

‘First Do No Harm’: Medics and Chaplains Working Together in the Twentieth and 21st Centuries

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Abstract

Military doctors (medics) and military chaplains have always worked together on the battlefield, as they have a similar imperative to care for the welfare of military personnel in physical, mental and spiritual ways without bearing arms. Chaplains have also had an important role as ‘carers to the carers’, providing spiritual and moral support to doctors and other clinical staff in difficult situations. This paper will examine chronologically and thematically the ways in which medics and chaplains have helped each other in the demanding conditions of warfare from the basic practical assistance at First World War regimental aid posts to present day cooperation over complex issues such as Post Traumatic Stress Disorder and dealing with moral injury. An analysis of change and continuity in these relationships will be considered.

A range of examples will be included, from campaigns of different eras such as the battles at Arnhem, the Falklands conflict, Afghanistan, and life on modern battleships. Sources will include war diaries from the National Archives, personal accounts and diaries, military and naval magazines and journals, the national and church press and interviews with medics and chaplains.

Keywords

Chaplain, Moral injury, Field hospitals, Religion, Armed forces

Introduction

Throughout the twentieth century and the beginning of the 21st, military doctors (medics) and military chaplains have worked together in wars and conflicts and their aftermath, having the care of bodies and the ‘cure of souls’ as their respective remits. Professor Martin Bricknell, Surgeon General of the British Armed Forces from 2018 to

2019, commented: 'Both have a shared ethical foundation. To serve humanity to mitigate the consequences of war'.¹

The holistic nature of medical treatment and recovery has meant that the clinical and spiritual elements need to be applied together and there has been a growing recognition of this by medical practitioners and chaplains. This has become increasingly important as developments in the recognition of mental health problems such as Post Traumatic Stress Disorder (PTSD) and the effects of 'moral injury' have become highlighted in the overall care of the patient.

Historian Dayne Nix explains his understanding of the concept of moral injury: 'The violation of one's deeply held values, either intentionally or unintentionally, can result in moral injury'.² Another definition is: 'Moral injury is the damage done to one's conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress one's own moral beliefs, values, or ethical codes of conduct'.³

The strong links between the provision of religious and psychiatric care have become more recognised resulting in ongoing research into, for example, the role of chaplaincy in the management of these mental health conditions.⁴ Chaplains are in the first line of defence when the moral and spiritual wellbeing of troops is concerned. In battle they provide advice and succour and help with post-action recovery. Their role intersects with mental health professionals in providing a wide range of care. Another modern aspect is the survival of critically injured military personnel, the 'unexpected survivors', and the need to help them cope with catastrophic life-changing disabilities.

This paper will aim to discuss the ways that chaplains have worked together with military doctors in different conflicts in the modern era. Chaplains will have interacted with other clinical staff (nurses and allied health professionals) in similar ways, although only their interaction with doctors is specifically discussed. The following aspects will be covered, interwoven with a chronological approach: the practical medical assistance chaplains were able to give in earlier conflicts of the twentieth century as part of advanced dressing stations and field hospitals and their actions in staying with dying soldiers on the battlefield and bringing in the wounded; the role of chaplains in caring for the dying and wounded, offering spiritual and material support; the role of chaplains in alleviating the pain, stress and distress of medical staff, to be the carer of the carers, through mutual respect, support and friendship; and their ability to help with PTSD and moral injury.

The interactions of medics and chaplains have varied over the years, with some aspects more prominent in different conflicts, but many continuities exist. This paper will assess the contribution of chaplains to military medical care and place it in context of the health of military men and women in a secular and multi-faith environment.

¹ Dr Martin CM Bricknell CB OSTJ. Interviewed by the author on 6 March 2023.

² Nix DE. *Moral Injury and a First World War Chaplain: The Life of G.A Studdert Kennedy*. Lanham MD: Lexington Books; 2021. p.82.

³ Syracuse University. The Moral Injury Project. <https://moralinjuryproject.syr.edu/about-moral-injury/> (accessed 20 December 2023).

⁴ For example, the work of the International Centre for Moral Injury, Durham University. www.durham.ac.uk/research/institutes-and-centres/moral-injury (accessed 20 December 2023).

First World War

Much of the work done by chaplains of the Army Chaplains Department in the First World War was concerned with the care of the wounded at base hospitals, field ambulances and casualty clearing stations.⁵ When the first chaplains went out to France in 1914, they were often attached to field ambulances. This was the experience of the padre Douglas Percy Winnifrith (1875-1955) who departed for France in August 1914, attached to the 14th Field Ambulance, also having the pastoral care of the 14th Infantry Brigade. Padre Edmund Kennedy (1855-1915), a Territorial Force chaplain who was called up and arrived on the Western Front in time to take part in the First Battle of Ypres, was attached to the 23rd Field Ambulance.

