the disorder, it has become clear there are other mitigating issues. Johnathan Shay explored these factors in *Achilles in Vietnam: Combat Trauma and Undoing of Character.* Shay was particularly interested in investigating the *Phenomena* of the betrayal of "what is right," or as the ancient Greeks termed it, *Themis*.[20] While Shay's work does not focus on medics, this thesis uses Shay's work on psycho-philosophy in an interdisciplinary fashion to reveal how medics who served in Vietnam experienced the same multifaceted PTSD, from the loss of close friends, unqualified officers, and a sense of abandonment, that has come to define the generation of Vietnam combat veterans. Shay argues that, "The most fundamental incompetence in the Vietnam War was the misapplication of the social and mental model of an industrial process to human warfare," which permeated all levels of the military and continued beyond war into civilian life. As men fought and died in the jungles of Vietnam, "survival and success… often require soldier to virtually read one another's minds," a bond of trust that was so engrained that when one of their own perished, a part of his comrades died alongside him.[21] The phrase, "I died in Vietnam," common amongst men who served in conflict, referred to the piece of the soul that died violently along with a man's comrade. The cycle of *Themis*, or, the cycle of loss of faith and betrayal also influenced those in Army medicine as some personnel served alongside incompetent officers and witnessed friends fall in

[20] Johnathan Shay, *Achilles in Vietnam Combat Trauma and the Undoing of Character,* (New York, Scribner; 1994), 3-5.

[21] Shay, *Achilles in Vietnam,* 61 &51.

combat. This left soldiers and medical personnel to question their beliefs in the military, why they were fighting the war and an understanding that the bonds developed in combat transcended the ideas of a traditional family member.

Trauma and healthcare go hand in hand as healthcare workers witnessed mass amounts of trauma on the human body and psyche which in turn affected their own physical and mental health. According to Christine Hallets, this was not a new understanding in the latter half of the twentieth century. In *Containing Trauma: Nursing Work in the First World War,* Hallett examined how nurses dealt with both physical and psychological trauma in their hospital wards. While these nurses were not on the battlefield as their medic counterparts were during WWII and Vietnam, they performed many of the same duties, from taking care of physical wounds to also ensuring the psychological wellbeing of the wounded. This thesis therefore expands Hallett's study to include the experiences of male combat medical personnel. As nurses tended to the wounded, they created an environment that was the stark contrast to the trenches their patients had served in before becoming casualties.[22] Nurses quickly learned that an important part of the healing process was separating the soldier from the environment of war. As patients were admitted to the various hospitals they began to contain the "trauma of being subjected to the inhuman conditions of the trenches," removing any semblance of war any way they could, acting as mother figures in order to help the young soldiers of the war overcome the traumas of war.[23] In a similar fashion, medics acted as priests or took on the role of brother or father to the men they served with, and the connection of a close friend helped soldiers contain the trauma they endured. By creating environments that were focused on all aspects of healing, both groups

[22] Christine E. Hallett, *Containing Trauma Nursing Work in the First World War,* (Manchester, Manchester University Press; 2009), 16.

[23] Hallett, *Containing Trauma,* 84 &165.

tended to both body and soul while the men under their care continued to face unimaginable horrors. As the wars of each respective groups, the nurses of the Great War and the medics of the Second World War and Vietnam, grew in intensity, they had to adapt to changes on the battlefield, but the common factor was a sense of parental concern for the men of the infantry they tended.

The focus of this thesis is on those medics and doctors who had served within the U.S. Army Medical Department in combat or in installations within a mile from the fighting, and will exclude U.S. Navy Corpsmen and Naval Surgeons due to the divide in medical practice and application of ground forces between the two branches, as well as time and location. Additionally, this thesis examines how the medics' duty was more than just the frontline trauma care; it was also as battlefield priest, friend, confidant, and psychiatrist. They were, in many cases the anchor of the platoon or company, or as one medic put it, "We treated abrasions, gave haircuts, soothed anger,… treated cuts, bug bites, and abrasions; and continually nagged people to keep their feet clean."[24] These duties placed added strain on medical personnel's mental health as comrades who had turned to the medic for help were lost in battle, as the medics fought insurmountable odds to save those who could be saved, and comforted comrades whose bodies had been battered beyond treatment.

Due to the nature of thesis, this work relies on sources written by medical personnel themselves to both understand the origins of their trauma and how their trauma persisted. It uses the letters, diaries, and memoirs of the men who provided care on the frontline as well as internal documents from the Army Medical Department such as training material, reports, and after-

[24] Ben Sherman, *Medic! The Story of a Conscientious Objector in the Vietnam War*, (New York, Presidio Press; 2002), 6.

action summaries in order to place the words of the medic in the context with the larger war. This thesis relies heavily on the use of memoirs for this reason. While memoirs are written decades after the event they allow a glimpse into the mind set of those who were there. Nevertheless, it is important to be cautious with memoirs, their retrospective nature requires them to be read with caution as hindsight effects how an event is interpreted. But this caution also allows for a more critical examination of the memories of the men who endured combat. The very nature of trauma changes how individuals experience and remember events, their remembrances in these memoirs helps to further explore the lasting effects of trauma.

This case study focuses on the Second World War and Vietnam because these two conflicts have long been compared to each other for their vastly different natures. World War II relied on the actions of large formations of men and material, where Vietnam, Twenty Years later, was defined by a hybrid nature as guerrilla warfare played a dominant role. While on the surface these two wars of different in nature, their differences highlight the shared experiences that exist for those who witnessed them. Both conflicts relied on the pool of recruits from all aspects of American Life the Selective Service Act provided. Both conflicts saw laymen be trained to perform extreme forms of trauma care. What had changed was the way the Medical Department processed these men. This difference highlights how, no matter the environment, there were duties that the medics was always responsible for. By examining the changes, the Medical Department experienced over the twenty-year period, patterns emerged that demonstrate how there was a fundamental experience to performing medicine on the battlefield. For the men on the ground the basics of care under fire were consistent for both conflicts, and the roles they played carried over from conflict to conflict. While the tactics and landscape of each war may change, the pattern of trauma did not.

This thesis is not a standard telling of historical events, as at its core, it relies heavily on the use of psychology to understand the events of war and medicine. Building upon both the psychological worlds of the era and those of today, it illustrates how war pushed the bodies and minds of medics to their limits by examining the aftereffects of combat. How trauma by nature is neither clear nor distinguishable by the usual symptoms. But trauma is instead, like a spider web, as one strand of the trauma web is pulled by outside influence, the entire web reacts and reverberates the trauma throughout the system and in more than a localized event. Better understood through the process of psycho-philosophy this work explains how trauma relies on multiple injuries in order to manifest into various forms of PTSD. The nature of the PSTD medics underwent was that of a blended form that combines the traumas of combat with the trauma that was inherent in healthcare. Over the course of a nurse or doctors' career they experience the loss of patients, however, the deaths may be few and far between. For those who served in conflict, in a healthcare capacity, this cycle of loss was compressed to not only include a short time span between patient deaths but rapid losses that was only equivalent to a healthcare professional who worked in hospitals over decades. This expedited cycle created an environment that was conducive to the blended trauma medics faced as they rushed through the battlefield to aid their friends. Compounded by the idea of *themis,* as explained by Jonathan Shay, the medics' feelings of helplessness, lack of training, and skill created the perfect storm of trauma that would be carried over to civilian life as many medics went on to work in civilian hospitals long after their war ended. Understanding the psychological elements of healthcare on and off the battlefield provides a deeper understand of the actions and thoughts of medics and better reveals how trauma effected the men who sought to create space for the healing of others in the chaos of war.

Medicine on the frontline was administered by the principles of "stop the bleeding", "stabilize", and "move on" or as many came to learn the last part, "you can't save them all Doc." This thesis utilizes these principles and mantra as both an organizational tool as well as to illustrate the complexities of these three principles on the frontline. Chapter One, modeled after "stop the bleeding," breaks down the differences between medical aidmen and combat surgeons, examining the duties of the two and how each was trained to take care of the wounded. It provides an in-depth analysis on how the post-World War 1 world shaped military medicine. As the U.S. returned to a pre-war footing after the First World War, a struggle began between the Medical Department and Congress for funding to train a new generation of Medical Officers and enlisted men. As funding problems mounted, training was affected, creating a divide between civilian and military medicine, crippling the pool of available men in the department. As new conflicts raged from 1941-1975, the Medical Department continued to face chronic manpower shortages in both enlisted men and officers. This forced those who were in Military Occupations Specialties such as medic and field doctors to do more than what was expected, cementing their relationship with the infantry.

Chapter Two focuses on "stabilization," not of the casualties wounded in combat but the treatment of moral and mental health on and off the battlefield. As medics were imbedded within combat units, they occupied a place as both a member of the unit as well as an outsider. As battles were fought, in the hours before and after, men turned to the medic for advice and guidance. Medics became more than the physical healer of the unit; many medics became priests and confidants as they heard the confessions of the men of the platoon, providing guidance or emotional support for men who were suffering from battle fatigue, more commonly known as shell shock or PSTD. Medics also performed sacred battlefield duties such as comforting those

who were about to die. For this reason, many troopers looked at their medics with respect and adoration. This further complicated matters for medical units as patients were no longer anonymous soldiers but men that had become friends and brothers. By examining this relationship, the trauma caused by the violent death of friends adds new layers to the occupational burdens that medical personnel faced, as healers struggled to reconcile the loss of those whose mental and physical well-being fell within their personal responsibility.

The last chapter of this thesis uses the principles of "move on" and the reality that you cannot save them all. By focusing on the act of practicing medicine, the chapter analyzes the effects of caregiving on the body and mind of the medics themselves. Losing a patient in the sterilized environments of stateside hospitals in and of itself was a traumatic experience for medical personnel; transitioning these feelings in a time of war to many was unthinkable. Patients on the battlefield did not die peacefully but died in horrible ways. As the medics tended to patients, they had to make the quick decisions about the life and death of those in their care. This extreme form of triage, the sorting of casualties, was emotionally draining on the men who performed it.[25] The impact of hindsight, what they brought back to the civilian world, those images haunted the medic for a lifetime. As with their civilian counterparts, many replayed the events back in their head to see if they could have done something differently, while others still remember the sights and smells of combat as their patients bled out in front of them. In this way, the study fits into a lager conversation about war and society by examining how trauma effects caregiving on a fundamental level by those providing care.

Trauma in both its psychological and physical forms has come to define medicine. For those who fought in the Second World War and Vietnam, trauma was ever present as troops

[25] Taber's Cyclopedic Medical Dictionary, 13th ed., s.v. "Trauma".

coped with the horrors around them. For medical troops who were imbedded in combat, a team's trauma became an enemy that one could not shake and could spread from one casualty to those who were tasked with saving the wounded. On the surface, the Second World War and Vietnam appear to be two different conflicts; however, for those who performed aid on the frontlines in each conflict, there were shared experiences that few scholars have discussed. The men of the Medical Department came from vastly different medical backgrounds. Some learned first aid from watching an orphanage nun bandaging small cuts and scrapes; others became medics because they refused to carry a weapon and take the lives of men they did not know but still were willing to serve their countries. [26] Still others were trained in how to take care of the ill but when they entered combat, they froze when they came face to face with their first mutilated body. All shared one thing in common: they were willing to run into enemy fire, with no regard for their own safety, on the principle that has guided healers in all spheres of life: so others may live.

[26] Robert, J. Franklin, *Medic!:* How I Fought World War II with Morphine, Sulfa, and Iodine Swabs (Lincoln, University of Nebraska Press; 2006), 3.

Chapter 1 Stop the Bleeding

"The medic's mission was straightforward: rescue casualties, treat their wounds, stop the bleeding." These were the words that Charles Kinney lived by when he arrived in South Vietnam in 1965.[27] The primary objective of the combat medic was the health and wellbeing of the unit they were attached to, and in combat, this was accomplished first and foremost by stopping the bleeding. There was more to this step than first appeared. When a medic arrived at a casualty, he had seconds to identify the location, type, and severity of a wound in order to begin treatment.[28] The Medical Department needed men trained in all aspects of care across the large chain of evacuation it had established.[29] Medics attached to combat units were the first point of care at aid stations, evacuation stations, and field hospitals that made up what was referred to as the chain of evacuation. But decades of neglect left these men few and far between. In order to fulfill its role on the battlefield, the Medical Department had to first replenish their numbers. This chapter examines the histories of the Medical Department, Military Occupational Specialty (MOS) and Medical Officer Corps, to define the traditional responsibilities of medics and combat surgeons.

In the interwar period of the 1920's and 1930's, the Medical Department faced opposition not from an enemy army, but from within the U.S. government. After the First World War, Congress sought a "return to normalcy," in order to recover from the devastation of the conflict.[30] This return to normalcy had two side effects that remained with the Medical

[27] Kinney, *Borrowed Time*, 18.

[28] The term casualty had become a blanket statement for the dead, wounded, and missing. This thesis will utilize the term in reference to the wounded and in some cases dead on the battlefield.

[29] The chain of evacuation is the name of the process in which the wounded are removed from the battlefield, starting with the medic, then aid station and evacuation hospital, and ending with the field hospitals. The chain was heavily modified after the Second World War to be condensed to provide quicker times to treatment.

[30] Samuel Milner, *Troubled Decade: The U.S. Army Medical Service in the Post-World War II & Korea Era*, (Washington D.C.: Self Published,) 7.

Department throughout the twentieth century. The first was that the officer corps and the enlisted personnel within the Department suffered from chronic shortages; the second was that the training programs available at all levels of care were often outdated. The first of these two had widespread implications on the second, which was that manpower shortages caused by a lack of properly trained Medical Officers and enlisted men hampered both training and care.

Combat and Caregiving in the World War II Era

Before war broke out in Europe in 1939, the Medical Department was stretched thin across all U.S. Army installations globally. During this period, the Department had 2,200 officers capable of treating patients; this sum included doctors, nurses, dentists, veterinarians and hospital administrators.[31] These two thousand healthcare providers were spread out across the globe, as patients in 119 station hospitals and seven general hospitals fell under their care.[32] These installations were responsible for the health of 192,000 officers and enlisted men within the U.S. Army, with 9000 patients seen daily.[33] Weighing the number of available medical and hospital staff against those within their care, the Medical Department quickly realized they could not continue to provide adequate care at this high volume. To add to the burden placed on physicians, the number of enlisted men, such as medics, for the Medical Department was to be "no more than 5 percent of the Army's total authorized enlisted strength," as set by Congress in the National Defense Act of 1920.[34] Determined to raise their standards of care, the Medical Department fought for more officers and enlisted men throughout the inter-war period.

[31] Milner, *Troubled Decade,* 5.
[32] Milner, *Troubled Decade,* 6.
[33] Milner, *Troubled Decade,* 6-7.
[34] Gillet, *The Army Medical Department 1917-1941,* 471.

Recruiting, commissioning, and training the number of doctors and aidmen necessary was not an easy task. Throughout the inter-war period, the Medical Department had received few commissions to bring new medical officers into the department, with only 150 allotted to the Medical Corps, even while Secretary of War Harry Woodring lobbied for more medical officers to alleviate the "overworked Medical Department."[35] Congress would finally increase the number of enlisted men that could be allocated to the Medical Department in 1939. With fear growing that another conflict would break out, Congress increased the number of enlisted personnel from 6,000 to 8,000 soldiers in order to match the new number of officers' granted.[36] As the concerns of war grew, Medical Department scrambled to bolster its strength. But finding men to fill these slots proved to be a challenge in the pre-war era because of the numerous resources needed to train men in war and medicine.

The Surgeon General and other high-ranking medical officers understood that in the next conflict they would need men trained in the new techniques that were developing in the medical world. However, Congress's continuous cuts to the Medical Department meant that it was "hard-pressed to provide for the proper training of the specialists it needed."[37] Young Medical Corps officers saw military service as a steppingstone into a career that was in high demand. But as civilian medical boards began to certify these new doctors, a problem with the military Medical Services training became a glaring issue. The nature of congressional funding during the interwar years placed the Medical Department in a position that made it unable to send men to civilian medical schools across the nation because of the Department's inability to fund residents schooling outside the military.[38] This meant that the Medical Department had to rely on its own

[35] Gillet, *The Army Medical Department 1917-1941*, 512.
[36] Gillet, *The Army Medical Department 1917-1941*, 512.
[37] Milner, *Troubled Decade*, 8.
[38] Milner, *Troubled Decade*, 12.

medical schools, and a new generation of doctors became the Medical Department's solution to the modernization process. Seeking to further their careers with military service, medical students agreed to attend medical school under a military sponsorship. However, these young doctors were forced to undergo training that "did not pay attention to the basic fundamental of the subject and was too narrow in scope."[39] Military medical schools were only looking at the military application of medicine rather than what lay beyond the battlefield. Up and coming doctors faced the reality that if they had gone to school in a civilian setting, they would be more qualified than the military training they had chosen. Seeing their companions obtain their medical certifications and further their careers left many medical officers disgruntled and uneager to continue their military service.

Supporting this Officer Corps would be enlisted medics, which included men who had volunteered for or were drafted into military service. Competing with the other specializations within the U.S. Army, the Medical Department needed to find ways to fill its combat units. When Congress enacted the Selective Service Act in 1940, the Medical Department hired a large number of civilian staffers to staff stateside hospitals in order to use as many draftees as possible for overseas deployment.[40] By hiring a civilian staffer for positions that were otherwise held by a medic, more medics would be prioritized for placement in a combat unit. This meant that troops were funneled directly into combat, rather than first experiencing training at home, where civilians took their place. When war finally came in 1941, the Medical Department was hard pressed to not only find men to fill medic and combat surgeon positions within its combat units, but train them for combat as quickly and efficiently as possible.

[39] Milner, *Troubled Decade*, 11.
[40] Gillet, *The Army Medical Department 1917-1941*, 550.

The term medic in the infantry has come to mean many things: a silent prayer, a last moment of hope, and, for some, comfort in death. Medic was both a desperate call for aid and the name of the Military Occupational Specialty or (MOS 657), designating a serviceman as a medical aidman who made up the first of two groups that comprised forward medical personnel.[41] This designation was for enlisted servicemen who qualified to perform the necessary duties of the position, both on the frontlines and in various installations across the globe. Being selected for the MOS varied at different points and times in the twentieth century as some men tested into the MOS, while others were assigned to it, or volunteered. Robert Smith, for example, was drafted into the U.S. Army in 1943, and was part of a group of recruits that tested into a U.S. Army Air Corps medical program and was later diverted to the infantry when demands for medics had reached its greatest.[42] Other enlisted men were assigned to the position due to the demands of war. Allen Towne had volunteered for the Army in 1940, before hostilities began for the United States, and was quickly assigned to a medical battalion and trained as a medic within the 1st Infantry Division.[43] The enlisted medics of the Medical Department made up a bulk of those who would treat frontline casualties as they were assigned to combat units throughout the twentieth century.

The other half of forward medical personnel were the combat surgeons who worked side by side with the medics. Combat surgeons were not enlisted personnel like their medic

[41] In the Second World War, the medical Aidmen MOS code was 657, which encompasses aidmen and corpsmen for the US Army. In Vietnam the MOS code was 91A for the same occupations. This paper will also use the term combat medics interchangeable for combat surgeons and medical aid men. https://militaryyearbookproject.com/references/old-mos-codes/wwii-era/army-wwii-codes/medical/medical-aidman-657, https://militaryyearbookproject.com/references/old-mos-codes/vietnam-era/army-mos-codes-vietnam-war-era

[42] Robert L. Smith, *"Medic" A WWII Medic Remembers* (Berkeley, Creative Arts Books; 2001), 15, 20 and 26.

