

Deer Park Union Free School District
DAILY LESSON PLAN TEMPLATE
P.A.R. (Preparation, Activities, Reflection)

TEACHER'S NAME	DATE	SUBJ/GR/PER	LEARNING UNIT/TOPIC
John Heeg	Feb. 1, 2017	SS/8	
OBJECTIVE	NYS Performance Indicators	ESSENTIAL QUESTION	
Students will be able to discuss the impact that healthcare professionals had on caring for the sick and wounded.	See in Scaffolded section	What were some of the challenges that your healthcare professional faced? How do you think they felt about their role? Why did people choose to work as a healthcare professional in the war? How were healthcare professionals able to make a difference?	
DO NOW / BELL WORK	MOTIVATION / ANTICIPATORY SET / HOOK		
<i>Complete the pre-assessment</i> Pre-Assessment https://goo.gl/v6FIpu Pre-Assessment Google form https://goo.gl/forms/IDyQqRTJAMZoX13i2	Patient care on the battlefield today. Pictures will be put on the board of care being provided to combat casualties of today to prompt discussion. The following questions will be posed to students: <ul style="list-style-type: none"> ● How do you think the military provides care to soldiers in the wars of today? ● What does today's military have available them to save patients lives? ● Why does a casualty stand a better chance of surviving today compared to World War I? 		
SCAFFOLDED LEARNING ACTIVITIES that incorporate: Input, model, guided practice, independent practice			
New York State Social Studies Framework <i>Gathering, Interpreting and Using Evidence</i> <ul style="list-style-type: none"> ● Identify, describe, and evaluate evidence about events from diverse sources (including written documents, works of art, photographs, charts and graphs, artifacts, oral traditions, and other primary and secondary sources). ● Make inferences and draw conclusions from evidence. <i>Chronological Reasoning</i> <ul style="list-style-type: none"> ● Articulate how events are related chronologically to one another in time, and explain the ways in which earlier ideas and events may influence subsequent ideas and events. ● Identify and compare multiple perspectives on a given historical experience. ● Describe, compare, and evaluate multiple historical developments (within societies; across and between societies; in various chronological and geographical contexts). <i>Geographic Reasoning</i> <ul style="list-style-type: none"> ● Distinguish human activities and human-made features from “environments” (natural events or physical features—land, air, and water—that are not directly made by humans) and describe the relationship between human activities and the environment. ● Identify and analyze how environments affect human activities and how human activities affect physical environments in the United States. 			
English Language Arts			

CCSS.ELA-LITERACY.CCRA.R.1; Read closely to determine what the text says explicitly and to make logical inferences from it; cite specific textual evidence when writing or speaking to support conclusions drawn from the text.

CCSS.ELA-LITERACY.CCRA.R.3 Analyze how and why individuals, events, or ideas develop and interact over the course of a text.

CCSS.ELA-LITERACY.CCRA.R.4 Interpret words and phrases as they are used in a text, including determining technical, connotative, and figurative meanings, and analyze how specific word choices shape meaning or tone.

CCSS.ELA-LITERACY.CCRA.R.9 Analyze how two or more texts address similar themes or topics in order to build knowledge or to compare the approaches the authors take.

CCSS.ELA-LITERACY.CCRA.R.10 Read and comprehend complex literary and informational texts independently and proficiently.

National Standards for Social Studies prepared by National Council for the Social Studies

III. People, Places, and Environments

IV. Individual Development and Identity

V. Individuals, Groups, and Institutions

Lesson

Powerpoint: Unsung Heroes of WWI <https://goo.gl/sjWjsQ>

Students will complete a brief written pre-assessment to determine their prior knowledge of World War One and the role of healthcare professionals. Students should have some understanding of the First World War particularly life in the trenches and the technological advancements that took place prior to and during the war. Prior to the lesson students should have been taught how to analyze primary and secondary sources.

Pre-Assessment <https://goo.gl/v6FIpu>

Pre-Assessment Google form <https://goo.gl/forms/IDyQqRTJAMZoX13i2>

After completing the Pre-Assessment the teacher will review fighting in the trenches. The teacher will put up some pictures of soldiers in the trenches and pose the following questions:

- What was life like in a trench?
- What were some of the challenges of living and fighting in trenches?
- What do you think they worried about?
- What do you think were some common injuries that soldiers sustained during combat?

Discussion will then focus on patient care on the battlefield today. Pictures will be put on the board of care being provided to combat casualties of today to prompt discussion. The following questions will be posed to students:

- How do you think the military provides care to soldiers in the wars of today?
- What does today's military have available to save patients lives?
- Why does a casualty stand a better chance of surviving today compared to World War I?

After the brief discussion students will be placed into cooperative learning groups. Depending on your class size the group size can be anywhere from 4-6. Additional documents have been provided so that teachers can vary the documents or differentiate instruction.

- **Group 1: Stretcher Bearers**

Wounded Pg. 23 <https://goo.gl/RZlW4L>

Wounded Pg. 24-25 <https://goo.gl/DBSYGe>

Robert McKay <https://goo.gl/UP2iwn>

Harold Chapin <https://goo.gl/KAr2vG>

Harold Chapin Letter <https://goo.gl/XSZQCS>

Charles Hudson <https://goo.gl/uK1saS>
Hamilton Fyfe <https://goo.gl/DY6jZy>
Pictures and Paintings <https://goo.gl/02epKA>
Catalog Number 2007.95.121 <https://goo.gl/CNEhW>
Catalog Number 2007.95.126 <https://goo.gl/OOXjKn>
Catalog Number 2008.117.2.22 <https://goo.gl/OfVG56>

- **Group 2: Ambulance Drivers**

Leslie Buswell <https://goo.gl/BZUnAJ>
Archer Pg. 142-144 <https://goo.gl/Qd0sDS>
Archer Pg. 100-101 <https://goo.gl/RNK8jI>
Archer Pg. 154-156 <https://goo.gl/1QbhBo>
Archer, Burns Pg. 171-172 <https://goo.gl/xCOz3v>
Pictures <https://goo.gl/xo08W6>
Posters <https://goo.gl/naNSp0>
Paintings <https://goo.gl/MHlMdv>
Catalog Number 1926.28.153 <https://goo.gl/vU9Z8e>
Catalog Number 1981.16.64 <https://goo.gl/x4nmj0>
Catalog Number NA2010.1.0 <https://goo.gl/rSQI7h>
Catalog Number 1982.112.120 <https://goo.gl/d6ttbN>
Catalog Number 2005.74.30 <https://goo.gl/trFF3v>

- **Group 3: Chaplins**

Wounded Pg. 125-126 <https://goo.gl/Kn1oLn>
Wounded Pg. 128-129 <https://goo.gl/9MRPBh>
Wounded Pg. 132-133 <https://goo.gl/GiHSU4>
Wounded Pg. 144-145 <https://goo.gl/WAaXAn>
Wounded Pg. 147-148 <https://goo.gl/qZRgSE>
Photos <https://goo.gl/5I2EzN>
Paintings <https://goo.gl/lpyfYG>
Catalog Number 2007.45.104 <https://goo.gl/kL3h8N>

