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The Psychiatrist in an Armored Division

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The work of the division psychiatrist in any division is of necessity divided into two phases: (1) the period of training for combat, and (2) the combat period. Because of the specialization in an armored division, the psychiatrist meets problems that are peculiar to this type of unit.

PRECOMBAT PERIOD

During this period the psychiatrist must integrate himself with the division, become familiar with the weapons, and become acquainted with the following personalities with whom he is to function in combat:

The surgeon. The psychiatrist must do his work entirely through this officer. Inasmuch as the health of the command is the surgeon's domain, he must be kept informed of all the psychiatrist's activities. All reports of the psychiatrist should cross the surgeon's desk, and all his enterprises must be coordinated with the surgeon's activity; remaining in channels avoids embarrassing experiences.

The G–1 and AG. The psychiatrist must know well these men of the division. In the problems confronting the G–1, psychiatric opinion is of value. The psychiatrist must realize that the G–1 and AG are the personnel controllers of the division and that his function is to advise them as to placement of soldiers. This does not mean that he has to wait for the G–1 and AG to start any activity in regard to better placing of a soldier. He can report to them the type of individual and the type of job this individual can best fill, but it is the G–1 who knows most about the personnel problems and who effects the change. In this division,[1] there has never been an instance in which the advice of the psychiatrist was not followed when possible. After six and one-half months' combat, there has been only one officer reclassified in this division.

The JAG must be well known to the psychiatrist, for in all cases of military-legal character in which any psychiatric component is involved, the psychiatrist and JAG must work together. This close

[1] Fourth Armored Division.

relationship often prevents unnecessary efforts of the court. Any situation in which too many courts-martial develop in a single unit is worthy of psychiatric investigation. Problems of untoward behavior are of concern mutually to the JAG and the psychiatrist.

The special service officer. The maintenance of morale in the division is the problem confronting the special service officer. The morale factor may be the spark that raises a unit above the category of "ordinary" and welds it into a superior fighting force. Certainly, in preparation for combat the "blood sports" should be utilized to the greatest extent and the psychiatrist can be of value to the special service officer in advising as to the type and amount of service given to troops.

The chaplains. Frequently these officers are the first to learn of a situation which should be corrected. They may be the first to hear the complaint of a psychotic soldier. In many instances in this division, the chaplains have been asked by the psychiatrist to talk to a soldier about some particular problem. Their help has been of great value in aiding many to adapt themselves to conditions as they really are.

The unit commanders. The psychiatrist should be well acquainted with these men and endeavor to understand their problems. In an armored division, in which specialization is at a high point, men cannot be forced into positions for which they have no aptitude. In understanding the type of work to be done, the psychiatrist can be of value to the commanders in helping them rid their units of undesirable men and in obtaining men they can use. It is well to understand as far as possible the individual personality of each unit commander, because this information leads to the easier solution of what could be a difficult problem.

The battalion surgeons are the officers to whom the psychiatrist owes every possible support. These men are the first to contact abnormal behavior problems and refer them to him. The psychiatrist should never see a case unless the man is referred through proper medical channels. The battalion surgeons understand the problems of the men they service. Their insight and knowledge of their men are of utmost importance to the psychiatrist in helping him to arrive at proper decisions.

Officer personnel of the medical battalion. The psychiatrist must know these officers, and they in turn must be acquainted with the psychiatric problems to be expected in combat. The battalion commander needs this information properly to allot personnel to be used in psychiatric work during combat. There must be an understanding as to officers and enlisted personnel who will be available to the psychiatrist when the division is committed and exhaustion casualties

begin to come in. Of prime consideration is the problem of tentage, mess facilities, and adequately trained enlisted personnel. One should remember to be provided with a supply of toilet articles, including razors. Some arrangement must be made with the battalion supply officer to obtain clothing for exhaustion patients, as items of clothing are frequently lost in the chain of evacuation.

Prior to the combat period, the psychiatrist should acquaint line officers with the combat exhaustion problem, informing them as to etiology, prevention, and prognosis. Line officers must understand that combat exhaustion is a problem of command. Too much emphasis cannot be placed on the fact that leadership and discipline are the chief factors in the prevention of this condition. In the discussion of exhaustion, no medical terms should be used and every effort made to "get across" all preventive measures possible.

COMBAT PERIOD

In combat, the psychiatrist's work in several aspects changes considerably. Now, more than ever, his assistance to the surgeon is of value. He should keep the division surgeon informed as to the number of exhaustion casualties coming in and which units are having these cases. He must pass on to the surgeon all information he can obtain as to why these cases are developing and assist the surgeon in any preventive measures that can be adopted. The psychiatrist must anticipate the development of exhaustion cases as in ratio to the amount of time committed and be in possession of facts learned in other campaigns to predict just how much the troops can endure. Psychiatric advice can aid the special service officer in selecting the proper diversional measures for troops while in a rest period.

