

SPRING 2024 • Vol. 25 No. 1

AMERICAN BATTLEFIELD TRUST

# HALLOWED GROUND

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## BATTLE SCARS:

THE VISIBLE  
AND INVISIBLE  
COST OF WAR

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

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THE AMERICAN BATTLEFIELD TRUST preserves our nation's hallowed battlegrounds and educates the public about what happened there and why it matters today. We permanently protect these battlefields as a lasting and tangible memorial to the brave soldiers who fought in the American Revolution, the War of 1812 and the Civil War. Thanks to the contributions of more than 300,000 members and supporters nationwide, we have preserved more than 58,000 acres at more than 155 sites in 25 states. For more information, call 800-298-7878 or visit our website at www.battlefields.org. Hallowed Ground is the membership magazine of the American Battlefield Trust. It is produced solely for nonprofit educational purposes and every reasonable attempt is made to provide accurate and appropriate attribution for all elements, including those in the public domain. Contemporary images are reproduced only with permission and appropriate attribution; uncredited images are courtesy of the American Battlefield Trust. Feature articles reflect the research and opinion of the bylined author. ©2024 American Battlefield Trust.



## VALOR ACROSS WARS

"The shrapnel stung as it pelted my body from top to bottom, but I concentrated on what I had to do." Watch as James C. McCloughan, Vietnam combat medic and Medal of Honor recipient, explores the Stones River battlefield to reflect on the service and citation of Rev. John Whitehead — and tell his own harrowing story.

[www.battlefields.org/JamesMcCloughan](http://www.battlefields.org/JamesMcCloughan)

## THE WAR ON SICKNESS

Sometimes the hardest battles fought during wartime are against disease and injuries rather than opposing armies. Check out our page exploring the use of medicine and its advancements from the Revolutionary War through the Civil War at [www.battlefields.org/medicine](http://www.battlefields.org/medicine)

## TRANSPORTING THE WOUNDED

Battlefield medicine was not the only field that saw advancements during war. Access to it was also revolutionized, saving, likely, thousands of lives. The Civil War sparked the development of serviceable ambulances and a structure to use them. These improvements had a revolutionary impact on American health care still benefiting us today! Read more at [www.battlefields.org/RosecransAmbulance](http://www.battlefields.org/RosecransAmbulance)

## HEALING WITH HISTORY

American Veterans Archaeological Recovery (AVAR) is a nonprofit with the unique mission of introducing veterans to archaeology to help heal the physical and mental wounds of war and to reintegrate into civilian life. In 2019, in collaboration with the American Battlefield Trust and the National Park Service, AVAR explored the site of the Second Battle of Saratoga, the first major decisive American victory and a turning point of the Revolutionary War. Check out our video to learn more about this amazing endeavor: [www.battlefields.org/avar](http://www.battlefields.org/avar)



**WHEN YOU LOOK** at a picture of Civil War soldiers — or one of the handful of Revolutionary War veterans who survived long enough to have their image captured — it can be easy to forget that their lives were as fully

realized as our own. They lived in full color, in three dimensions, in real-time and had emotions just as vivid and powerful as our own. To think of them as less human than ourselves, or those who wear an American uniform in the 21st century, undercuts the horrors of what they experienced and the moral character they exhibited in answering the call.

This issue of *Hallowed Ground* asks you to consider the war wounded of the 18th and 19th centuries in a new light. To consider what it might be like to live with the after-effects of amputation a century before handicapped access was mandated by the Americans with Disabilities Act. To contemplate that, if you read between the lines of pension claims that lack our modern language, Revolutionary War veterans are described with symptoms consistent with traumatic brain injury or post-traumatic stress disorder, just like those who served in Vietnam or Afghanistan might be.

The experience of war is not one that can necessarily be left behind upon return to civilian life. For many soldiers, a lasting physical disability impacts them for the rest of their lives. But medical staff, too, were changed by the process, bringing lessons learned in the field hospital into peacetime treatment and advancing the fields of trauma response and surgery forever.

