

## *The Combat Medic during World War II, 2004*

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### The Combat Medic during World War II

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#### The Combat Medic during World War II

The Combat Medic during World War II played a critical role in the medical treatment of wounded soldiers. Their selflessness and heroic 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 heroism by medics during World War II.

At the beginning of WWII, The Army Medical Department (AMEDD) faced huge challenges increasing its training base to provide the Army with the amount of medical soldiers needed for this war. Some of the problems the AMEDD faced were mobilizing and housing personnel to constructing facilities and activating installations. Other challenges included training personnel for a variety of different medical duties. Training personnel so they could practice their skills in any type of climate and environment proved very difficult. And last, finding qualified and competent cadre 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 military 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 accent was on economy, speed, uniformity, and volume production.

Ultimately, the goals of these training centers were to produce basic medical soldiers and some administrative specialists to support different medical units, ranging from Battalion Aid Stations to Interior Hospitals. These medics had to be able to provide first aid under fire, recognize 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 Pickett, Va., Camp Berkeley, Tx., Camp Grant, In., 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 demands put upon these training centers by the War Department. As the need for medics increased, the MTC's were required to adjust the training cycles, creating constant changes to the program of instruction (Mackenzie, D. 31-45).

For the most part, the training of medical soldiers consisted of three phases (Smith, R. 91). Phase 1, the equivalent of Basic Training lasted two weeks. Phase II consisted of medical training that lasted six weeks. The training culminated with two weeks of tactical training. During WWII, over 293,000 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 uniform and equipment, understand military courtesy, and have acquired a fundamental knowledge of basic military subjects such as individual discipline and march discipline.

During phase two of the training, medical soldiers were taught individual and collective first aid tasks. Skills taught during this phase included providing first aid to sick and wounded soldiers, recognizing diseases and wounds, and treating minor wounds and lacerations. They were taught how to treat casualties for shock, stop bleeding by tourniquet and pressure dressings, and how to apply leg and arm splints. Also, during this phase they learned evacuation of injured

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soldiers by various means, to include litter training. Last, they learned basic operator skills to assist a doctor in a combat hospital, such as preparing patients for operations, assisting in the operating room, and proper sterilization procedures. During phase three of this training, a master field problem was conducted to incorporate all of the soldier skills taught during phase one and two. Specifically, the tactical training involved during this phase consisted of each training battalion setting up a battalion aid station. One company of the training battalion acted as infantry, while a second played the part of a medical detachment supporting an infantry regiment. A third company acted as a collecting company, and a fourth acted as a clearing company. Each training company within the battalion was called upon to select sites, set up its equipment, and function as it would in combat. At the end of each period, the companies were rotated, and the trainees changed jobs so that every man would have an opportunity to practice a job in each unit.

The Combat Medic in WWII carried their medical equipment on the left and right hip (Steinert, D). The medical items carried on the right hip consisted of: Canvas pouch, Six Black Rubber Vials, Folding Box for Tablets, 2 Adhesive Surgical Plasters, 1 Hypodermic Set, 1 Hypodermic Needle Sterilizer, 1 Lead Pencil, 1 Clinical Thermometer, 1 Carton of Large Safety Pins, 1 Carton of Medium Safety Pins, 1 Metal Container with 12 Iodine Swabs, 1 EMT Book with 20 Tags, and 2 Litter Carrying Straps. The medical items carried on the left hip consisted of: 4 Plain Sterilized Gauze Packets, 4 Compressed Absorbent Cottons, 1 Canvas Pouch, 8 Plain Gauze Compressed White Bandages, 4 Triangular Compressed 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 (Steinert). During WWII, the medic used Cocaine as a local anesthesia prior to he 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 Opium based tablet as a sedative and tranquilizer for those soldiers that were sick and injured. Other drugs that the WWII medic predominantly used to aid sick and injured soldiers were: Strychnine and Atropine (both used as a respiratory & circulatory stimulant), Nitroglycerin (used as a dilating agent), Quinine (used to prevent fever and malaria), Iodine (used to sterilize around wounds), and Ammonia Spirit (used to revitalize and prevent fainting).