The temporary chaplains were sometimes placed in base hospitals and then moved on, after some experience, to work with field ambulances. The temporary chaplains had to find a role in the confusion of the trenches in the new era of total war. In base hospitals their job was difficult, in that they were ministering to a constantly changing congregation, as men arrived and left regularly. Most worked out a routine of visiting patients, helping with their spiritual and material needs, taking both collective and individual worship, and at times of crisis helping the medical staff by tending wounds and acting as anaesthetists. They also found it useful to be present in the operating theatre, giving comfort and praying with those just about to go under anaesthetic.

At field dressing stations, the chaplains were in more immediate contact with wounded and dying. Padre Charles Doudney (1871-1915), at the field ambulance at Jury in September 1915, expressed continually the sense of his work being a mix of the practical and the spiritual:

At night we were especially busy. The ambulance bringing in as many as 150 men. As they lay in the straw, I went around and did what I could, taking a message for one, writing a card for another, giving drinks of Bovril, and helping some to move into a more comfortable position, saying a word to all, and having prayers with the most serious cases.⁶

Casualties were received firstly in the regimental aid post and then transferred to the field ambulance. Winnifrith explained how the men working to complete the transfers were often under fire: 'In this campaign, with its artillery duels between long-range guns, the Field Ambulance has been constantly under shell-fire, and the journeys between dressing-station and the regimental aid-posts have always been perilous'.⁷ He continues: 'I often accompanied these expeditions, and have, therefore, first-hand knowledge of the difficulties and dangers they involved'.⁸

⁵ The Army Chaplains Department became the Royal Army Chaplains Department in 1919 in recognition of its work in the First World War.

⁶ Doudney CE. *The Best of Good Fellows: The Diaries and Memoirs of The Rev. Charles Edmund Doudney, M.A., C.F. (1871-1915)*. London: Jonathan Horne Publications; 1995. p.122.

⁷ Winnifrith DP. *The Church in the Fighting Line: With General Smith-Dorrien at the Front*. London: Hodder and Stoughton; 1915. p.16.

⁸ Winnifrith. *The Church in the Fighting Line*, 1915 (Note 7). p.17.

The Revd Doudney was making such a journey at a crossroads just outside Ypres when the vehicle came under shellfire and he was injured. The stomach wound proved fatal, and he died on 16 October 1915. As the war progressed, and the work of the Royal Army Medical Corps became more efficient and organised, the chaplains played a less active part in the treating of patients but their pastoral and spiritual care of the wounded and dying was crucial.

Padre Kennedy was in the Ypres sector in the winter of 1915. In his memoir he puts forward his philosophy on the role of the chaplain: immediately after 'taking services' comes 'comforting the dying'. He had strong views about the value of the presence of a padre amongst the severely wounded: 'If the dying man is conscious and realised his position, then there will be the last messages for the loved ones at home ... the setting right of some existing wrong'.⁹

There is no doubt that it was in their work at field ambulances and advanced dressing stations that chaplains showed their commitment to the need of their men by performing acts of bravery in bringing in wounded. The papers of Bishop Llewellyn Gwynne (1863-1957) contain press cuttings from national papers with many reports of chaplains being commended and decorated for acts of bravery. Gwynne collected these cuttings and kept notes of many individual chaplains. In two examples among the many, Gwynne comments on Padre Guy Rogers (1876-1967), awarded a Military Cross (MC) in November 1916, and quotes his citation: 'For conspicuous gallantry and devotion to duty in action. He worked ceaselessly all night under fire, tending and carrying in the wounded'.¹⁰ He also references Padre Basil Plumtree who was killed in July 1916, having been awarded an MC: 'For gallantry and devotion when attached to a dressing station. He rendered great assistance in dressing the wounded and assisted to bring in the wounded under heavy shell fire'. Many of the MCs awarded to chaplains in the war were for gallantry during their practical efforts in bringing in wounded and the spiritual care of wounded in field ambulances and hospitals.

Padre Edward Crosse (1887-1955) was involved with his regiments, the 8th and 9th Devons, on the first day of the Battle of the Somme at the attack on Mametz village from Mansel Copse. He was stationed with the Medical Officer (MO) of the regiment at Wellington redoubt, but shortly after this initial attack went around the front line: 'A journey around our front line revealed four badly wounded men in a dug out. I helped Hinton to drag them out and went for the stretcher bearers'.¹⁵ Later, with the MO he walked down the road to Mansel Copse, where he found many more bodies. Crosse took command of the stretcher-bearers and spent the rest of the day clearing the battlefield. This continued on 3 and 4 July, culminating in the funeral at Mansel Copse. He was at Caterpillar Trench on 12 July, dealing with wounded and clearing the aid posts ready for more casualties.

A 'Padre' who was in a hospital ship transporting the wounded from Gallipoli described a situation which is familiar to all military chaplains; a severely injured patient needed an operation, and the outcome was far from certain:

⁹ Kennedy EJ. *With the Immortal Seventh Division*. London: Hodder and Stoughton; 1915. p.145.