- **Group 4: Nurses**

Wounded Pg. 90-91 <https://goo.gl/5Qjfhz>
Wounded Pg. 100-101 <https://goo.gl/8pqP3K>
Mademoiselle Miss <https://goo.gl/wZdNJU>
Mademoiselle Miss II <https://goo.gl/ErtJDz>
Ella Jane Osborn <https://goo.gl/gkILPa>
Recruiting Posters <https://goo.gl/fFOyCS>
Pictures <https://goo.gl/zdkQhf>
Painting John Lavery <https://goo.gl/cxWxI0>
Catalog Number 1938.100.41 (Poem) <https://goo.gl/LKbTy2>
Catalog Number 1926.28.431 <https://goo.gl/e73bVl>
Catalog Number 1926.28.157 <https://goo.gl/bhuLCr>
Catalog Number 1926.28.152 <https://goo.gl/q04FAv>

- **Group 5: Doctors**

Wounded Pg. 37-38 <https://goo.gl/9EWUaS>
Wounded Pg. 58-59 <https://goo.gl/jBmGCG>

Wounded Pg. 70-72 <https://goo.gl/Osg0hx>

Dr. Hayward <https://goo.gl/eKQ50g>

Blood Transfusions <https://goo.gl/W38Og7>

Each group will receive a set of documents about the Health Care professional they were assigned to. Each member of the group will receive a different document. Students can choose their own document or they can be distributed to the students randomly. For the first 5 minutes students will analyze their document on their own. After students have analyzed the document each student will take turns sharing with the members of their group what they have learned from the document that was assigned to them.

The documents do not have any questions as prompts or an analysis guide. If you feel your students may require prompts to stimulate thinking you can use the documents that have questions with them in Appendix or you can use Document Analysis Worksheets found at the National Archives <https://goo.gl/vWsSwb>

Once each individual shares what they have learned from their document as a group students will answer the following questions using their documents.

- What were the challenges faced by your healthcare professional?
- Why did your healthcare professional choose to do this job?
- How was this healthcare professional able to make a difference?
- What improvements can be made to help provide better care for the casualties?

During this phase of the assignment one student (Recorder) can write down the answers to the questions. Each group will then share their answers to the class. Have one member of the group (Reporter) share the answers that their group came up with. Each group represents a different phase of care. When a soldier was wounded a stretcher bearer team went out to get the casualty, they then would bring them to an ambulance to be transported to a different level of care that was further from the trenches. In Field Hospitals and Ambulance Trains the patient would then receive advanced care from Doctors and Nurses. At each level of care there were unique challenges. When you have students share their responses follow the order that the level of care a patient would receive: Stretcher Bearers, Ambulance Drivers, Chaplains, Nurses, and Doctors. When students are sharing their work based on the healthcare professional they were assigned provide some time when appropriate to pose the following questions:

- What kind of training do you think they received prior to going to the battlefield?
- What has the healthcare profession learned from the experiences of these healthcare professionals?
- What type of suggestions would you make to improve patient care?
- How were these healthcare professionals able to make a difference?
- How do you think they became proficient at their job?
- How do you think they adapted to civilian life after the war?
- How do you think they felt about what they were doing?
- What type of person does this job?
- What kind of skills do you need to have to be proficient as a Nurse, Doctor, Chaplin, Stretcher Bearers, and Ambulance drivers?

CLOSURE / REFLECTION

POST-ASSESSMENT: Students will answer the questions in the handout <https://goo.gl/5PI71M>

Homework: Treating the wounded in combat
<https://goo.gl/dwOf1J>

Stretcher Bearers

Wounded traces a soldier's journey from injury on the battlefield to recovery in Britain, documenting how modifications during the Great War forever changed how medical care is provided to front-line soldiers today. Emily Mayhew's book focuses on the British Army on the Western Front between 1915 through 1918. An excerpt from: Wounded: A New History of the Western Front In World War I By Emily Mayhew, Pg. 23.

In deep mud after heavy rain one of the team had to lead the way so that they wouldn't fall or become trapped. Some shell holes were big enough to bury a bus and, when they got wet, their edges could easily **subside**. If one of the bearers slipped and fell, he could drag everyone down to the bottom. Then they had to gather themselves, **disentangle** the stretcher straps, reload the patient and crawl out again. Douglas had to focus hard on listening to the leader call each step on their journey. It took a huge effort to remain calm while you crawled along like a big muddy tortoise." What he didn't tell his father was that stopping could mean death. At Arras, one entire team and their patient were killed after they became stuck in the mud and were blown to pieces by enemy shelling—the last bearer falling over the stretcher as if to protect the man they had been carrying." But stretcher bearers didn't always mind the rain. If there were no carries, they went outside and held up their faces and their **callused** hands so that the rain could wash away the grime.

Subside- become less intense, violent, or severe.

Disentangle- free (something or someone) from an entanglement; extricate.

Callused- (of a part of the body) having an area of hardened skin.

Stretcher Bearers

Wounded traces a soldier's journey from injury on the battlefield to recovery in Britain, documenting how modifications during the Great War forever changed how medical care is provided to front-line soldiers today. Emily Mayhew's book focuses on the British Army on the Western Front between 1915 through 1918. An excerpt from: Wounded: A New History of the Western Front In World War I By Emily Mayhew, Pg. 24-25.

One of his first jobs was to bring back a wounded man lying in a deep shell hole when Young ran over, he was spotted by an enemy sniper, who began to fire at him. It was now too dangerous for his teammates to join him so Young stayed in the hole with the casualty with the sniper pinning him down for hours, firing every time he moved." All Young could do for the man was slowly turn his head so that he faced him, and hold his hand. He whispered a few words, told the soldier his name and that everything would be all right: eventually the bloody sniper would get bored and move on. He tried to smile, but he wasn't sure the man could see his expression through the mud on his face when he saw that the soldier was crying, Young squeezed his Hand and tried to comfort him. The soldier shook his head almost **imperceptibly** and then looked away. It wasn't the pain, he whispered. He was so sorry he didn't deserve to be saved. He'd been one of those who had **ridiculed** the bearers while they waited to go over the top. The man was sobbing openly now, and Young was worried about the snipe, hearing them. He shushed the wounded man firmly. It didn't matter any more he whispered- the bearers understood.

Finally the soldier calmed, but the sniper had heard him and started firing again. The men lay together in fear and silence for what felt like hours, the bearer holding his patient's hand. Then the sound of the shots drifted away. The sniper had found another target carefully Young got up onto his elbows and started dressing the soldier's wounds, giving him water and morphine. He now saw that the man was small and light, so he could probably carry him on his own. By now it was dark and it was getting cold. Young felt he couldn't wait any longer. **Hoisting** the patient up onto his back, he climbed out of the crater when the sniper saw them and began firing it was too late to go back so Young ran for their lives. Shots followed him all the way back to the British lines, but he ducked and weaved and managed to keep them both safe. At the aid post, he laid the soldier down and re-dressed his wounds. He had spent so much time with him, in such danger that he was **reluctant** to let him go. Most bearers felt like that about their patients, particularly after a long carry. As one bearer put it, sometimes their going was like that of an old friend, who shared the rigours of the journey.

