

UNCLASSIFIED

Running head: STUDY OF HISTORY

The Study of History Saves Lives

1SG Karri Bennett

United States Army Sergeant's Major Academy

Class #35

SGM Faithette Foreman

August 10, 2009

Abstract

American history includes more than 200 years of recorded military success and failures. From the Revolutionary War to the those operations under Global War on Terrorism, the military leaders and warriors of the United States, have implemented strategies based on previous events that are referred to in the 21st Century as “Lessons Learned.” Each military event is analyzed in efforts to preserve life, sustain equipment and enhance mission success. These events are recorded, briefed and archived. It is through the review and study of post war and conflicts that leaders have made significant medical and tactical changes that have with out a doubt saved lives.

The Study of History Saves Lives

It was the value of life and the strong belief in individual rights that began the Revolutionary War in 1775. It was for the same value of life that military leaders marched soldiers into battle throughout the history of the United States. And with each war, leaders have analyzed what takes a life and what saves a life. Through these experiences, the military has made instrumental changes in the way medical services are provided.

In the Revolutionary War, the Colonists battled for eight years to achieve sovereignty, 17,000 soldiers died. Sixty-eight percent of all deaths were to infectious disease and dysentery. Battle conditions were primitive. Soldiers experienced constant shortages of uniforms, boots and food. At Valley Forge, George Washington and his men received irregular supplies of meat and bread, some getting their only nourishment from "firecake," a tasteless mixture of flour and water. So severe were conditions at times that Washington despaired, "that unless some great and capital change suddenly takes place ... this Army must inevitably ... Starve, dissolve, or disperse, in order to obtain subsistence in the best manner they can." At one point these shortages caused nearly 4,000 men to be listed as unfit for duty (Wikipedia, Valley Forge, p. 1).

Again in the Civil War, the cost of life to save the quality of life was significant. 620,000 soldiers died, two thirds to infectious disease and dysentery. Military camps were often overcrowded with soldiers. These soldiers quickly became plagued with measles, chicken pox, and mumps. Typhoid fever, from salmonella bacteria in water and food, was the most prevalent, claiming twenty-five percent of all non-combat deaths. The general condition of the camp disabled soldiers with dysentery. The grounds were soiled with food, human waste, and garbage contributing to bacteria and wide spread viruses. Ninety-nine percent of the Union Army contracted chronic diarrhea or dysentery at some point during the war. Poor hygiene, diet and

living environments led the common cold to pneumonia, the third leading cause of non-combat deaths. With precautions and distinct practices, dysentery, disease and diarrhea can be prevented yet it consistently accounts for more deaths in war than battle wounds. “It should impress us with the conviction that if in future wars we would increase the victory and diminish the waste of human life, we should devote our attention to the education of the NCO’s of our Army” (Ambrose, 1964, p 4).

Commissioned and non-commissioned officers analyzed the cause of casualties and began to make instrumental changes. It was through analysis, that the understanding of the relationship between environment and health was developed. At the request of Surgeon General Merritt Ireland and his lessons learned from preparing medical officers for WWI, the Army created its first medical field service school in Carlisle Barracks, Pennsylvania in 1920 and by 1924 the school opened its course to the non-commissioned officer. The purpose was to train in the practice of field medicine and produce the most professional competent and dedicated “Soldier Medic” on and off the battlefield.

The first field sanitation team quickly followed and was established in WWII. It was preceded by vector control teams earlier in the war when 16,576,100 man days were lost among U.S. armed forces from arthropod borne disease. These teams continued to broaden their scope of practice. Each company designated soldiers to be trained in preventative medicine measures. These soldiers were responsible to monitor water supplies, food handling and storage, waste disposal and arthropod control. The field sanitation teams reported directly to the company commander, recognizing that in every military operation, the environment, climate and disease has an overpowering affect on soldier’s health and safety. In the 21st Century, preventative measures are taught at initial entry training in all military branches. Non-battle injuries have

dropped from sixty-eight percent in the Revolutionary War to twenty-nine percent in WWII to nineteen percent in the Vietnam War. Preventive medicine conducted through field sanitation teams helps ensure that vital combat power is preserved so that it may be brought to bear on the enemy (Hudson, 2008, p. 1).