¹⁰ Gwynne LH. *Army Book*. Church Mission Society Archives. University of Birmingham. Cadbury Research Library. XACC/18/Z/1.

It is a difficult and delicate task to prepare a man for the worst happening and yet not to scare him. I think this is the hardest job that falls to the lot of the chaplain. Certainly, it is one that demands all one's tact and discretion – to say just enough and not to say too much, to comfort and yet to warn at the same time.¹¹

The padre seems to have been on good terms with the medical staff, relating their good attendance at service, and their sometimes-critical appreciation of his sermons. At one stage he acted as producer to a play put on by the medical staff on board.

The experience of mechanised 'total war' had a profound effect on soldiers. The concepts of PTSD and moral injury were not recognised, but the condition of shell shock was increasingly applied, with more than 80,000 soldiers being diagnosed during the conflict. During the First World War, in an age of belief, this also frequently involved losing faith in God.

Army chaplain Padre Geoffrey Studdert Kennedy (1883-1929), also known as 'Woodbine Willie', was deeply aware of the problems of spiritual and moral injury although he did not refer to them as such. His poems clearly show the difficulties of the soldier in keeping his faith amidst the horrors of war. 'His Mate' is a painful evocation of loss of friends on the battlefield:

There are many kinds of sorrow
In this world of Love and Hate,
But there is no sterner sorrow
Than a soldier's for his mate.¹²

Many of his post-war poems show his spiritual injury and his detestation of war, for example in 'Waste':

Waste Of Muscle, waste of Brain,
Waste of Patience, waste of Pain,
Waste of Manhood, waste of Health,
Waste of Beauty, waste of Wealth
Waste of Blood, waste of Tears.
Waste of Youth's most precious years,
Waste of ways the Saints have trod,
Waste of Glory, waste of God, – War!¹³

He saw the role of the chaplain in working with the doctors as what we would now consider a holistic approach to suffering:

¹¹ Wallis CS ('The Padre'). *Fifty Thousand Miles in a Hospital Ship*. London: Religious Tract Society; 1917. p.119.

¹² Studdert Kennedy GA. *Rough Rhymes of a Padre*. By "Woodbine Willie". London: Hodder and Stoughton; 1918. p.73-75.

¹³ Studdert Kennedy GA. *More Rough Rhymes of a Padre*. London: Hodder and Stoughton; 1919. p.80.

My job really is doctoring people that doctors are no good to, and helping people that nothing on earth but only God can help, and striving all I know to give people faith and hope and power to be happy ... if by preaching or teaching or talking or just being friends with them I can give them faith and hope and the love of God, then I am doing my job.¹⁴

Historians are now looking in more detail at the writings of Studdert Kennedy in the light of his opinions on moral injury nearly a century before this term was coined.¹⁵

Chaplains continually had to be flexible within their role as they incorporated their traditional spiritual duties into the more direct physically caring roles that they increasingly undertook. This balancing of physical care and spiritual reassurance was often as unique as it was essential as each chaplain utilised their own undirected personal approach to soothe men's fears, consciences, and souls. 'Simply, chaplains were welcome because they had the time, patience, and often the experience to be with the suffering and dying'.¹⁶

Yet this focus of care was not limited solely to the wounded and sick. Doudney was also renowned for keeping a keen eye on the physical state of the medical staff, often advising overtired staff to rest, or taking over less-taxing medical duties, such as bandaging, to encourage respite.

Second World War

By the Second World War the role of the army chaplain had developed greatly, and their place in combat positions rather than behind the lines was not questioned. General Bernard Law Montgomery (1887-1936) famously said: 'I would sooner think of going into battle without my artillery as without my chaplains'.¹⁷ There is no doubt that, by 1944, army chaplains had a very real function and were held in high regard in the eyes of military commanders. The chaplains of the Royal Navy similarly continued their roles in the midst of action in naval battles, several going down with their ships.

The chaplains of the newly formed airborne divisions provide some clear examples of army chaplains and medical staff working together. Operation Torch, the Anglo-American invasion of French North Africa in November 1942, was the first time that airborne chaplains deployed with airborne troops. On 29 November, at about 3 pm, Colonel John Frost (1912-1993) and the 2nd Battalion 1st Airborne Brigade dropped at Depienne, 30 miles to the south-west of Tunis, 50 miles behind enemy lines, with the aim of destroying airfields there and at Oudna. Bad weather had prevented reconnaissance and the drop was disorganised, with the airfield and landing grounds waterlogged. The unit was heavily attacked by German aircraft. Colonel Frost gave the order for a withdrawal, leaving MO Lieutenant JC McGavin and the surgical team

¹⁴ Studdert Kennedy GA. *The New Man in Christ*. London: Hodder and Stoughton; 1932. p.234-235.

¹⁵ Nix. *Moral Injury* 2021 (Note 2).