[43] Allen N. Towne, *Doctor Danger Forward: A World War II Memoir of a Combat Medical Aidman, First Infantry Division* (North Carolina, McFarland & Company, Inc Publishers, 2000), 3, 4, & 5.

counterparts, but commissioned officers in the U.S. Army Medical Corps. When war broke out in Europe in 1939, the Medical Department had 1098, "medical corps officers: that is to say, qualified medical doctors."[44] These men came from professional backgrounds in medicine before the war and were trained doctors. Men like Zachary Friedenberg who, before the outbreak of the Second World War, had completed a "two-year surgical internship at King's County Hospital in New York."[45] Some of these surgeons were volunteers and others, like Friedenberg, were part of the reserves while in medical school.[46] These physicians ended up proving to be vital to the strength of the Department, as it allowed them to quickly bolster its officer corps shortly before the Second World War. As the century went on, they continued to prove vital to maintaining the strength of the Department as they allowed for a stable stream of replacements.

Along with a difference in rank, medics and doctors received vastly different training for their positions on the battlefield. Medic training first consisted of military basic training as they were considered part of infantry units. In other words, combat medics who were attached to forward units were subject to enemy fire alongside infantrymen, therefore, "he must be in good physical condition and must be thoroughly trained not only in first aid but also in the tactic of the infantry soldier."[47] In basic training, recruits learned how to conduct one's self in the army. Towne, assigned to the 1st Infantry Division, recounted how basic was for him: "calisthenics… close order drill, forced marches of 12 miles."[48] Combined with exercise designed to condition their bodies for the mobility of combat, medics were also trained in the basics of infantry

[44] Milner, *Troubled Decade*, 5.
[45] Zachary Friedenberg, *Hospital at War: The 95th Evacuation Hospital in World War 2* (College Station, Texas A&M University Press, 2004), 6.
[46] Friedenberg, *Hospital at War*, 6.
[47] The General Board United States Forces, European Theater, *Evacuation of Human Casualties in the European Theatre of Operation*, 1.
[48] Towne, *Doctor Danger Forward*, 4.

fighting. Robert Franklin, a medic with the 28th Infantry Division, remembered training for the Second World War as, "all our training was infantry fighting- close order drill, crawling under barbed wire while machine guns fire live rounds over us."[49] Once basic training was completed, medics moved onto their MOS training, which was 10 weeks of medical training at a US Army General Hospital, where if they passed they would become U.S. Army medics. The reality for many medics was that they were trained to be soldiers first and medics second. This prioritization of training caused conflict in some medics as they entered combat. Some struggled with what role to take on the battlefield: soldier, or healer.

The Department and the Army needed to find a solution to train men and deploy them to meet the demands of combat and were forced to adapt to the changing conflicts. For those medics who had served in the Second World War, training varied in drastic ways. Allen Towne, who had enlisted before 1940 for example, received comprehensive training in medical care. After completing basic training, he was transferred to Fitzsimons General Hospital in Denver, Colorado where he underwent ten weeks of medical training.[50] This ten-week course combined both classroom lectures on the basics of first aid and practical experience, as medics trained alongside nurses for patient care.[51] In Towne's case, his training allowed him to practice patient care in an environment that was in stark contrast to the battlefield. Along with the fundamentals of care, Towne also experienced how a loss of a patient affects a caregiver as, "it was there I had my first experience with patients dying," when two patients passed away during his time at Fitzsimons General.[52] As Towne trained at Fitzsimons General, he was exposed to all facets of medicine, from lifesaving treatment to how one approaches end of life care. However, Towne's

[49]Franklin, *Medic!*, 2.
[50] Towne, *Doctor Danger Forward,* 5.
[51] Towne, *Doctor Danger Forward,* 5.
[52] Towne, *Doctor Danger Forward,* 5.

experience was not always possible for every medic, and some medics went into combat under much different circumstances.

Robert Franklin had entered the U.S. Army with no medical experience. What knowledge he had was minimal at best. When the Army assigned Franklin to be a medic, his medical background was, "sitting in an orphanage as a child and watching the nurse for hours," supplemented with helping his, "older brother earn his first-aid merit badge in the Boy Scouts."[53] As Franklin finished basic training with the 28th Infantry Division, he received no specialized training. "No doctor ever talked to us about treating wounds," he said, which Franklin attributed to the 28th's lack of combat experience.[54] In sharp contrast to Towne, Franklin went to war with no training in how to perform his duty as a medic. The only time Franklin received training in first aid was when a soldier was wounded in a live fire exercise, and Franklin rushed forward to watch another medic bandage the wound.[55] Franklin reflected on his medical knowledge, "you might say I learned my job as a medic through on-the-job training," while his friends fell around him.[56] War had forced the Medical Department to adapt and rush soldiers trained in war onto the battlefield with a new mission to save lives. These men were miracle workers to the infantry with sentiments like "ten week wonders."[57] Some of the men however, were little more than infantrymen who were issued bandages and sulfa, and ordered to protect the wounded with only the most basic understanding of the human body, forcing them to learn on the battlefield where the margin of error was at its slimmest.

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[53] Franklin, *Medic!*, 3.
[54] Franklin, *Medic!*, 3.
[55] Franklin, *Medic!*, 3. By this time Franklin had transferred to the 45th Infantry Division because he felt that the 28th Infantry were unprepared for the conflict.
[56] Franklin, *Medic!*, 4.
[57] Sherman, *Medic!*, 6.

The training of enlisted personnel was only half of the battle. The Medical Department also needed to train doctors not only in medicine, but in the ways of being a soldier. Compared to the training of medics, training physicians to go to war was a much different experience than that of their enlisted counterparts. Where an enlisted man was trained on how to be a soldier first, Medical Officers were doctors first and soldiers second. Zachary Freidenberg, as previously stated, had been enrolled in medical school while being in the Army reserve program for physicians.[58] When some of these physicians were called to service, many had misgivings about serving in the military: "they griped that their competitors were reaping a profit in practice while they had to pass their time waiting in depressive barracks."[59] Medical officers had gone to medical school, using military funding in some cases, but had not trained to become soldiers, a dilemma that had its origins in the pre-war era and continued through to the Vietnam era.

A lack of doctors trained in the art of military matters caused the Army and Medical Department to focus on training its doctors to behave like soldiers rather than civilian physicians. As men began to flood into the Army," the department created an extensive system that moved large numbers of men, both officers and enlisted, through training as rapidly as possible."[60] This training varied from unit to unit. The members of the 95th Evacuation hospital, such as Zachary Friedenberg, for example, received mixed training as they were subject to, "training marches on the muddy parade ground, the conferences on military subjects."[61] The Medical Officers of the Evacuation Hospital, had been thrust from their civilian hospital settings into a conflict they were not prepared for. Lieutenant Zachary Friedenberg described the group of physicians he began the war with as "civilians in uniform," and, "some had received basic training in military operations

[58]Friedenberg, *Hospital at War*, 6.
[59] Friedenberg, *Hospital at War*, 4.
[60] Gillet, *The Army Medical Department 1917-1941*, 549.
[61] Friedenberg, *Hospital at War*, 4.

and etiquette, many had not."[62] What little information that was presented to medical officers about training was presented as "technical films on medical logistics that seemed so irrelevant to scientific medicine," and what few films were available on treating the wounded, "were outdated."[63]Both medicine and war were fluid in nature, in order to gain the advantage "current" information was paramount. Entering combat with old information on the type of wounded they would encounter then left much of the 95th medical staff unprepared as they rushed to save the injured.

Even though medics and combat surgeons came into the Army via different ways and were trained in different environments, they both performed feats of medicine that under normal conditions would be considered difficult. On the battlefield, conditions often required medics and combat surgeons to make up for losses sustained as medical troops fell in combat alongside combat personnel. Frequently, medics were tasked with making decisions that would affect the wounded. Robert Franklin recounted how, "I had to make judgment calls and take risks with my patients," while simultaneously acknowledging, "I am not a doctor," but rather a medic that did what needed to be done for a casualty to survive.[64] At times when the fighting had reached the point of desperation, doctors left the "safety" of the aid station to join the medics at the front.[65] In other situations, the frontline and the hospital were the same places, with medics working fervently alongside combat surgeons to treat the over whelming numbers of casualties. Both groups of servicemen were devoted to the infantry they cared for, with no obstacle but death itself stopping what was needed.

[62] Friedenberg, *Hospital at War*, 5.
[63] Friedenberg, *Hospital at War*, 4.
[64] Franklin, *Medic!*, 4.
[65] Franklin, *Medic!*, 63.

The basic job of the medic was to stabilize the wounded on the battlefield, and to evacuate them from harm's way as swiftly as possible to a higher echelon of care. The fundamentals of combat care have not changed since the First World War, with the same lessons drilled into every medic who underwent the same ten-week program: stop the bleeding, stabilize, and move to the next casualty.[66] Responsible for the care of large numbers of men, medics' duties were often overwhelming. For many, these three rules became something to hold onto when the fighting was at its worst.

In order to carry out the tasks assigned to them; medics relied on what would become the defining piece of equipment for their MOS: the medical bag slung around their neck. The medical bag contained all the necessary tools at the medic's disposal to complete his job in combat. Over the course of time, this bag had seen changes as medical technology changed alongside it. In the Second World War, the medic carried basic forms of first aid medicine. Robert Smith carried,"various sized bandages, morphine syrettes, and sulfa powder, a powdered topical antibiotic to be sprinkled on wounds to fight infections."[67] Each bandage was designed to be able to treat a variety of wounds. When Allen Towne landed on the beaches of North Africa in 1942, his unit would be cut off from resupply. His pack contained the same contents, sulfa, bandages, and morphine, but was augmented as "all we had for medical supplies was what we

[66] Kinney, *Borrowed Time*, 18.
[67] Smith, *"Medic"*, 43.

could carry in our large vest haversack."[68] The versatility of the medical bag meant that the medic could take what was needed along with his basic load of equipment. [69]

The medic had a wide range of medications and instruments to perform his duty. One of the most used items inside the medic bag were the medic's bandages. While at first glance bandaging a wound seemed intuitive, it required a knowledge of wound type and understanding blood flow in the human body. The *Battlefield Medical Manual* published in 1944 to help guide new medics had 10 rules for how to properly apply a bandage.[70] These rules laid out a set structure of how to treat the various types of wounds that a medic might encounter in combat. Other factors to take into account were the types of wounds inflicted on the human body. When the medic approached a casualty, he had a fraction of a second to determine if this wound was a laceration, caused by the fragments of a shell, or if it was a puncture wound, created when a bullet penetrated the body, and be able to instinctually dress and bandage the wound.[71] Along with these thoughts, the medic had to worry if a trooper's artery was severed, was the limb hanging on by mere tendons of muscle, would this trooper live or die regardless of care? All these thoughts had to happen before the medic even pulled out the first bandage. Medics had to continuously run scenarios in their head, oftentimes the worst case the most correct and pressing matter, as they ran from casualty to casualty

[68] Towne, *Doctor Danger Forward,* 19. Due to the amphibious nature of the assault, planner had decided that aid stations would be deployed after a beach head was established. The first Group of medics to hit the beaches, including Towne, were loaded down with items such as isopropyl alcohol in large quantities to care for casualties until a beach head was created.

[69] This ability to augment their equipment was also a double-edged sword, as Ronald Glasser discusses in *365 Days.* It was discovered that after seven months in combat a medic would care more equipment then was needed. They were essentially carrying an excessive weight that hindered their movement in battle and was more of a risk then a benefit. For more information see Ronald J. Glasser, *365 Days.* The Ronald J. Glasser collection (New York, Open Road Integrated Media Inc., 2018), Chapter 3.

[70] US War Department, *The Battlefield Medical Manual* 1944 (United Kingdom, Amberley; 2014), 96-98.

[71] US War Department, *The Battlefield Medical Manual* 1944, 138-139.

As men prepared for the horrors that would comprise the Second World War, they relied on teachings that had not changed from the First World War, as the tools of war rapidly evolved in the same time period. Weapon technology and implementation had changed battlefields to be more devastating and lethal to the human body. During the Second World War, medics were tasked with treating combat casualties from artillery, small arms, and in some cases, blades. When these weapons caused trauma to the body, the wounds they created, while devastating, could be treated in a straightforward manner. When Allen Towne treated his first casualty, they set the tone for what the war would bring to the young medics. "I worked on what had been a small bullet hole in the front where it entered his shoulder," but as the round had traveled through the soldier, "it had ripped a 6- or 8-inch diameter hole in his back.[72] The bullet had effectively flattened as it traveled through his soft tissue causing much more severe trauma upon exiting the body.[73] Treating this wound required Towne and other medics to place sulfa powder on the wound then wrap it with a bandage. While those around him carried rifles and grenades, the medics carried bandages and pain killers. Each soldier on the line had the tools to perform their duties.[74] The contents of the medic's medical bag had provided the medic the ability to stop the bleeding, stabilize the patients, and move onto the next. The combat medic's primary duty was to care for soldiers wounded by enemy fire.

Even though he performed a vital role on the battlefield, animosity plagued the work of the medic. As his infantry counterparts risked their lives, the medic was busy not engaging the enemy. This caused some units to view the medic with suspicion, a suspicion that questioned the

[72] Towne, *Doctor Danger Forward,* 19.
[73]Towne, *Doctor Danger Forward,* 19.
[74] On the line, is a reference to those units engaging in direct combat.

basic nature of the medic. [75] Medics attached to infantry companies or platoons ate, slept, marched, and entered combat alongside the infantrymen they supported. However, where the infantry engaged with and destroyed the enemy, the medic's duty was to attend to the wounded first. During the twentieth century, U.S. infantry units struggled with how to place the medic within the platoon or company as the MOS evolved. Throughout the Second World War, medics did not enter combat with rifles, only the medical pouches carried on their shoulders. During the first half of the century, including the Second World War, the Geneva Convention stated that medical troops and assets were to be protected under international law as long as these units were "not used to commit acts injurious to the enemy."[76] This protected status created a dilemma on the battlefield, as in many situations a medic's ability to treat a patient was directly affected by the battle around them.

U.S. Army medics in the European Theatre of Operation, as stated earlier, went through basic training before being selected for their MOS. These medics were still trained to use the standard issue weapons of the U.S. Military as part of basic training. Robert Franklin, for example, remembers his weapons training with the 28th Infantry Division the most out of his other training routines. While in basic training Franklin had, "qualified as a 'marksman' with a Springfield'03 rifle and as 'expert' with a tommy gun," but when it came to his medical equipment, he had no confidence in his skill.[77] Franklin's experience along with other medics demonstrates one of the many complexities of care in combat, and how training can influence

[75] This hostility towards outsiders was not just reserved for medics. Peter Kindsavatter notes in Ch. 3 of his book *American Soldiers* that the infantry was also hesitant to accept replacements from their own MOS as well. The need to prove oneself was a major part of integrating into an infantry unit and was marked by a unit's cold response to new troopers. Peter S. Kindsvatter, *American Soldiers: Ground Combat in the World Wars, Korea, and Vietnam* (Lawrence, KS: University Press of Kansas, 2003).

[76] US War Department, *The Battlefield Medical Manual* 1944, 16.

[77] Franklin, *Medic!*, 2-3.

troopers under fire. Rather than being trained in his ability to treat casualties, Franklin was trained how to be an infantryman first. The difference between his training was seen during his first major engagement on the Island of Sicily.

When U.S. forces invaded Sicily in 1943, Franklin and his company from the 45th Infantry Division took part in the campaign for the island. As the company was resting, German artillery fire began to shell their position, injuring one of the company's sergeants who had "half his foot hanging by a thin strip of flesh."[78] Franklin was confronted by a situation his training had not prepared him to make, a quick decision on how to treat the wound. When he went to treat the wounded soldier, Franklin did what he called, "the stupidest thing I did in the war, but I was dazed and couldn't see how to bandage it the way it was," and decided to amputate the soldiers foot with a k-bar fighting knife.[79] When Franklin needed to perform as a medic, he was startled and carried out treatment in a way he would come to regret, but when it came to be engaging in combat Franklin could react without hesitation.

Although he was not issued a rifle or carried one, Franklin picked up a weapon on several occasions when he felt necessary. Moments after the attack described earlier, Franklin managed to find the enemy soldier in the distance, picked up a weapon and received an order to fire, and "I fired until the empty clip popped up in my face," an act which would cause him to lose his protected status.[80] In an act that lasted a single moment, Franklin had transitioned from a noncombatant medic to a riflemen in the time it took him to fire his weapon. This was not the only time Franklin picked up a rifle, but it was the only time he fired a weapon against an enemy

[78] Franklin, *Medic!*, 19.
[79] Franklin, *Medic!*, 19.
[80] Franklin, *Medic!*, 21. Franklin had accompanied a group of soldiers, including his commanding officer, who were on lookout for the enemy artillery observer who spotted their position. Franklin was the first to see the spotter through a pair of binoculars before he picked up a weapon.

soldier with hostile intent. One of the few other times Franklin picked up a weapon was in the defense of one of his patients, while the 45th Infantry Division was engaged in the Battle of Bloody Ridge.[81] Franklin was attending to a young GI who had suffered a catastrophic wound to his back where, "intestine or fatty tissue seeped out," yet he could not evacuate the man till morning.[82] He was caught in a difficult yet common situation. If Franklin and the stretcher team moved the patient he would die or they all would be cut down by machine gun fire. When the fire team with Franklin pulled away under cover of nightfall, they had left him a rifle and ammunition, which he would later fire in the defense of his patient.[83] Combat forced soldiers to confront death as they moved throughout the battlefield. Medics, alongside combat units, were caught in the middle as they moved from patient to patient. While some responded like Franklin, others concluded that their services were best used by performing their duty rather than engage enemy forces.

Combat Care in the Vietnam War Era

By 1965, the Medical Department had evolved to address the needs of the U.S. Army during the Cold War era. After the Second World War and the events of the Korean War, the Medical Department had modernized to ensure that the difficulties of the earlier inter-war period would not hinder medical units moving forward. During the Korean War, the Medical Department had heavily augmented its field units with modern equipment and technologies in order to improve the window of opportunity to save the wounded. One such advancement was the creation of helicopter squadrons that were responsible for ferrying the wounded over the

[81] The battle of Bloody ridge took place from July 28th to July 30th, 1943, on the Island of Sicily.
[82] Franklin, *Medic!*, 29.
[83] Franklin, *Medic!*, 30. In a situation like the one above, it was standard procedure to wait until the patient could be evacuated on a stable platform such as a ambulance or jeep as evacuation by stretcher bearer might further damage the wound of server the patients vertebrae.

difficult-to-traverse Korean Peninsula.[84] These medical evacuation helicopters proved vital to the war effort in Korea, and when U.S. forces entered the Vietnam War a decade later, helicopter evacuation became the main mode of transportation for casualties.[85] But along with the advancements in technology, men on the ground would once again be the primary source of care for the wounded before evacuation was possible.

During the 1960's, the selection process for medics and combat surgeons remained consistent. Enlisted men were still taken from both volunteers and those being drafted in order to fight the conflict raging in Southeast Asia. Charles Kinney, a former U.S. airmen, had enlisted in the Army in 1962 after finding the adjustment to civilian life challenging.[86] Motivated by a future career in healthcare and, "a strong desire to nurture living things," due to a troubled childhood, Kinney volunteered to be a 91A or medical aidman.[87] The political events around the Vietnam War caused others to see the position of a medic as an alternative to fighting in a war they did not believe in. Ben Sherman, a conscientious objector, for example, had struggled with being drafted into the U.S. Army and spent much of his time with his college chaplain to reconcile the matter.[88] Sherman saw medicine as an alternative form of service to the infantry, as he told his draft board that he'd "be a cook, medic, clerk, or ambulance driver," anything as long as he did not fire a weapon.[89] Just like their counterparts from the Second World War, the medics who served in the Vietnam War came from vastly differing backgrounds and motivations. The

[84] Cowdrey, *The Medics' War,* 94.
[85] Major General Spurgeon Neel, *Medical Support of the U.S. Army in Vietnam 1965-1970,* (Washington D.C.: Department of the Army, 1973), 75-76.
[86] Kinney, *Borrowed Time,* 5.
[87] Kinney, *Borrowed Time,* 5.
[88] Sherman, *Medic!,* 22-23.
[89] Sherman, *Medic!,* 25. Sherman once in the military stilled face opposition to be a medic and his congressmen had to intervene in order to transfer him to the Medical Department.

one belief that stayed consistent throughout the different generations of medics was the desire to heal rather than kill on the battlefield.