At this time, occasionally, comes the difficult decision of determining whether a soldier left his post in the face of the enemy or if his untoward behavior resulted from combat exhaustion. These cases require most careful and searching examination. Close cooperation with the JAG is essential. One should remember that the Army psychiatrist is available to help in reaching a conclusion which may affect the life of a soldier.

To the psychiatrist falls the duty of treating and evaluating all exhaustion patients coming under his care. This may be a problem of great magnitude or it may be negligible, depending on the tactical situation. He must prepare for these variations. He must arrange for necessary organic equipment, as extra mess gear, extra rations, a kitchen, and, above all, adequate tentage. He must be prepared to evacuate his patients or move them with him when the unit moves; therefore, the problem of transportation is important. Adequate help

must be obtained from the supporting medical company, particularly with reference to medical officers and enlisted personnel. The treatment section must be able to operate in the psychiatrist's absence, for at times he is needed in other places and his value to the unit is lessened if he is kept constantly at the treatment station.

In treatment, the psychiatrist, whenever possible must still consider each patient as an individual. In this way it is possible to reintegrate the greatest number of men with their former duty. A few minutes spared to a patient may mean the difference between success and failure of treatment.

Some facts noted in this division follow: In obtaining rations for these patients, always provide one and one-half rations per man per day. It will be consumed and is a very important adjunct to treatment. Have men shave and clean up at the earliest possible time; this has good therapeutic effect and is appreciated. Get wet clothing off the men as soon as they come in. An extra blanket suffices until the clothing dries out. Make the men remove their shoes at all times when lying down. This is excellent therapy for mild frostbite when that condition accompanies exhaustion. A small amount of intravenous sodium amytal will quiet an emotional patient if he is disturbing others. Intravenous vitamin B will relieve some persistent headaches. Examine eardrums routinely. A surprising number are traumatized by near-by shellbursts. Keep a guard posted to prevent patients from wandering away. Awaken patients one-half hour before mealtime, as it will expedite messing about 50 percent. A hot shower at the end of treatment is an excellent adjunct to therapy. Have the latrine near by and marked off with white tapes to facilitate finding it at night.

If the treatment area is shelled, move. One has difficulty getting the men to rest even with heroic doses of amytal, and it is not fair to the men to keep them under sedation when they need all possible awareness to protect themselves. Always ask the men to return to duty in the presence of others. In starting to select those ready, always pick one who you are certain is willing to return to duty. Do not keep men too long. After four days the difficulty of returning to duty becomes progressively more pronounced with each additional day kept under treatment. Other things being equal, the unit with the best leadership has the smallest number of exhaustion cases. The same goes for unit spirit. A visit by the commanding general does more good than a day's treatment. This was evidenced by one visit at the time most cases were being treated. Expect an increase of patients in wet weather. Expect an increase of patients when forward progress stops and it is necessary to dig in. This is especially

true in an armored division, because its training is particularly for offensive warfare. Another factor is that fire power of a unit is markedly reduced when the troops dismount from their vehicles.

Men must be treated as soldiers. The term "nervous patient" or any medical term of similar meaning must not be used. The men must be made to keep their own area clean, to go through the "chow" line, and in general to act as soldiers. A false rumor of coming relief causes an increase of exhaustion cases. Weight loss is an important prognostic sign. Excessive weight loss almost invariably precludes an early return to duty. The Red Cross will supply razors, towels, soap, cigarettes, candy, and stationery, if desired. Expect the greatest number of exhaustion casualties in the armored infantry, with a decrease in the following order: reconnaissance units, engineer battalions, tank battalions, and artillery battalions. Fewer exhaustion cases will develop if two men are permitted to occupy a foxhole together. This procedure may, however, be unwise from a dispersion point of view. One instance developed in which many exhaustion patients came from a group of men seeking shelter in a large culvert. About ten cases came from this group of thirty men. The men tolerate freezing temperatures with firm terrain better than cold, wet, muddy terrain.

Cumulative battle experience tends to the production of exhaustion casualties. An instance is noted in tankers, in that many men can tolerate having a second tank knocked out by enemy action. An abnormally large number develop exhaustion after having the third tank knocked out. Men who have been hospitalized for three or four months for battle injuries and are returned to duty are more prone to develop exhaustion than those who have been hospitalized two months or less. Many men can be saved for the division by transferring them to service units. Men who are unable to return to actual combat are excellent soldiers for the quartermaster, trains, ordnance, administrative center, medical battalion, and service companies of the combat battalions. They are found to be very grateful for an opportunity to stay in the division and to be able to contribute an effort toward the common goal. Men who have experienced combat complain less of long hours and hard work.