Imperceptibly- impossible to perceive.

Ridiculed- speech or action intended to cause contemptuous laughter at a person or thing.

Hoisting- raise (something) by means of ropes and pulleys.

Reluctant- unwilling and hesitant; disinclined.

Stretcher Bearers

<https://goo.gl/136RLQ>

Sergeant Robert McKay, a stretcher-bearer with the 109th Field Ambulance Unit, kept a diary during the Battle of Ypres in August, 1917.

6 August: Today awful: was **obliged** to carry some of the wounded into the graveyard and look on helpless till they died. Sometimes we could not even obtain a drink of water for them.

7 August: Bringing the wounded down from the front line today. Conditions terrible. The ground is a **quagmire**. It requires six men to every stretcher. The mud in some cases is up to our waists.

14 August: One party of stretcher-bearers was bringing down a wounded man when an airman swooped down and dropped a bomb deliberately on them. The enemy shells the stretcher-bearers all the time.

16 August: The infantry took a few pill-boxes and a line or two of trenches from the enemy in this attack but at a fearful cost. It is only murder attempting to advance against these pill-boxes over such ground. Any number of men fall down wounded and are either smothered in the mud or drowned in the holes of water before we can reach them. We have been working continuously now since the 13th. The stretcher-bearers are done up completely.

19 August: I have had no sleep since I went on the 13th. The 109th Field Ambulance alone had over thirty casualties, killed, wounded and gassed - and this out of one hundred men who were doing the line.

Obliged- to bind or constrain (someone to do something) by legal, moral, or physical means.

Quagmire- a soft boggy area of land that gives way underfoot.

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From Elliott & Fry, Co., N. Y.

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National World War I Museum and Memorial
Station at Cambrai

Chaplains

Wounded traces a soldier's journey from injury on the battlefield to recovery in Britain, documenting how modifications during the Great War forever changed how medical care is provided to front-line soldiers today. Emily Mayhew's book focuses on the British Army on the Western Front between 1915 through 1918. An excerpt from: Wounded: A New History of the Western Front In World War I By Emily Mayhew, Pg. 147-148.

A friendly and practical man, Bere had been a **curate** for sixteen years in a Docklands parish in London and had seen plenty of hardship. No. 43 **CCS** had already had a couple of Anglicans and a Roman Catholic chaplain, so when Bere arrived, staff expected him to hold a service to introduce himself – and then probably not do much else. But Bere wasn't like his **predecessors**. He was sharing a tent with some of the MOs and, instead of announcing his first service, he set out to build some bookshelves and bedside tables for them all, making use of some packing cases he had found. Within a day or two of his arrival the tent was fully furnished. By that time he had also fixed the broken stove in the mess anteroom, without being asked.

It soon became standard practice at No. 43 to seek out the padre if a job needed doing and there was no one designated to do it. Bere spoke fluent French, so he accompanied the quartermaster into town to negotiate with the local suppliers. When French or Belgian luminaries came to inspect the **CCS**, it was Bere who walked them round the wards, laboratories and X-ray facilities. His carpentry skills were in great demand: he repaired everything from broken stretchers to the roofs of the wooden huts. When he discovered some old deckchairs, he repaired the frames and sewed new canvas backs for them, before proudly laying them

out in front of the nurses' tents so that they could sunbathe in comfort. And when one of the matrons noticed that the padre could sew, she asked him whether he would help out in the linen store occasionally. Soon Bere found himself doing nothing but sewing for weeks at a time, name-taping the sheets, pillowcases and blankets that were washed at a local laundry. Then torn uniforms and unravelling socks were added to his pile, and Bere sewed and darned until his eyes and fingers were too sore to continue or the wind blew out the candle in his tent.

He turned a small patch of land at the back of the CCS into a garden, where he grew vegetables and flowers and kept a few chickens. The chickens occasionally escaped from their coop, and the padre could be seen chasing them – once all the way into a ward, where one of the birds flew into the Sister's headdress. The chaplain apologised profusely before hurrying from the ward, a chicken under each arm. By now he was also in charge of the payroll and the mess accounts, and he was getting so good with the French suppliers that one of them had tipped him in chocolate, which he turned into an evening's worth of good cocoa for the nurses. And if that wasn't enough, he even learned cobbling, so that he could mend the soldiers' boots. When he returned the repaired and polished pairs to the wards, their owners were surprised to see that they had been mended by the man who also prayed with them.

Curate- a member of the clergy engaged as assistant to a vicar, rector, or parish priest.

CCS- Casualty Clearing Station.

Predecessors- a person who held a job or office before the current holder.

Chaplains

Wounded traces a soldier's journey from injury on the battlefield to recovery in Britain, documenting how modifications during the Great War forever changed how medical care is provided to front-line soldiers today. Emily Mayhew's book focuses on the British Army on the Western Front between 1915 through 1918. An excerpt from: Wounded: A New History of the Western Front In World War I By Emily Mayhew, Pg. 128-129.

On 21 July 1916 the Devonshires were finally relieved. Their journey had taken them from the Wellington Redoubt, through Mametz into Caterpillar Wood, Guillemont and finally to Delville Wood. As the battalion headed to the rear, Crosse reflected on his work. Perhaps he should have concentrated more on his religious duties. Like many other padres at the front, weeks had gone by without services, only hurried prayers and funerals. One chaplain who moved up and down the line with a field ambulance did no religious work at all for several months. All his time was taken up looking after the walking wounded and, whenever they stopped to set up an aid post, it was his responsibility to oversee the unloading of the wagons and find supplies." No one even thought to ask him if he wanted to conduct a service.

Instead there was often **spontaneous** religious activity. Crosse had heard of a medical officer who, having worked for days without stopping during the Somme, suddenly asked the battalion's chaplain for a Communion service. Their medical post had been set up in a **requisitioned** farm, so the padre held the service in a stable, some distance away from the dressing rooms full of bloody bandages and wounded men. Bales of hay insulated the tiny congregation briefly from the sounds of war, and the service was witnessed by the curious farm animals. Another padre had **improvised** a service for the six bearers in his team, reading from the Gospel of John about how every man's way in the world was lit by the coming of Christ, even if they were trudging through a bloody slough and death dogged their every step. Then they said a short prayer and went back to work." The team had grown to like the padre, particularly when they came to understand that he wasn't there to preach at them. If the guns were especially threatening during a carry, he led them in singing hymns, loudly and in defiance, the rhythm helping them to keep pace as they marched.

Spontaneous- performed or occurring as a result of a sudden inner impulse or inclination and without premeditation or external stimulus.