Once again, the Medical Department had turned to new generations of doctors fresh out of medical school to fill its officer corps. These men, like those who came before them, had used military service to finance medical school, and when the U.S. entered the war in 1965, were called upon to provide their services to the military. Jim Van Straten was one of these newly commissioned officers after he attended school under a sponsorship from the U.S. Army in the 1960's.[90] After serving in the military for 10 years, Van Straten was not surprised that he would be deployed to Vietnam but was startled by the speed in which Army had sent him to war after his graduation.[91] Like many other Medical Officers, Van Straten was required to pay the Army their dues as he prepared for war in Vietnam, unsure of the direction that war and medicine would take him through the conflict. Few Medical Officers saw combat. Fewer were in direct combat, but those who were played a vital role in evaluating casualties off the line and into field hospitals. As vital as these officers were to maintaining the health of the U.S. Army, there were never enough, even with enlisted men to bolster their numbers.

By the 1960's, training like Allen Towne received at Fitzsimons General in 1940 became standardized, as the programs merits were realized in the Second World War. After Charles Kinney underwent his basic training he was assigned to Fort Sam Huston for medical training in 1962.[92] At Fort Sam Huston, medics underwent ten weeks of medical training to perform both emergency and hospital care.[93] Structured similarly to Towne's training, the ten weeks were split

[90] Jim Van Straten, *A Different Face of War: Memories of a Medical Service Corps Officer in Vietnam* (Denton: University of North Texas Press, 2015), 1.
[91] Van Straten, *A Different Face of War*, 2.
[92] Kinney, *Borrowed Time*, 5.
[93] Kinney, *Borrowed Time*, 5-6.

into two different phases. The first phase was what Kinney described as "'out-in-the-field' medical care."[94] This type of care consisted of trauma care such as, "how to splint fractures, stop bleeding, evacuate casualties (via litter or manual carrier)," as well as take vital signs such as "temperature, pulse, and respiration."[95] When the course transitioned to phase two, Kinney began working in a hospital setting, where he learned, "making notations in charts, reading doctor's orders, and providing routine daily care to hospital inpatients."[96] This new standardization allowed the Medical Department to ensure all medics were properly prepared for combat. It also allowed for medics who were tasked with treating specialized units such as the U.S. Army Special Forces to receive more specialized training after basic medical training had been completed.

Jerry Krizan, a U.S. Army medic who served in Vietnam from 1968-1969, served in the U.S. Special Forces A-team based out of Camp Loc Ninh.[97] Krizan was a member of the famed Green Berets, and his mission was to not only care for U.S. forces, but also those of the Army of South Vietnam in his Area of Operation (AO). Whereas regular Army medics received ten weeks of medical training, Krizan and other Army Special Forces' underwent a longer, more comprehensive program. The missions that U.S. Special Forces performed throughout the Vietnam War required them to operate far outside the reach of conventional U.S. forces.[98] Forced to conduct operations far from reinforcements such as aid stations, Special Forces medics were required to perform all medical needs on their own without the aid of doctors or other

[94]Kinney, *Borrowed Time*, 5.
[95] Kinney, *Borrowed Time*, 5-6.
[96] Kinney, *Borrowed Time*, 6.
[97] Jerry Kirzan and Robert Dumont, *Bac Si A Green Beret Medics's War in Vietnam* (Havertown: Casemate Publishers, 2014) 11.
[98] Conventional forces are those used to conduct symmetrical warfare such as line infantry, armored forces, and air power. Such as the 1st Infantry Division or 7th Air Calvary.

medics. Unlike the regular ten week program, the Special Forces (SF) program was taught by medical non-commissioned officers (NCO) from other SF teams.[99] The NCOs training the new SF medics had themselves seen combat, and having learned the struggles of performing combat medicine, now transferred their knowledge onto new recruits who were placed in similar situations. These men were the best the Army had to offer; their medics were expected to perform under any conditions. Krizan was put through a seven-week training cycle at Ireland Army Hospital at Fort Knox, Kentucky, followed by another training cycle at Fort Bragg, Georgia.[100] The men who were assigned to Special Forces were expected to act with little support from other U.S. units in Vietnam. Their medics were required to do more with little, with the longer programs training them in more extensive emergency medicine. Cut off from other U.S. forces and outnumbered, SF medics were a team's one lifeline to ensuring mission success and that these scattered units were able to return home once the mission was complete

As medical officers were deployed to South Vietnam, new methods of training were adapted to contend with the new obstacles of war. The U.S. Army found that many doctors had not been properly trained on how to handle severe trauma patients, forcing the Medical Department to retrain many of its physicians when they arrived in-country.[101] The Vietnamese conflict saw new medical complications for U.S. forces. As men were wounded out in the field, medical personnel discovered the war in Vietnam was a "dirty" war defined by the use of explosives, such as mines and missiles, along with booby-traps in, "rice paddies or waterways where human and animal excreta were common" complicating trauma care.[102] Alongside new weapons of war, medical officers arrived in theatre at a disadvantage en-masse, resulting in new

[99] Kirzan and Dumont, *Bac Si,* 9.
[100]Sherman, *Medic!,* 6. Kirzan and Dumont, *Bac Si,* 10.
[101] Major General Neel, *Medical Support of the U.S. Army in Vietnam,* 50.
[102] Major General Neel, *Medical Support of the U.S. Army in Vietnam,* 49.

methods of training.[103] The Medical Department opted to institute in-country medical training. As new surgeons arrived in Vietnam, they were assigned to a veteran surgical team, which was comprised of doctors from all specialties.[104] The new physicians were not only trained how to treat combat casualties but how to be flexible when handling multiple injuries in a single patient. For example, when a soldier arrived to a field hospital with a head wound, "-a neurosurgeon, ophthalmologist, oral surgeon, otolaryngologist, and plastic surgeon," were all operating on him simultaneously.[105] As warfare changed, so did the way the medical department trained its soldiers, both enlisted and commissioned.

Similar to the Second World War, the brutality of the conflicts lessened the divide between medics and combat surgeons as the infantry began to rely on the two soldiers more and more throughout the war. Medics were called by multiple names through various conflicts. In Vietnam, "Doc" was a common nickname infantryman gave their medics, Ben Sherman, assigned to the *USS Nueces*, recounted, "the grunts called me Doc, and it sounded like both Mom and Priest."[106] Doc also became a term of respect, as Charles Kinney of the 7th Air Calvary grew to appreciate the nickname, remembering a fellow medic: "Hackett was and is still today called 'Doc' by his fellow Vietnam vets."[107] The combat medics and forward surgeons of the U.S. Army Medical Department had received great appreciation throughout the conflict from the other members of combat arms. When describing the acts of one of his cherished medics, Col. Lyman Duryea wrote, "like these men, his warrior brethren, he knew instinctively that his time had come, but he went directly into the face of fire anyway to rescue his comrades, compelled by a

[103] Major General Neel, *Medical Support of the U.S. Army in Vietnam*, 53.
[104] Major General Neel, *Medical Support of the U.S. Army in Vietnam*, 50.
[105] Major General Neel, *Medical Support of the U.S. Army in Vietnam*, 50.
[106] Sherman, *Medic!*, 6.
[107] Kinney, *Borrowed Time*, 27.

sense of duty and loyalty."[108] For the infantrymen their "doc" was just as good as any physicians out on the battlefield and they formed a deep reverence for the aidmen in their platoons. [109]

During the Vietnam War, the battlefield had become deadlier as weapons technology had evolved at a pace where even the basic service rifles of the conflict were outpacing a medic's ability provide care on the battlefield. New weapons of war, such as the American M16 and Soviet made AK-47, used new projectiles that had "greater kinetic energy and leave larger temporary and permanent cavities."[110] This complicated care on the ground as medics had to quickly learn how to treat wounds inflicted by the new projectiles as each round devastated the body in different manners. Unlike the previous wars, in Vietnam, as a bullet entered the body it would, "usually disintegrate" as it traveled through the cavity cause it to be, "rarely found whole."[111] Surgical teams had to now adapt treatment to tackle finding and removing shrapnel from the wound, as if it were an artillery fragment rather than a single projectile. Coupled with the type of trauma, the M16 and AK-47 were the standard issue rifles in the conflict, and their rapid fire capabilities lead to soldiers having multiple gunshot wounds that would have been difficult to treat alone.[112] While the basics of medicine did not change, the tools that waged war had, making the medics duties more dangerous and complex. Yet, by the time U.S. forces were deployed to Vietnam, the basic combat load of the medic had not changed.

[108] Kinney, *Borrowed Time,* ix. Col. Lyman Duryea Commander of Company C 2nd battalion 7th calvary, was the commanding officer of Charles Kinney's company during his first tour in Vietnam

[109] It is important to remember that the manicure "Doc" was given to the medic by the infantrymen they supported. While some medic acknowledge that they are not doctors they still accept the title as a sign of respect. Some scholars like Ronal Glasser, in his work *365 Days,* have attributed the title to some medics did see themselves as doctors, reflecting the god complex that can develop in some healers. Ronald J. Glasser, *365 Days.* The Ronald J. Glasser collection (New York, Open Road Integrated Media Inc., 2018), Chapter 3.

[110] Major General Neel, *Medical Support of the U.S. Army in Vietnam,* 53.

[111] Major General Neel, *Medical Support of the U.S. Army in Vietnam,* 53.

[112] Major General Neel, *Medical Support of the U.S. Army in Vietnam,* 5.

When Charles Kinney a member of the 7th Air Calvary, was organizing his medical bag before Operation Masher, he loaded it down with, "12 pressure dressings, 12 triangular bandages,… one pair of bandage scissors, 24 one-quarter-gram morphine sulfate syrettes,… 24 field medical identification and casualty treatment cards,… and a variety of medications and ointments for treating everyday maladies."[113] Just like their counterparts who had fought on the battlefields of France and the Mediterranean, the medics in Southeast Asia had to carry everything they needed, to treat any ailment that could occur on the battlefield. Just as the medics of the Second World War, those in Vietnam could augment their equipment to aid them in the event of an emergency. Kinney was no exception, as he carried a second medical bag containing "2- and 3- inch elastic bandages with which to reinforce my combat dressings," being of the opinion, "this made each dressing a much more efficient pressure dressing, which helped stop or slow the bleeding."[114] Kinney's medical commander, who had treated the mass casualties at Ia Drang in 1965, thought it prudent to issue, "stopcock syringes to all senior aidmen and instructed us in how to perform a thoracentesis, the emergency removal of blood buildup in the thoracic cavity."[115] The men of the Medical Department had learned from every battle what was needed and necessary to save the men under their care.

Medics developed a similar attitude towards their medical bags that the infantrymen took while maintaining the rifle they would depend on in combat. When Ben Sherman was aboard the *USS Nueces* organizing his equipment, his First Sergeant Robert E. Lee "Smitty" Smith Jr., walked him through how to meticulously organize and maintain his own medic bag. The night before, the two were sent out on patrol and "Smitty" demonstrated to Sherman the basics of how

[113] Kinney, *Borrowed Time,* 19.
[114] Kinney, *Borrowed Time,* 19.
[115] Kinney, *Borrowed Time,* 9 & 19. need to explain a thoracentesis

to pack his bag, "by sandwiching breakable bottles, Syrettes, and sharp instruments between the soft gauze bandages and adhesives, everything fit tightly."[116] Sherman, like all other medics, had to take into account how combat could break down their equipment as they moved across the battlefield. In another lesson, Smitty took Sherman's prepped medical bag and as Sherman recalled he, "shook my bag in my face when he finished, not needing to speak his meaning. The bag didn't squeak."[117] As they wandered through the jungle on patrol, medics, along with others, had to take noise into consideration. They learned how to adapt their equipment to the needs of the mission whether it be medically or for ease of movement. The medic's bag was one of their most vital tools at their disposal, its contents equally vital to their job.

As with previous conflicts, the most versatile tool in the medic's bag was his syrettes of morphine. Morphine, a powerful derivative of opium, was the medical department's go-to pain killer through the Second World War and Vietnam.[118] The powerful medication was carried in small premeasured dosages in the syrette that could be quickly injected.[119] The pain killer, once injected, worked rapidly to numb the soldier's pain. Sherman commented on its effectiveness as a combative patient thrashed around screaming, "Dammit to fucking hell, Doc," as he lay seething in pain.[120] But once Smitty had injected the morphine, the soldiers demeanor had changed drastically: "Harper stopped hollering and started smiling," and the two medics were able to work on the wounded soldier.[121] The powerful narcotic put soldiers at ease as medics worked on their patients. However, the blessing of the wonderful drug carried a double-edged

[116] Sherman, *Medic!,* 103.
[117] Sherman, *Medic!,* 103.
[118] Taber's Cyclopedic Medical Dictionary, s.v. "morphine".
[119] Kinney, *Borrowed Time,* 19.
[120] Sherman, *Medic!,* 148. A combative patient is a term associated with a patient who is avoiding care either actively or subconsciously.
[121]Sherman, *Medic!,* 149.

sword. Through the confusion of combat, there was always a constant fear that medics would overdose a soldier on the pain killer. This led medics to create their own coding system, by pinning used syrettes to the wounded soldiers uniform, a practice common in both conflicts, so those further down the line could see how many doses the casualty had received.[122] Morphine allowed the medic to provide what comfort they could to their patient in combat.

When United States ground forces were deployed to South Vietnam, warfare had changed with the law of war reflecting the chaos of the modern battlefield. In 1949, the Geneva Convention was altered, with one of the new additions to the document being that medical units could carry a "light individual weapon for their own defense or for that of the wounded or sick in their charge."[123] When Charles Kinney arrived in South Vietnam in 1965, the Army had begun to issue firearms to its medical troops in country. Kinney "had the choice between the M-16 and a 45-caliber pistol; I choose the M-16."[124] The sight of an armed medic was common throughout the conflict and a medic who did not carry a weapon was seen as a strange occurrence. Ben Sherman, another U.S. Army medic, as well as a conscientious objector, was issued a M-16 and four grenades, but when he refused, his platoon commander responded incredulously with, "You fucking WHAT?!"[125] Both Franklin and Sherman took different approaches to the horror that was fighting in Vietnam, as both medics exemplify the difficulties medics could face as outsiders in combat arms.

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[122] Cosmas and Cowdrey, *The Medical Department Medical Services in the European Theater of Operations*, 363 and Sherman, 148

[123] Additional Article 1 13.2 A light individual weapon is one that can be carried and operated by an individual such as the M-16 Rifle or 45-caliber pistol

[124] Kinney, *Borrowed Time* 11.

[125] Sherman, *Medic!*, 61.

The ability to carry a weapon changed not only how a medic performed his duty, but how he was seen in the unit. Both Sherman and Kinney had performed the duty of medic during the Vietnam Conflict, but both had much different experiences when it came to performing their duty and how they were seen by the men around them when fighting began. To understand their experience, one must also look at the duties that each man performed. Kinney was assigned to the 2nd battalion of 7th Cavalry; the line regiment had seen ferocious fighting during the Ia Drang Valley campaign shortly before Kinney had arrived.[126] When Kinney had taken his rifle he was a part of the unit. His tent mate, Ed Domain, shared family pictures with Kinney, and the two also joked with each other constantly. Domain treated Kinney like any other infantryman on the line.[127] Kinney was seen as just another rifleman who had volunteered to fight in the war with the additional duties as medic and received no animosity for his duty.

Sherman, on the other hand, faced strong opposition to his decision to not carry a weapon that was shared between his fellow medics and the line personnel he sought to protect at any cost. Sherman was assigned to the medical company aboard the USS *Nueces* where his time was divided into thirds: one third on the ship helping in its wards, one third out in the field providing aid to various units in their operations, and one third attached to medivac (medical evacuation) helicopters.[128] Sherman's posting gave him a greater range of medical responsibilities, but it did not mean the unit's medics were safe from combat, as they routinely went out on patrols to support other U.S. forces. The matter truly struck home for Sherman when he went out with a platoon-sized element on his first patrol. When Sherman boarded a landing craft, the platoon, "one at a time, sets of eyes examined my gear, noticing something important missing… they

[126] Kinney, *Borrowed Time,* 7.
[127] Kinney, *Borrowed Time,* 12 & 20.
[128] Sherman, *Medic!,* 74.

moved slightly forward or back, turned, tilted their heads, squinted against the morning sun's rays so they could see for themselves."[129] To these men, Sherman was an oddity and a hindrance; he was entering combat with no means to protect himself or others during the fighting.

These two types of medics bring to focus how combat itself affects one's capacity to treat the wounded. A medic needed to keep track of not only the wounded, but the battle that raged around him as well. This was often a difficult task, as those who served in Vietnam discovered, with the war creating new levels of devastation and confusion. When Kinney entered his first battle, he had to pick either fight or heal, and the choice he made haunted him the rest of his tour in Vietnam. When the 7th cavalry landed at LZ-4 (landing zone 4) during Operation Masher, the fighting was so intense that some men did not even have the time to escape their helicopters.[130] Kinney had little time to think; he did what his instincts had demanded him to do. Kinney "dropped behind a mound of sand and began firing" his weapon.[131] The need to defend one's self was understandable. The enemy was attempting to end their life, but for the medic engaging the enemy can lead to the loss of a valuable asset. [132] While Kinney was firing his weapon, attracting enemy fire, he himself was hit in both his hands, becoming pinned down as wounded around him called for aid.[133] The fighting at LZ-4 continued throughout the day with many of Kinney's friends perishing while he and the other survivors continued to fight off the enemy.

Sherman, on the other hand, was able to give the wounded his full attention even with the hostility aimed at him. When his patrol took fire from a sniper, Sherman reacted by approaching

[129]Sherman, *Medic!*, 104.
[130]Kinney, *Borrowed Time*, 24.
[131] Kinney, *Borrowed Time,* 24.
[132] What Kinney experienced in this moment, illustrates Dinter's understanding of the need to engage the enemy on order to stay alive. Kinney followed his instinct to stay alive and had forgone the idea set for by Grossman. Kinney refused to submit to the enemy the only way he knew how, and that was to engage with and kill his foe. Grossman, *On Killing,* 33. Dinter *Hero or Coward,* 34-35.
[133] Kinney, *Borrowed Time,* 24-25.

the wounded rifleman: "I approached with caution." Even with his platoon firing their weapons, Sherman stayed by the wounded man's side.[134] Unlike Kinney, Sherman did not have the option of being drawn to and distracted by firing on the enemy; instead he was focused on his patients. While carrying the dead trooper back to a medivac, LZ Sherman commented on the events, "I lugged the body the whole hike without a breather. Thomas did not offer, the rifleman watched the path and the trees, I didn't complain. Their jobs. My job." They all relied on each other to perform their duty to protect the other.[135] The radio man, Thomas, guided the evac helicopter in, the rifleman covered the retreating medic, and Sherman delivered the dead to the LZ. Slowly the men of the platoon had begun to treat Sherman as more than an oddity. While running to aid another wounded man, the Platoon Sergeant aided Sherman: "We got'em covered Doc. You pay attention here."[136] By focusing on the wounded, Sherman had gained the honor of being called Doc, and he was valued for his ability to save those in need on the battlefield. Although Sherman had gained the respect of the men under his care, he still faced some opposition from other medics who saw the ability to fight as a necessity in Vietnam.