¹⁶ Walker SH. Saving Bodies and Souls: Army Chaplains and Medical Care in the First World War. *Postgraduate Journal of Medical Humanities*. 2016; 3: 24-38.

¹⁷ Hamilton, N. *Monty, The Field-Marshal, 1944-1976*. London: Sceptre; 1987. p.44.

isolated at a farmhouse. Padre Ewan McDonald (1914-2004) was ordered to retreat but had become such an essential part of the medical unit that he stayed with the wounded and was then wounded himself in both arms. Although seriously hurt and in pain McDonald was able to minister to the dying. At 7 am the next morning, German soldiers from the Afrika Korps turned up and very efficiently took the British survivors prisoner, giving them chocolate mixed with hot water.¹⁸

The experiences of the airborne chaplains accompanying the 1st Division on Operation Market Garden in the Netherlands in September 1944 provide some clear examples of the way chaplains and medics worked together. Senior Padre Albert Harlow helped promote a calm atmosphere and, as well as providing a listening ear for his fellow chaplains and the medical staff, helped MO Lieutenant DM Randall with the wounded in the cellar of the Hartenstein Headquarters.

The Shoonord, Vreewijk, and Tafleberg hotels at Oosterbeek crossroads became the main hospital area and the place where the chaplains felt they could best meet the wounded and minister to them spiritually and practically. This area was at the frontline and changed hands several times in a few days. On the evening of 20 September, the hospitals at the crossroads were once again in British hands after being held by the Germans for a few hours, and Padre Arnold Pare (d1977) started visiting all the wounded. He was able to hold a service on each floor of the hospital. He remembered: 'In the evening when the men had been bedded down at the crossroads, I went around the wards holding short services: It was helpful to these helpless men and our prayer for relief was heartfelt.'¹⁹ The situation at the crossroad hospitals was deteriorating as more and more wounded came in, and Pare found himself increasingly ministering to dying men: 'I remember one unfortunate Scots boy telling me that he was dying and dictating a message to his mother ... somehow I was given the power to settle and comfort'.²⁰

The Revd Selwyn Thorne (1914-2015) was situated in the old vicarage at Arnhem where a first aid post had been set up. As the days went on it was to become a crucial part of caring for wounded paratroopers, but the post suffered massive casualties, both those brought in from elsewhere, and those incurred by the constant shelling of the position. Thorne worked tirelessly, he simply got on with his job of assisting the doctor, acting as an orderly and fulfilling his priestly functions for the wounded and dying, always showing God's love. He was willing to do any job that came along, including cleaning the toilets.

After Operation Berlin, when the remnants of the 1st Airborne Division escaped across the Rhine River in the closing stages of Operation Market Garden, the medical staff and most of the padres were left behind and taken prisoner. On 24 September, after the truce, many of the casualties were evacuated to Apeldoorn, to the Wilhelm III barracks, where Lieutenant Colonel Martin Herford (1909-2002), one of the MOs accompanying them, was able to ameliorate conditions by liaising with the enemy with

¹⁸ The adventures of Lieutenant McGavin and Padre McDonald once in captivity can be read in: Parker L. *Nearer My God to Thee: Airborne Chaplains in the Second World War*. Solihull: Helion and Company; 2022.

¹⁹ Pare GA. *Arnhem Aftermath*. Cornelius Ryan Collection of World War II Papers. Ohio University Libraries. Box 117, Folder 1. p.25. <https://www.ohio.edu/library/collections/digital-archives/cornelius-ryan-wwii> (accessed 20 December 2023).

²⁰ Pare. *Arnhem Aftermath* (Note 19).

his fluent German. It was agreed that the British should run the hospital with their own medical services, whilst remaining prisoners. There were three barrack blocks, and senior chaplain Harlow placed three captured chaplains, Thorne, Buchanan and Pare, each in charge of a block.

On 12 October the final party of wounded arrived from Arnhem, accompanied by Padre Daniel McGowan. As there were now only 550 patients at Apeldoorn, looked after by about 250 hospital staff, it became obvious that many of the doctors would soon be sent off to prisoner of war camps. Plans for escape thus began to be hatched. Herford decided to escape as his duties as liaison officer were over, and Lieutenant Colonel Graeme Warrack (1913-85) was anxious that the list of wounded and killed should get back to Britain as soon as possible. They managed to escape together, Herford reached the Rhine and freedom, but Daniel McGowan was recaptured. It can be seen that the chaplains and medical staff worked extremely closely together at Arnhem, both in battle and in the care of the wounded who became prisoners of war. At one stage, Padre Watkins's morale became low, and he bemoaned the fact, to himself, that he was required to cheer people up when he wanted cheering up himself. He found it isolating to be the care giver, and to have to suppress his own feelings of hopelessness. It can only be hoped that he received reciprocal care and empathy from the doctors and other clinical staff with whom he was working.

