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The Battalion Aid Station

Abstract: This chapter analyzes the role of the BAS personnel during combat. In contrast to the aid men, the BAS medics could rely upon each other, working in concert in order to remove a wounded man from the company aid man’s hands, carry him rearward, stabilize him, and evacuate him. To facilitate this teamwork, BAS medics also demonstrated uncommon versatility by assuming tasks for which they had not been trained, cooperating to move and aid the wounded.

A soldier burst through the door of army doctor Frank Miller’s tiny aid station yelling that his companion lay bleeding to death just outside. But Miller dismissed the pleading rifleman as a dozen other men lay bleeding to death in the station; the new casualty must simply be added to the gory line. Two days of house-to-house fighting through the once pastoral hamlet of Frenz, Germany had inflicted heavy losses on the 413th Infantry, including the 2d Battalion commander killed by an artillery burst as he stood a few feet from the battalion surgeon. Doc Miller and his BAS team hastily patched up the wounded who could be brought inside the bombed out basement, but the surgeon grew increasingly discouraged when the Germans blocked the supply and evacuation routes, shutting off hope for the wounded. The interdicted evacuation system meant Miller’s team was losing men who could otherwise be saved.¹

Frantic to move his wounded, Miller ordered his staff to load the most desperate casualties into an ambulance. The doctor jumped into the driver’s seat and headed out of Frenz toward allied lines. Remarkably the Germans held their fire for the ambulance, allowing Miller and his human cargo to pass. This band of wounded soldiers owed their lives to Miller’s refusal to yield, as in true combat medic practice, he circumvented procedure.²

Miller’s action typifies the pragmatism of infantry BAS medics during the European war. Although the Medical Department mandated a detailed system for the expedient care and evacuation of the wounded, BAS medical men discovered that their fundamental goal of rapid evacuation often put them at odds with prescribed procedures. The theory for front line medical care held that a company aid man initially tended the wounded before teams of litter bearers transported the injured soldier to the BAS for interim treatment. Once in the station, protocol held that teams of medical technicians then worked under the direction of the battalion surgeon to treat the casualties before sending them back through the system for more definitive care.

But, like Miller’s experience in Frenz, each combat encounter forced BAS personnel to reframe their plans for completing the task. Combat medical soldiers assigned to aid stations respected the intentions of the model but unhesitatingly acted creatively and practically to expedite treatment and evacuation.³ Undaunted by combat’s unpredictability, medics at the BAS, in common with company aid men, embraced function over structure to insure care for the wounded.