Sherman's mentor and friend Sergeant Robert E. Lee Smith Jr. or "Smitty" had worked alongside Sherman for much of the war, but unlike Sherman, Smitty carried a weapon with him wherever they went. One night, as the two were relaxing after a patrol, Smitty finally confronted Sherman: "You'n yer no-weapon shit. What is that, anyhow?"[137] While the two were close friends, Sherman was taken aback. When Sherman responded that he was a medic, Smitty cut deeper saying, "No. *I'm* a medic, Private. Yer just weight."[138] To Sherman, Smitty had been the

[134] Sherman, *Medic!*, 136.
[135] Sherman, *Medic!*, 138-139.
[136] Sherman, *Medic!*, 146.
[137] Sherman, *Medic!*, 179.
[138] Sherman, *Medic!*, 179.

person who understood the role more intimately then the riflemen who depended on the medic. The clash between the two medics highlights the difficulty that some medics faced in combat. As the men around them fought for survival, the medic had their own duties to make sure the unit made it out of the fight. Not carrying a rifle countered the riflemen's instinct of defense through fire. The argument between Smitty and Sherman boiled down to what the men needed to do to survive.[139] It took time for Smitty to accept that Sherman was not willing to sacrifice his beliefs, or his ability to care for the man next to him, even if it meant that he would not fire a weapon. The most important duty to Sherman was to the wounded.

The Medical Department had faced a series of obstacles as it prepared for the Second World War and the war in Vietnam. Plagued by years of budget cuts by Congress, the Medical Department was forced to send many of its officers and enlisted men into combat with less than adequate training. The combat medics of World War II learned medicine "on the job," mending the bodies of friends and comrades. By Vietnam, the Medical Department had learned the lessons of deploying troops into combat without proper training. The medics and combat surgeons, who served in the Vietnam War battled both the enemy and the changes to their MOS. With the advancements of technology and training, medics deployed in Vietnam had to not only contend with a new generation of weapons technology, but how their own comrades viewed their place on the battlefield. Despite these struggles, medics continued to save lives on the battlefield, and as the devastation of both wars escalated, medics found they were responsible for more than emergency medicine. They were responsible for the platoon's morale and mental health as well.

[139] Sherman, *Medic!,* 182. Smitty would eventually see Sherman's perspective, and told Sherman that he was a good medic. Smitty and Sherman worked side by side throughout the war and would become close friends.

Chapter 2: Stabilize

Reflecting on his tour in Vietnam, Ben Sherman remembered, "Medics were trusted to perform when needed. We treated abrasions, gave haircuts, soothed anger, and inspected rashes of unknown origin in all the typical places."[140] However, the medic's job was more than applying sulfa powder and bandages; the medic was responsible for all aspects of care from physical to psychological wounds. The medic came to symbolize a path home for soldiers who were surrounded by death and destruction. While the medics' traditional role was to perform emergency medical service (EMS) on the battlefield, away from combat, medics also sought to comfort those who had become fatigued from battle. As the Second World War and Vietnam dragged on, medics began to see the effects of prolonged fighting in more of their patients. This chapter examines the nontraditional duties of medics that went beyond the battlefield, illustrating the intense bond between care provider and patient that developed in combat. Stabilization did not just focus on medical care. Medics took care of those who straddled the edge of a psychological break and coaxed those who were broken back to normal. They comforted the man who believed the next battle would be his last, reminding him that there was more at stake than just one life. Medics often became advisors to their commanding officer, knowing how the men felt about a mission, and attempted to be the voice of the enlisted men. The medics' role had surpassed medicine; he was the confidant, psychologist, and in the case of the dying, he was a priest. Often overlooked, these duties were vital in allowing the medic to provide medical care on the battlefield and generate an environment on healing.

[140] Sherman, *Medic!*, 6.

After their time in war had finished, medics began to reflect on how their duty went beyond traditional medicine. Robert Franklin felt, "my greatest value was psychological."[141] Franklin had no confidence in his ability to treat the body, but he was confident that his presence on the battlefield was his greatest strength. He realized that his mere presence on the front was reassuring to the infantry men as, "the men appreciated my being there to take care of them and see that they were evacuated to safety."[142] For Franklin, the medic had the responsibility to care for the men around him, not just in combat, but at all times. Franklin understood that there was more to his being on the front line than just bandaging up the wounded. He was ready to help them with any aliment, whether it be physical or psychological.

Twenty years later in the jungles of Vietnam, Ben Sherman came to the same conclusion as he treated the troopers around him. Sherman found that when he was not patching up bullet holes or tears from shrapnel that he, "also confiscated marijuana; treated cuts, bug bites, and abrasions; and continually nagged people to keep their feet clean and their dicks to themselves."[143] Care went beyond what could be seen as medics treated fading morale and a growing numbers of psychosis. The medic was a man that the platoon or company could turn to when spirits were at their breaking point, when confessions could not be shared with another squad-mate or commanding officer. Not only did the men rely on the medic but also the, "platoon leader relied on his medic to report on the morale and mobility of the troops."[144] The medic was the go-between for those in command and their troops. More importantly, the medic was the caregiver in all aspects of life. To the men, a call for a medic was more than just a lifeline: it was the expression of desperation and one last hope as the soldier's worst fear

[141] Franklin, *Medic!*, 4.
[142] Franklin, *Medic!*, 4.
[143] Sherman, *Medic!*, 6.
[144] Sherman, *Medic!*, 6.

manifested. When they called for Doc Sherman, it was for more than the platoon medic, "the grunts called me Doc, and it sounded like both Mom and Priest."[145] The traditional red cross surrounded by a white circle grew to represent more than medical aid. It meant salvation from the death on the battlefield in the forms of evacuation or the observance of the few death rights soldiers could experience.

For the men of the U.S. Army Medical Department, their job was not only battlefield care but comprehensive care, and their patients knew the same. Medics were responsible for the everyday health of the unit, EMS when on the battlefield, and mental and emotional care outside of the trenches. The whole system cared for by a single individual. From the battlefields of North Africa to the rice paddies of Vietnam, countless infantrymen and medics talked and listened. The infantrymen turned to a man that was not only his physician, but friend trapped in the same predicament. This relationship created a bond between trooper and medic as, "no matter how much the medic bitched, he held your ticket home alive;" respect formed for the men who sacrificed everything they had to save one more.[146] This caregiver mentality is in all aspects of medicine, whether in civilian life or in the military. When a patient dies under the care of a physician in the operating room of a hospital, all involved feel the loss, for example. However, combat conditions left no time for death to be fully processed by medics. They had to nurture the men under their care, from treating common colds to bringing a man back from a psychological break. The trauma of losing a patient never left a caregiver, but for those who served in wartime this trauma was unavoidable.

[145] Sherman, *Medic!*, 6.

[146] Sherman, *Medic!*, 6. This type of caregiver-patient bond shared components of the bonds developed in combat which are explored in *Achilles in Vietnam* by Johnathan Shay Part 1 pg3-102

Embedded with the Infantry

For those injured on the battlefield, the medic was their best chance to make it off the field before the damage was too great. While some infantrymen had mocked the medic for various reasons, such as for cowardice or misunderstanding the medic's place on the battlefield, most saw the value of the medical trooper. As battles raged in the fields of France or rice paddies of Vietnam, the medic and the infantrymen relied on one another to each perform their jobs in combat. As the infantry fired on the enemy, the medic quickly moved from patient to patient. Over time, this relationship created a bond between the medic and the platoon or company he supported. This bond changed over time but was vital to the medic's role of battlefield Emergency Medical Services (EMS).

The medic's duty on the battlefield was a complex practice that relied on speed, knowledge, and a calm demeanor in the face of the insanity that is combat. When a man was injured, the instinctual cry for a medic could be heard across the battlefield. This began the medic's internal timer to move across the battlefield, despite what was happening all around the medic. Robert Smith was a new medic, on the line with the 28th Infantry Division deployed in France 1944. Shortly after a, "staccato fire of a German machine pistol," he heard the all too familiar call for a medic.[147] This began the time-consuming process, as men were scattered throughout the battlefield. For Smith, this call had taken him, "across the field just beyond the woods to a foxhole of a friend," where he treated the casualty.[148] Other times, a medic might have to travel a great distance to get to the wounded under fire. When Robert Franklin, and the other members of 45th Inf Division, assaulted a position in Sicily, he moved to aid the wounded

[147] Smith, *"Medic",* 9.
[148] Smith, *"Medic",* 9.

as, "a machine gun cut the air above me."[149] These men shared the same dangers as the men around them. As bullets flew and shells dropped, medics traversed the living hell of battle to treat every patient. The possibility of them being wounded or killed in the same manner as their patients was always prevalent. This determination to save the wounded, no matter what stood in the path of the medic, created a deep-seated respect for the platoon medic. But with all forms of respect, it needed to be earned amongst the tightknit infantrymen

During the Second World War, the Army General Staff looked at the organization and effectiveness of medical units in the European theatre. Their focus was the subject of medic casualty rates, along with their relationship to the infantry casualty rates.[150] In the report, *Evacuation of Human Casualties in the European Theatre of Operations*, the General Board described how the, "company aid men suffer a high casualty rate," because their role and position on the battlefield.[151] As pressure mounted to move from patient to patient, medics were exposed to enemy fire. As the war had dragged on, unit commanders, along with the General's Staff, discovered that, "most divisions with as much as six months of severe combat suffered one hundred percent casualties amongst," its medics.[152] This reality was not lost on the men who fulfilled the duties of providing care on the battlefield, as they had witnessed countless other medics be killed or maimed in battle. But this reality at times was overlooked by those who had not seen combat. Allen Towne, for example, kept a record of how many men were considered casualties among his medical company, attached to the 1st Inf Div., throughout the Second World War. Out of the 105 men that served in the company, sixty-six were evacuated from the combat

[149] Franklin, *Medic!*, 26.
[150] In this case casualty was understood, as the missing, the wounded and the dead
[151]The General Board United States Forces, European Theater, *Evacuation of Human Casualties in the European Theatre of Operation*, 1.
[152] The General Board United States Forces, European Theater, *Evacuation of Human Casualties in the European Theatre of Operation*, 1.

zone for various reasons.[153] Of these men, three were killed due to the fighting, forty-eight were wounded to various degrees, and fifteen succumbed to what at the time was called anxiety state, more commonly referred to as battle fatigue.[154] These men had become casualties themselves after spending countless hours attempting to treat the wounded from numerous battles.

Coupled with the high casualty rates of the company aid men, the General Board also learned that the medic's position had to be filled by a certain type of individual. It was proven through the countless engagements that, "without question only the highest type of individual is suitable for assignment as company aid man," according to the Board.[155] In other words the duties of the medic required men who were intelligent in both the academic and emotional senses. Because the medic routinely found himself in a situation that was beyond the scope of what could be taught in the classroom, they needed to be adaptable to the world around them. However, in practicality, this was hard to achieve as both the World War II and Vietnam wars forced the United States to draft many of the troops they needed to fight in the conflicts. These draftees were processed in a different manner and had little control over where they would be assigned within the military. [156] This was not only realized at the command level but amongst those at the front. The General Board had learned that, "the infantry will not accept a mediocre or inferior soldier as company aid man."[157] It had become clear at all levels that the medic could

[153] Towne, *Doctor Danger Forward,* 181.

[154] Towne, *Doctor Danger Forward,* 181.

[155] The General Board United States Forces, European Theater, *Evacuation of Human Casualties in the European Theatre of Operation,* 1.

[156] Utilizing the draft also effected how men were trained. As stated earlier, all medics were trained how to operate as members of the infantry. This had a direct impact as men would be sent to the battlefield expected to kill the enemy, especially when medics were issued small arms which further hampered their role in combat. Amplifying Grossman's concerns as to the fact that not all men are capable of following through with this task. For more information see Grossmans work *One Killing the Psychological Cost of Learning to Kill in War and Society,* revised edition, (New York, Open Road Integrated Media Inc.; 2014).

[157] The General Board United States Forces, European Theater, *Evacuation of Human Casualties in the European Theatre of Operation,* 1.

not be filled by any soldier. The medic was so vital to the infantry the his mere presence "was one of the outstanding factors in promoting morale," so much so that the medic was "usually the most popular man in the platoon or company."[158] Having a single person on the battlefield trained in medicine, provided assurance to the infantry that if they were wounded, someone would be there to treat them. They also relied on the psychological care of the medic, as at the time there was a deep-seated misunderstanding of how trauma effected the human mind.[159] For many, the medic was the only person able to guide them through the chaos of war both physically and mentally. While some men had criticized the medic, or even looked down on him as a coward who would not fight the enemy, those who had served in combat understood the importance of a single caregiver on the battlefield.[160] They also understood that it took a certain type of individual to risk his life without question for those around him with no other protection than a red cross and a bag loaded down with bandages and pain killers. [161]

The value the infantry placed on the medic was expressed through various means and what was possible in the combat zone. When Robert Franklin and his company were pulled off the line after the battle of Bloody Ridge in 1943, in their chow line, the a call for medic could be heard: "When I got to the head of the food line, Sergeant Kenney was laughing and said, 'Doc,

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[158] The General Board United States Forces, European Theater, *Evacuation of Human Casualties in the European Theatre of Operation,* 1.

[159] Maurice B. Wright, "War Wounds and Air Raid Causalities. Psychological Emergencies In War Time," *British Medical Journal* Vol 2, no. 4105 (1939). E. Wittkower and J. P. Spillane, "Medical Problems in War Neuroses in War," *The British Medical Journal* Vol 1, No. 4128 (1940).

[160] This topic is explored at length in Ch1.

[161] The concept that a certain type of individual can be a medic was also explored by Ronald Glasser in *Broken Bodies, Shattered Minds* the Medics/Then and Now. However, Glasser classifies this as a simple matter of roles, the infantry traditionally fights for the man next to them. Where the medic was an individual more akin to J.D. Salinger's' Holden Caulfield, a good-natured individual who comes to age in the chaos around them. In reality the same can be said of the infantry, as both groups of men were taken from the same population pool due to the draft and many troops, infantry and medics, were forced to mature in combat together and began to reflects the same attitudes to the men next to them. Ronald J. Glasser, *Broken Bodies Shattered Minds a Medical Odyssey From Vietnam to Afghanistan,* (New York, History Publishing Company LLC; 2011), Chapter 4.

you eat first.'"[162] The medic was stunned. His action had saved numerous solders during their battles; therefore, the men wanted to show their respect to the "doc" they could rely on in combat. At other times, the men had dug Franklin's slit trench, while another soldier had cut his hair.[163] For the infantry, their medic was their most prized possession at the front. When their medic was injured, men went to great lengths to recover him. After Robert Smith was wounded, he had to utter a calling he heard many times. The response he received was, "call for Smith; he is the medic," the infantry nearby simultaneously illustrating they knew the medic, but also highlighting his importance in one sentence.[164] After the soldier had learned it was Smith calling for assistance he rushed back to the aid station to find a stretcher team for the medic as fast as possible.[165] To the infantry, the medic was more than a lifeline; he symbolized safety and hope. When the medic went down in a unit, the battlefield dynamic changed, the odds of evacuation or surviving the battle plummeting with every minute. Getting a medic back in the fight became a necessity, even while the mission still took priority.

Even outside of the combat area, infantrymen were fiercely devoted to their medics, and at times insubordinate, to ensure their medics duties were not unnoticed. Keith Winston with the 100th infantry division experienced this firsthand, as some of the officers in his unit began to discount the endeavors of the medics that had been keeping the wounded alive at the front. In March of 1945, he experienced a loud, "racket when some brass hats made front-line medic's turn in their combat badges."[166] These badges represented that the medic had served in combat

[162] Franklin, *Medic!*, 34.
[163] Franklin, *Medic!*, 34. Slit Trench: a shallow slit dug into the ground as cover from artillery as well as an improvised fighting position,
[164] Smith, *"Medic",* 10.
[165] Smith, *"Medic",* 10.
[166] Keith Winston, to Sara Winston. Letter. March. 2. 1945, in Keith Winston, *V…-Mail Letters of a World War II Combat Medic*, ed. Sarah Winston (Chapel Hill: Algonquin Books of Chapel Hill, 1985), 181.

alongside the infantry he supported. The infantrymen were furious that their commanding officers were removing the honor from the men who routinely set aside their own lives for the wounded. After the badges had been collected, Winston had observed that " there was a bigger howl from the Infantrymen than the medics."[167] They had seen their medics work under some of the most brutal conditions of the war, particular noting that, "regiment clerks wear combat badges and they take it away from a medic," as the regimental clerks had never left the safety of the headquarter.[168] For the men at the front, this was an injustice that was not tolerable as their medics fought and bled right beside them in combat.

The episode that Winston had witnessed spoke to a much larger issue within the chain of command, a fundamental misunderstanding of medicine's place on the battlefield. While the men on the ground saw firsthand the lengths medics went to save the wounded, those in command only saw the battle in terms of combat.[169] Medics themselves were exempt from combat pay which created a scenario where the medic risked his life all while being paid less than the riflemen next to him.[170] Both medics and combat surgeons were labeled as noncombatants, a term that carried the impression that medics were not exposed to combat. This was far from the truth, as numerous medics had seen and fallen to direct enemy fire. Contrary to the Generals Board assessment of medic's casualty rates, some still believed the medic was not exposed to combat. Never the less, this difference in pay was in effect until 1945 when Keith Winston wrote to his wife that he and the other medics would be getting retroactive pay for the time they had

[167] Winston to Winston, March. 2. 1945, *V…-Mail*, 181.
[168] Winston to Winston, March. 2. 1945, *V…-Mail*, 181.
[169] See, Evacuation of Human Casualties in the European Theatre of Operation by the Generals Board which refers to the medic action in combat as well as casualty statistics.
[170] Winston to Winston, March. 2. 1945, 181.

spent in combat.[171] To further highlight the disconnect between the frontlines and command staff's understanding of the condition under which the medic operated, was the fact medics rarely received the equivalent battle honors as their infantry brethren. In Anzio, Italy, Guy Pearce, a medic in Robert Franklins company, was severely wounded but continued to treat the wounded even though he was crippled by enemy artillery fire.[172] Franklin himself had seen Pearce's actions being worthy of the Distinguished Service Cross or the Congressional Medal of Honor, as the medic had saved numerous lives with total disregard for his own.[173] Those in command had other ideas, as these medals were reserved for the "killers" of the 45th Division, not the medics whose actions were rewarded only with the Silver Star.[174] Saving life on the battlefield was at odds with the infantry's mission of seeking and destroying the enemy. However, those in command struggled to reconcile this difference even after the medic was show to be one of the most vital assets on the battlefield.

In the jungles of Vietnam, admiration for the medic had taken a similar path, the medic once again had to earn the devotion of the men under his care. Charles Kinney reflected that he and every other combat medic had to earn the moniker "doc." In remembering the actions of Doc Hackett he said, "like all of us combat medics who served in Vietnam, Hackett was and is still today called 'Doc'… a nickname revered by all of us who earned and proudly wear the

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[171] Keith Winston, to Sara Winston. Letter. October. 3. 1945, in Keith Winston, *V…-Mail Letters of a World War II Combat Medic*, ed. Sarah Winston (Chapel Hill: Algonquin Books of Chapel Hill, 1985), 293.

[172] Franklin, *Medic!*, 89.

[173] Franklin, *Medic!*, 89.

