

## Combat Medics

HEADQUARTERS, 105th MEDICAL REGIMENT

Fort Jackson, South Carolina

July 30, 1941

To: The Officers and Enlisted Men of this Regiment.

You of the 105th Medical Regiment are members of an organization of which you may be justly proud.

The organization saw service on the Mexican Border, and during the World War was known as the 105th Sanitary Train.

The cactus and fleur-de-lis on the Regimental insignia bear witness to the extensive service of the organization on the Mexican Border and in the A.E.F. overseas.

After the World War, with the reorganization of the 30th Division, units of the 105th Sanitary Train, with the Hospital Company of Atlanta, Georgia, now Company H, were used to reorganize the 105th Medical Regiment, the name the organization now bears.

On September 16, 1940, the Regiment as then constituted, loyally responded to our country's third call. Since that time, many new men and officers have been welcomed into the ranks and have become a vital part of the organization.

The Regiment in the past has always measured up to the high standards of expectation, and it is a source of gratification to all concerned that on the recent maneuvers in Tennessee, the Regiment maintained its splendid record.

In the future I am confident that by attention to duty, and hard work, you will live up to our inspiring motto, "Non Pro Nobis Sed Aliis" (Not for ourselves but for others.)

Hodge A. Newell

(Signature)

Colonel, M.C.

Commanding

In the reorganization of the 30th infantry Division in 1943 from a square Division to a triangular Division, this 105th Medical Regiment was reorganized to the 105th Medical Battalion. The Battalion then in turn was divided up into Detachments, one going to each Regiment.

Following is a basic Table of Organization of a Detachment, and the duties of its personnel.

#### Combat Medics of the 30th Infantry Division

The Combat Medics of the World War II 30th Infantry Division evolved from the poorly trained and ill equipped personnel who were inducted into Federal Service on September 16, 1940 into a highly trained, highly skilled and highly professional, well equipped unit by the time we saw our first combat casualties in June 1944.

The 120th Infantry Regimental Medical Detachment consisted of 10 officers, 8 Medical Doctors and 2 Dentists. The Detachment Commander was also designated Regimental Surgeon. He held the rank of Major. His function was to answer directly to and receive instruction from the Regimental Commander in all matters pertaining to the professional capabilities and combat readiness of the entire Detachment.

Within the Regimental Detachment, there were four (4) sections. The Headquarters Section consisted of Regimental Surgeon, the Detachment Executive Officer, two (2) Dentists and twenty-six (26) enlisted men. Then, there were three (3) Battalion Aid Station Sections, one for each of the three (3) battalions of infantry that comprised the regiment. Each Battalion Aid Station Section had two (2) Medical Doctors, usually a Captain and a First Lt., and thirty-three (33) enlisted men.

The Table of Organization, ideally, looked similar to the following diagram. However, because of casualties, wounded in action, killed in action or missing and captured, the numbers, rarely, if ever, added up to this diagram...

REGIMENTAL SURGEON

(MAJOR)

HO. SECTION 1ST BN 2ND BN 3RD BN

---

*Exec. Officer Med. Doctors Med. Doctors Med. Doctors*

1-Captain 1-Captain 1-Captain 1-Captain

1-1st Lt. 1-1st Lt. 1-1st Lt.

Dentists: 2-Captains

1-1st Sgt (T-Sgt.) 1 Staff Sgt. 1 Staff Sgt. 1 Staff Sgt.

1 Staff Sgt. 1-Sergeant 1-Sergeant 1-Sergeant

1-Sergeant 1-Corporal 1-Corporal 1-Corporal

2-Aidmen-HQ.Co. 2-Aidmen-Co.A 2-Aidmen-Co.E 2-Aidmen-Co.I

2-Aidmen-SV Co. 2-Aidmen-Co.B 2-Aidmen-Co.F 2-Aidmen-Co.K

2-Aidmen-Co.C 2-Aidmen-Co.G 2-Aidmen-Co.L

2-Aidmen-Co.D 2-Aidmen-Co.H 2-Aidmen-Co.M

2- Aidmen - Cannon Co.

