FIELD MANUAL
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THE COMBAT MEDIC

What is all this about, anyway?

This manual is designed for you, the "company aidman," whether you serve an infantry platoon, an artillery battery, a cavalry troop, an engineer company, an isolated detachment, or an impromptu task force. Although addressed to you, the aidman, the manual is designed also for commanders who use aidmen: squad leaders, platoon sergeants, company grade officers, and the leaders of medical elements who select and attach aidmen for field duty so they will know your capabilities.

The manual deals only with the aidman as a tactical-administrative "system"—a microsystem perhaps but nonetheless important: provider of and advisor on health services support to the unit he serves, and the first element in the continuous, interrelated, and complex chain of medical support which runs from the foxhole to the CONUS medical center. Specific medical functions of the company aidman are covered in technical manuals and in nonmilitary medical publications.

The material contained herein is general in nature, and described in broad and informal terms, in order to avoid frequent or detailed revision as a result of changes in organization and equipment, and to encourage initiative and improvisation. If you can think of any way the manual can be made more useful and informative, especially to young aidmen just taking on their first responsibilities, tell us how to do it. Give us the benefit of your experience. Tell us how you solved the tough ones. **Send your comments to Commandant, US Army Medical Field Service School, Fort Sam Houston, Texas 78234, ATTN: MEDEW-ZNT.**

Who am I?

You're the kindly old "Doc," that's who. You have your own private practice now. Not big—maybe 40 men, maybe 200. But your patients are engaged in one of the most hazardous occupations known to man: soldiering.

You have a shingle to hang out: a red cross brassard on your left arm, most of the time but not always; a painted sign on your hooch; or a piece of gauze marking the way to your foxhole. You have your own "black" bag, maybe a couple of them. One is a green canvas, packed—at least initially—with stuff that somebody thought you might need. The other might even be black, and it's filled with stuff for which experience has demonstrated a need.

On paper you belong to a medical unit—detachment or platoon—of the headquarters company of your battalion back in the rear a bit. More than just on paper. The "Big Doc" back there sees that you get paid and promoted, approves your leave, keeps your black bag filled, takes care of the patients you send him, checks on how well you are taking care of your patients and teaches you to do better, and in general is your medical boss. "Big Doc" was the one who assigned you to your company, battery, or troop in the first place.

The commander up in the line company is the guy you work for. He tells you what he wants done, and when he wants it done. And you do it, unless it is obviously an illegal order, like "Don't waste your time trying to treat this prisoner, Doc; he can't tell us anything we need to know." Any

other order you get that you doubt the wisdom of, do it first, talk it over with "Big Doc" later.

In the treatment of the sick, the wounded, prisoners of war, and civilians, you are expected to comply with the rules established by the Geneva Conventions.

Back in advanced individual training they taught you the basic technical things you need to know: how to bandage, how to splint, how to give injections, how to use medicines. They taught you also about the Army Medical Department, and the jobs that medical corpsmen serve in.

You may have hoped you would be assigned to a hospital or medical clinic or clearing station. Even if you expected to be a company aidman, that fact probably never really grabbed you when they were teaching about lifesaving treatment of major wounds and diagnosis of illness and injury. You figured somebody else would be doing this, not you; or you figured there would be somebody else close at hand to turn to if you were doing the job.

Don't be ashamed of these feelings. They are pretty common back in training. But face up to the fact now: you are it. The chips are down, and there are no more cards to draw. These men are depending on *you*. You're the "Doc."

Your responsibility is heavy, but you can handle it. We didn't send you out to do an impossible job, just an important one. When it comes to the care of the men who are seriously wounded in battle, you are the key man; that whole big hospital system behind you—from the most forward com-

bat support hospital system all the way back to CONUS—depends on *you*. If you think we are pulling your leg, look at it this way: every single patient of yours who is admitted to one of those hospitals represents a success on your part. If you had not kept the man alive, he could not be admitted to the hospital, he wouldn't be there. They save 98 percent of your patients, but they couldn't do it unless you saved them first.

Where do I work?

Where the action is, that's where.

You live and work and sometimes bleed with the combat unit you serve. You go where the platoon sergeant or first sergeant or company XO tells you to go. When you get there, you head for where the action is. And there you do your work.

Back in garrison, when the battalion or squadron is all together, you may spend a lot of time working in the clinic which serves your unit, or even some time in the post hospital. This is good; it is a good way to learn more medicine. But when your unit goes to the field, don't be left behind.

During combat, when your outfit is on a base or in an overnight position, the whole company area is your province to roam, but somewhere in it—in your hooch, in your foxhole, or near the CP—you set up your "office," where your men know they can find you, and where you can stash away your supplies.

When your outfit moves out or moves up—in a convoy or on an approach march—you usually find yourself somewhere near the tail end of the main body, but you aren't expected to be the rear guard.

You are supposed to serve your whole unit, or anybody in the unit who needs you. But sometimes you will be sent out with only a portion of the unit: a platoon of two howitzers firing from a distant position; a detachment of engineers repairing a bridge under fire; or a squad on a special patrol. If you are sent out with a small element away from the main body and you wonder if this is smart, just remember that the old man

wants you where his men are most likely to need you.