[174]Franklin, *Medic!*, 89. The Silver Star, DSC, and CMOH are all gallantry accommodations with the US Army. All three are awarded for gallantry in the face of the enemy. The major difference in qualification is that the DSC is extraordinary heroism, while the CMOH is Conspicuous gallantry and intrepidity at the **risk of life above and beyond the call of duty**. Guy Pearce had taken the brunt force of a German 88mm shell, totally destroying his body but continued to treat the wounded. Pearce succumb to his wounds shortly after being evacuated. https://valor.defense.gov/Description-of-Awards/#:~:text=Actions%20that%20merit%20the%20Silver%20Star%20must%20be,the%20Navy%20Cross%2C%20or%20the%20Air%20Force%20Cross%29.

combat medical badge."[175] Not every medic was called Doc by the men he served with. Only those who had participated in and saved lives during combat received the nickname. The demands of war and the draft made it difficult to only post the type of high caliber individual the Generals Board had insisted fill the role of company aidmen. When a unit received a medic that could perform under the pressures of combat, that doc was worth his weight in gold to the infantrymen, a treasure they would protect with their very lives.

When a medic proved his worth in combat, the men who relied on their doc in Vietnam were just as protective as their Second World War counterparts. When a section of Kinney's company, for example, was pinned down and one of the company's medics injured in a separate attempt, Kinney was forced to aid the injured alone.[176] After he had successfully made it to the sole survivor, Private First-Class Dell Hampton, Hampton exposed himself and was killed from enemy fire.[177] Years later, Kinney remembered the moment and came to the conclusion that Hampton, "must have realized that both of us would probably be killed if I ran into the streambed," and sacrificed his life for Doc Kinney. [178] The man had survived long enough for Kinney to make it to him but upon seeing the devoted medic the soldier came to a conclusion, one Kinney struggled to process. The infantry devotion to their medic and the devotion of the medic to the infantry was complete. Both understood that without the other neither would live, so both sacrificed themselves in combat so that the other may live.

This devotion to the medic even transcended armies and nations as Jerry Krizan had discovered on his last day in Vietnam. Jerry Krizan had been a Green Beret medic in the

[175] Kinney, *Borrowed Time,* 27.
[176] Kinney, *Borrowed Time,* 83.
[177] Kinney, *Borrowed Time,* 84.
[178] Kinney, *Borrowed Time,* 84.

province of Loc Ninh, where he worked alongside regional forces called Civilian Irregular Defense Group (CID).[179] Krizan had gone out on patrols and multiple operations with the CID forces over the course of his combat tour in Vietnam. While waiting for an opportunity to board the last helicopter out of the province, he had ran into a platoon of recon CIDs that had routinely patrolled alongside Krizan during his deployment.[180] These men were not American, but South Vietnamese villagers tasked with defending their province, having relied on Krizan to help guide their own *Bac Si* or medics.[181] Fiercely loyal to their American *Bac Si,* the recon platoon armed themselves to ensure Krizan's safe departure. While he waited, Krizan noticed the platoon as they, "came to the LZ and stood in a semicircle on the other side of the chopper pad. They all had their packs on and were carrying their M-16's."[182] Having saved many of the CID company in countless battles, Krizan had earned the respect of the South Vietnamese troops. They were prepared to fight off any who stood in the way of their American *Bac Si's* journey home. The recon platoon actions were an example of how respect for a medic transcended uniform. Krizan had spent 13 months training and treating the CIDs. To them he was instrumental in their fight for the province. For the recon platoon, Krizan was more than another American in South Vietnam; he was the soldier who ensured the safety of the community both with his medicine and rifle.

This level of respect toward unit medics can also been seen within the officer corps of the U.S. Army, as unit commanders relied on their medics for numerous reasons. As Ben Sherman had stated earlier, the medic was a go-between the officer and his men. Over the course of the Second World War officers learned to trust their medic's judgment when in combat. Robert

[179] Kirzan and Dumont, *Bac Si*, 14.
[180]Kirzan and Dumont, *Bac Si*, 199.
[181] Kirzan and Dumont, *Bac Si*, 14.
[182] Kirzan and Dumont, *Bac Si*, 202.

Smith remembered that, "early in my training as a medic someone had told me that if I needed something to save a man's life, I took it no matter what the consequences."[183] Medics were trained that it did not matter what obstacles were in front of them; they had to save as many men as possible. The officers in command learned quickly to let the medic do what was needed. Smith used this early learned knowledge when of his company's vehicles had rolled over a land mine, severely injuring its passengers.[184] Smith had discovered a house that he could quickly turn into an aid station but had also discovered that a captain had already claimed it. Unperturbed Smith braced himself for a confrontation: "I desperately spouted my medical priority needs and much to my surprise," the captain quickly surrendered his new headquarters.[185] At that moment, Smith understood that he had more authority than first appeared. As an enlisted man, Smith thought the chain of command prohibited him from being able to commandeer resources normally cut off to him because of rank. This incident demonstrated to Smith that a medic's value on the battlefield went beyond the men he directly interacted with, and that officers out in the field understood that a medic could shape the outcome of a battle.

In Vietnam, officers relied on their medic just as much as those in the Second World War, and medics, in return, were not afraid to let their voices be heard. While on patrol in the Me Kong Delta, Ben Sherman and his platoon ran into a *chieu hoi*, a Viet Cong defector who was willing to help guide U.S. forces.[186] It was difficult to trust these men as their intentions were little known to the Americans they were assisting. 1st. Sergeant Robert Lee Smith Jr. or Smitty, Sherman's mentor, made his distrust clear when he confronted the platoon leader: "the papa-

[183] Smith, *"Medic",* 100.
[184] Smith, *"Medic",* 100.
[185] Smith, *"Medic",* 100.
[186] Sherman, *Medic!*, 108.

san's lying, sir. Either he's VC himself, sizin' up our strength, or he's being used by the VC."[187] Smitty and Sherman were responsible for treating these men if they were ambushed, and Smitty was not about to let his commander lead them into a trap if he could help it. Trusting in his medic, the Lieutenant quickly dismissed the *chieu hoi*.[188] This was not the only incident where Smitty made his opinion clear to his commanding officer.

Smitty was not afraid of fighting with his superiors when it came to the men either. As the patrol continued, Smitty approached the commander stating, "Everybody's spent sir. We could use the rest. Who knows what Charlie might throw at us if we catch him."[189] While Smitty made his recommendation, the platoon Sergeant refuted, pushing for the group to keep pressing on but the Lieutenant decided to listen to his medic.[190] The Lieutenant understood that the medic had a better idea of the strength of his platoon then the Sergeant who was focused on killing the enemy. Where one understood how to push the men in combat, the other had a better understanding of what the men could perform, or if the physical demands of the jungle would hinder their capability to fight off the enemy. The clash between the two sergeants illustrated the difference between medicine and combat. As the unit pushed further into the attack, men became fatigued, and while the infantry sergeant's priority was to the mission first, the medical sergeant was more focused on what the mission would cost. These two differing philosophies on a unit's ability to complete the mission competed for the platoon or company commander's attention as both men's observations and input could mean the difference between success and failure.

[187] Sherman, *Medic!*, 108.
[188] Sherman, *Medic!*, 108
[189] Sherman, *Medic!*, 160.
[190] Sherman, *Medic!*, 160.

Charles Kinney took a more subtle approach when it came to talking to his officers about the health of his men. After another fierce battle with North Vietnamese Army, Kinney had awoken to one of his friends, Sargent Cruz Sanchez, acting strange: "when I sat down next to him and asked what was wrong, he broke down completely."[191] The soldier had had enough of the death around him. Kinney understood the soldier had been through more than his fair share of combat and had protected his friend the best he could. When their commanding officer had found out about the incident with Sanchez, his first thought was to evacuate the Sargent but Kinney took Sanchez's pride into consideration.[192] Kinney suggested to the officer to, "keep Sanchez with the company command post for the next couple days,… I just couldn't stand the thought that the last activity this brave man and brother soldier would remember would have been his evacuation because of combat fatigue."[193] While Sanchez could no longer fight, Kinney understood that time off the line would do the soldier better in the long run than letting him leave broken and sedated. Therefore, the medic served as a vital part of the infantry unit not simply because of his ability to treat the wounded, but because his mere presence boosted the moral of the men.

To the infantry the medic became more than the soldier with the medical equipment. He was the man who could be relied on when no other was available. The medic was their mouthpiece to command, he was there when they were suffering, and he was there when their friends died in battle. Infantrymen were extremely protective of their medics, as Kinney learned when one man sacrificed his life for the medic. Their officers also understood the dynamic between the medic and the infantry, as they would challenge orders to keep moving when the

[191] Kinney, *Borrowed Time,* 68.
[192] Kinney, *Borrowed Time,* 68.
[193] Kinney, *Borrowed Time,* 68.

men could move no further. Officers routinely turned to this medical liaison for advice when they themselves did not know the best way to proceed forward. Thus, this relationship of trust and responsibility for one another allowed men to overcome not only the enemy, but the idea that the medic was not an infantry man. As a medic proved himself in combat as a caretaker on the battlefield, he was part of the company, a part that was vital to maintaining the men when no other source could.

Priest when none can be found

Medics were surrounded by death on and off the battlefield. For those who advanced with the infantry they watched as friends fell to enemy fire, whereas those behind the lines in field hospitals were forced to confront the aftermath of the fighting. For many, the medic was the last person they interacted with before death took hold. For this reason, medics often heard the last words of men that could not be saved as the only option was to "make them comfortable" rather than prolong death.[194] Medics also faced the reality that men would turn to them as friends were lost in combat. Therefore, the medic's duty, at times, took on the role of a battlefield chaplain for many of the soldiers under their care when none could be found, as they routinely performed funeral or death rights on the battlefield.

When men bled out on the battlefield, the medic was one of the last to interact with them. In these solemn moments, medics often took on the role of a spiritual guide as death took hold. Robert Smith and other medics dealt with severely wounded soldiers who knew their lives were short-lived after being wounded in the last days of WWII. In the same incident where a mine had destroyed one of the company vehicles, Smith was asked by one of the severely burned troopers,

[194] In the civilian world this is no as Hospice Care or end of life management.

"am I going to die?"[195] The man was caught in the blast and had burns across his body, while others had their uniforms welded to their skin, further complicating medical aid.[196] Smith and the medical personnel were confronted with casualties that they were not equipped to handle with little more than morphine, plasma, and bandages. Smith did not remember what he said to the young soldier: "I really don't know if I answered that question… I hope I had the sense to lie and say no."[197] Countless soldiers turned to the medic with the question "will I die?" For the men who worked tirelessly to heal the wounded, this question was always hard to predict but some wounds were too much for the human body to endure. The only thing medical personnel was able to do was allow the soldier to pass with the least amount of pain possible.

During the twentieth century, the weapons of war were designed to do an immense amount of damage to the human body. Machine guns, high explosive shells, and incendiary weapons created wounds that could not be mended no matter what the medic carried in their bags, but one tool allowed death to come easy. The morphine syrette found multiple uses during the Second World War and Vietnam. Symbolically, the morphine syrette became much more, for many GIs wounded in both conflicts, the injection was one of the few last rights they could receive in combat, relief from the pain or a painless death. For those that could be saved, it was a miraculous pain killer that numbed the pain long enough for the medic to do his job, while for the dying it allowed sleep to come easy. As Smith and the U.S. Army retreated through the Ardennes forest during the opening days of the Battle of the Bulge, Smith was confronted with this reality of allowing a man to pass peacefully rather than suffer. A three-man patrol was covering the retreat when one trooper's upper body caught the bulk of a machine gun burst, "his

[195] Smith, *"Medic",* 101.
[196] Smith, *"Medic",* 101.
[197] Smith, *"Medic",* 101.

whole torso looked as though a wild animal had ripped him apart.[198] No amount of bandages could stop the bleeding. The trauma inflicted by the German machine gun was too great. Smith, unwilling to allow the man to die alone, stayed with him: "there was little I could do for him except go through the motions of treating and dressing his wounds while providing morphine to ease his pain and hasten sleep," stabilizing his death.[199] A manifestation of Charon, the mythical ferrymen who ushered souls into the afterlife, the medic guided the dying to the afterlife with the morphine syrette.[200] This simple act of kindness in an environment of brutality was also a sign of respect as it granted the dying one last act of humanity in death.

From the outset of both the Second World War and the Vietnam War medics and doctors utilized morphine to not only ease death but calm those in distress. When a soldier's mind finally had had enough of the horrors of war, it was the medic who was first to comfort him. As Allen Towne and the men of the 1st Infantry Division fought their way through North Africa, for example, they came face to face with the reality of war, some men snapping under the onslaught of the horror they witnessed. As Towne and several medics from the medical company began the act of clearing the dead from the battlefield, they came across a scene that shook the men to their core: "they were lying in various positions, and it looked as if it had taken some of them a long time to die… another soldier was laying on his back with his hand frozen in rigor mortis, holding rosary beads… others were still clutching their weapons as they died."[201] The medics had walked into a graveyard; their task, to gather the dead and prepare them for burial. Traditionally, under the responsibilities of grave services, the collection of the dead from the field lay beyond the medics' preview. However, medics were no strangers to preparing the dead for burial as patients

[198]Smith, *"Medic",* 200.
[199] Smith, *"Medic",* 201.
[200] In Greek myth Charon was the ferrymen who transported souls to the underworld
[201] Towne, *Doctor Danger Forward,* 21- 22.

were lost. One of the men who was given this solemn task broke under the pressure, the stress of fulfilling the burial processes too much for the medic to process. Those alongside him were forced to inject the panicked man with morphine to ease his nerves.[202] As much as they tried to comfort the man, they simply could not without the use of the powerful narcotic. On the battlefield, it was up to the medic to keep men as sane as possible when confronted by the insanity of war.

At other times, medics were asked to provide guidance for the soldiers entering battle. While Charles Kinney prepared for another operation in South Vietnam, one of his friends had approached the medic to seek advice on death.[203] Charlie Williams had approached the company's senior medic, Kinney, to discuss, "a bad premonition about this operation and asked if there was any way I could get him out of going with us."[204] Williams was terrified and he turned to the only person he knew would not judge him over what others might think as an act of cowardice. In an act similar to confession, Williams approached the medic for guidance, as his fear and own desire to live wrestled with his duty to his fellow soldiers. Kinney, understanding that one of his flock was suffering, chose not to confront the man but instead appealed to the man's devotion to his friends. Kinney informed the man that, "sure, I could make up a field medical tag, with 'fever of unknown origins,'" but informed the man he would be leaving his squad to confront the enemy without him at their side.[205] Kinney also tried to console those in combat as well. When he came across Private First Class (PFC) Bob Mckey cradling the body of his friend that been killed, "I could see the torment he was going through… I could also see that

[202] Towne, *Doctor Danger Forward*, 22.
[203]Kinney, *Borrowed Time*, 78.
[204] Kinney, *Borrowed Time*, 78.
[205] Kinney, *Borrowed Time*, 78.

with incoming fire crackling all around us, we had no time for grieving."[206] Kinney had to coax the young PFC to his senses while the enemy closed in around them. The medic understood that men needed time to honor and mourn the dead, but also realized that there was a time and place for grief. They had to quickly pull men from the hold of death, forcing them back to reality before they, too, were killed.

This not only applied to the enlisted men but officers as well. During the battle of Tuy Hoa during the Vietnam War, Charles Kinney confronted grief-stricken men at all levels. Charlie Williams, the young trooper who had approached Kinney about leaving the battlefield, was one of the soldiers who died in the battle for the streambed. As Kinney approached a soldier he noticed, "the top his head was completely blown away," and as he, "peered more closely at his name tag and reeled back in shock-My God, it was Charlie Williams!"[207] The man who had approached Kinney about his premonition had been killed in the same battle he had tried to avoid. When Lieutenant (LT) Byron Scogins had insisted that Kinney take him to his fallen friend, the medic had pleaded with him, "Sir please don't do that!" as he knew what devastation it would bring the LT.[208] However, LT Scogins needed to see his fallen friend despite the medic's pleading. When the LT returned to the rally point, the medic knew that he had been correct, "I watched him carefully. I could tell he had seen Charlie Williams, and I knew he must be feeling the same mental torment I was feeling."[209] Medics understood that they could not simply turn off their various personas but instead needed to be constantly vigilant to aid the men under their care. Kinney had taken on the role of not only battlefield priest in this instance, but

[206] Kinney, *Borrowed Time,* 80.
[207] Kinney, *Borrowed Time, 85.*
[208] Kinney, *Borrowed Time,* 86.
[209] Kinney, *Borrowed Time,* 87.

also psychologist. He tried to not only ease the men's apprehensiveness to what they knew awaited them but keep those sane who had witnessed the aftermath.

Battlefield Psychologist: treating unseen wounds

One of the many duties' medics dealt with beyond physical ailments were treating the psychological wounds of war. While the medic was trained in how to treat the physical wounds on the body, his training on psychological wounds, referred to at the time as many names such as anxiety state, battle fatigue, and shell shock, were not as extensive. Many medics learned how to aid their fellow soldiers out in the field where coping mechanisms varied. They also had to contend with the stigmas of the era, as psychological aliments were viewed as less severe than their physical counterparts. Acting as the confidant to many of the men under their care, medics learned how to identify signs of impending breaks, implementing various treatments that could help the soldiers who had suffered from the unseen wounds of war.

To understand how medics treated psychological casualties, it is important to understand how psychologists perceived mental illness at the time. After the First World War, doctors from across the globe explored the phenomena they called shell shock. Dr. Maurice B. Wright published an article in the British Medical Journal in 1939 that focused on how a population at war could be affected by the psychological stresses of combat. One of the main concerns that had emerged amongst high ranking military officials from all combatants of WWI was focused around the stigma of cowardice during times of peril, as Wright posed the question of, "how can we determine the real coward?"[210] The association of cowardice and psychological casualties created a dilemma for many treating those suffering from these wounds, as it became difficult to

[210] Maurice B. Wright, "War Wounds and Air Raid Causalities. Psychological Emergencies In War Time," *British Medical Journal* Vol 2, no. 4105 (1939), 576.

discern if the patient had broken from the strain of combat or if the soldier in question simply did not want to be in war. Wright determined that the condition was "anxiety hysteria" which was at the root of many of the psychological aliments in war as, "a psychological emergency in war the anxiety hysteria will resemble the severe forms of anxiety attack," that is common amongst civilians in peace time.[211] Wright's understanding of patients who suffered from a psychological wound was that they were experiencing a form of anxiety attack that was spurred on by the horrific acts around the patient. Like others at the time, Wright sought how to treat and handle the psychological patient in order to understand how to distinguish the sick from those seeking escape.

In the 1930's, Dr. Wright was concerned that another war would result in a resurgence of psychological casualties that met or exceeded those seen during the First World War. While the topic of Wright's work focused on the civilian population exposed to attack from bombers, his language about the combat anxiety state was adopted in army literature. Wrights' hysterical stupor or the form of coma caused by severe psychological trauma, was labeled in U.S. Army's medical information as "hysterical unconsciousness."[212] The U.S. Army's *Battlefield Medical Manual* perceived "hysterical unconsciousness" as a, "disease of the nervous system accompanied by the loss of control of the emotions" which lead to the patient passing out.[213] In the field manual, the Army took a black and white approach to how to handle a patient who had lost control of emotions. The medic, according to the manual, was to make sure "the patient is to be treated with firmness. He usually craves sympathy, and this is the worse form of treatment that can be given."[214] For the Army, these men were craving attention rather than suffering from

[211] Wright, "War Wounds and Air Raid Causalities. Psychological Emergencies In War Time, 576.
[212] US War Department, *The Battlefield Medical Manual* 1944, 150.
[213] US War Department, *The Battlefield Medical Manual* 1944, 138.
[214] US War Department, *The Battlefield Medical Manual* 1944, 150-15.1

a psychological condition caused by exposure to combat. This left medics in a position where they were forced to confront each man to see if he was suffering from fatigue from combat or seeking attention to leave the combat zone.