Requisitioned- demand the use or supply of, especially by official order and for military or public use.

Improvised- done or made using whatever is available.

Chaplains

Wounded traces a soldier's journey from injury on the battlefield to recovery in Britain, documenting how modifications during the Great War forever changed how medical care is provided to front-line soldiers today. Emily Mayhew's book focuses on the British Army on the Western Front between 1915 through 1918. An excerpt from: Wounded: A New History of the Western Front In World War I By Emily Mayhew, Pg. 125-126.

Chaplain Ernest Crosse considered himself lucky, getting a frontline posting from the outset with the 7th/8th Battalion of the Devonshires. And he got what he most wanted: the opportunity to work with the battalion doc and make himself useful. For his part, the doctor was delighted to have a competent and professional man at his side – and Crosse never said no to anything. He tagged along with the bearers, an extra pair of hands and a strong back to bring in a casualty. Sometime she walked in front, directing them away from broken duckboards and shell holes. He was particularly useful at night, when he took charge of the torch and its batteries and found them a path in the pitch dark. When he wasn't helping them with their carry, he was out on the battlefield, trying to get to know their sector. He scouted out new routes from the front to their aid post and made notes of any trenches that needed repairing. He also got himself a whistle so that he could alert the bearers if he came across a casualty that he couldn't bring in himself.

Crosse wasn't the only padre who made himself useful with the bearer teams. Chaplains had enough organisational skills and authority to round up volunteers either from the troops or, as they often spoke German, from newly captured POWs. They became so expert at organising and helping bearers that, if there was no medical officer available, padres were often given overall command of the battalion's bearer teams." One chaplain, who would later win a VC for his service with bearers at the Somme, created an entire team from scratch after all the original members had been killed. When they got stuck in shell holes trying to retrieve the wounded, he ran back between them and the line to bring up supplies, seemingly ignoring the **incessant**, murderous shellfire. On one occasion the bearers saw him creeping towards them in an odd crouched posture. At first they thought he might be wounded, but then they realised that he was carrying a canteen of hot tea for the group, covering its top with one hand to protect it from flying mud."

Once word arrived of the planned July offensive in the valley of the Somme, Crosse and the Devonshires' MO began to prepare medical posts and bearer routes. Then, on 30 June, they travelled together to the front-line trenches to make the final **allocations** of bearer teams. Crosse got back late that night and had only just fallen asleep when the **barrage** rang out signalling the advance. He jumped up and ran out of the dugout to say a few prayers with the men while they waited for the shriek of the whistle. It was to be the only religious duty he did all day. When the whistles blew and the men went over the top, Crosse made his way to the aid post, readying himself for the return of the wounded.

Incessant- continuing without pause or interruption.

Allocations- the action or process of allocating or distributing something.

Barrage- a concentrated artillery bombardment over a wide area.



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Ambulance Drivers

Private Heller and the Bantam Boys is a story of a medical student, Ralph Heller, who joined the United States Army Ambulance Corps in 1917. Ralph and his fellow Princeton University Bantams suffered through a year of relentless trench warfare transporting hundreds of wounded and sick French soldiers on the Marne and Somme battlefields. An excerpt from Private Heller and the Bantam Boys: An American Medic in World War I By Dr. Gregory Archer, Pg. 171-172.

Friday, 15 February 1918. Poste Suippes

*Time goes fast. The winter has been quiet, the spring is opening up and so is the war. We've had several coup de mains. The French have been successful as a whole and have taken many prisoners. Most of which seem young. A few days ago the division next to us made an attack and took a small hill near Capron. They also took a hundred or more prisoners. A battery of American heavy artillery (the guns were French) came up to bombard the **Boche**. Last night a gasoline explosion made six blessés for me to carry to Mt. Frenet.*

The six soldiers injured by the explosion had hideous, painful burns. Their moaning was particularly gut-wrenching for Ralph. He always made an effort to keep his wounded comfortable at all times. He stole many blankets for that purpose. But burns and mustard gas were the worst sorts of wounds to contend with during transports.

Ralph heavily wrapped their wounds in gauze until the burns stopped leaking serum. He then **cocooned** men in blankets to keep them warm.

No matter what Ralph did, when his ambulance set off on those bad roads, the men in the back got pounded by the ride. All Ralph could do was to drive as fast as possible and get them to an aid station before they died. He did not want any more men to die in his car. For Ralph, deaths on his drives were "bad luck for sure." He tried to forget how many men died in his Lizzies.

Large area burn injuries were generally rare compared to artillery wounds. But burns grew more frequent because of flamethrowers. Huns used them for the first time against the French at Malancort on February 26, 1915. As expected, it caused a major panic. Six hundred and fifty-three flame attacks followed throughout the war. Fortunately, early types of man-portable fuel tanks had a short duration and limited range. Known to the Germans as the Flammenwerfer, it was so devastating a man could never hope to survive a direct blast with the ignited fuel oil pressurized by nitrogen gas.

Like dying victims of flamethrowers, the six men from the gasoline dump looked like lost deer caught in a forest fire. Ralph marveled how some of them were still alive. He knew that most would never see home again.

Boche- a German, especially a soldier.

Cocooned- envelop or surround in a protective or comforting way.

Ambulance Drivers

Private Heller and the Bantam Boys is a story of a medical student, Ralph Heller, who joined the United States Army Ambulance Corps in 1917. Ralph and his fellow Princeton University Bantams suffered through a year of relentless trench warfare transporting hundreds of wounded and sick French soldiers on the Marne and Somme battlefields. An excerpt from Private Heller and the Bantam Boys: An American Medic in World War I By Dr. Gregory Archer, Pg. 165-166.

That break gave medical officers time for an overdue classroom lesson. Too many wounded patients were coming into the aid stations only to die. Scarce resources were being wasted on mortally wounded men. The Bantam Boys were more expertly instructed in the art of triage in several lectures by French doctors.

Triage techniques prioritized transports. First conceived in the American Civil War, it was fully implemented in the Great War. Patients were separated into categories: 1. Men who should live regardless of the care received. 2. Men who are likely to die no matter the care they received. 3. Those that immediate care might save their lives.

Soldiers who would benefit from immediate care, of course, were sent first. The dying were left in place and made comfortable with a wine or pain medication if available. The rest waited until triage level #3 patients were taken back to station. They also became “walking wounded” and struggled to the rear on their own two feet. (If they still had two feet.)

The key to successful triage was to know how to judge the lethality of wounds. That took significant anatomical knowledge. Ralph was the only medical student with any significant prior training. He didn't look forward to the implications of this lesson. He was going to be forced to make decisions on who lived and who died.

The boys learned that triaging wounds was easier said than practiced. The severity of a wound was usually rated by an experienced front-line doctor. It was never an easy decision because much was guesswork—unless the wound was substantial, clearly visible, or damaged a vital area, it could be like throwing dice. Minor scalp wounds might gush blood like the bullet went clear through the man's skull. Severe crush wounds could look like a simple bruise. Much of triage, Ralph found out, was guesswork. There were no crude x-ray machines in the field. There was no time to surgically explore wounds.