Total of 16: Total of 22: Total of 22: Total of 22:

Drivers First Aid Techs First Aid Techs First Aid Techs

First Aid Techs Litter Bearers Litter Bearers Litter Bearers

Litter Bearers Drivers Drivers Drivers

Reserve Aid Men

The Regimental Surgeon's duties were discussed in a previous paragraph, insofar as his military duties were concerned. However, he and all the other doctors and dentists in the Detachment were, first and foremost, Professional Doctors and Dentists charged with the responsibility of the medical and dental well being of the entire regiment.

The Detachment Executive Officer, a Captain (Medical Doctor), was responsible for the overall training and equipping of the detachment, as well as administrative responsibilities.

Two Dentists, usually Captains, were assigned to the detachment. As well as being responsible for the dental care of the entire regiment, they also performed administrative duties and shared in training functions.

Other than the Officers listed above, the Headquarters Section consisted of a First Sergeant, the Supply Sergeant, the Company Clerk and other personnel who were highly skilled in the various aspects of the mission assigned to the detachment. Also, there was reserve personnel (i.e., Aidmen, litter bearers, Jeep drivers) available to the front line Battalion Aid Stations at a moments notice.

Each Battalion of Infantry had a Battalion Aid Station assigned to it. The personnel consisted of two (2) Medical Doctors (usually Captains, sometimes a First Lt.).

The enlisted personnel included a Section Sergeant, (a Staff Sergeant), a Sergeant, a Corporal and a Complement of 22 additional highly skilled technicians in the area of first aid, litter bearers, drivers, etc.

That brings us to the real Combat Medics, the Company Aid Men. Each Company in the regiment was assigned two (2) aid men. These men lived with the company and moved with them on every move. They were exposed to enemy fire just the same as a rifleman. And, on many occasions, were exposed to a higher degree than the rifleman.

His responsibility was to locate wounded men, quickly assess the severity of the wound and immediately start the action necessary to relieve the wounded man of pain and suffering. In many instances the Aid Man had to comfort those soldiers who were more mentally wounded than physical. The Aid Man and the other soldiers in the company had to work very closely together in retrieving wounded men from precarious situations and subsequent evacuation.

Once a man's wounds had been treated to the extent of the Aid man's capabilities, he was removed to the Battalion Aid Station. There, the Battalion Aid Station Doctors could assess the severity of the wound and make a decision as to further evacuation. If the wound was of minor nature, many times it would be cleaned, dressed and the soldier returned to duty. The Aid Man would normally be aware of that, and, depending upon the tactical situation at hand, follow up with any subsequent care needed.

If the wound warranted more extensive care than that which could be administered at the First Aid Station, the wounded man was tagged, a record made of the time, day, date and extent of the wound and he was evacuated by ambulance to the next echelon in the evacuation process. His company was notified of the evacuation so they could quickly get a replacement for the casualty.

Which brings us to the evacuation system. Each Battalion Aid Station worked very closely with the Medical Battalion of the Division, which was responsible for evacuations to the rear of the Battalion Aid Station.

Each Regimental Battalion Aid Station had a liaison man from the Medical Battalion of the Division. They kept their unit informed about tactical moves of the Battalion Aid Station and also coordinated the use of ambulances, depending upon the casualty rate the infantry Battalion was experiencing.

The Medical Battalion would evacuate from a Battalion Aid Station to a Collecting Station, usually safely removed from an exposed front line position. There, further evaluation was made of the wounded man. And, if further treatment was called for, he was taken farther back to a Clearing Station. Within the Division area of responsibility, the Clearing Station was as far as it could evacuate a casualty. Any further evacuation then became the responsibility of an Army Hospital.

But, bear in mind, this entire process was started by frontline soldiers receiving a wound by enemy fire, and that immediately a process of healing and comfort was started by a well trained, unarmed and possibly exposed Combat Medic wearing a Red Cross, carrying some bandages, a syringe of morphine, some sulfanilamide powder and desire to help a fellow human being in his time of great need.

If there ever were Angels of Mercy, then they were Combat Medics!

The above account was graciously provided by [Frank Towers of the 30th Division Association.](#)