Other articles in medical journals also referenced similar findings and concerns of the U.S. Army. One such article "Medical Problems in War Neuroses in War," written by E. Wittkower and J. P. Spillane, explored the origins of hysteria and looked at how neurosis manifested itself. Wittkower and Spillane saw psychological wounds not as casualties but as men seeking attention, "under such stresses these individuals increasingly regressed to a narcissistic level of development."[215] These diagnoses called into question whether men suffering from wounds caused by mental trauma were even suffering at all or simply acting out. These actions were described as, "a state of infantile helplessness, with complete surrender to their suffering and a need to be pampered, cared for, and petted like children."[216] The divide between those viewed as truly wounded and those viewed as pretenders grew wider and it devalued men who were suffering from psychological wounds. With this language, the sick were no longer patients but children to be taken care of. Viewing all purviews of an infantry's health under their jurisdiction, medics struggled with this language because they saw men suffering from psychological wounds as wounded soldiers and not attention-seeking children.

Wittkower and Spillane also referred to what medics who fought earlier in the Second World War called the anxiety state. The anxiety state, as described by Wittkower and Spillane, had many moving parts; its development and manifestation took on several stages. The first major description of the anxiety state was seen as a form of fatigue from prolonged exposure to

[215]E. Wittkower and J. P. Spillane, "Medical Problems in War Neuroses in War," *The British Medical Journal* Vol 1, No. 4128 (1940), 265.

[216] Wittkower and J. P. Spillane, "Medical Problems in War Neuroses in War," 265.

combat.[217] An anxiety state manifested itself in various forms. One such form is hallucinogenic sleep, "in which the main events from the day appeared in troublesome visions."[218] The constant repetition of the horrors of war wear on the soldier at a time where he expects reprieve from the sights around him. This tore at the soldier's psyche creating a state that, "developed fear and horror of the sights around him and was unable to keep his mind away from the possibility of injury."[219] This stage of the anxiety saw soldiers' bodies highjacked by fear. They were no longer in complete control of their actions and were no longer combat effective. Seeing soldiers who had survived the brutality of combat, medics took it upon themselves to treat these men as more than troops who had lost control. Seeing that their patients and friends were hurting from wounds that could not be seen, medics began to find ways of treating these wounds as best as possible, and developed their own ways of bringing a soldier back from the grasp of a mental break down.

Throughout the Second World War, the Medical Department and the medics on the frontline attempted to treat psychological casualties in a variety of ways. Each unit found different ways of treating these patients. The 95th evacuation hospital took the approach of treating the physical and emotional fatigue of combat. LT Zachary Friedenberg and other members of the 95th evacuation hospital discovered that soldiers who were suffering from psychological trauma had, "generally lost their appetite and could not sleep or concentrate."[220] After examining these patients, the doctors of the 95th decided the best course of treatment was rest. To bring these men to fighting strength they were prescribed, "tranquilizers, sleep

[217] Wittkower and J. P. Spillane, "Medical Problems in War Neuroses in War," 266.
[218] Wittkower and J. P. Spillane, "Medical Problems in War Neuroses in War," 266.
[219] Wittkower and J. P. Spillane, "Medical Problems in War Neuroses in War," 266.
[220] Friedenberg, *Hospital at War,* 59.

medications, and a clean bed with undisturbed sleep."[221] By using this form of treatment, the hospital found that most men could return to combat forty-eight hours after being admitted, while others were evacuated to psychological facilities that could better treat them.[222] The rest treatment proved to be so effective that, late into the Second World War, the army began to use a modified system of it to treat most of their psychological casualties. This modified program, however, was difficult for those out in the field to perform as it induces more pain and suffering on the patient. Contradicting the philosophy of "do no harm," the Medical Department's sleep program went against the basic nature of the medic's duty to the men under his care. This caused some of the medics who performed the treatment to question their role within military medicine.

In contrast with the methods of approaching psychological casualties with food and rest in hospitals, the Medical Department began to make their own version of the rest treatment, one that brought new levels of pain to the sick and strained those who carried out the treatment. During the Battle of the Bulge, the Medical Department issued an injection containing sodium pentothal, which put GIs in a lucid dream state.[223] In this state, the soldier's dreams could easily be manipulated; doctors and aid men would take advantage of this by recreating the events that broke the soldier before arrival.[224] In the War Department Film Bulletin 184, a doctor and several aid men are shown recreating the sounds of an artillery strike as a soldier who was injected with the sodium pentothal screams in agony and makes himself as small as possible to avoid the incoming "shrapnel," his mind thinking he is reliving the events that brought him to the safety of the hospital.[225] The Medical Department believed that by augmenting the rest treatment

[221] Friedenberg, *Hospital at War,* 59.
[222] Friedenberg, *Hospital at War,* 59.
[223] *War Department Film Bulletin 184: Psychiatric Procedures In the Combat Area,* dir. United States War Department (1944 Washington D.C.) Digital Archive. https://archive.org/details/FB-184.
[224] *War Department Film Bulletin, 184.*
[225] *War Department Film Bulletin, 184.*

that the 95th saw high success rates with audio recreations helped the wounded get over their shock. They failed to realize that the new treatment created more pain and suffering then regular sleep could ever cause.

While the rest treatment was the preferred way of handling psychological casualties, medics found other ways of treating these types of patients. Keith Winston with the 100th Infantry Division began to treat casualties with comforts from home. As the war raged, Winston noticed a pattern amongst the infantry men that were admitted to the aid station. Winston observed that, "many boys have stumbled in for the front line for some medical aid-'minor' reasons-stomach upset, colds, foot trouble, etc."[226] The soldiers coming into Winston's aid statin were not the normal casualties that he had been experiencing. These men had begun to see the aid station as an escape from their fox holes and enemy fire. These troopers who were, "muddy, and dirty, and aching all over," took small comfort in the sparsely lit and warm aid station that was far enough from the line to be in "relative" safety but close enough they could return to their positions by morning.[227] For Winston, these men had seen more than their fair share of combat, so he decided to dedicate some of his most cherished possessions to help worn out soldiers.

During his time in Europe, Winston's wife had sent care packages filled with various items from home, such as his favorite foods and treats. Winston gave these care packages new meaning as he used them to treat those who were suffering from battle fatigue. As the men came into the aid station, Winston would greet them with the items his wife provided as a way to bring

[226]Keith Winston, to Sara Winston. Letter. February. 15. 1945, in Keith Winston, *V…-Mail Letters of a World War II Combat Medic*, ed. Sarah Winston (Chapel Hill: Algonquin Books of Chapel Hill, 1985), 175.

[227] Winston to Winston, February. 15. 1945, *V…-Mail*, 175. Similar to Christine Hallett's findings, Winston created an environment that shift away from a war time environment and integrated treatments that provided a level of emotional care to the patient. Christine Hallett, *Containing Trauma* (Manchester, Manchester University Press; 2009), Chapter 2.

them a level of comfort that the front could not provide. When men entered the aid station, Winston had, " hot bouillon, tuna salad and anything else I can lay my hand on" to create a "nice little spread" for the weary infantry.[228] Understanding that these men missed the comforts of home, war pushing them further and further away from the life they had once knew, he decided to treat these men with hot food and a place to escape and he relied on his wife's constant stream of packages to keep many going.

Using his wife's care packages, Winston's job as a medic took on yet another nontraditional role, one most often assigned to the Red Cross. What he felt was a major failure on the part of one of the war's well-known morale resources, when the Red Cross finally made it out to his unit, Winston found that "I do say that where it is needed most- they're badly lacking."[229] Winston was not responsible for the morale of the units he was treating in the aid station, but took it upon himself to maintain it as much as possible. Medics saw morale as more than a motivating force; it was essential for the treatment of the wounded. He ensured his patients' spirits were high as they faced the most difficult part of their war. While Winston distributed what small comforts came from home, mostly what he could scavenge from his wife's parcels, the Red Cross, who were intended to do the same, were nowhere to be found. Seeing another hurdle to his patient's care, Winston filled another nontraditional role left to the medic when all else failed. Medics, such as Winston, again and again were tasked with duties they were never meant to fill and were sometimes frustrated by it. Writing to his wife, Winston made his disdain for the organization known, "I see it as a glamour outfit- basking in the glory of being 'overseas' and 'doing a fine job' to the rear echelons where it's safe," while at the front

[228] Winston to Winston, February. 15. 1945, *V…-Mail*, 175.

[229] Keith Winston, to Sara Winston. Letter. January. 28. 1945, in Keith Winston, *V…-Mail Letters of a World War II Combat Medic*, ed. Sarah Winston (Chapel Hill: Algonquin Books of Chapel Hill, 1985),, 165.

they were nowhere to be found by his unit.[230] Winston had even turned to his wife as a means of acquiring items that they were traditionally delivered by the Red Cross to those at the front. When the men of his unit were looking for a distraction from the monotony and horror of war, Winston wrote to his wife, "the boys were talking about getting a Bingo game. Could you pick one up?"[231] For Winston, his wife was not only his lifeline but also that to the men under his care as well.

For those on the front, it was difficult to confront the realities of psychological cases amongst the men they had been serving with. At Towne's aid station, he and his men came to the full realization of the difficulty of treating such men when the regimental chaplain required treatment. The chaplain had spent many hours in the aid station during several campaigns, but when he returned to receive treatment, Towne, "was amazed that he did not recognize me or the others in the aid station."[232] The chaplain had accompanied the station through multiple battles, as well as being close to many men due to his position in the regiment. During the campaign for North Africa, the chaplain had lost 350 of his flock in one battle and was visibly shaken from collecting, "the dead men's meager personal belongings and send them back to their families."[233] Having to cope with the loss of so many men who had turned to him in guidance, he chose to forget the living so as to not remember any more of the dead. After this, Towne grew ever more concerned with the men he was labeling as having an anxiety state as, "I often wondered if this was fair because somehow anxiety state leaves a stigma."[234] This constant exposure to men who

[230] Keith Winston, to Sara Winston. Letter. March. 27. 1945, in Keith Winston, *V…-Mail Letters of a World War II Combat Medic*, ed. Sarah Winston (Chapel Hill: Algonquin Books of Chapel Hill, 1985), 200.

[231] Keith Winston, to Sara Winston. Letter. Febuary. 21. 1945, in Keith Winston, *V…-Mail Letters of a World War II Combat Medic*, ed. Sarah Winston (Chapel Hill: Algonquin Books of Chapel Hill, 1985), 176.

[232] Towne, *Doctor Danger Forward*, 111.

[233] Towne, *Doctor Danger Forward*, 39.

[234] Towne, *Doctor Danger Forward*, 144.

had long served next to them having succumbed to the psychological toll of war weighed heavily on the medics. They saw it as their mission to aid both body and mind.

As the experiences of medics during the Second World War and Vietnam revealed, the duties of medics far surpassed those of physical medical care in combat spaces. Taking care of all facets of the human condition, from those who suffered from anxiety state or battle fatigue to men whose spirit had become heavy from the horrors of war, it is important to understand that medics were always taking care of their patients. They were, in this capacity, the major support system for the platoon or company. Their actions not only saved the wounded but allowed those suffering from the emotional wounds of war to be evacuated, treated humanely rather than be stigmatized. Even when the Medical Department mandated that more severe measures be taken to treat the wounded, medics routinely found ways to treat men by restoring their humanity rather than subject the wounded to the same tortures that drew them off the line to begin with. The close relationship between the riflemen and the medic created an environment where doctor and patient were closer than in the civilian world. This relationship subjected the medic to the reality that he was treating patients that were not strangers, but friends formed in the most trying of times. The toll of providing diverse, all-encompassing care to the soldiers under their protection exacted a heavy burden on the medic, however; a burden that reached its limit as friends fell all around them.

Chapter 3: Move on

"During the sixty years since 1945, not a night has gone by that I haven't lain awake and fought the war over and over. I think of my close friends who died, and sometimes in the middle of the night I cry for them. I never cried during the war."[235] For Robert Franklin and many other medical troops, their war never stopped as the events they witnessed and took part in replayed over and over again in nightmares or flashbacks triggered by scents and sounds and the feeling of never escaping a hostile environment. The final fundamental mantra of the medic's duty, to "move on" has several meanings. On the battlefield, it was clear: move on to the next patient, keep pushing to save one more life or comfort one more dying friend. Psychologically, move on meant the patient was gone, compartmentalize the loss, the trauma, and the death, and move on to the next injured or dying trooper. The medic's position on the battlefield did not allow them to properly process the traumatic sights around them, the broken bodies of friends, the confessions of the dead, and the reality that doc was not enough had to be shoved deep inside the medic in order for him to work. The feelings of fear, helplessness, and anger among others resurfaced years later, forcing medics to suffer from what the medical community refers to as "replay" or the act of re-watching a case play out over and over, second-guessing treatment and one's own ability as the patient died in the care of the one person who could have saved their life.[236] The sights and sounds of battle never leave the soldier just as the sights and sounds of trauma medicine never leave the care provider. This chapter examines how the effects of caregiving in wartime affected medics during and after war. Often overlooked by both the military and civilian worlds, the true traumas of performing medicine in the combat zone are often unknown to all but

[235] Franklin, *Medic!*, 145.

[236] https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967 . The term Replay has several synonyms. The Mayo Clinic calls the event a flashback. The origins of the word replay in this thesis, comes from a registered nurse I had explained the project too, who called her flashbacks, replays.

the men who lived through it, but are important to understanding the true costs of war and medicine. These costs affected both those on the frontline as well as medical personnel stationed in civilian hospitals; those who attempted to create an environment of healing were faced with the cold reality that death founds its way into every facet of care.

Contact

Every person, from the riflemen to the medic, reacted differently to combat; only with time and constant exposure did some learn how to navigate the battlefield, to perform their duty. When medics arrived to combat situation, their training manifested in different ways. Some were able to keep their composure while others struggled under the pressure. As the First Infantry Division and Allen Towne landed on the beaches of Oran Algeria in 1942, it would be the first time he and most had seen the horrors of war. As Towne and fellow medic, Billy Edwards, treated their first casualties of the war, Edwards "was very nervous and excited," to the point that the aid man had forgotten his training.[237] Within moments of stepping on the battlefield, the aid man had buckled to the pressure of war, and Towne needed to step in. Towne remembered that before Edwards poured pure alcohol on a gaping wound he had, "pushed him aside and poured on sulfa powder, and because the wound was so large, put on several dressings."[238] Towne's quick reaction to the situation had stopped Edwards from causing further complications to the wounded in his panicked state, the pressure of helping the injured overtaxing the medic's ability to process what was unfolding around him. In medicine, an action could have devastating consequences, as the *Battlefield Medical Manual* explains the reasoning behind Towne's

[237] Towne, *Doctor Danger Forward,* 19.
[238] Towne, *Doctor Danger Forward, 19.*

decision to stop Edwards[239]. If Edwards had poured the pure alcohol on the wound, the substance would "destroy the cells of the body which dispose of the pus bacteria before killing the latter," thus compromising the wound. [240] Medics entering combat for the first time became overwhelmed by the sights and sounds arounds them. All the while the wounded fought for their complete attention. With time measured in seconds, one small mistake on the battlefield could prove devastating for both, the health of the patient and the medic who struggled to save his life.

Within mere moments of entering combat, Robert Smith quickly learned the limitations of his own skills in medicine. As Smith entered combat in France 1944, his brain could not process the sights around him. As his unit advanced, Smith reflected, "how I had sat in a truck, stupidly refusing to believe we were being shot at by artillery and small arms fire," until the truck's canvas cover was shredded by enemy fire.[241] For the young medic, war was something that happened to other people, not to him. The reality of the situation had struck Smith when he encountered his first casualty of the war. As Smith scrambled out of the transport, he fell and landed on top of a casualty that had been disemboweled by the same enemy artillery fire that had targeted the unit's vehicles.[242] In the seconds after the shock of reality, Smith came to realize that there was not much he could do for the wounded man, even with his training. "None of my training had shown me what to do with a man in that condition," was his only thought as he stared at the trooper's wound.[243] Nothing Smith had done up until that point had prepared him for the task at hand. Smith bandaged the man as best he could even though, "I did not know if he

[239] The BMM was the field manual on how to perform first aid and EMS, for medical personnel on the battlefield.

[240] US War Department, *The Battlefield Medical Manual* 1944, 122-123.

[241] Smith, *"Medic",* 7.

[242] Smith, *"Medic",* 7.

[243] Smith, *"Medic",* 7.

were alive or dead," all he knew was he had to do something.[244] No matter how many hours of training a medic had received, combat was the great equalizer. The sterilized environments that had been Walter Reed Hospital or Fitzsimons General never truly prepared the medic for the chaos and confusion that was combat. As Smith learned, when he was elbow deep in his first combat casualty, wounds were not cleanly cut, that no amount of training could desensitize the sight of a man's intestines spilling from his torn stomach. All Smith could do was bandage and move on to the next soldier as the infantry pushed onward.

Zachary Friedenberg and the other members of the 95th Evacuation Hospital also learned their limitations by facing one of their most harrowing moments of the war, a mass gangrene outbreak. For Friedenberg, it was one of the hardest events of his medical career, "just out of a two-year internship, I had my doubts about my ability to treat these people," yet he had forty mortally wounded patients under his care.[245] Shortly after the landing at Salerno Bay in 1943, the 95th was flooded with soldiers and civilians who had been wounded during the amphibious assault.[246] As Friedenberg examined patients, "to my horror, I discovered patient after patient had the bloated purplish mottling of gas gangrene."[247] There was nothing Friedenberg could do for these patients as the gangrene had spread too far into the blood stream. Working through the night, Freidenberg and the other members of the 95th evacuation hospital treated their patients as best they could. Friedenberg did not remember the faces of the wounded only their voices, "*Mia bambino…mama mia*…the Lord is my shepherd…Mother of Mercy…*Mein Gott*… Doc, do something, I can't breathe."[248] During the night, Friedenberg could not escape the cries of his

[244] Smith, *"Medic",* 7.
[245] Friedenberg, *Hospital at War,* 45.
[246] Friedenberg, *Hospital at War,* 45.
[247] Friedenberg, *Hospital at War,* 46.
[248] Friedenberg, *Hospital at War,* 45.

patients. He was able only to perform the most minimal treatment with what little supplies was on hand. Friedenberg "had morphine syrettes, boxes of them," which he "dispensed liberally," to dull the pain of the gas gangrene and allow death to come easy.[249] Friedenberg's years in medical school had proved fruitless in a matter of hours. As "this night of horror" came to a close, he reflected on "how impotent a doctor was without the drugs and tools of his profession."[250] In the span of a night all the advances of modern medicine, formulas, treatments, and technology that the members of the 95th relied on were virtually useless as the gangrene claimed patient after patient. The young doctors were confronted by the reality that no matter how hard they worked on a patient without the proper tools the skill of the men of the Medical Department could only go so far.

For medics who had been rushed through training, this reality was even bleaker, as they struggled to do what little they could. Robert Franklin and his unit were fighting in the Matese Mountains in Italy when the unit command post (CP) had been struck by artillery fire.[251] One of the most severe cases on scene was of a young replacement soldier whose lower jaw had been torn off by shrapnel, "I've never forgotten the boy without a jaw," Franklin remembered long after the attack.[252] As he treated the young soldier, he noticed, "his eyes looked terrified while I bandaged him."[253] Not only was Franklin in a position where he was treating some of the worst wounds he would see throughout the war but was also confronted by the need to reassure the young soldier. "You're going to be okay," bringing some much needed reassurance to the wounded soldier.[254] These patients never left Franklin's mind, decades after the war ended and

[249] Friedenberg, *Hospital at War,* 45.
[250] Friedenberg, *Hospital at War,* 46.
[251] Franklin, *Medic!*, 70.
[252] Franklin, *Medic!*, 70.
[253] Franklin, *Medic!*, 71.
[254] Franklin, *Medic!*, 71.

we were supposed to move on, the scene still returned with such clarity that the young man's face still haunted him. Battlefield medicine is more than just treating the wounded, but assuring them they will live as normal men afterwards, all while the medic fought a crushing sense of hopelessness relying on his own skills and limited supplies he struggled to perform the task.