Revd Geoffrey Harding (1909-94) was attached to a small radar unit and seconded to the Americans landing at Omaha Beach on D-Day (6 June 1944, the Allied invasion of Normandy) at 11 o'clock. He recalled that things did not turn out as planned:

In quarter of an hour, we had lost all of our extremely valuable radar equipment and were not left with even a radio set to communicate our troubles to the people still at sea. So, we then had to do our best. Just along the high-water line was a long line of American wounded who managed to creep up above the high-water line... We had with us a young, very capable MO ... and a very hard-working medical orderly ...²¹

After being instrumental in organising the group off the beach and into a house. Harding settled down with his medical colleagues. He remembered: 'The Medical Officer and his orderly worked right on through the night, tirelessly patching up our wounded and American wounded'. Harding was full of admiration for them: 'I simply don't know how they did it'. As the American forces advanced on Cherbourg, Harding found himself the only British Church of England padre on the peninsula, with seventeen little outposts to take care of, taking a small service in each one. He remembered: 'I don't know what one was giving, but one was certainly receiving a lot', reflecting the two-way support between this padre and his army and medical colleagues.²² He must have been successful in his 'giving' as he was awarded a Military Cross for his actions on D-Day and the following period.

²¹ Harding GC. Padre GC Harding's reminiscences (transcribed from a tape-recording). Royal Air Force Chaplaincy Services. February 2007. <https://www.therafatomahabeach.com/men-and-their-experiences/padre-g-c-harding-index/padre-hardings-reminiscences/> (accessed 20 December 2023).

²² Harding. Reminiscences, 2007 (Note 21).

Padre Maurice Wood (1916-2007), in 1944, was a 26-year-old commando-trained Royal Navy chaplain, who landed on the Normandy shore as a Royal Navy Beach Commando. He said of the D-Day beach:

There was a lot of firing going on ... the first wave, that had arrived half-an-hour before me, were pinned down a bit ... a lot of my young men were wounded so I was looking after them from the word go. When I got there and found my men wounded on the beach, I used to say to them, quietly, 'Trust in Jesus. Trust Him all the way'.²³

The Falklands conflict, 1982

Army and navy chaplains deployed, some with infantry, commandos, and marines in the field, others on naval support and picket ships, and some on hospital ships and troop carriers. Army chaplains were with the task force troops on land throughout the conflict, in action and at field hospitals.

Royal Navy Chaplain Richard Buckley was based on hospital ships HMS *Hydra*, *Hecla* and *Herald*, all Ocean class survey ships. All the ships' companies were trained in dealing with medical emergencies, including Buckley. Before setting off from Portsmouth, Buckley had discussions with the MOs on these three ships:

I was told how much they valued my presence as a member of the caring team, and the contribution that they recognised I could make as a priest ... This declaration of faith, and it was faith with a capital F, was to serve as the basis of our future work together.

He made a list of the topics that he could contribute to the training lectures on the voyage south which are clear examples of the role:

1. The concept of healing in terms of the restoration of wholeness.
2. Total patient care within a healing and caring community.
3. Awareness of healing in respect of body, mind, and spirit.
4. The demands of carer and their needs.

He felt that 'my ministry was both to patients and staff on an individual basis'.²⁴

On board the hospital 'mother ship', the SS *Uganda*, the chaplains also worked closely with the medical teams in administrative and organisational matters, as well as their normal role in the pastoral care of the patients and staff, the administration of Holy Communion, the giving of absolution and the preparation of those who were dying. Royal Navy Chaplain David Barlow organised the reception of patients on board and acted as documentation officer. Royal Navy Chaplain Chris Bester spoke fluent Spanish

²³ Revd Simon Springett. A sermon at the D-Day and Normandy Fellowship Service. Portsmouth Cathedral. 7 July 2015.

²⁴ Buckley R. Post-conflict report of Richard Buckley to the Chaplain of the fleet, June 1982. Originally in Royal Naval Archives held at Whale Island Portsmouth.

and was of great help communicating with and reassuring the Argentinian prisoners of war. Bester commented: 'There were many enquiries and anxieties from the patients with which the staff asked chaplains to assist. The chaplains were particularly grateful to the staff for having promptly called on their assistance'.²⁵

The summary of the naval chaplains' individual reports on their experiences in the conflict emphasised:

Chaplains found the need to counsel rescuers as well as the rescued. The chaplain's ministry of presence among the wounded was appreciated in bringing calm assurance and hope ... With other personnel they were the sounding board for the ventilation of anger, frustration, and sorrow. The chaplains were involved in group therapy sessions for those suffering from acute battle reaction, which was akin to bereavement reaction. The sufferers from this were anxious not to be certified for psychiatric care, and the chaplains found they had much to help them recover their self-respect and dignity. Much of their ministry among the wounded was engaged in directing emotional equilibrium onto a more normal plane.²⁶

Although the role of chaplains in giving actual medical assistance had changed since the days of the First World War, there were occasions in the Falklands conflict where circumstances demanded their practical assistance. Royal Navy Chaplain Jake Watson on HMS *Broadsword* helped with the casualties that were brought on board after the sinking of HMS *Sheffield*:

While trying to be "light-hearted" with a survivor, whose back had been completely burned, and while trying to dress the burns with totally inadequate dressings, the thought occurred to me that this was never covered in the pastoral theology course I attended.