In a few instances when doctors were absent, Bantam Boys made the decision. Ralph did not want any part of the “God role.” He already had a difficult time forgetting the pitiable faces of the boys he left behind. What if I made the wrong call? Luckily for him a doctor was almost always available. (Ralph never wrote in the diary about any of his triage decisions.)

Ambulance Drivers

Private Heller and the Bantam Boys is a story of a medical student, Ralph Heller, who joined the United States Army Ambulance Corps in 1917. Ralph and his fellow Princeton University Bantams suffered through a year of relentless trench warfare transporting hundreds of wounded and sick French soldiers on the Marne and Somme battlefields. An excerpt from Private Heller and the Bantam Boys: An American Medic in World War I By Dr. Gregory Archer, Pg. 142-144.

Most of the first men they carried were sick. They'd sit the malades in the back of the ambulance, side by side. Having no way to isolate them, the men swapped germs. If they had to throw up, Ralph requested they tap on the rear wall. He would stop for them to leap out. He said, "Pas de vomissements dans ma voiture. No puking in my car."

As Bill and Ralph loaded the sick, the ill men coughed and hacked. Bill and he soon ended up with a general **malaise** they thought was fatigue. In reality it was likely another low-grade influenza but not the virulent "Spanish flu." They had lost count of how many times they had been ill. Aspirin chased by red wine was their only reliable medicine. Ralph forced himself to eat even though he had no appetite. He drank all the clean water and hot British tea he could get his hands on. "Tea is good."

The boys worked steadily, splitting the driving load so neither got too worn out. Ralph and Bill then received a spate of night runs. They could be up all hours of the night. The **nocturnal** drives soon evolved into a new exciting amusement. Every drive was fraught with unpredictable dangers and near lethal consequences.

Most of the Bantam Boys' primary roads were **encumbered** with artillery and ammunition convoys. In the 1800s, a cannon in battle shot an average of sixty rounds per day. By 1914, the French were firing up to six hundred shells per day per artillery piece. Each gun required twelve fully **laden** ammunition wagons. A standard six-gun French battery, therefore, needed seventy-two wagons per day of combat. This did not include food and water for the men and horses, shovels, sandbags, mail, or spare parts. Or ambulances.

A musketeer in an 1800s skirmish fired an average of twenty rounds of ammunition in total. In the Great War, a determined infantryman could fire two hundred rounds in fifteen minutes. A modern infantry column required 120 wagons with six hundred thousand rounds of rifle and fifty thousand rounds of machine-gun ammunition per battle, minimum. Having this many horse-drawn or mechanical transports on inadequate roads caused incredible traffic jams.

Tired soldiers clogged the roads as well, sometimes stumbling around as if they were drunk. Some were. Others struggled with wounds, trench foot, and frostbite.

Close to the front, no driver used headlights because Hun artillery spotters could range on the lights with optical equipment, then rain holy hell on them. Snipers were a problem as well. When obstacles appeared, if they had not already been hit, a flashlight was used to see around them. The Bantam Boys had to develop a form of nighttime **clairvoyance** to avoid destroying themselves and their wounded. How more men weren't injured or killed was a divine wonder. Ralph once wryly said, "Absence of vision is a hindrance to good driving practices."

A further exhilarating complication was French colonial drivers had a habit of driving on the wrong side of the road. Ralph never figured out why. A number of these drivers came from African villages that sported single lane roads or none at all. A few colonials had never seen a truck before. A donkey with a cart was a luxury in their world. An ox made a man rich. A truck was nothing short of "magic."

Bill was at the wheel one night in mid-December when a battered Latil cargo truck driven by a French colonial magically appeared before him: smack in his lane. It looked like a dusty brown Rock of Gibraltar rolling toward him. Bill screeched like a night owl. He swerved off the road as the Latil took

his left fender as a souvenir.

Malaise- a general feeling of discomfort, illness, or uneasiness whose exact cause is difficult to identify.

Nocturnal- done, occurring, or active at night.

Encumbered- restrict or burden (someone or something) in such a way that free action or movement is difficult.

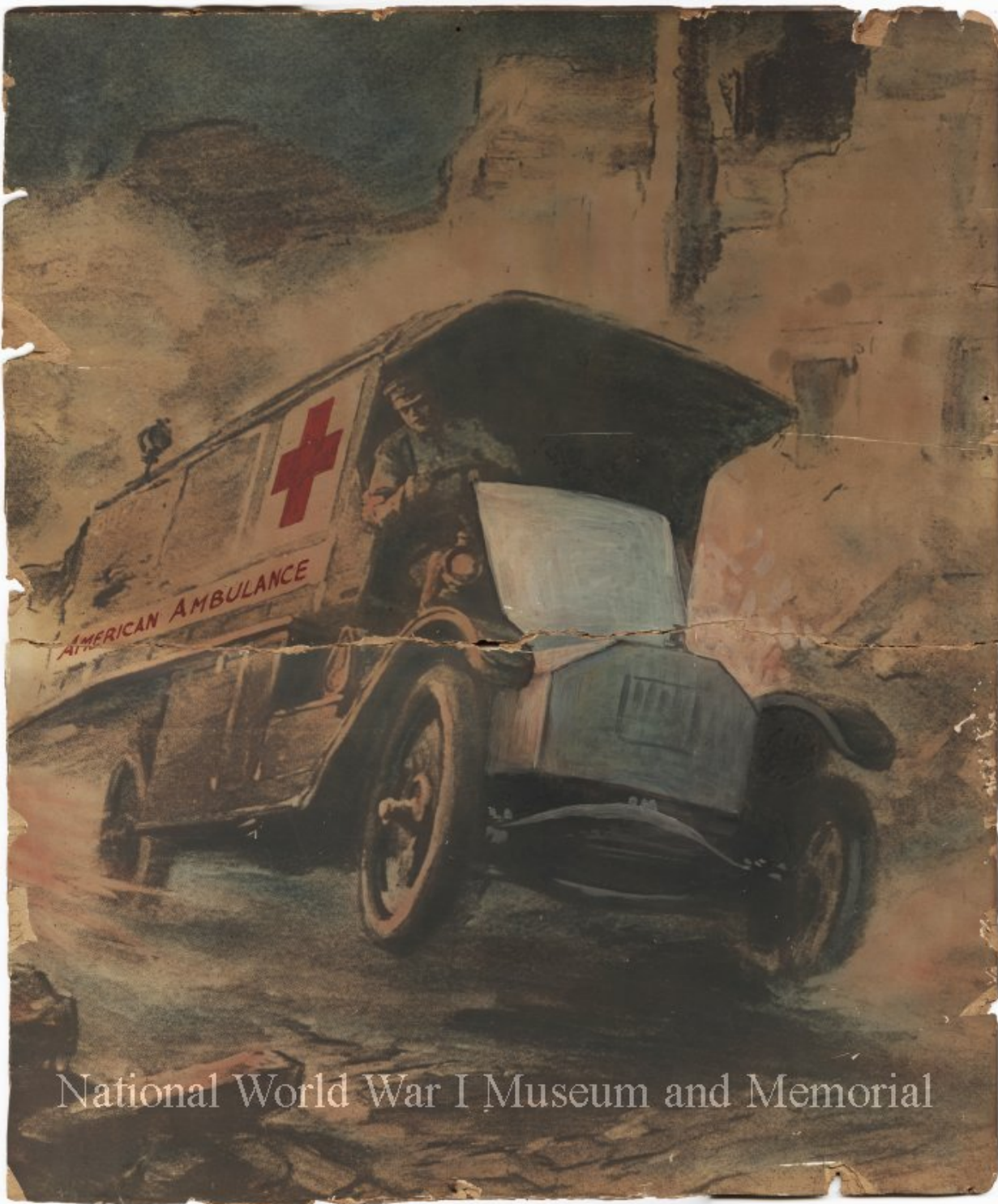
Laden- heavily loaded or weighed down.