There are profound links between America's soldiers, regardless of the conflict in which they participated, ties of shared experience and emotion. I was so profoundly struck by the simplicity with which Vietnam Medal of Honor recipient Medic Jim McCloughan summarized the connection he felt to his Civil War predecessor Rev. John Whitehead: "I did the same thing, just 100 years later."

Two men, separated by a century, under enemy fire without a weapon, using their own bodies to shield wounded comrades and carry them to safety.

What a debt of gratitude we owe to veterans like him. For their own service and bravery, certainly; but also, for sharing their stories, even when it is painful to do so. That second type of courage is so important because it demonstrates how universal the emotions and the struggles they faced — and still face — are. That is how we who have not been in combat gain a more meaningful understanding of how the freedoms we enjoy were paid for "in full."



Maybe you've had a similar encounter with a veteran, perhaps even a member of your own family. In fact, honoring the service of a loved one, even if it was in a 20th or 21st century conflict, is one of the frequent reasons that donors share when we ask them what their initial inspiration was for joining the Trust.

We preserve historic battlefields to remember — not just the famous personalities from our textbooks, but all of the men and women who fought on our behalf. Nor do I mean just those who served on that particular battlefield, although it may hold special significance in that regard. Because of their shared experiences, battlefields are living and dynamic memorials to all who have served, regardless of the era and circumstance. I may never be able to visit the hillside in Vietnam at which McCloughan, wounded himself, refused evacuation to continue tending to his men, but you can bet I'll think of him every time I go to Stones River.

DAVID N. DUNCAN  
President, American Battlefield Trust

EXPLORE  
THIS ISSUE



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- X (FORMERLY TWITTER) @BATTLEFIELDS
- YOUTUBE.COM/AMERICANBATTLEFIELDTRUST
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## TRUST JOINS SUIT AGAINST PRINCE WILLIAM DIGITAL GATEWAY

*Project would create world's largest data center complex*

**T**HE AMERICAN Battlefield Trust has joined nine local citizens in taking legal action to overturn a trio of rezonings granted by Prince William County's lame duck Board of Supervisors through a flawed process in December 2023. The suit seeks to block construction of the world's largest data center campus on more than 1,750 acres immediately adjacent to Manassas National Battlefield Park. It is the second time in less than a year that the Trust has been compelled to go to court against such an ill-conceived and illegally approved development plan.

The proposed data center development, dubbed the Prince William Digital Gateway, is slated to become, at full build-out, the world's largest data center campus — and would overshadow the famed Brawner Farm where, at the Second Battle of Manassas in August 1862, Union and Confederate forces faced off against one another in horrific combat. The fallow fields that were the launching point for one of the most devastating and decisive assaults of the Civil War could soon be blanketed with as many as 37 data centers — eight-story, drab concrete-and-steel behemoths that would loom over the battlefield park.

In December, the Prince William County Board of Supervisors approved, in a 4-3 vote, the three rezonings after a nearly unprecedented, 27-hour public hearing, despite overwhelming local opposition, over objections from the National Park Service and against the recommendation of both county staff and the county's Planning Commission. The lawsuit cites an array of legal violations committed by Prince William County as grounds to overturn the rezonings. These range from the lack of required information about the development; inadequate public notice and hearings; unlawful waivers of key analyses, submissions and approvals; failure to consider key environmental and historical facts and unlawful delegation of rezoning power through failure to identify which of the more

than 1,750 acres could be put to what uses.

The stakes involved, and the impacts of such an enormous and incompatible development on the Manassas Battlefield compelled the Trust to join the fight to protect this area. Although not opposed to data centers or properly planned development, the Trust cannot stand aside when hallowed ground so vital to our understanding of the Civil War is placed at risk. To do so would dishonor our mission and our history.