He also remembered that: 'Chaplains were involved with casualties at every level of treatment, even assisting in operations and the respectful treatment of the dead, and collecting body parts for burial'.²⁷

Modern conflicts

Royal Navy Chaplain Rodney Baxendale was on Royal Fleet Auxiliary *Argus* during the First Gulf War (1990-91). A large hospital facility was embarked, with many of the staff unaccustomed to the customs and difficulties of sea going. He reported tensions between the crew of the ship and the medical team. Baxendale made strenuous efforts,

²⁵ Bester C. Post-conflict report of Chris Bester to the Chaplain of the fleet, June 1982. Originally in Royal Naval Archives held at Whale Island Portsmouth.

²⁶ Anon. A summary of the reports given to the Chaplain of the fleet, June 1982. Originally in Royal Naval Archives held at Whale Island Portsmouth.

²⁷ Cockeram A, Cockeram J (eds). *Glimpses of the Falklands War*. British Modern Military History Society; 2022. p.325.

working against the preconceptions of the medical staff that he was the captain's friend, to solve this problem, and it was eventually resolved. When *Argus* started to receive casualties he was instrumental in reassuring both naval staff and medical staff that 'This was what they had been trained for, and that they could handle it'.²⁸

Royal Navy Chaplain Andy Phillips recounted in an article in the *Church Times* in 2003 an incident on *Argus* when a helicopter crashed on a deck landing. He joined a small team of Traumatic Stress Risk Management (TRiM) personnel. The TRiM concept had been designed to produce 'buddy mentoring', where personnel who had been exposed to trauma gathered in small groups with the TRiM Team: 'we led a discussion of the incident following a set format, asking each person to say what he was thinking and feeling before, during, and after the event'.²⁹ The Royal Navy chaplains were instrumental in setting this concept up from its inception. Despite some initial suspicion from the medical mental health practitioners that this was being run by 'pastorally minded amateurs', the TRiM system has been taken on by the army also.³⁰ Padre Phillips explained:

In the armed forces, we are fortunate in being so totally engaged with the military system of which we are a part, that we can make a positive difference. Courage in conditions of physical danger is expected of us all, but equally as vital is that each of us has sufficient moral courage to fight to ensure that those in our care have the pastoral tools to do the job.³¹

RAF Padre Eleanor Rance spoke about an incident that took place at her airfield in the Iraq War (2003-2009) which exemplifies the symbiotic relationship between the medical team and the chaplain. A helicopter crashed on landing. Three crew members were wounded and helped out, but the fourth was a fatality, and moreover was trapped. The body could not be recovered in the heat of the day, and there was a danger of an explosion in the wrecked helicopter due to live ammunition. There was therefore a long wait before the medical team could look after the body, and tensions were palpably rising. The aircrews kept asking Rance for news: 'Is he safe yet?' Eventually the body was recovered, and she was able to say a prayer for him and for the medical team tenderly dealing with his body with dignity. She was able to reassure the men and women waiting in the crew room that their friend was released and 'safe'. Rance commented that she felt pleased that at every stage it was taken for granted that her presence as a chaplain was needed. She felt that the medical team had dealt with the practical tasks, and she had dealt with the emotional. They had worked smoothly together.³²

The tactical and medical circumstances of the war in Afghanistan (2001-14) resulted in rapid advances in the medical care of casualties. The necessity of evacuation of wounded by air, usually directly to the hospital at Camp Bastion, resulted in the

²⁸ Revd Rodney Baxendale. Interviewed by the author on 4 March 2020.

²⁹ Phillips A. *Church Times*, 24 August 2003. p.20.

³⁰ It is worth noting that the TRiM approach is fully consistent with the trauma stress management guidance issued by the National Institute for Healthcare Excellence.

³¹ Phillips. 2003 (Note 29).

³² Revd Eleanor Rance. Interviewed by the author on 6 April 2023.

development of the Medical Emergency Response Teams and their deployment from Operation Herrick 4 onwards. Colonel David Vassallo, consultant general surgeon at Bastion during part of the Herrick operations, wrote:

Overall, 98% of those who made it alive to Bastion survived. Between April 2006 and July 2008, there were 75 unexpected survivors out of nearly 300 severe trauma cases presenting to Iraq and Afghanistan, this 25% ratio being in stark contrast to the best National Health Service ratio of 6%, and this remarkable ratio was maintained in Bastion through later years. By the end of 2011, Surgeon Vice-Admiral Raffaelli, the Surgeon General, could report to the House of Commons that there had been some 210 'unexpected survivors' in the previous five years, and by the end of conflict operations in 2014 it is estimated that there have been some 300 in all.³³