As control measures were put in place to control disease and dysentery, the military concentrated on battle injuries and how to increase soldier's survival rate from wounds. Medical support in combat has been present as far back at Napoleon's army. As his army marched into battle, he had assigned people to help the wounded. They were called, "litter-bearers." They would come quickly into the battlefield and carry the wounded to the rear. General George Washington used the same practice in the Revolutionary War. In 1862 due to the amount of combat injuries on the battlefield at one time, Dr. Jonathan Letterman reorganized the medical corps. As the Head of Medical Services of the Army, he introduced regular use of horse-drawn ambulances. Dr. Letterman had field dress stations located next to the battlefield, where the first level of care began. Bandages and tourniquets were applied then the wounded would be transported to the field hospitals strategically placed near the battlefield, then to large hospitals in the rear. It was in WWII that Field medics were incorporated into each platoon and company. They traveled into the front lines together with the infantry. When treated by the combat medic within the first hour of injury known as the "the Golden Hour," the survival rate increased to eighty-five percent. This was three times higher than the survival statistics in WWI.

Those injured outnumbered the field medic's ability to treat in an effective way. This prompted the training of combat lifesavers. In the mid 1980's the military taught its first course. The standard quickly became one combat lifesaver per team, squad or crew, trained in

specialized trauma and advanced buddy aide. The medical objective to provide treatment within the “Golden Hour” has improved to less than 10 minutes with the combat lifesaver.

In Panama, during Operation Just Cause in 1989, the first combat lifesaver deployed. Commanders of the 82nd Airborne Division were convinced that their combat lifesavers saved lives and were critical to the mission’s success. The 82nd Troopers were severely dehydrated during the initial invasion and through intravenous fluids applied by the combat lifesavers their lives were saved. Combat lifesavers applied bandages and IV’s within minutes of the initial injury thus preventing shock and severe blood loss.

Yet, a single death on the battlefield is too many. In taking a look at past conflicts and assessing battle injuries that could not effectively be managed by self or buddy aid, the military initiated the use of forward surgical teams. Their mission is to provide immediate surgical interventions in the battlefield to those casualties that would not survive the journey to hospitals located in the rear. They are designed to accompany front line forces in the brigade support area. With twenty soldiers, these teams are equipped to perform up to 30 lifesaving surgeries over a 72 hour period. The team consists of operating surgeons, anesthesiologists, practical nurses and combat medics. Their service has been referred to as “damage control surgery” (Alfano, p. 2). It is limited to lifesaving surgery only. This portable operating room can perform all emergency room procedures as well as major surgeries in the thoracic and abdominal cavity. These surgeons spend five additional years studying and working in hospitals. It is called Surgical Residency training and is much like Ranger School for the infantry. Casualties are quickly stabilized and sent to other echelons of care for additional care and recovery. With the use of forward surgical teams, wounded soldiers are treated and returned stateside within 4 days verses 45 days in the Vietnam era.

Medical assets and technology in the battlefield has increased the survival rate for wounded soldiers from 58% in the Revolutionary War to 90% in the Global War on Terrorism. Colonel Craig Shriver says, “The correlation between advances in emergency care and war stems from the fact that war is an intense American experience where really the best minds of health care are all coming together for a cause” (Alfano, 2006, p. 3).

The methods of war have had a direct correlation on injuries as the environment which soldiers fight in. To reduce casualties by warfare, leaders have had to change their tactics. MG Nelson Miles was a leader in transforming the battlefield in the nineteenth century. He began his military career in 1861 serving in Civil War. Armies were led using linear tactics. Rows and columns of soldiers were lined across fields ready to employ volleys of musket fires but often becoming walls penetrated by gun shot and cannon balls. As he advanced in his military career and gained field experience through battles in the Indian War and Spanish American War, he modified the linear approach to small unit tactics. He trained and fought with a focus on cover, aimed fire, scouting and security. He defeated the Kiowa, Comanche and Southern Cheyenne using these techniques. These small unit tactics are used today in Operation Enduring Freedom as Embedded Training Teams hunt the Taliban.