In the 1980s, Northern Virginia experienced tremendous development pressure. A contentious plan to develop 600 acres near Manassas National Battlefield Park, including land that was Robert E. Lee's headquarters during the Second Battle of Manassas, made national headlines. Ultimately, the land was acquired by the National Park Service at great cost. In 1990, Congress responded by creating the Civil War Sites Advisory Commission to identify the nation's historically significant sites, assess their condition and "recommend alternatives for preserving and interpreting them." Concurrently, the U.S. Secretary of the Interior created a nonprofit partner to assist the Park Service in protection of battlefield land: the American Battlefield Protection Foundation, a predecessor organization of the modern American Battlefield Trust.

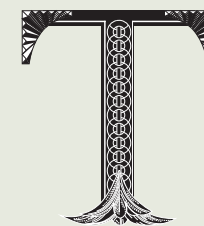
The passage of time and increase in development pressures has made protection of Manassas Battlefield all the more critical. Since 2009, the Trust has taken action to acquire multiple parcels of historic significance in the area that will be impacted by the Prince William Digital Gateway, including properties contiguous to rezoned land. This includes 170 acres once part of Rock Hill Farm, an area that served as a field hospital during Second Manassas and likely the final resting place of soldiers who did not survive the battle.★



**LEARN MORE ABOUT OUR FIGHTS  
AGAINST DATA CENTERS AT MANASSAS  
AND THE WILDERNESS**



## AWARD-WINNING ROAD TO FREEDOM EXPANDS to Tennessee and North Carolina



**T**HE AWARD-WINNING *Road to Freedom* initiative is growing, with new apps telling the stories of African American contributions, agency and sacrifice during the broadly defined Civil War-era (1830-1890) at sites across North Carolina and Tennessee now available via the App Store and Google Play. *Road to Freedom: TN* and *Road to Freedom: NC* provide users with a variety of touring options to discover more than 45 historic sites where they can explore a new angle of each state's history.

The *Road to Freedom* initiative launched in 2021, when the American Battlefield Trust teamed up with Civil War Trails, Inc., to offer a physical map guide and digital app tour highlighting battlefields, churches, cemeteries, highway markers and other historic places throughout the Commonwealth of Virginia. The effort won Silver in the Anthem Awards, a cause-driven offshoot of the Webby Awards. With the latest iterations in the Volunteer and Tarheel States, the Trust was supported through State-funded grant programs; in Tennessee, a grant from the Wars Commission Grant Fund, administered by the Tennessee Wars Commission, the Tennessee Historical Commission, Department of Environment and Conservation; in North Carolina, a grant directly from the State of North Carolina.

The expanded program called on the knowledge of Civil War Trails, Inc., and the African American Heritage Preservation Foundation, in addition to numerous community stakeholders who know these sites intimately. The Trust also enlisted in-person and online research assistance from recent graduates and a PhD student recruited from Middle Tennessee State University, Vanderbilt University and Elizabeth City State University — one of 10 accredited historically Black colleges and universities in North Carolina.

The new digital trails currently highlight 26 spots across Tennessee and 20 across North Carolina, but by the end of spring, each will have grown to include approximately 40 sites with ties to the Underground Railroad, the activities of the U.S. Colored Troops (USCT units), the development of free Black communities and more related events of the antebellum, wartime and Reconstruction eras. The free *Road to Freedom* apps are GPS-enabled, but images and historical content can be accessed from anywhere. They will soon be accompanied by a printed map guide that is targeted for placement at visitor centers and distribution sites across both states. Learn more at [www.battlefields.org/RoadtoFreedom](http://www.battlefields.org/RoadtoFreedom)★

## AMERICAN BATTLEFIELD TRUST PRIZE FOR HISTORY

*Finalists for inaugural award announced*



**A**FTER REVIEWING and discussing 84 titles nominated by their 24 respective publishers, the selection committee, headed by noted historian and preservation pioneer Gary Gallagher, has advanced a list of 11 finalists to the judges.