The padres working at the hospital at Bastion were an integral part of the team. Vassallo described the support given to the medical teams, who were traumatised by their constant struggle with death and injury. Padre Paul McCourt described part of his task:

Casualties were brought into the hospital, and I would be there. It was my job to act as a reassuring presence for the staff, to chat to them after the patients went into the operating theatre. Many of them were young and on their first deployment, and they were experiencing things you might never see in a civilian A&E Department.³⁴

Another article quoted RAF Padre Giles Legood:

I would say a prayer if there was a death on the operating table and then accompany the staff as they took care of that individual and prepared them for their final journey home. It was a privilege to serve alongside the team at Bastion Hospital, who were regularly exposed to horrific scenes of suffering but worked tirelessly to save lives, whether they were British, Coalition Forces or Afghan.

Padre Legood was awarded the Membership of the British Empire (MBE) after his four months in Afghanistan in 2013, for 'giving his all to support the Nation's wounded' and for his 'unwavering belief in the face of adversity'. He was the first RAF chaplain to receive an operational honour since the Second World War.³⁵

³³ Vassallo D. A short history of Camp Bastion Hospital: part 2 – Bastion's catalytic role in advancing combat casualty care. *Journal of the Royal Army Medical Corps*. 2015; 161(2): 160-165.

³⁴ McCourt P. From Parish Priest to Camp Bastion. *Journal of the Royal Army Chaplains Department*. 2012; 51: 25.

³⁵ Anon. The World's Toughest Parish? *Oranges and Lemons* [The Magazine of The Friends of St Clement Danes]. Issue No. 39. Spring 2015. p.28-29. <https://www.raf.mod.uk/our-organisation/units/st-clement-danes-church/documents/o-1-issue-39/> (accessed 27 July 2023).

Several chaplains have recounted occasions when they watched over a seriously injured man in the operating theatre or ward, and then were told that no more could be done, being asked to 'take over' to administer the last rites, and to pray for the patient and the medical team. An example of this was the experience of Stuart Hallam, talking about the death and wounding of a close friend:

He was unconscious by the time he arrived, and was rushed into the operating theatre. I watched and prayed for him from the doorway of the operating theatre, until the consultant saw me. Once he realised that I knew JT, he asked me to come in and hold his head and talk to him. For two hours, JT fought for his life, but the odds were stacked against him. Eventually, the consultant said: 'There's nothing more we can do for him, Stu. It's over to you now.' I thanked them for all they had done, and prayed for them, and then I gave JT the last rites.³⁶

In the 21st century, there is much more awareness in the armed forces, and in society, of the causes and consequences of issues surrounding mental health. Chaplains are often first to be aware of an individual's struggles with mental health, as they are often more accessible, are considered completely confidential, and have less danger of stigma being attached to an individual. Chaplains and medical professionals have mutually interlocking roles to play in the management of wounded personnel because the importance of religion and spirituality is seen as important in the recovery of some patients. A holistic approach to treatment and recovery can often involve the chaplain.

A study into patterns of help-seeking behaviours in active-duty soldiers amassed evidence of the role of military chaplains for mental health concerns:

Despite not reporting mental health concerns as a primary reason for seeing the chaplain, more than half screened positive for depression, more than a third reported levels of symptoms indicative of a probable PTSD diagnosis, and more than a quarter screened positive for General Affective disorder (GAD). Additionally, almost one third of soldiers who sought help from a chaplain reported high levels of combat exposure. These results highlight the need for military chaplains to be adequately trained to understand these comorbid or underlying issues, and the ways in which these mental health concerns and combat experiences may interact with presenting spiritual problems.³⁷

A recent article commented on this necessity for spiritual input in the treatment of moral injury:

Approaches that focus on self-forgiveness, acceptance, self-compassion, and (if possible) making amends, might hold more promise. In cases in which the

³⁶ Hallam S. *Church Times*, 9 November 2010. p.20.

³⁷ Morgan JK, Hourani L, Lane ME, Tueller S. Help-Seeking Behaviours Among Active-Duty Military Personnel: Utilization of Chaplains and Other Mental Health Service Providers. *Journal of Health Care Chaplaincy*. 2016; 22(3): 102-117.

effects of moral injury extend beyond psychological to spiritual harms, spiritual care providers could have a role alongside mental health clinicians.³⁸

Brian Powers, Vann Fellow at Durham University and an ex-combatant in Afghanistan, has written a powerful piece about the moral injury that is bound to be experienced by serving soldiers and veterans as a result of the sudden withdrawal from Afghanistan in 2021: 'Speaking as someone who studies moral injury I can say that the large scale collapse of our Afghanistan mission is likely to exacerbate moral trauma for the veterans of the conflict and bring morally injurious experiences back to the forefront of their minds'.³⁹ Two chaplains from 2 Para and 3 Para accompanied the troops in their attempts to evacuate people at risk in Kabul during Operation Pitting (2021). Chaplains will no doubt be engaged in pastoral work surrounding this event and the memories it has raised for some time. When discussing the effect of religious faith on a person's experience of action stress, the Chaplain of the Fleet, Andrew Hillier, suggested that in fact, people with a strong religious faith may be more subject to moral injury.⁴⁰