If you are with a mechanized or armored outfit there is no set rule on where you ride when you are going into battle. Sometimes you may be with an infantry squad in a track or riding in a tank. You may join up with the evacuation team from the aid station and ride in the medical track. Or you may be with the company XO in his jeep.

If assigned to an aviation unit, most frequently you will be located at the staging field from which the unit flies during a particular operation. Sometimes you will be required to fly with the flight surgeon to assist him in his duties. Usually you will be where most of the unit is located, even if temporarily, and not back with the supply, mess, and maintenance personnel at the base camp.

If you are with infantry troops, and your outfit is actually out finding the enemy, and finds him, and is fighting him, then it gets even more vague as to exactly where you ought to be. No specific rule will hold up under all circumstances; we have to deal in general principles:

> Put yourself where you can know what is going on, either by observing the whole area yourself, or by keeping in touch with somebody who does know what is going on.
>
> Put yourself in a position from which you can reach the area where you will most likely be needed.

Stick within voice distance of the commander (or platoon leader) or his radio telephone opera-

tor (RTO), or follow along where it looks like the main action will be. If the action switches over to somewhere else, then get over that way, but be sure to let the commander or his RTO know where you are going.

Take cover, and keep covered whenever you can. Don't expose yourself without a good reason. What is a good reason? When they call you for help, or when they send you out, then go. Otherwise, don't expose yourself needlessly or work at being a hero. You are hero enough just being out there.

Don't take chances to show how tough you are. Your men don't want a show-off in their midst. They want a "Doc" who is smart enough to stay alive and keep up with the action and who has enough guts to get out to the man who needs him, when he is needed.

When do I work?

All the time, man, all the time.

Sure, you may set up "office hours" for something that we call "routine" sick call. And, sure, you will see many of your patients "by appointment," particularly when you are giving follow-up care for illness or injury. Then too you will always have certain special periods when your waiting room fills up with patients or you are real busy making rounds: before moving out, at a break on a march, during a lull in battle, and right after your unit is pulled out or relieved. But basically the question of "When will the Doc be in?" is answered: "All the time." Almost. When things are quiet, and when there are several unit aidmen in the same area you can arrange a consolidated aid station.

Some illnesses and injuries just don't wait; a delay of minutes may be a matter of life or death. Most illnesses and injuries *can* wait, but the patient does not know that until you have examined him and told him so. If you are going to be a medic, you might as well get used to it—you are going to get called out from chow, or awakened in the middle of the night. If the patient says it is an emergency, it *is* an emergency to the patient, and it is your job to either treat him, or to set his mind at ease; it is never your job to gripe at him.

Even though you are always on call, you are not always busy. Sometimes you are *too* busy, but most of the time you spend as a company aidman will be spent in waiting.

This does not mean the time is wasted. Use it wisely.

There are two things you can do, and you ought to be doing at least a little of both of them.

First, work hard at being a medic. Circulate around and learn more about each and every man you serve. The more you learn about how he acts and reacts when he is well, the easier it will be to diagnose and treat him when he is sick. Keep your eye on the whole scene of preventive medicine and field sanitation. Stay ahead of the game if you can. Anything you can do to provide better drainage, more showers, less stink, or fewer bugs and rats has a payoff in the health of the command. Teach as you talk to your men. Rap sessions almost always get around to the subject of women; here is an opportunity to get across the hazards and results of VD. Maybe you can get a few words of wisdom about precautions they can take to avoid contracting VD, the symptoms of VD, and the ability of the medics to help them if they don't listen to your advice. Perhaps you can also convince them that it makes good sense to take their malaria pills instead of fighting the problem and risking the disease by hiding the pill under their tongue. Then continue the session with some friendly advice on the effects of drug abuse.

Although all your men have been introduced to the term "CBR," some of them probably have forgotten what it means. In fact, you may not have thought much about it yourself. Brush up on the things to do before, during, and after a chemical, biological, or nuclear attack. Mention the importance of wearing the mask, taking cover, and taking first aid measures as well as helping their buddies if they are ever confronted with the reality of chemical or biological agents or a nuclear attack and fallout. Review FM 21–40 and FM 21–41 for the measures to take.

Second, help the other men if they are busy and you are not. Don't be a goof-off. It is better to do some work than to sit around all day. Medics should not be out setting boobytraps or stringing barbed wire on the perimeter, but when your buddies are out there what's wrong with your digging a personnel bunker for them or hauling water up the hill?

Travel light when the rest of the outfit is traveling light; if you don't keep up with them you can't do your job. But when the infantry troops are burdened with extra belts of ammo and satchels of Claymores, then you ought not to be traveling light.

What? As a medic I ought to be carrying extra ammo? No dice on extra ammo. No dice on hauling parts of crew-served weapons. And you should not be packing the radio. Yet there are a lot of things you *could* carry. One example is extra water for the infantrymen who can't carry all the water they need.