"From biography to logistics, campaign-level studies to single-battle tomes, the selected works represent an array of specializations and subject matter," said Gallagher, John L. Nau III Professor in the History of the American Civil War at the University of Virginia. "It has been an honor to share my thoughts on these and many other fine works with my fellow selectors, and I look forward to learning which the judges choose to award."

The new \$50,000 prize is designed to call attention to the integral connection between the grounds on which the nation's formative conflicts were decided and the fundamental role these landscapes play today as primary resources. It will be made annually to a work of military history or biography that underscores the essential role of the nation's military conflicts on the founding, formation and perpetuation of our exceptional country.

The inaugural list of finalists includes: Friederike Baer for *Hessians: German Soldiers in the American Revolutionary War* (Oxford University Press); David S. Hartwig for *I Dread the Thought of the Place: The Battle of Antietam and the End of the Maryland Campaign* (John's Hopkins University Press); Ricardo A. Herrera for *Feeding Washington's Army: Surviving the Valley Forge Winter of 1778* (University of North Carolina Press); Mark Edward Lender for *Fort Ticonderoga, The Last Campaigns: The War in the North, 1777-1783* (Westholme Publishing); George Rable for *Conflict of Command: George McClellan, Abraham Lincoln, and the Politics of War* (Louisiana State University Press); Timothy B. Smith for *Early Struggles for Vicksburg: The Mississippi Central Campaign and Chickasaw Bayou, October 25-December 31, 1862* (University of Kansas Press); Elizabeth Varon for *Longstreet: The Confederate General Who Defied the South* (Simon & Schuster); Victor Vignola for *Contrasts in Command: The Battle of Fair Oaks, May 31 - June 1, 1862* (Savas Beatie); Jack Warren for *Freedom: The Enduring Importance of the American Revolution* (Lyons Press); Jeffrey D. Wert for *The Heart of Hell: The Soldiers' Struggle for Spotsylvania's Bloody Angle* (University of North Carolina Press); and Ronald C. White for *On Great Fields: The Life and Unlikely Heroism of Joshua Lawrence Chamberlain* (Random House).★

## DID YOU KNOW?

**BOOM GOES THE HISTORY**, the Trust's first podcast, launched in February, with fresh episodes of the 16-part first season debuting each Tuesday.

Hosted by Trust historians, the weekly podcast leverages the power of technology to transport listeners to the locations where history unfolded, particularly the battlefields where the Trust has preserved land.

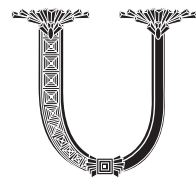
"Audiences everywhere view our popular videos and utilize our digital tools to connect to the stories and scenery of America's hallowed ground," said Trust President David Duncan. "We're excited to offer this podcast series as a new opportunity for multiple generations of history enthusiasts to engage with our content." You can find the podcast episodes at [www.battlefields.org/boom-goes-history](http://www.battlefields.org/boom-goes-history)★



From left: General Leon Lott, South Carolina State Guard; Trust President David Duncan; Charleston Mayor William Cogswell; Thomas Weinzierl, Board of Field Officers of the Fourth Brigade; South Carolina Governor Henry McMaster; Dr. Mary Abroe, Trust Board of Trustees Chair; and Rick Wise, South Carolina Battleground Trust. SARAH NELL BLACKWELL

## LIBERTY TRAIL TAKES PHYSICAL, DIGITAL SHAPE

*Officials gather to unveil Horn Work Footprint Path*



**UNDER A BLUEBIRD SKY** on February 1, at the outset of the Trust's winter Board of Trustees meeting and Color Bearer Weekend, a crowd of nearly 200 gathered in Marion Square as Charleston Mayor William Cogswell and South Carolina Governor Henry McMaster officially unveiled the Horn Work Footprint Path.