By the 1960's, a new factor in combat had its own devastating effects on medics, especially those who were engaging the enemy. When leaving the battlefield, at LZ-4 Charles Kinney gazed upon the body of one of his friends, Roy Duthu, when he realized "I would be living on borrowed time… I would do my best to save as many men as I could."[255] A part of Kinney had realized that he had failed the men of his unit by firing his weapon, only providing medical care to those in his direct vicinity. While being treated at one of the field hospitals in Vietnam for the wounds he had suffered at LZ-4, Kinney reflected, "during the fighting at LZ-4 I had instinctively acted as an infantryman and not a medic."[256] The reflection had haunted Kinney during his recovery. He had failed the men of his company by giving into his instinct. For Kinney, the gravity sunk in more and more as he had realized, "I chose to kill the enemy rather than look for and care for my wounded comrades."[257] What Kinney was experiencing was a form of *Themis*, as he had betrayed his comrades by failing to do his job in combat. He had abandoned his role on the battlefield and left the wounded to tend to themselves and the other medics from the company. LZ-4 was a turning point for Kinney's war: he realized that his job on the battlefield was more important to the health of the company then aiding the riflemen in fighting the enemy. Before leaving the hospital and rejoining the men of his company, Kinney vowed,

[255] Kinney, *Borrowed Time,* 32.
[256] Kinney, *Borrowed Time,* 47.
[257] Kinney, *Borrowed Time,* 47. What Kinney was experiencing was a form of *Themis*, as he had betrayed his comrades by failing to do his job in combat. The topic of *Themis* is covered in detail in Ch1. of *Achilles inn Vietnam* by Jonathan Shay.

"never to do that again, and though I carried an M-16 or 45 cal. Pistol everywhere I went in Vietnam, I never again had cause to fire my weapon in battle."[258] In Vietnam, some medics were drawn into the chaos of combat, distracting them from their true purpose of aiding the wounded.

Unlike the operating theatres of hospitals back in the United States, where one's attention was totally on the patient, in combat, the medics attention was split between the wounded and the battle being waged. To prevent this feeling of helplessness, more experienced medics often took the time to train aidmen new to combat to the nuances of medical care whenever possible. When Ben Sherman tended to his first casualty on the battlefield, Robert E Lee Smith Jr. or Smitty, a more experienced medic, taught Sherman the types of wounds he wound encounter in the jungles of Vietnam. "Bubba, come here," Smitty said as he began his lecture using a deceased GI's body as reference.[259] Finding it prudent to give his new medic a proper understanding of what exactly he would be facing in Vietnam, Smitty wanted to ensure that Sherman would know exactly how to treat the wounded regardless of what had hit them. Smitty explained that the GI had been hit by a round from a Russian made AK-47 because the bullet, "rifles clean through" the body.[260] Smitty had been in Vietnam much longer then Sherman, and as such, knew the trauma induced by each round needing different styles of treatment. If the soldier had been hit from a captured M-16, he continued, then the wounded would have "an entry wound might be small, but the exit wound'll blow a manhole."[261] As soldier on both sides of the conflict used overwhelming volumes of fire, medics worked tirelessly to treat the devastation that both armies rifles brought. Smitty needed Sherman to understand that properly identifying an injury was just as important to treatment as where the soldier was hit. The experience Smitty gained during his time in the

[258] Kinney, *Borrowed Time,* 47.
[259]Sherman, *Medic!,* 136.
[260] Sherman, *Medic!,* 136.
[261] Sherman, *Medic!,* 137.

conflict was passed from him to Sherman so the rookie medic understood just how difficult the task ahead of him was.

While Sherman was lectured on the nuances of battlefield care in Vietnam, he could not help but react to the battle all around him. As medics moved across the battlefield, they had to keep track of the fluid nature of combat. One wrong move could cause a medic to unknowingly move across the enemy's field of fire. Focusing too much on the wounded could also result in a medic's position being overrun, placing both the patient and the medic's lives in jeopardy. Finding the balance crucial was paramount to the rescuing the wounded. Sherman found it difficult to pay attention as, "I'd been around enough broken bodies to not be unnerved by the wound, but the chaos flying around me distracted me totally."[262] The sounds of the battle around him continued to divert Sherman from his battlefield lesson: "oh man theirs or ours? Is that coming in or going out? Am I supposed to keep ducking every time a blast goes off nearby?"[263] The battle around Sherman had totally absorbed him, as Viet Cong guerrillas and U.S. troops laid down torrents of fire to control the battlespace. While Smitty attempted to teach the medic how to treat wounds, Sherman was also busy focusing on a fight that had drifted further into the jungle, the noise of the running gunfight still battling for his attention.[264] Helpless in the face of enemy fire, medics were simultaneously confronted by how their own skill could prove hopeless for the wounded, as they struggled to control what little they could on the battlefield.

Mass Casualties

[262] Sherman, *Medic!*, 136.
[263] Sherman, *Medic!*, 136 .
[264] Sherman, *Medic!*, 137 .

Each battle a medic worked was unique, not just in the wounds inflicted on the men in their care, but in the ferocity of which these wounds occurred. A medic could easily be overwhelmed during an assault as the enemy pushed toward U.S. positions or vice versa. During the Battle of the Bulge in WWII, Robert Smith learned that one of the medic's greatest weaknesses was not only the devastation on the human body in combat, but also the number of soldiers wounded at any given time. As Smith and other medics tended to the casualties of the German offensive in the Ardennes forest, they were treating wounds the like they had never seen, "the sheer horror of bodies, ripped open and others blown apart made us numb."[265] Not only were casualties being sustained at a high volume but the types of wounds overwhelmed the medics of the 28th Infantry Division, "What does one do with that part of the limb that is still attached to the body but only by a thin string of flesh?... How does one bandage a face missing a jaw?"[266] As the battle raged, more and more casualties came in that were outside of Smith's knowledge.

As Smith treated more wounded from the German advance, he could not escape the feeling of helplessness that had set in with every new casualty. This was a reality for medic that is often left unspoken. As time worked against him, Smith reflected that, "we did what we had to do, and hoped that it was the right thing when, and if, we had time to think about it later."[267] The events of the battle left Smith feeling like he was no longer a medic, his limited medicine barely assisting those he could make it to. As the battle raged, Smith no longer felt like he was practicing medicine, instead, "only butchers looking at a cut of meat in our shop."[268] Performing acts of medicine under the stress of combat slowly wore away at the men who were tasked with

[265] Smith, *"Medic",* 85.
[266] Smith, *"Medic",* 86.
[267] Smith, *"Medic",* 86.
[268] Smith, *"Medic",* 85.

performing on the battlefield. The sights, sounds, and smells permeating the medics' senses, haunting him as he questioned his ability to care for the wounded. As more casualties poured into aid stations in the Second World War, there was no time to think, only act, the nightmares coming later, only then did one have time to question if they were good enough to continue.

For Ben Sherman, the most trying moment of his time in Vietnam came in 1969 when the 28th Evacuation Hospital needed every available medic. The evacuation hospital had been filled with wounded from the battle of Vinh Loc, where U.S. forces sustained heavy casualties against the regular forces of the North Vietnamese Army. When Robert E. Lee Smith Jr. aka. Smitty and Sherman's helicopter landed at the 28th Evac Hospital, Smitty's only words to Sherman were, "Seein' real war here, Bubba."[269] Over the previous months, Sherman treated men who had been engaging Viet Cong guerillas, but now Sherman was exposed to the devastation of two professional armies clashing on the battlefield, resulting in mass casualties. Similar to what Smith had experienced at the Battle of the Bulge during World War II, the wounded admitted to the 28th Evacuation Hospital were suffering from various critical injuries. As the two worked they "were up to our armpits in every kind of injury imageable," at a pace that left no "time to even wipe our hands, much less scrub."[270] The mass casualty events of the Battle of the Bulge and Vinh Loc beat down medics mentally and physically as there was only time to move from patient to patient. In the case of the 28th Evac Hospital the situation proved grave as medics and doctors were in short supply and reinforcements were small in number.[271] As a matter of fact, Sherman and Smitty were some of the few reinforcements for the hospital during the mass casualty event at the 28th Evac. Hospital.

[269] Sherman, *Medic!*, 200.
[270] Sherman, *Medic!*, 201.
[271] Sherman, *Medic!*, 202.

Work at the 28th was nothing like what Sherman had experienced before that day. When remembering the site of the of the 28th Evac Hospital Sherman explained, "the 28th looked like medical hell compared to our tidy little triage and operating room on the *Nueces*."[272] While aboard the medical ship, Sherman had access to operating rooms or resources that were readily available but, the 28th put Sherman and Smitty to the test as more and more severely wounded patients were flown in. As the battle of Vinh Loc raged, there was no time for the medics to treat these casualties with the same level of care that could be afforded elsewhere. "If a gut wound oozed innards, we might try to shove them back in and cover the wound," and move onto the next.[273] For those who lost an appendage the situation was worse; "if a piece of flesh or bone or part of an arm or leg or hand became separate from the body," it was left where it lay, with no attempt to reattach the appendage.[274] As Sherman worked on patient after patient, it began to tear his defenses down in similar ways to those experienced by medics during World War II. When he and Smitty finally left the evacuation hospital, "the vision of bloated bodies and scraps of meat being pushed along the floor grabbed hold of my own intestines."[275] Sherman with tear-filled eyes began to plead with God to remove the nightmares from his mind as he could not shake the horrors he had witnessed.[276] Mass casualty events did not just test a medic's skill but his mental faculties. There was no time to think only act, not to process what was going around them but rely on instincts drilled into them. Time to think came when it was all said and done, with only the nightmares of broken bodies remaining to haunt the medic, to make him question if he did everything, he could have saved the men under his care.

[272] Sherman, *Medic!*, 203.
[273] Sherman, *Medic!*, 203.
[274] Sherman, *Medic!*, 203.
[275] Sherman, *Medic!*, 205.
[276] Sherman, *Medic!*, 205.

The Stress of treating men under fire

As war raged on, the aid men of the Medical Department began to feel the weathering effects of combat not only on their patients but also on themselves. Medics were prone to suffering from the same psychological breaks as their patients. As more casualties were sustained and the medic was forced to treat friend and replacement alike, it became more difficult for those on the front to keep their mental faculties in check. The longer a soldier was exposed to combat the more likely they were to suffer some form of mental break. In medics, this manifested in several ways. Some men succumbed to battle fatigue, while others became so paralyzed with fear they were unable to perform their duties to their patients. In other instances, tempers flared in the aid station or on the front-line, causing medics and doctors to make rash decisions. Like infantrymen the medic found their own ways to cope with the various struggles of combat.

As medics treated patient after patient, they needed to come to the reality that no matter how hard they worked a patient could die. For some, this was a difficult prospect as a medic could spend hours treating a patient only to realize the effort was fruitless as the trauma inflicted on the body was too much to recover from. The men of Towne's aid station in World War II were not strangers to losing men they were treating, but one patient was the breaking point for one of their dedicated doctors. While the 1st Infantry division pushed through the Belgium countryside, the aid station was flooded with casualties. One causality had started out as a simple case with a shell fragment in the soldier's legs, but when one of the medics cut the GI's trousers, "the blood spurted from the man's leg as if it was from a hose."[277] To prevent the GI with the leg wound from succumbing to shock, Towne, "immediately set up and sterilized some large

[277] Towne, *Doctor Danger Forward*, 158.

syringes and needles," to perform an emergency blood transfusion on the patient.[278] But in the end it would prove too late. Combat was an unpredictable environment that required medics to react quickly to the slightest change in the patients. What on the surface was a simple case for medical personnel could quickly spiral to an event that shook the medic to their very core.

The death of a patient is a burden all medical professionals had to bear. The doctor treating the soldier was devastated at the loss: "the doctor who had started the transfusion of whole blood had been getting flustered and red in the face," as "sweat was dripping from his forehead."[279] When the patient passed away, the doctor had become distraught that his efforts were not enough.[280] This experience resulted in the doctor acting counter to the ethics of all medical providers. One of the core values of the Medical Department, and of medicine as a whole was to treat all patients "*without distinction of nationality*" in times of peace and war.[281] In this case after losing the American soldier, the doctor was confronted with several German soldiers; "one of them, an SS soldier, was in deep shock."[282] Under normal circumstances, this patient would be treated in accordance with the Geneva Convention and the standards of medicine. However, as Towne went to treat the SS soldier, the doctor intervened, stating "this German is the cause of this. Take him outside and let him die."[283] The doctor was so overcome with rage at the loss of a patient, that he not only abandoned international law but the medical oath to do no harm and treat all patients regardless of who they were. [284]

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[278] Towne, *Doctor Danger Forward*, 159.
[279] Towne, *Doctor Danger Forward*, 159.
[280]Towne, *Doctor Danger Forward*, 159.
[281] US War Department, *The Battlefield Medical Manual* 1944, 16.
[282] Towne, *Doctor Danger Forward*, 159.
[283] Towne, *Doctor Danger Forward*, 159.
[284] The actions of the Medical Officer highlight the concerns of the American population as the Second World War came to an end. There was mounting concern over an entire generation that had been mobilized for war returning and acting on their combat instincts. Fears of out of control veterans began to consume life on the Homefront as it was feared these men would act on their violent impulses brought on by war on the civilian

Constant exposure to death and destruction jaded many who had fought in the Second World War, medical personnel being no exception. The sight of watching their friends and comrades perishing under their care tormented medics with some, such as the doctor in Towne's aid station, forgetting their larger place on the battlefield. Acting as the humanitarian extension of the U.S. Armed Forces, the members of the Medical Department were expected to carry out its mission to preserve life, even when that life wore a different uniform. Towne ended up disobeying the officers' orders, taking the German soldier to another room and waiting for the Medical Officer to leave before bringing the patient back to the main area but, by that time, he had died from his wounds.[285] Treating patients on the battlefield pushed many to their breaking point, with some allowing their tempers to flare as patients died.

Robert Franklin had his own experiences losing his temper with other medical personnel as the war raged. As Franklin and his company pushed into a fortified German position, Franklin recalled how he discovered a wounded soldier who, "was slumped in the bush and rolled over lifelessly when I tugged at him," finding a faint pulse.[286] Rushing into action Franklin managed to get a riflemen to help carry the wounded soldier to a safer position.[287] With no plasma or whole blood Franklin could do little for the trooper until help from the aid station arrived. [288] As healthcare providers worked, there were occasional debates on which patients to save and which could not be no matter the treatments available. In this case, the doctor had pronounced the patient as deceased without feeling for a pulse.[289] Shortly after the doctor's pronouncement,

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population. This is further explored in Hans Pols article "War Neurosis, Adjustment problems in Veterans and an Ill Nation", *Osiris* 22, no.1 (2007): 72-92. https://www.jstor.org/stable/10.1086/521743?seq=1.

[285] Towne, *Doctor Danger Forward,* 159.

[286] Franklin, *Medic!*, 25.

[287]Franklin, *Medic!*, 25.

[288] Franklin, *Medic!*, 25.

[289] Franklin, *Medic!*, 25.

Franklin argued with the Medical Officers. He felt a faint pulse in the wounded soldier but the young doctor, "didn't check it; he told me I was feeling the pulse in my own fingertips."[290] Franklin was in a position that no medic wanted to be in; he would have to abandon treatment on the casualty even though he believed he could be saved. "I was mad as hell at that doctor… I hated to leave that boy," but Franklin had no other choice as others needed him just as desperately.[291] Even though Franklin was frustrated with the actions of the Medical Officer, he could not dwell on his anger, as the patient was no longer his responsibility. Franklin had fought fervently to keep that soldier alive, but the doctor's pronouncement that the effort was fruitless enraged the medic as he knew there was a chance.

With critical cases, medics and doctors were more prone to experiencing a loss of temper. As Franklin's company performed exercises, a German tank had snuck into their position and began firing on the unsuspecting men.[292] The fire from the tank was devastating on the men caught out in the open, believing their position to be uncontested. As Franklin worked to help the wounded he came across a grizzly sight of "one boy… almost cut in half," while his "buddy was holding him together."[293] Franklin quickly sent the soldier's friend to the aid station to get a doctor as the patient could not be moved.[294] As the doctor worked, Franklin was at his side as he "sewed things together in the blood-filled body cavity," afterward we "sewed the rest of him."[295] The doctor had worked tirelessly to save the young man. However, as he worked the doctor had forgotten Franklin was at his side. When Franklin returned to the aid station, the doctor had become furious with Franklin and accused him of cowardice for not helping with the man cut in

[290] Franklin, *Medic!*, 26.
[291] Franklin, *Medic!*, 26.
[292] Franklin, *Medic!*, 63.
[293] Franklin, *Medic!*, 63 .
[294] Franklin, *Medic!*, 63.
[295]Franklin, *Medic!*, 63.

two.[296] Franklin, aggravated with the accusation shot back, "who the hell do you think was holding that guy together while you sewed him?"[297] The confusion of the situation left the doctor too focused only on the patient, and not his surroundings. Working against heavy caseloads left medics and surgeons strained, as every member of the medical unit worked to save the wounded. The idea of one of their own shirking in this responsibility, strained tempers even further. The brief argument between Franklin and the surgeon provides an example of how combat medics were quick to call out those who could not pull their weight.

Treating those caught in the middle

As battles raged between armies, the civilian population was susceptible to being caught in the middle of the fighting. Medics provided aid to civilians alongside their military duties. Treating a civilian population often caused caregivers to face a darker side of war and medicine that haunted them long after the images of other casualties faded. Witnessing the larger destructive forces of war forced medics to confront the reality that once war began, death, destruction, and disease did not discriminate between soldier and civilian. For many civilians, the medics were the first healers or doctors that they had seen since war broke out during both the Second World War and Vietnam. While most of these cases were focused on disease, malnourishment, or other basic needs, others were brought in because of the conflict. These civilian cases left an impact on the men who operated on them, with some memories as vivid as the day they occurred, sixty years later. It was one thing to mend the wounds of those who had volunteered or were drafted to fight in a conflict; it was a wholly different beast psychologically to treat the innocent that were swept up in the conflict. Robert Franklin of the 45th Infantry

[296] Franklin, *Medic!*, 64.
[297]Franklin, *Medic!*, 64.

Division remembers that, "some casualties I cared for, mostly civilians, were so horrible I cannot write or talk about them sixty years later," and when he attempts to think about them he still cries for the wounded.[298] One such case was that of a French couple who came into the aid station to seek treatment for shrapnel from an artillery shell.[299]

The couple and their child had taken a brunt of the artillery shell's shrapnel. Their wounds were so numerous and severe that Franklin was in, "wonder that they were still alive and conscious."[300] The wounds that were inflicted on the patients pushed all involved to perform to the best of their capabilities. The young man had suffered, "multiple lacerations, penetrating, and perforating wounds, and broken limbs," while "both breasts had been amputated as though surgically removed," from his wife along with multiple other injuries. [301] The members of the aid station moved quickly to save the wife and husband. While the doctor was confident that both the husband and wife would survive he "held out no hope for the mutilated baby."[302] The memory haunted Franklin not only due to the mutilated bodies but how the young couple handled their situation.