Clairvoyance- the supposed faculty of perceiving things or events in the future or beyond normal sensory contact.



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22013 Passed patients of the 12th and 19th Divisions being loaded into U. S. ambulance at field hospital No. 326. North of Royameix, France, August 8, 1918.

Nurse

The Diary of Ella Jane Osborn, World War I US Army Nurse

<https://goo.gl/mO34GY>

July 15. About 11 P.M. we heard the Anti-Air-Craft guns and the Search light from St Michael Hill flashed across our window. We got up & had a very interesting time the **Shrapnel** was flying all around us—and a piece went through the roof of one of the canvas tents where the boys were sleeping but no one was hurt. The Bosh come nearer & nearer all the time.

July 16 - Tues. A Bosh airplane over this morning which we could see distinctly, the Anti-guns shot several times at it – They usually come over the next morning to see what damage they did the night before.

Fri. May 31st nearly 400 of our boys were gased last night and are at 102 field Hosp. some are very bad—some say it was **Phosgene** gas and others say Mustard.

June 17. Total of cases admitted yesterday 148. I went to bed & took a good sleep. The boys were very badly shot up the worst wounded yet. one boy has 16 big wounds. 12 died. six prisoners brought in—one died later

July 18. Thurs. Found three very sick patients on my **ward** when I went on duty. The three of them were all hurt by the same explosive shell, three others were killed & three others hurt & one killed.

May 27. Mon. I am in the officers ward but like taking care of the boys much better. Admitted Lt Lynn Harriman – he was on duty at the front in France on May 27-1918—Enemy put over a barrage followed by an attack – In the Struggle he was hit by the Enemy's bullet & wounding him in the left shoulder – and passing downward the lung, he lie in the trenches unable to move (paralyzed from waist down) for two hours, while lying there a bunch of germans came along with large clubs & carrying bombs, realizing he could not move he made believe dead.

August 11. Chaplain Hyman of the 82 Div & the 326 Regiment came down and asked for three of us girls to go up & help them decorate the graves of the boys from his division, 12 of them buried in one day. He said we were to take the place of their mothers & Sister who could not be there. We placed the wreaths on each of their graves.

Shrapnel- fragments of a bomb, shell, or other object thrown out by an explosion.

Phosgene- a colorless poisonous gas made by the reaction of chlorine and carbon monoxide. It was used as a poison gas.

Ward- a separate room in a hospital, typically one allocated to a particular type of patient.

Nurses

Wounded traces a soldier's journey from injury on the battlefield to recovery in Britain, documenting how modifications during the Great War forever changed how medical care is provided to front-line soldiers today. Emily Mayhew's book focuses on the British Army on the Western Front between 1915 through 1918. An excerpt from: Wounded: A New History of the Western Front In World War I By Emily Mayhew, Pg. 100-101.

Nurse Elizabeth Boon sat up late one night catching up on her **correspondence**. It was November 1918, four years almost to the day since Jentie Patterson stayed up to write to her sister Martha. The war had finally come to an end. But Nurse Boon's hadn't finished: she still had a letter to write.

Dear Mrs Simpson

You will have heard the sad news that your son Pte Joseph Simpson passed away on Tuesday November 12th. The funeral is taking place today at Terlincthun Cemetary. The No. of his grave is 4E Plat 10. We would have liked to have you with him but when we saw he was so acutely ill there was no time to get you here before he died. He passed away peacefully at 5:52 on Tuesday 12th November.

*He talked of going to **Blighty** to see you and then before he died he thought he was with you all and put out his hands to first one and then the other with such a glad smile, he called you by name and then Ada' but we could not catch what else he said. He was a very good patient and we did all we could for him and he had everything that was possible.*

With sincere sympathy

E. Boon

(for Matron)

Boon worked on the **moribund** ward at her **CCS**. Moribund **wards** – the last stop at the CCS for those soldiers beyond help — had been given their own RAMC regulations, and it was according to regulation that special care was taken to safeguard the belongings of the dying, and that the patient's final messages and wishes should be carefully recorded in a notebook designated for that purpose. So as soon as she could see Private Simpson beginning to slip away, Boon fetched the ward notebook and sat on a little stool by his bed, her head bent in close to hear, writing down as many of his last words and whispers as she could understand. Then, after he was gone, she found the chaplain and made sure she knew the location of his grave. Then she wrote to his mother.

Correspondence- communication by exchanging letters with someone.

Blighty- Army slang for home.

Moribund- (of a person) at the point of death.

Wards- a section in a hospital for patients needing a particular kind of care.

Nurses

Wounded traces a soldier's journey from injury on the battlefield to recovery in Britain, documenting how modifications during the Great War forever changed how medical care is provided to front-line soldiers today. Emily Mayhew's book focuses on the British Army on the Western Front between 1915 through 1918. An excerpt from: Wounded: A New History of the Western Front In World War I By Emily Mayhew, Pg. 90-91.

When winter came, all the nurses had their families send extra woollens. As the temperature dropped, they gave up on nightwear and slept in their uniforms and multiple layers of socks to keep warm. There was always a sturdy stove in their quarters, which they kept going all night. Sometimes when the nurses came on duty in the morning it was red-hot and you had to be careful not to start the day with a nasty burn from brushing past it. Hot-water bottles were the best, pushed down the bottom of a camp bed to **banish** the damp, although there were never enough to go round. Then there were the nights when everything in the entire **CCS** would freeze: milk, butter, cooking oil, ink – even the chilblain lotion. Everyone gathered round the stoves, wrapped in all the clothes they could find, and waited for their world to thaw.”