The Small Wars Manual dated 1940 is full of documented training and tactical experience of the Marines from 1890 to 1934. It includes doctrine used by the U.S. while in Haiti, Dominican Republic and other small countries under duress and suppression. It’s still used in the 21st Century to train leaders in all military branches. It has tactics with roots back to the small unit tactics used by MG Miles in the Spanish American War. “When officers met to decide the outline of Marines strategy in Iraq, the guidelines they developed were directly traceable to the manual,” said Dale R. Davis, a former Marine Corps counterintelligence officer

and Middle East specialist (Perry, 2004, p.1). As the United States continues its plight to liberate oppressed countries, small unit tactics will continue to be mode of choice. Deploying smaller elements reduces casualties. In the Spanish-American War there were only 385 out of 2,446 deaths directly related to combat wounds. In the Occupation of Haiti there were only 146 recorded combat deaths. Some believe that if the Small Wars Manual was declassified before 1972, the outcome of Vietnam would be different. In Vietnam, 47,424 out of 58, 209 deaths were directly related to combat wounds.

All branches of the military to include the active and reserve component and National Guard have been tapped to fight the War on Terrorism. As of July 30, 2009, 4,328 American soldiers have died in Operation Iraqi Freedom (Wikipedia). Military operations, conflicts and wars have no mercy on who it will take to the grave. Some argue that today's war cannot be fought using principles from the 19th and 20th century. What worked in the 1898 may not work in 2009 in Iraq. However, history gives several lessons that may help leaders ask the right questions. The After Action Review conducted at the end of each mission pose these questions, "What was the mission? What actually happened? What went well and what did not? What should be done different if the mission was conducted again?" This is done to gain insight. If the United States is to assure the families and the American public that soldiers will come home safe, military professionals will need to vigilant in the study of military history, ask these questions, analyze the answers and make the appropriate changes. It has saved lives and can again.

References

- Ambrose, Stephen. (1964). *Upton and the Army*. Baton Rouge. Louisiana State University Press
- Alfano, Sean. (June 4, 2006). *The Medical Frontlines of War. Throughout History, Advances In Emergency Care Originate on Battlefield*. Retrieved August 3, 2009, from http://www.cbsnews.com/stories/2006/06/04sunday/main1680075_page3
- Birtle, Andrew J. (October 10, 1997). *US Army Counterinsurgency and Contingency Operations Doctrine 1860-1941*. Washington, D.C. Center of Military History.
- Field Manual 4-25.12. (January 25, 2002). *Unit Field Sanitation Team*. Washington D.C. Head Quarters of the Army.
- Hansen, Frank. (2006). Operation Just Cause Lessons Learned. Retrieved on August 3, 2009 from http://www.tacmed.dk/new_page_27.htm
- Hudson, Brandley W. (2008). Field Sanitation Teams, Preventive Medicine Measures Key During Deployments. *Infantry Magazine*, Nov-Dec 2008. Retrieved August 1, 2009 from <http://www.encyclopedia.com/doc/1G1-197596198.html>
- Perry, Tony. (March 8, 2004). Marines Returning to Iraq Consult Old Standby. *Los Angeles Times*. Retrieved August 5, 2009 from <http://articles.latimes.com/2004/mar/08/world/fg-marines8?pg=1>
- Stinger, Henry K. (Winter 2003). The Forward Surgical Team: the Army's Ultimate Lifesaving Force. *Infantry Magazine*, Winter 2003. Retrieved August 3, 2009 from http://findarticles.com/p/articles/mi_m01AV/is_2_92

References

Wikipedia. Retrieved August 3, 2009 from http://en.wikipedia.org/wiki/civil_war

http://en.wikipedia.org/wiki/Small_Wars_Manual,

http://en.wikipedia.org/wiki/United_States_casualties_of_war

http://en.wikipedia.org/wiki/valley_forge,