When you are not moving, or treating patients, keep your gear in shape. Replenish your supplies. Plan ahead for the next operation. You don't know what kind of operation yet, or when. But be ready for almost anything. And be ready to move out at any time.

Why me?

Well, first we selected you because you completed the right Army Training Program and you know how to function in your MOS; and second, because we figured you had the stamina, guts, and judgment to go out on your own and put your medical knowledge to work in a man-sized job.

But the "why" gets bigger than that: why do we need a company aidman at all, if there are physicians in the rear and helicopters to fly out the sick and wounded?

There are three good reasons.

One is the matter of keeping fighting men at their job of fighting. There are many common illnesses and injuries which you, as the local "Doc," can treat in the company area. If every man with a headache, a blister, a cold, a crotch rash, a bruised knee, or itching hemorrhoids had to be sent back to the rear there might not be enough men left to fight the battle. Maybe 80 percent of the stuff that a physician sees in a post clinic on daily sick call could be handled by a good company aidman in the field.

The aidman's function in keeping men at their jobs in the battle area is more than just treatment. You are a *control* element in the system, as well as a diagnosis and treatment element. Some of your biggest decisions are recommendations on disposition. Does this man need to go back to the rear? If so, when?

The second reason for your being out there with the company is the importance of immediate care to men who are seriously wounded. Some men who

are listed in Army records as "KIA" (Killed in Action) did not die instantly. They lived a few minutes, or an hour or so, and then died because nobody with real medical know-how was available to them in those first critical minutes after being wounded. Sure, every soldier is trained in first aid so he can help himself and his buddies. But you are trained to do a lot more, and to know when it needs doing. You can put a tube in the patient's windpipe if he needs it. You can put fluids in his veins. You can clamp a spurting artery in an amputation stump. You can diagnose internal bleeding following an innocent-looking external wound, and you can set up an urgent helicopter evacuation. You can comfort him and reinforce his will to live while he is awaiting evacuation from the field. These things save lives, and then the soldier winds up on an operating table instead of a slab in the morgue.

And, third, rapid evacuation by helicopter may not always be possible. When you decide that a patient is "urgent," then other people get into the decisionmaking process. Your commander must first make the tactical decision as to whether he can afford to have a chopper drop into the middle of his action at the present time. And then the aircraft commander has to decide whether or not the mission can be flown. DustOff (Army medical evacuation) aviators fly marvelous machines, and they themselves are made of sheer guts, but sometimes even they have to admit defeat in the face of weather, terrain, enemy action, or shortage of aircraft.

Remember, you are trained to do three things:

a. To diagnose and treat certain illnesses and injuries.

b. To request assistance when the case is bigger than you can handle.

c. To apply your knowledge to the best of your ability to treat the patient when assistance is needed but not immediately available.

So what can I do out there?

Well, we just mentioned some of the things you can do. But let's cover the field more systematically.

You are the forward outpost of the whole medical support system, and you do a little of everything that the whole Army Medical Department does.

First, selection of soldiers who are fit to fight. Basically this process begins at the Armed Forces Examining Station, but it continues. Before your platoon or company moves out on an operation, you should go over in your mind the condition of all your patients. If you are certain, or even just pretty sure, that one of the men is going to be a medical burden on the command before the operation is over, then you should recommend to the unit commander that the man be left behind, or evacuated now. Quietly explain to the commander why you think so. The commander may not take your advice, but you have done your duty by giving it.

Second, prevention of disease and injury. Keep your patients healthy. Your life depends on them. Every soldier is supposed to know what is in FM 21–10. But you should be expert in it. Set an example for your unit in how to keep healthy. Wear your helmet when appropriate; it prevents a lot of head wounds. Use your ear plugs around aircraft, generators, and firing; they help protect your hearing. Roll your sleeves down at night, use repellent, keep your bed net repaired, and take your malaria pills. Drink only safe water, but

drink a lot of it, especially in very hot or very cold climates; maybe you can help kill the ancient myth that you can go without water by being tough. Also brush your teeth twice a day to prevent cavities. Make sure each man who wears glasses has two pairs. Keep an eye on the total health of the whole command. Good physical condition and inoculations can make a lot of difference if germs, those "bugs" you can't see, just happen to be scattered around by someone who wants your men out of action. Call on "Big Doc" back at the aid station when you run onto something you can't handle or don't understand. Let him know immediately when you see any sort of pattern indicating that something is breaking out in your unit; anything—trots, miseries, fidgets, or crud.

If you are assigned to an aviation unit and are on flying status, set the example for the use of safety and protective equipment. Wear the flight helmet and visor, boots, gloves, flame-retardant flight suit, and other equipment properly. Encourage other aircrewmen to use them.

Third, treatment of the sick and wounded, as we have already mentioned.

Fourth, evacuation of patients who need to go to the rear. Your first decision is whether a man needs to be evacuated or not. Then you decide when he must go and how he should go. In these last two decisions, you may get overruled by the commander on the scene or somebody farther back in the chain of evacuation, or simply by circumstance: You may decide that the man needs to be