Whatever time of year it was, rain always meant trouble. The paths between the tents became swamps, boots got stuck in the mud, and if they tripped, that was it for their clean uniforms. Pushing trolleys along the paths was almost impossible, so everyone waited until the rain cleared up before moving patients from one ward to another. In some places it rained for weeks on end, and nurses gave up trying to stay dry and clean. One made herself a waterproof uniform skirt out of **tarpaulin**, another mended a hole in her tent roof by pushing an umbrella through the vent and opening it up; it worked, so they left it until the summer before patching up the roof." Rain also created a great deal of extra work in the wards themselves. Rain at the front meant mud, and mud meant long carries, trench foot and infection." Trenchfoot, Kenyon would learn, was a wound **inflicted** by the battlefield itself. It could bring a man down as hard and long as a bit of **shrapnel** and could take just as much effort to nurse.

Banish- send (someone) away from a country or place as an official punishment.

CCS- Casualty Clearing Station.

Tarpaulin- heavy-duty waterproof cloth, originally of tarred canvas.

Inflicted- cause (something unpleasant or painful) to be suffered by someone or something.

Shrapnel- fragments of a bomb, shell, or other object thrown out by an explosion.



22012

22012 Gassed patients of 12th and 89th Divisions. The 326th field hospital was not large enough to accommodate the enormous number of patients. North of Royaucemix, France, August 8, 1918.



2015 Nurse of the 323rd field hospital bathing the eyes of the gassed patients from the 82nd and 89th Divisions. North of Royauxeix, France, August 8, 1918.



27-10 Wounded being treated by the 110th Sanitary Train, 137th Field Hospital, 35th Division, in an old church. Neuville, Meuse, France. Sept. 20, 1918.

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Doctors

Wounded traces a soldier's journey from injury on the battlefield to recovery in Britain, documenting how modifications during the Great War forever changed how medical care is provided to front-line soldiers today. Emily Mayhew's book focuses on the British Army on the Western Front between 1915 through 1918. An excerpt from: Wounded: A New History of the Western Front In World War I By Emily Mayhew, Pg. 70-72.

Hayward was an experienced surgeon, but he had never seen such frightful wounds. Under the dried blood, filth and sweat were stumps where limbs had been blown off, smashed faces and dreadfully **contorted** bones. Worse sometimes were those with only a small visible wound, a nick in the stomach where the bullet had done its work, discreet and deadly. All his patients' faces were white from too much fear and too little blood. Yet it struck Hayward how quiet it was inside the tent. There was no groaning. Instead he just heard breathing, gasping and the occasional rasp of a match lighting a cigarette. Many of the men had simply fallen asleep.

Hayward could have foundered there and then, had it not been for an experienced orderly who assisted him with whispered directions. First he was to sort the patients: those who could stand or sit, and whose wounds just needed cleaning and dressing, were moved to one side so that the orderlies could work on them. Then Hayward was to go through the stretcher cases: those who had to be operated on went to the pre-op tents; those too weak to go into theatre, but with a good chance of surviving, were sent to the resus tent to be warmed up and given saline and blood transfusions by the nurses. No need to worry about them for the moment. Those for whom there was no hope were quietly moved to one side and taken to the moribund ward. The dead went to their own tent for sorting.

At 7 a.m. Hayward's reception tent was finally empty. For a very short while he allowed himself to feel relief that it was over. But there was to be no rest. At 10 a.m. he was due to begin surgery on the very men he had sent to the operating tent, now that they had been cleaned up, shaved and **anaesthetised**. He dreaded what was waiting for him, as one of only three surgeons to operate on almost a hundred patients. The orderly sensed what he was thinking and tried to reassure him. They had sent for reinforcements from nearby **CCSs**, he told Hayward, and surgeons and theatre teams were on their way. And there was time for him to have a wash and get some breakfast.

At 10 a.m. he stepped into the operating tent. There were men laid out on every table. He had never seen so many, and their wounds looked even worse now they were cleaned up. Working alongside his colleagues he removed **septic** tissue and shrapnel fragments, set bones and repaired veins, muscle and skin. He did all Souttar had done on that first day at Furnes, but even though he had more equipment and drugs, it felt every bit as overwhelming. It was unbearably hot in the tent and it was full of noise and bustle. Everything crowded in on him. He tried not to look over his shoulder so he wouldn't see how many men were still waiting for him. He noticed how slow he was, so much slower than his colleagues, while they were clearing patients off their tables within an hour, he was taking two or three hours per man. It was the worst luck of all, he thought, for a man to end up on his table, rather than another surgeon's. He held their lives in his hands and his hands were shaking from the horror. He tried to gather himself by concentrating on every single step of the surgery he was performing but he only just held himself together.

At 7 p.m. the next day, thirty-six hours after he had gone on duty, Hayward finally finished work in theatre. As he ate his dinner and stumbled to his tent, all he could think was that he must return to England to spare both patients and colleagues his incompetence. Then he fell asleep. He slept so deeply he didn't even dream of the horrors of the day, and when he woke up it was with a new resolve. No day could be as bad as the first. He was going to stay and he was going to learn. There were a few cases left over for him and he got through them without any problems. He began to feel a little more as if he might belong here.

Contorted- twist or bend out of its normal shape.

Anaesthetised- to induce a loss of consciousness.

CCS- Casualty Clearing Station.

Septic- a wound or a part of the body infected with bacteria.

Doctors

The joint demonstrations of the efficacy of whole blood and of the combined safety and ease of use of stored blood led to wide use and acceptance of transfusion in the final year of World War I. Harvey Cushing noted in October of 1918 that “good hospitals are performing 50 transfusions a day.” 18 The work that led to this advance was crushing. Oswald H. Robertson described a day, November 30, 1917, in his diary:

“By noon, the wounded began to arrive, then more and more till there was a solid string of ambulances extending down the road almost as far as you could see. We were simply deluged. We couldn't operate [on] more than a small fraction of the cases; we couldn't get rid of them as the ambulance trains were hung up several miles away—couldn't get thru because ammunition trains had the right of way. They piled up and piled up. The resuscitation ward was a veritable chamber of horrors—worse than anything before. Men were horribly mutilated—many were dying when brought in, an occasional one had already died by the time he reached the ward. The beds were filled and we began putting stretchers on the floor. Hemorrhage, hemorrhage, hemorrhage—blood everywhere—clothes soaked in the blood, pools of blood in the stretchers, streams of blood dropping from the stretchers to the floor. I was blood up to my elbows and my rubber apron was one solid red smear. All we could do was to stop the bleeding and get the patients as comfortable as possible. The two sisters were wonderful. I never saw nurses work harder or to better effect. How they stood the orgy I don't know. Men were dying on all sides—as many as 6 dead in the ward at once. They were dying faster than we could get them out. We had to lay the corpses on the floor as we needed the beds for new wounded. We worked on and on. I could transfuse an occasional one but the majority had to take their chance without much treatment and go thru operation as best they could provided there was any possibility at all of their standing operation. I lost all track of time. The night sisters came on. One of the day sisters left but the other stayed till midnight. The seven tables in the operating theatre were going every minute. By 3 or 4 AM I began to sag and as there seemed every prospect that the rush was to continue, I thought I'd better call it off. ... was practically moribund (the next) morning when my batman came to wake me. The thought of going back to the resuscitation ward nauseated me. The ward was still full. Many of the faces I remembered last night were no longer there and new faces had taken their place. Learned that we had taken in 1800 patients during the last 24 hours!” [Robertson OH, unpublished WWI diaries]

Doctors

Wounded traces a soldier's journey from injury on the battlefield to recovery in Britain, documenting how modifications during the Great War forever changed how medical care is provided to front-line soldiers today. Emily Mayhew's book focuses on the British Army on the Western Front between 1915 through 1918. An excerpt from: Wounded: A New History of the Western Front In World War I By Emily Mayhew, Pg. 58-59.

