

Explore – Research, think, do

Exploration 1 – Military medical personnel and the emblem

- Students read the life story of Simpson.

They might begin with the article by G.P.Walsh provided as Starter Reading though it would be useful to gather perspectives from different writers as well.

Tragically, Simpson served at Gallipoli for less than three weeks before his death, and historians dispute whether it would have been possible for him to have rescued 300 wounded Australians (the often claimed figure) in that time.

- As a group, discuss why Simpson has become **such an Australian legend**. What is it about his story that resonates so much? Is his story still well-known? Still relevant? Why or why not?



Perspectives from the Turkish side, World War 1

Imagine the life of a Turkish medical officer at Gallipoli. While Simpson toiled up and down the rocky cliff pathways, Turkish doctors helped the wounded **at the top of the cliffs and behind on the peninsula**.

Ask students to **step into the experience of the other side**, thinking about:

- The emblem worn on your left arm, and its origin
- The responsibilities you had, both for your own troops, and those of the enemy, when wearing the emblem
- **How visible your emblem might have been** to the enemy; whether it makes you feel safer

- How much the Turkish troops would have been able to spot the red cross emblem worn by a medic from the ANZAC forces such as Simpson?
- How would you have felt when you learned that Simpson had been killed while transporting the wounded to medical care?
- The main wounds you might have been treating
- Where you would have placed your field hospital
- The conditions you were living in
- The age range of your soldiers

Use these starter points to write **one day's diary entry, dated say May or June 1914**, a month or two after the ANZAC landing.

Other military medical personnel

- Ask the class of other military medical personnel they may have heard of. Most likely answers are **Sir Edward Weary Dunlop**, Australian army doctor/prisoner of war in Changi, World War 2 – and **Captain 'Hawkeye' Pearce**, fictional, of MASH fame, from the Korean War.



MASH is of course black comedy, yet amidst its humour and its stark message about the pathos of war, it gives excellent insights the rights and responsibilities of a military medical officer under the Geneva Conventions, their **personal identification by red cross brassard**, and markings of facilities such as Hawkeye's operating tent, Radar's helicopters, the ambulances and medical stores belonging to the 4077th hospital.

Perhaps surprisingly, students today still seem to know the series and relate well to it. Someone may even own a box set from which to choose an episode.

What does the emblem mean, and what rights and responsibilities does wearing it bring?

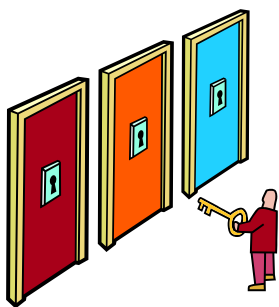
It will be useful for the teacher to have the [text of the First Geneva Convention](#) to hand. Focus on Articles 12, 15, 19, 24, 33, 38-40 and surrounds.

One way to test understanding is for students to consider the role of Flight Lieutenant FLTLT Brent Barker - see below left and on Powerpoint Slide 12. FLTLT Barker is a nurse with the RAAF. In this

picture he is checking the medical cargo in the back of a C-130J Hercules en route to Papua New Guinea (photo supplied by Australian Defence Force). He wears a red cross brassard on his left arm.



- Explain this statement. FLTLT Barker is a serving member of the Australian military, uniformed and with a rank, yet **he is a non-combatant**.
- If a RAAF base on which he was stationed was attacked during war, would FLTLT Barker join in the **fight to repel the enemy into retreat**? Why or why not? What would his main duties be?
- FLTLT may **carry a weapon**, but only for a particular purpose. What would that be?



➤ If FLTLT Barker was brought **two wounded soldiers**, one Australian and one from the enemy force, what is his responsibility under the law? What is the equivalent situation that a civilian doctor/nurse may face in a hospital in peacetime?

➤ When Hawkeye **administers treatment in this impartial way** in episodes of MASH, his fellow doctor Frank Burns is scathing. The reaction of students is often close to disbelief that medical urgency would over-ride a soldier's nationality. Are you serious? Does this **really** happen? Discuss with the group, with these **statements** as factual background.

FACT 1

During World War 2, during **bitter fighting in the north African desert**, surgeons operated day and night. One week the hospital was controlled by the British; the next it was controlled by the Germans. For months, whichever way the military fortunes swung, the doctors in the basement kept on working to save patients.

FACT 2

In Afghanistan, **US helicopters regularly fly wounded Taliban** to US military hospitals. Transporting them in to their doctors is routine, nothing out of the ordinary. 'Sure, they're likely detained, held by us, but getting them to the medics...it's just what we do.'

FACT 3

ADF medical teams in Iraq also cared for civilians in medical trauma, regardless of political difference. Throughout her shift with one patient, a bomb-maker, FLTLT Amanda Banks 'thought about the Geneva Convention, about **'care for all, no matter'** – that kept me going looking after this lady.' – See 'I love you. You saved my life', a story in [Air Force News](#)