The intersecting of the chaplains' and medics' roles needs to take into consideration the question of confidentiality in military personnel interactions with chaplains. As we have seen, one reason why chaplains are called upon to help in physical and mental health problems is that there is less chance of a stigma being attached to the help-seeking, and the patient is expectant of confidentiality. Although doctors are obliged to pass on sensitive information about patients if it is relevant, chaplains are not. A chaplain would divulge information with the consent of the patient, and in cases where there is a danger to the patient or others would make every effort to facilitate the patient to report his symptoms or feelings to the relevant person.

The care of the medical staff's mental and spiritual health seen above is only part of a wider ongoing relationship of friendship and support between medical staff and chaplains. This springs in part from their roles as non-combatants with no application of violence. Martin Bricknell commented:

They work independently but together to support the spiritual and moral component of war. Commanding officers in each branch of the armed forces are well advised to take advice from doctors and chaplains. In hospital and field ambulances there is a close relationship between chaplaincy and medical services, this gets even more important the more serious the more mentally unwell a soldier becomes. Both professionals recognise the need to support each other's work. Doctors appreciate the presence and support in hospital and field hospitals. It is a joint effort.⁴¹

³⁸ Williamson V, Murphy D, Phelps A, Forbes D, Greenberg N. Moral injury: the effect on mental health and implications for treatment. *Lancet Psychiatry*. 2021; 8(6): 453-455.

³⁹ Powers BS. Moral Injury and Afghanistan. Faith in the Midst of Violence: The Official Blog of the Vann Fellowship in Christianity and the Military at Durham University. 3 September 2021. <https://vannfellow.wordpress.com/2021/09/03/moral-injury-and-afghanistan/> (accessed 20 December 2023).

⁴⁰ Revd Andrew Hillier, Chaplain of the Fleet. Interviewed by the author on 2 July 2022.

⁴¹ Bricknell. Interview, 2023 (Note 1).

Bricknell went on to commend the pastoral support given to medical staff in need of advice by chaplains: 'It happens, and it is an essential safety valve. It is difficult for medics to express their own mental health problems in struggles, distress, and tension – the chaplain is a vital safety valve for medical staff'.⁴²

Chaplains and medics are sometimes seen as outsiders in the institutionalism of the armed forces and tend to gravitate towards each other. Chaplains also find the tensions of military life and military action difficult, and to be an accepted member of the medical team helps them in some cases to be more comfortable about sharing their problems. Eleanor Rance explained that medics and chaplains often ate and socialised together as their work patterns were often similar.⁴³ The Revd David Peters, former chaplain in Iraq with the United States Army, spoke of the attitude of 'friendship and collegiality being the best way for medical staff and chaplains to interact, and that sharing one's vulnerabilities builds solidarity'.⁴⁴

'Kinforming', informing next of kin of the death of a relative, is another, acutely difficult, part of a military chaplain's job.⁴⁵ Chaplains work closely with MOs to provide this welfare support to the bereaved.⁴⁶

Conclusion

We can see that military chaplains and military medical staff have worked alongside each other in a complementary and integrated manner during the twentieth and 21st centuries. Battle circumstances have changed during that time, and the interplay of roles has changed, but chaplains and medical staff have a mutual understanding of the way they can work to ease physical and spiritual pain in action, and in military life in its entirety. Medical staff have the tenets of the Hippocratic oath to guide them, and Christian chaplains have the example of Jesus who healed the sick, and provided material as well as spiritual care in his miracles, as do other faiths in their theology and traditions. The evidence suggests that as more knowledge of the importance of spirituality in holistic medicine is gained the synergistic partnership of medics and chaplains will continue to deliver health benefits in the future.

⁴² Bricknell. Interview, 2023 (Note 1).

⁴³ Rance. Interview, 2023 (Note 32).

⁴⁴ Revd David Peters, former army chaplain and priest in Pflugerville, Texas. Interviewed by the author on 14 February 2023.

⁴⁵ UK Ministry of Defence. *Army General and Administrative Instructions, Volume 3, Chapter 81, Army Welfare Policy*. 2022. https://aff.org.uk/wp-content/uploads/2023/02/AGAI_081-1-Oct-22.pdf (accessed 18 August 2023); Reporting, Notification, and KINFORMING: Page 9-2, Paras 81.305-81.307.

⁴⁶ UK Ministry of Defence. *Army Welfare Policy*, 2022 (Note 45); Co-ordination of Army Welfare Support, Page 2-1, Para 81.041.

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