The Combat Medic during World War II

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The Combat Medic during World War II played a critical role in the medical treatment of wounded soldiers. Their courageous and selfless acts greatly contributed to the successful outcome of Allied Forces during World War II. This paper will discuss the training of medical personnel, equipment used by the combat medic, and specific acts of heroes by medics during World War II.

At the beginning of WWII, the Army Medical Department (AMEDD) faced many challenges in training medics to provide the Army with enough medical soldiers needed for this war. Some of the problems the AMEDD faced were mobilizing and housing personnel to construct facilities and activating units. Other challenges included training personnel for a variety of medical specialties. Training personnel so they could practice their skills in any type of climate and environment proved very difficult. And last, finding qualified and competent medics to handle the great influx of personnel presented problems as well.

Medical Department soldiers of World War II came from all walks of life. Medical Replacement Training Centers, and those of other arms and services, applied the techniques of mass production to medical training. In the image of the industrial process, centers took raw material from reception centers, forged a standardized product, and fed their output into medical units where the separate parts were finished and linked into the working whole. The result was an economy, speed, uniformity, and volume production.

Ultimately, the goal of these training centers was to produce basic medical soldiers and some administrative specialists to support their medical units, ranging from Battle and Station to Interior Hospitals. These medics had to be proficient in first aid under fire, recognition diseases and wounds, and evacuate wounded soldiers over difficult terrain. Also, despite being non-combatants, they still had to be trained to protect themselves, their units and their patients. The Medical Training Centers provided the collective and individual training needed to meet these critical skills.

During World War II, from 1942–1944, there were four of these Medical Replacement Training Centers. They were located at Camp Polk, La., Camp Blanding, Fla., Camp Grant, Ariz., and Camp Robinson, Ark. These centers consisted of 5-7 training battalions of approximately 1000 men each. At the onset of the war, these training centers faced many challenges, ranging from logistical problems to lack of qualified cadre. Another serious issue was the demand put upon these training centers by the War Department. As the need for medics increased, the MTC’s were required to adjust the training cycle, creating constant changes to the program of instruction (Shusterman, D. 31–43). For the most part, the training of medical soldiers consisted of three phases (Smith, R. 91). Phase I, the equivalent of Basic Training lasted two weeks. Phase II consisted of medical training that lasted six weeks. The training was enriched with two weeks of tactical training. During WWII, over 200,000 soldiers were trained at these Medical Replacement Centers. After Phase one of the training, the enlisted recruit was expected to display and care for his soldier and equipment, undergo military courtesy, and have acquired a fundamental knowledge of basic military subjects such as individual discipline and search discipline.

During phase two of the training, medical soldiers were taught individual and collective first aid skills. Skills taught during this phase included providing first aid to sick and wounded soldiers, recognizing illnesses and wounds, and treating minor wounds and lacerations. They were taught how to treat casualties for shock, stop bleeding by tourniquet and pressure dressing, and how to apply field and arm splints. Also, during this phase they learned evacuation of injured
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The Combat Medic in WWII carried medical equipment on the left and right hip (Shirtman, D). The medical items carried on the right hip consisted of: Canvas pouch, first aid kit, rescue kit, 25 Folding Box for Tablets, 2 Adhesive Surgical Materials, 1 Hypodermic Set, 1 Hypodermic Needle Stretcher, 1 Lead Packet, 1 Clinical Thermometer, 1 Carton of Large Safety Pins, 1 Carton of Medical Safety Pins, 1 Medical Container with 12 Inches Scales, 1 U.S. Army Book with 20 Tags, and 2 Letter Carrying Straps. The medical items carried on the left hip consisted of: 4 Plain Sterile Graded Patches, 4 Comp. Absorbent Cotton, 1 Canvas Pouch, 8 Plain Gauge Compressed White Bandages, 4 Triangle or Compounded White Bandages, and 1 Small White Towel.

The key drugs and medicines used by the Combat Medic in WWII vary greatly from what a medic uses today (Shirtman). During WWII, the medic used Osumetracin as a local anesthetic prior to be or a physician operating on a casualty. The medic typically used Morphine to relieve soldiers’ pain and assist them in sleeping. The medic also used an Oxipar nasal salve as a nose ointment and mycobacterium for those soldiers that were sick and injured. Other drugs that the WMD medic predominantly used to aid sick and injured soldiers were: Stephano and Arsenic (both used as a stimulant & escharotic mixture), Nitroglycerin (used as a dilating agent), Quinine (used to prevent fever and malaria), Iodine (used to treat wounds caused by soil or dirt), and Leeches (used to remove blood and prevent gangrene).