Each medic carried an EMT (Emergency Medical Tag) book in one of his canvas pouches. The Emergency Medical Tag was attached to the patient's clothing, usually over the breast, or as near as possible to it for ease of reading by medical personnel. The frontline medic filled out the tag with data such as the patient's identity, branch or service, full diagnosis as well as the treatment given. This record helped medical personnel in the rear know what had been done on the front line to help the wounded soldier. The doctor scrutinized the tag to determine if further treatment was necessary. Carbon copies served to compile daily listings of casualties so medical commanders could prepare the necessary reports for higher headquarters. When soldiers were killed in action, medical personnel removed the tag prior to the body going to the Graves Registration Service. The chief surgeon, after recording the contents of the tag, would then forward the tag to the Surgeon General's Office.

There are many accounts of heroic and selfless acts by medical personnel during World War II. Many of these acts of heroism are surely lost in the chaos of the battlefields of WWII. However, two accounts of heroics by enlisted medics are well documented. Two heroes, CPL Thomas Kelley and Technician 4<sup>th</sup> Grade Laverne Parrish, received the ultimate recognition for their actions with the awarding of the Congressional Medal of Honor (AMEDD Regimental Historian). During WWII, CPL Thomas Kelly served with the Medical Detachment, 48th

Infantry Battalion, 7th Armored Division. He was an aid man with the 1st Platoon of Company C during an attack on the town of Alemert, Germany on 05 April 1945. The platoon, committed in a flanking maneuver, had advanced down a small, open valley overlooked by wooded slopes hiding enemy machineguns and tanks. Then, murderous fire stopped the American ranks, inflicting heavy casualties. Ordered to withdraw, CPL Kelly reached safety with uninjured remnants of the unit. However, on realizing the extent of casualties suffered by the platoon, he voluntarily retraced his steps and began evacuating his comrades under direct machine gun fire.

Forced to crawl, he dragged the injured behind him for most of the 300 yards separating the exposed area from a place of comparative safety. Two other volunteers who attempted to negotiate the hazardous route with him were mortally wounded, but he kept on with his herculean task after dressing their wounds and carrying them to friendly hands. In all, he made 10 separate trips through the brutal fire, each time bringing out a man from the death trap. He guided and encouraged seven more casualties who were able to crawl by themselves to escape from the hail of fire. After he had completed his heroic, self-imposed task and was near collapse from fatigue, he refused to leave his platoon until the attack had been resumed and the objective taken. CPL Kelly's gallantry and intrepidity in the face of seemingly certain death saved the lives of many of his fellow soldiers and was an example of bravery under fire.

Another enlisted medical hero, Technician 4<sup>th</sup> Grade Laverne Parrish, paid the ultimate sacrifice with his life. Technician 4<sup>th</sup> Grade Parrish was assigned to the Medical Detachment, 161<sup>st</sup> Infantry, 25<sup>th</sup> Infantry Division. He was medical aid man with Company C during the fighting in Binalonan, Luzon, Philippine Islands from 18-25 January 1945. On 18 January 1945, he observed two wounded men under enemy fire and immediately went to their rescue. After moving one of the men to cover, he crossed 25 yards of open ground to administer aid to the

second man. Then, in the early hours of 24 January 1945, his company, crossing an open field near San Manuel, encountered intense enemy fire and was ordered to withdraw to the cover of a ditch. While treating the casualties, Technician Parrish observed two wounded men still in the field. Without hesitation he left the ditch, crawled forward under enemy fire, and in two successive trips brought both men to safety. He next administered aid to 12 casualties in the same field, crossing and re-crossing the open area raked by hostile fire. Making successive trips, he then brought 3 more wounded men to cover. 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 Technician Parrish saved many lives 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 initiation of the Medical Training Centers. These centers met the needs of the War Department, despite significant challenges. The equipment used enabled the combat medic to sustain injured soldiers, and stabilize those soldiers to 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 selfless acts of heroism have been lost in the sands of time, the sacrifices 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.