Constructed of tabby, a mixture of shells, sand and lime, the Horn Work was a massive fortification spanning almost three city blocks, its walls measuring, from moat to parapet, 30-foot high. Begun during the French and Indian War, it played a critical role in the Revolutionary War Siege of Charleston. It was dismantled as Charleston expanded, save for a small remnant that lacked robust interpretation describing its significance.

In 2020, graduate students from Clemson University of Charleston utilized ground penetrating radar that, bolstered by subsequent research, identified where the rest of the walls stood. Now, a series of in-ground plaques across the bustling public square describes the structure and its significance, grounding it in place and time. But the work is not complete, with an augmented reality re-creation of the structure in the works. Visitors to Marion Square will be able to view it on their smartphones or via permanently installed "binoculars."

All of these aspects will combine to create a gateway, inviting the millions of heritage tourists who flock to Charleston annually to venture outside the city and onto the many battlefield sites on The Liberty Trail.

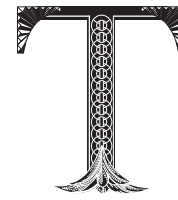
Land preservation efforts on this joint project with the South Carolina Battleground Preservation Trust also continue, with our partner taking possession of the "gaol" site in Camden, S.C., where a young Andrew Jackson — still decades away from his presidency — and his brother were held prisoner during the Battle of Hobkirk Hill in April 1781. Legend holds that the boys bore a hole in the wooden wall to watch the fighting from their cell, although there is no physical evidence, since the British burned the wooden structure when they evacuated Camden.

Meanwhile, a suite of seven interviews conducted through the StoryCorps initiative permanently records the intentions, philosophies and mechanics behind The Liberty Trail and preservation work more broadly. The recordings are permanently housed in the American Folklife Center at the Library of Congress in Washington, D.C., and can be accessed via The Liberty Trail website and American Battlefield Trust's YouTube channel.

Interviews feature conversations between Dr. Tonya Matthews, CEO of the International African American Museum and author John Rees; Raleigh West, executive director of the South Carolina Conservation Bank along with Lowcountry conservationist, Charles Lane; historian Brooke Bauer and her cousin, spiritual leader William "Monty" Branham; archaeology colleagues Steve Smith and John Allison; Governor Henry McMaster and former State Senator Vincent Sheheen, the late Doug Bostick of the South Carolina Battleground Trust and Catherine Noyes of the American Battlefield Trust; and historian, author and radio host Walter Edgar. ★

## "THEN AND NOW" SERIES WINS ANTHEM AWARD

*Innovative videos done in partnership with Wide Awake Films*



**THE AMERICAN** Battlefield Trust continues to rack up awards for our innovative means of bringing historical content to life! Most recently, our "Then and Now" video series earned Bronze in the Digital & Innovative Experience, Education, Art & Culture category of the third annual Anthem Awards, an offshoot of the Webby Awards. This year's winners were selected from a pool of more than 2,000 submissions by the International Academy of Digital Arts and Sciences (IADAS). Other honorees in the Trust's category include the John F. Kennedy Center for the Performing Arts, the U.S. Holocaust Memorial Museum and PBS.

"We know that dynamic and immersive video can open up for viewers windows to the past, sparking life-long interest in history," said Garry Adelman, the Trust's chief historian. "We're honored for this award that recognizes our commitment to using technology to further our mission to educate and inspire."

The "Then and Now" videos — also available in 360° virtual reality — combine contemporary video and animation methods from



Wide Awake Films with historical images. The most recent video in the series launched February 14. In it, Trust historians take the viewer through photographer Timothy O'Sullivan's 1864 series of photos of Ulysses S. Grant's Council of War at the Massaponax Baptist Church in Fredericksburg, Va. The video series is available on the American Battlefield Trust YouTube Channel. ★

## AMERICAN VETERANS ARCHAEOLOGICAL RECOVERY ADVANCES

*mission to uncover history, help struggling soldiers*



**BEGINNING** in the summer of 2019, the Trust partnered with American Veterans Archaeological Recovery (AVAR), a veteran-led organization that provides a powerful, interactive experience empowering former servicemen and women, and aiding their reintegration into civilian society. Through AVAR, veterans work alongside professional archaeologists on important research projects — increasingly specialized ones on historic battlefields. Bringing veterans to these places to delve physically into the past, is a means for today's warriors to connect with the soldiers who came before them, tell their stories through tangible artifacts and discover something new about themselves. We are proud of their growth and success, including the 2022 Society of American Archaeology Excellence in Public Archaeology Programming Award.