As the medics and doctor worked to save the couple, they had never left each other's side. When they were brought into the aid station, the litter bears had "lay the litters on the floor, almost touching."[303] As they lay there, the couples' acts of affection had stayed with Franklin. While the medics worked, Franklin could not help but notice that the, "woman and her husband looked at each other across their litters."[304] This small moment of human emotion in the middle a

[298] Franklin, *Medic!*, 132.
[299] Franklin, *Medic!*, 132.
[300] Franklin, *Medic!*, 132.
[301] Franklin, *Medic!*, 132.
[302] Franklin, *Medic!*, 132.
[303] Franklin, *Medic!*, 132.
[304] Franklin, *Medic!*, 133.

warzone had floored the medic. He had seen his friends killed and maimed at a rate that continuously wore down his psychological health, but the affection between the two, "it was a look of love I've only seen in movies."[305] For Franklin the sight of them as, "they reached out and held hands," has been burned into his memory, as it revealed a small glimpse into the horrors of war that they had not seen before. [306] After seeing countless friends perish under his care, one of the most haunting cases was not that of a friend but two strangers, who held each other as the American soldiers struggled to save both their lives. War had pushed the medics of the 45th beyond what they thought possible. They had watched friends die in scores, but the sight of the young family brought new meaning to what it meant to perform medicine in a warzone.

While medics attached to frontline units dealt with civilian patients on rare occasions, other members of the Medical Department handled civilian patients regularly. Jim Van Straten was the US Medical Advisor in I Corps of South Vietnam from 1966 to 1967, and during this time Van Straten worked in various hospitals in the sector.[307] As he worked, he was struck at how a civilian population at war handled healthcare along with how different cultures impacted the practice of medicine. Upon first arriving at Duy Tan General Hospital, Van Straten learned firsthand how complex care was in Vietnam. As his Vietnamese counterpart, Major Pham Viet Tu, "at one point… looked at a patient for a moment, went over to the bedside, reached for the man's wrist to take his pulse, and then gently covered his face with the bedsheet."[308] This happened several times as the tour of the hospital went on. "I could tell it happened often," Van Straten remembered.[309]

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[305] Franklin, *Medic!*, 133.
[306] Franklin, *Medic!*, 133.
[307] Van Straten, *A Different Face of War*, 1.
[308] Van Straten, *A Different Face of War*, 27.
[309] Van Straten, *A Different Face of War*, 27.

The Vietnam War proved to be difficult for all U.S. forces, as it combined both a conventional war against the Army of North Vietnam and a guerilla war against the Vietcong. Because of this, the Medical Department used some of its staff to assist their South Vietnamese allies, and some U.S. doctors were tasked with helping civilian patients. Along with Van Straten, "a team of Volunteer U.S. physicians, nurses, medical technicians, and administrators," were sent into I Corps to "supplement the hospital's Vietnamese staff."[310] U.S. medical personnel were eager to help Vietnamese civilians in an effort to do both good and ensure their skills would not get rusty due to the "ebb and flow of war."[311]

As the war continued, the fight to win the hearts and minds of the civilian population was becoming more heated. One of the difficulties faced by U.S. medical troopers was a constant battle to treat the Vietnamese population while simultaneously fighting Viet Cong interference as well as Vietnamese culture. One of the greatest hurdles that medical teams faced was Vietnamese beliefs. According to Van Straten, for example, it was part of Vietnamese culture that, "God sends a deformed child into the world to punish the parents for their sins," correcting that deformity was seen as "to tamper with the relationship between man and God."[312] Because of this many parents of children that Van Straten and others wanted to help opposed the corrective surgery they were offering. This dilemma also highlighted the difference in approach to hospitalization between a combat environment and a civilian hospital. For those in the combat zone, it was difficult to adjust to waiting to help those in need. Van Straten wrote to his wife how, " I just wish I could get my emotions under better control at the time of a setback."[313] In a

[310] Van Straten, *A Different Face of War,* 38. Vietnam was divided into 4 Corpse, with I Corps being the most northern of the Four. It fell under jurisdiction of the US Marine Corps and Navy. Van Straten and his command staff were the only US Army assets in the Corps.
[311] Van Straten, *A Different Face of War,* 32.
[312] Van Straten, *A Different Face of War,* 90.
[313] Van Straten, *A Different Face of War,* 90.

civilian operation room, the patient's consent determined the course of an operation. Civilian doctors had it ingrained in them that the final decision in an operation laid with the patient. In a combat zone, consent was superseded by the need to save life, the surgeon the executive over the patient. This change in protocol was further complicated by the necessity to respect the local custom of the country, where U.S. medical troops were deployed.

The nature of warfare during the Vietnam War also made it difficult to treat civilian patients as guerilla forces and the U.S. and South Vietnamese military began to compete for the hearts and minds of the people. As the battle for hearts and minds raged, the Medical Department was at the forefront of U.S. strategy. One of the most difficult parts of this strategy for medical personnel was finding patients to help. Shortly after arriving in country, Van Straten learned this the hard way. As Van Straten and his translator Sergeant Thong attempted to convince an injured child's mother to take her to the naval hospital the Sergeant noted that the mother was not concerned with the evaluation they had offered but, "she was concerned about the Viet Cong."[314] Van Straten was perplexed at this answer at the time, as he did not realize the ramification of U.S. aid to the civilian population. As the two continued their conversation, Thong informed Van Straten that, "many people feared that if they cooperated with the Americans in any way," even medical treatment, they were subject to scrutiny by the Viet Cong.[315] These conditions made it difficult to treat those in the South who desperately needed procedures. Not only did this make it difficult for the Medical Department to care for a population they were tasked with winning over, but it affected their morale as well, as easily treatable cases opted to remain as neutral as possible

[314] Van Straten, *A Different Face of War*, 48.
[315] Van Straten, *A Different Face of War*, 48.

in the conflict. The act of being unable to act went against many of the beliefs of the medical personnel.

While treating the civilian populace left many with feelings of helplessness, there were also positive impacts on medical personnel as they treated their patients. Phan Thi Tuyet was a four year old girl who was wounded during the Buddhist uprising in Da Nang, her arm was rendered nonfunctional as a piece of shrapnel had struck and torn apart her axilla.[316] The sight of the girl drove Van Straten to act in order to give her a better life. After tracking down her mother, Van Straten with the help of Sergeant Thong, was able to convince her that Tuyet would "have a better life if the injury could be corrected."[317] Van Straten worked quickly to get the procedure scheduled at the Naval Hospital in Da Nang. A neurosurgeon with the hospital evaluated Tuyet and agreed to, "personally perform the operation when his schedule allowed."[318] The doctor and his assistant worked on Tuyet were able to "rejoin two of the three major bundles of nerves that controlled the arm."[319] What started out as a case with the potential to fall through changed to have a positive outcome for Tuyet and her family. Throughout his tour, Van Straten would run into Tuyet who showed remarkable improvement as her arm gained more and more strength. For Van Straten this outcome was especially poignant: "I think of that little girl often."[320] While the Medical Department often treated wounds that wore down their medics and medical officers, some cases brought joy to the men who performed them as they could see a positive outcome on a population ravaged by war. After countless cases that had pushed medics

[316] Van Straten, *A Different Face of War,* 48. Axilla: the armpit. Taber's Cyclopedic Medical Dictionary, s.v. "axilla". In this case shrapnel had entered Tuyet's, axilla and severed the tendons of the muscles that connecting the arm to the toros, rendering the arm useless.
[317] Van Straten, *A Different Face of War,* 48.
[318] Van Straten, *A Different Face of War,* 49.
[319] Van Straten, *A Different Face of War,* 49.
[320] Van Straten, *A Different Face of War,* 50.

and doctors to their limits, cases like Tuyet's brought moments of reprieve from the war. Medical personnel were able to carry out their missions of medicine and winning hearts and minds, all while ensuring the skills needed to treat combat casualties were maintained. With few moments of reprieve from the war, what little good was achieved by medical units did more to help cope with the war than possible; it allowed a memory of peace surrounded by memories of torment.

Coping on the Battlefield

Soldiers have struggled to cope with the horrors of war as long as men have clashed on the battlefield. Yet, the complex experiences of the medics who also faced these horrors are not as prevalent as those of combat soldiers, but are just as important for understanding the traumas of war. As medics saw their friends perish under their care, trauma built to a boiling point. Medics began to find various outlets for their stress and began to utilize various coping methods when available. Among these was the consumption of alcohol, while others sought the company of women to distract them from the battlefield. Like their patients, medics began to feel the effects of battle fatigue as both the Second World War and Vietnam dragged on.

Alcohol was a common coping mechanism amongst some of medical troops in the European Theatre. Robert Smith's First Sergeant in the 28th Inf. Division was no exception as Smith remarked, "among his specialties was a magic gift for turning undrinkable liquor," such as the aid station medicinal alcohol, "into something that could be swallowed."[321] Pops, as the First Sergeant was known, would not keep his concoctions to himself and would make a habit of allowing the lower enlisted men to partake in his drinking rituals. Rarely though did these

[321] Smith, *"Medic",* 103. Throughout his work, *Signature Wounds*, David Kieran highlights how alcohol abuse one of the indicators the Army used in the twenty-first to determine the mental health of troops both during and after deployment. The topic is referenced throughout the book.

adventures end well for the men who joined Pops in drinking. On one occasion as the men of the aid station drank with their First Sergeant in a drunken state he related to them, "his story about the Germans having a personal grudge against him."[322] The medics thought that the First Sergeant was drunk as his story continued, but quickly learned there was some truth to the man's story. As the group stumbled outside to relieve themselves, 100 feet from them "we saw the explosion and then heard the sounds as we fell to the ground."[323] In disbelief the medics all hit the ground but their First Sergeant who stood there in defiance swearing at the German artillery gunners and friendly medics alike.[324] As men drank near the front to ease the burden of the horrors they saw in the aid station or in the trenches, they put themselves and others at risk. On the frontline every soldier needed to be on alert form a sudden attack from the enemy. But for those who had been driven to the end of their rope any relief was enough even at the cost of one's life. [325] Low morale along with an erratic daily routine had pushed some to the point where it was better to be in a stupor than think about the war around them.

Behind the line, men found other ways of coping with the war. In Vietnam, installations were set up on various U.S. bases to help men decompress from the war around them. In the case of Ben Sherman, one of the ways he coped with the war was a sauna and massage business that set up in the Dam Tong base. After Sherman had been in the field for several days, he, his friend Smitty, and their radio operator were assigned to Dong Tam in order to run Medivac missions.[326] As the group entered the facility the radio operator became excited as he saw the massage hut:

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[322] Smith, *"Medic",* 103.
[323]Smith, *"Medic",* 103.
[324]Smith, *"Medic",* 103.
[325] Peter Kindsvatter discusses at length the issues use and abuse of alcohol amongst US soldiers from the World Wars, Korea, and Vietnam at length in Ch.6 of *American Soldiers*. Within this discussion is the use of other controlled substances as well as how timing was a major component when it came to how the unit saw such actions. Kindsvatter, *American Soldiers,* Ch.6.
[326] Sherman, *Medic!,* 184.

"There she is… Steam 'n Cream. Park this sumbitch and let's go!"[327] The Steam 'n Cream offered U.S. soldiers an opportunity to relax with a steam bath and massage, and it also functioned as a brothel for GI's seeking female company after days in the field.[328] As he entered the steam room, Sherman was uneasy as the smoke had amplified his anxiety: "I hadn't be able to ignore the Vietnamese locals walking freely" around the changing room.[329] Sherman could not escape the war even in the steam bath as he attempted to relax, trying to forget about the war for even a moment. Sherman's combat persona kept the medic's sense on high alert even with in the relative safety of the U.S. base. The nature of combat in Vietnam left troops, including medics who experienced it, unable to let down their guard, a behavior that continued long after the war had ended.

When it came time for his massage this changed, however. When a young Vietnamese girl entered the room and began to work on Sherman, she asked "You in fight?" and after Sherman responded in the affirmative she began to massage his neck and back.[330] As he began to relax memories of what he saw and had done flooded back to him, "fantasies blurred behind my closed eyes, snapping one to another like a slide show of flashbacks."[331] The events poured into Sherman along with every doubt he had of his own ability. He began to question himself "Was I *actually* a medic?" along with "could I possibly be in Vietnam," when he had fresh memories of civilian life, before falling asleep.[332] In these brief moments of peace, Sherman was able to forget about the death around him even if for a short time. This rare luxury demonstrated the effects

[327] Sherman, *Medic!*, 185. The steam and cream also served as a brothel, as American GI's could pay extra for sexual favors after the message.
[328] Sherman, *Medic!*, 190.
[329] Sherman, *Medic!*, 186.
[330] Sherman, *Medic!*, 187-188.
[331] Sherman, *Medic!*, 188.
[332] Sherman, *Medic!*, 188.

that prolonged exposure to combat had on the medic. While not directly engaging the enemy, medics still needed to maintain the ability to summon a combat persona that dictated their actions to save the wounded. This persona was often difficult to break, even in moments of peace, overshadowed by the need to perform various forms of threat analysis.

The coping mechanisms used by soldiers in war were varied, but all brought some relief from the war that raged and consumed their lives. Medics were no exception as they routinely saw men at their worst. As casualties mounted and men died under their care, medics needed ways to alleviate the trauma in any way. Some turned to drink, others turned drugs, and when possible, women. In these moments, medics and soldiers were able to forget what had been lost in the cauldron of combat for brief moments, until the war demanded their attention again. These escapes allowed the medics the time to come to terms with those who had died under their care. During their moments of rest, they were able to keep the feeling that the war had brought on– loss, hate, sorrow, anger, and pain– at bay for small moments in what appeared to be unending conflict. These coping mechanisms also demonstrated how the stress of combat interfered with the soldier's mind even in times of reprieve. Something was needed to keep the horrors of the past at bay. As thoughts about one's ability clouded the mind, something was needed to lift the fog of war and medicine.

As combat raged, one of the hardest and most difficult lessons that every combat medic had to learn was that Doc could not save them all no matter how hard he tired. In combat, medics had to make split second decisions that determined who lived and who died. This type of environment left many hollow and scarred for years after the war. As they fought to save the lives of friends, the reality that not every man could be saved permeated the medics who served in Vietnam and the Second World War. The horrors of war left an impression on every man who

served in the conflicts, but medics were responsible for picking up the pieces. Not only contending with enemy fire, but their feeling of helplessness created in situations where medics felt they were not doing enough for their patients even when they did all they could. Many of the stories above never left the medics who experienced them, even for some sixty years later. The difficulties of treating men in combat lay beyond just applying sulfa to a wound or applying a bandage to stem the bleeding. It was not only struggling against enemy shot and shell but replaying the scene over and over again to see if all was done that could be. It was looking at the mangled body of a friend who just moments earlier had laughed and joked with the man who was now forced to collect his remains or hear one last confession or message home. Treating men under combat conditions generated a unique form of trauma that was exacerbated by the combinations of two forms of trauma, the trauma of healing the sick and the trauma of combat. All around them, as men died, the medic had to keep their fears and emotions tucked away deep inside them. If they gave in men died, if they hesitated friends perished.

Conclusion

As Robert Smith retraced his journey through Europe fifty-three years after the Second World War he, "remembered things long forgotten, out-of-body experiences brought on by tedium and exhaustion… other memories, much more powerful, came to life as I revisited sites of war."[333] Decades after their wars ended medics continued to struggle with the aftereffects of war and the feats of medicine they performed. After the fighting had ended and medical troops attempted to reintegrate into civilian life, some would never again perform medicine. While others went onto work in hospitals across the nation to attempt to create their own healing environment away from all things military.[334] The toll of attempting to create spaces of healing in both conflicts was high. But the relationships of both healer and soldier had cemented the medics place amongst the infantry and demonstrated the need for vital places of healing on the battlefield.

As the combat veterans of these two conflicts returned home, the images and identities they had placed on the medic continued to influence how these places of healing were viewed by those who had not been there. In recent decades, the medics place on the battlefield has been seen in multiple adaptations of popular culture. The critically acclaimed series of *Band of Brothers* captures the cycle of the medic's burden on the battlefield in the episode "Bastogne." Throughout the episode, Eugene "Doc" Roe treated both the physical and emotional wounds of war as Easy Company attempted to hold the vital town of Bastogne during the battle of the Bulge in 1944. Struggling with the cold, lack of supplies, enemy fire, and the loss of friends Doc Roe's hour of screen time runs the gambit of the cycle described above.[335] Culminating in the climax of

[333] Smith, *"Medic",* 258.
[334] Friedenberg, *Hospital at War,* ix.
[335] "Bastogne," *Band of Brother,* directed by David LeLand (2001: Burbank, Ca: Warner Brothers Home Video,2010), DVD.

the episode where Doc Roe and his junior medical aidman attempted to console PFC Edward Effron, as he struggles with the loss of his friend and comrade.[336] Other films, such as *Hacksaw Ridge*, continue to expand of the themes of the medic as an outsider as he struggled to find a place within the Second World War.[337] While PVT. Desmond Doss had served in the Pacific theater, his story echoes that of his counterparts in Europe. Throughout the film, Doss faces persecution from his platoon mates for refusing to kill the enemy, instead focusing on preserving life on the battlefield.[338] It was not until his company had engaged with the enemy on top of Hacksaw Ridge that they understand the vital nature of the medics ability to create an environment of healing surrounded by death.[339] Still more forms of popular culture attempt to explain the images and burdens of the medic as remembered by those who they cared for and treated, which makes the work of scholars even more important.

As scholars continue to seek to understand the larger implications of war, the medics voice and place in the conflict has largely been absent. But for the men who served in the Second World War and the Vietnam War, the medic was a vital part that assured them that someone was there if they were wounded, the image of their doc burned into their memory. The expectation of the medic went through various changes and was driven by the demands of the conflict. Acting as first responder, physician, confidant, friend, priest, and psychologists' medics worked tirelessly to create spaces of healing as their world came crashing down around them. These various personas brought their own forms of trauma for medics that then blended with the trauma of war. As these men transitioned back into civilian life, their wars never truly ended as the

[336] "Bastogne," *Band of Brother*, directed by David LeLand

[337] *Hacksaw Ridge*, directed by Mel Gibson (2016, Santa Monica, Ca: Lions Gate Entertainment, 2017), https://www.amazon.com/Hacksaw-Ridge-Andrew-Garfield/dp/B01M3U7GJH/ref=sr_1_1?dchild=1&keywords=hacksaw+ridge&qid=1596860615&sr=8-1.

[338] *Hacksaw Ridge*, directed by Mel Gibson.

[339] *Hacksaw Ridge*, directed by Mel Gibson.

nightmares of their experiences continued to haunt them. The combination of medicine and war left many with the reality that their own skills were not enough to fend off death, distorting medicine for some. But the medics story highlights the importance of medicine within war and society.

According to a combat medic, "There is no compensation in medicine more satisfying than a patient restored to health… we were doing our daily work; only in retrospect, against the backdrop of the humdrum mediocrity of civilian life does it become heroic."[340] For many medics, both civilian and military this statement has come to define the medical process. It was often said in the hospital that, "we see the patient on the worst day of their life," and the statement holds true in both spheres of medicine. As society struggles with the changing landscapes of politics and war, spaces of healing have been at the cornerstone of every major conflict. From the vast armies of Rome, to the global forces of today, medics have played a vital role in preserving the life of the ill and wounded.

Yet as vital as these actors are in both civilian and military capacities, their voices are often overlooked. Seen as people of clinical nature and detached from emotion, medical professionals have struggled with the reality that their chosen profession is a field of both treating and suffering from the impacts of trauma. As these medical professionals went to war, they were confronted with the harsh reality that all they had learned and could do was not enough. As our understanding of PTSD has changed over the decades, the experiences of the medic also highlight the importance of understanding the place of healing in our own society. As the world continues to struggle with the COVID-19 pandemic, a resurgence of under-valuing

[340] Friedenberg, *Hospital at War,* x.

health care providers has gained momentum, while they continue to work and be exposed the dangers of the virus both physically and psychologically. Just as their predecessors in the Second World War and Vietnam they seek to create environments of healing as the death toll continues to rise.

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