Orderlies and drivers began to unload the stretchers and line them up in the courtyard. Then another engine was heard coming down the road. This time it was one of their **lorries** and it brought some of their supplies: dressings, drugs and **anaesthetic** equipment. Souttar mustered a surgical team and sent them to the new operating theatre. He chose the first patient from the men lined up on stretchers, put on his gown and followed him as he was carried into surgery. His staff had lined up neatly on a tray all the equipment they could find. In addition to the drugs and dressings, he had two scalpels, six artery forceps, two dissecting forceps and a finger saw. It was almost laughable, but it would have to do. Then, with the stretcher laid across a table, he set to work on his first patient.

That evening Souttar stood at the door of his new post-operative ward and looked at the results of the day's work. Men slept on the few beds and on **palliasses** – mattresses made of ticking or sheeting sewn around fresh straw-with blankets and pillows scrounged from somewhere or belonging to the nurses. A few gas lamps gave off a soft, low light and the sturdy wooden window frames were keeping the sound of the war away. Souttar listened for a while to the sounds of men sleeping, breathing, murmuring to themselves. It was hard to believe that these were the same men who had lain on filthy stretchers in the courtyard earlier, with savage abdominal injuries and dreadful bleeding, their bodies full of shrapnel and covered in half the mud of Belgium. Their lives had been reclaimed. From the first incision, the day had been a blur, but he tried to remember what he had done. It was important to turn chaos into reason.

One by one they had been brought to him, and one by one he had operated in dim light and with the most basic equipment. He repaired ruptured veins and arteries and saved lives with just a few stitches. He cleared away debris blown deep into ragged wounds. He stitched up torn faces and hands. He set broken bones and joints. He excised and **debrided** infected flesh so that wounds could heal cleanly. He tackled severe abdominal injuries, sometimes in utter disbelief that he was able to work like this outside a modern hospital.

After very little sleep, Souttar returned to theatre in the morning. He worked for two more days, until no more ambulances came round the corner and no more men lay on stretchers in the courtyard. Not all of them could be saved, and every death was crushing. But Souttar tried to reassure his staff had they not opened the hospital—had they not tried-every single man now in their care would have died on the road to the coast. So despite the lack of equipment, of mattresses, of light, and despite the bodies stacked in a cool outhouse to the rear of the hospital awaiting the sanitary squads, No. 1 Belgian Field had been a success.” They had saved the lives of so many men, some within an hour of their wounding. No base hospital ever saw the kind of casualty they did. What they were doing was unprecedented.

Lorries- a large motor vehicle designed to carry heavy loads, esp one with a flat platform US and Canadian name truck See also articulated vehicle.

Anaesthetic- a substance that induces insensitivity to pain.

Palliasses- a straw-filled mattress.

Debrided- the usually surgical removal of lacerated, devitalized, or contaminated tissue.

Doctors

Wounded traces a soldier's journey from injury on the battlefield to recovery in Britain, documenting how modifications during the Great War forever changed how medical care is provided to front-line soldiers today. Emily Mayhew's book focuses on the British Army on the Western Front between 1915 through 1918. An excerpt from: Wounded: A New History of the Western Front In World War I By Emily Mayhew, Pg. 37-38.

Neuve Chapelle provided **RMO** John Linnell with the memory that would stay with him for the rest of his life. On the second day of the battle he had led the 23rd Field Ambulance attached to the Grenadier Guards to an aid post in an abandoned farm house. There had barely been time to explore the sturdy old building although he discovered to his delight, that it had a working tap – before the courtyard and stable block filled with stretchers and walking wounded Linnell and his team worked for several hours without stopping, the bearers bringing them one grimy battered, terrified man after another (one of them was Mickey Chater). Eventually they blurred into one bloody line as the medics dressed wounds, gave out morphine and ordered men into ambulances to take them to the base hospitals. Then, at a time when Linnell was beginning to feel unable to cope with the sheer number of arrivals for much longer a young gunnery officer wandered in. It was all right, he told the RMO so quietly that Linnell had to lean forward to hear him. He didn't need much he said, but he had received a biff in the back, so he would sit down for a moment, if the doc wouldn't mind. There was something about him – a distracted calmness - so Linnell didn't call over a bearer, but helped the man sit down on a bit of wall. The young officer sighed and looked off into the distance. He made no protest when Linnell lifted up his tunic to examine his back. A piece of shell fragment had blown a hole in him front to back. When Linnell squatted down to get a better look, he could see all the way through the young man to the fields beyond. When he got to his feet, the officer got up too. He stood still breathing quietly Linnell pressed some morphine tablets into his hand, gave him a water canteen and watched as the man walked out of the farmhouse.

Linnell struggled not to let this one patient overwhelm him. He had other problems. Word had got out about the aid post and now cavalry troops, motor carriers, stray soldiers as well as an endless stream of casualties were heading to the farmhouse from all over the battlefield to shelter behind its thick walls. Soon they were becoming a target themselves. Three shells hit the exterior walls and, with every explosion, the gun aimers got closer and closer Linnell realised that they were trapped. They would have to stay in the farmhouse, even though the **bombardment** was getting so heavy that many of the casualties thought they were back on the battlefield.

RMO- Regimental Medical Officer.

Bombardment- a continuous attack with bombs, shells, or other missiles.

The Unsung Heroes of World War I

Post-Assessment



1. How were healthcare professionals able to make a difference during World War I?
2. How did Health Care professionals handle many of the obstacles and challenges they faced?
3. Are healthcare professionals the unsung heroes of World War I? Why? Why not?

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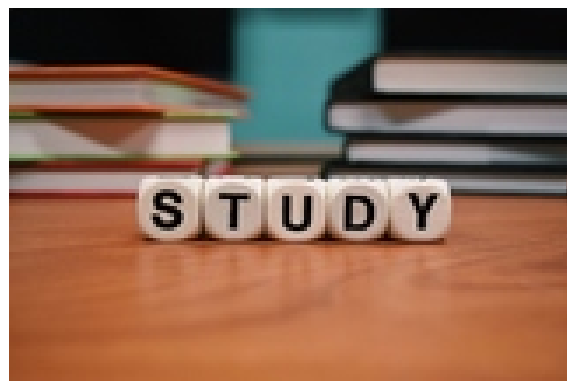
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