Each medic carried an EMT (Emergency Medical Technician) book in one of his canvas pockets. The Emergency Medical Technician’s book was attached to the patient’s clothing, usually over the scrotum, or as near as possible to the site of the injury by medical personnel. The front inside page listed the medics name, unit, rank, and blood type. The medic filled out the back pages as necessary. The Medic’s book was updated with the patient’s treatment history, and the medic filled out the back pages as necessary. Carbon copies were compiled of the medical records of wounded soldiers. Medical records were maintained for at least two years after the soldiers were released from the hospital. The medic filled out the back pages as necessary. The Medic’s book was updated with the patient’s treatment history, and the medic filled out the back pages as necessary.

There are many accounts of heroic and selfless acts by medical personnel during World War II. Many of these acts of heroism are not listed in the histories of the battles of WWII. However, two stories of heroism by enlisted medics are well documented. CPL Thomas Kelly and Technician 4th Grade Laurie Parmish, received the ultimate recognition for their actions with the awarding of the Congressional Medal of Honor (CPL Michael Parmish, 4th Brigade, 16th Infantry, 1st Division). CPL Thomas Kelly served with the Medical Detachment, 4th Infantry Battalion, 16th Infantry Division. He was a medical orderly with the 1st Platoon of Company C during a battle on the town of Almenburg, Germany on 10 April 1945. The platoon, entrenched in a flanking manner, was advanced over a small, open, valley overlooked by wooded slopes leading to enemy machine gun nests. There, numerous men killed the American medic, injuring heavy casualties. Ordered to withdraw, CPL Kelly reached safety with many wounded members of the unit. However, realizing the extent of casualties suffered by the platoon, he voluntarily returned to his unit and began evacuating the conditions under direct machine gun fire.

Faced with death, he dragged the injured soldiers behind him for more than 300 yards separating the exposed area from a place of comparative safety. Two other volunteers attempted to negotiate the hazardous area with him, but were mortally wounded, and he kept on with his heroism task after damaging their wounds and carrying them to friendly hands. It was an ordeal for CPL Kelly to make the escape through the fire. After being shot and wounded by a German soldier's bullet, he refused to leave his post until the attack had been repelled and the objective taken. CPL Kelly's gallantry and heroism in the face of seeming almost certain death saved the lives of many of his fellow soldiers and was an example of bravery under fire.

Anotherexample is Corporal. Corporal was assigned to the Medical Detachment, 16th Infantry, 1st Division. He was a medical orderly with Company C during the fighting in Bividiu, Greece, on 18-25 January 1944. On 18 January 1944, he observed two wounded men under enemy fire and immediately went to their relief. After moving one of the men to safety, he crossed 20 yards under enemy fire to assist the second man. Then, in the early hours of 24 January 1945, his company, crossing an open field near San Sebastian, encountered intense enemy fire and was ordered to withdraw to the cover of a ditch. While treating the casualties, Corporal Parmish observed two wounded men still in the field, without hesitation, he detached his Lewis gun to help the wounded soldiers. Making use of smoke, he fought back 4 enemy tanks to evacuate the infantrymen. After treating nearly all of the 37 casualties suffered by his company, he was mortally wounded by mortar fire, and shortly after was killed. The indomitable spirit, intrepidity, and gallantry of Corporal Parmish are worthy of every soldier at the cost of his own.

In conclusion, the Combat Medic during World War II played a critical role in the successful outcome of the war. At the onset of the war, the great need for medical soldiers was met by the initiative of the Medical Training Centers. These centers met the needs of the War Department, despite significant challenges. The equipment used in the combat medic to assist injured soldiers, and stabilize those soldiers in the rear. And, last, the training and equipment used by the medic played a significant role in their ability to save many soldiers throughout the war. Although many of these soldiers’ actions have been lost to the sands of time, the sacrifice made by the Combat Medic contributed greatly to the success of the United States Army and Allied Powers in the defeat of Germany and Japan during World War II.