The American Battlefield Trust was the first major donor to AVAR, enabling the group to partner with the National Park Service on a remarkable two-summer project to investigate and excavate the Barber Wheatfield at Saratoga National Historical Park. That effort received the National Park Service's prestigious Appleman-Judd-Lewis Cultural Resource Award for an interdisciplinary stewardship team and created a powerful relationship that has enabled the group to assist in work at Colonial National Historical Park, Richmond National Battlefield and Fort Necessity National Battlefield — the first serious archaeological investigation at Jumonville Glen, the first battle of the French and Indian War. Separately, AVAR developed a relationship with the Department of Defense's POW/MIA Accounting Office, helping excavate potential sites of downed WWII aircraft in the UK and Italy.

A Trust grant helped put AVAR in the field in Texas for the Finding Medina project, aimed at definitively identifying the site of that 1813 engagement, the largest battle ever fought in the state. After work spread across three seasons, historians are confident that the effort was successful, based on the concentration and type of munitions — supported by X-ray and metallurgical analysis. Artifacts uncovered were put on display at the Robert J. & Helen C. Kleberg South Texas Heritage Center at the Witte Museum in San Antonio.

The Trust is excited about hosting AVAR for a project on our own preserved land in the coming year, the specifics of which we will share once the details are finalized. ★

## REVOLUTIONARY ROAD TRIPS

Trust-sponsored episodes now streaming on your favorite device



**WHEN RENOWNED** television host, writer and producer Darley Newman took center stage at the Smithsonian's Ripley Center in mid-January, she was joined by a panel of distinguished travel and history experts — including American Battlefield Trust President David Duncan — to prime viewers for the exciting Revolutionary War-tied destinations featured in her show's new season.

More than just retelling 18th-century events, panelists will talk about what today's traveler can expect if they set out for historically significant sites like Charleston, S.C., Trenton, N.J., and Saratoga, N.Y., all of which feature in the inaugural installments of Newman's Revolutionary Road Trip. The episodes are part of the 11th season of PBS' *Travels with Darley*, which premiered in January.

On the Smithsonian Associates panel, Duncan was joined by Rita D. McClenny, president and CEO of Virginia Tourism Corp.; Carrie Fellows, executive director of Crossroads of the American Revolution and Saratoga County historian Lauren Roberts for a rousing conversation about the power of place



and the significance of historic sites to their surrounding communities.

To celebrate the launch of the episodes, special screenings were also held at Alamo Cinema and Draffhouse in Virginia's Prince William County, where Revolutionary history abounds along the Washington-Rochambeau National Historic Trail, at the National Museum of the Marine Corps and at Smithsonian-affiliated The Morris Museum in New Jersey. Separate Garden State episodes explore both the Ten Crucial Days and the consequential winter quarters.

Additional Revolutionary Road Trip episodes will be included in future seasons of *Travels with Darley* as she helps set the stage for the nation's upcoming 250th anniversary. The show is available on PBS stations and streaming on Samsung, Apple TV, LG, Roku, Vizio, Sling and other services. ★



## ANOTHER PARK DAY APPROACHES

*28 years of tending to America's most cherished historic sites*



**EACH SPRING**, thousands of volunteers gather at battlefields and historic sites across the nation to participate in the Trust's Park Day clean-up effort. For 28 years, Boy and Girl Scouts, Rotarians, Lions Club members, church groups, ROTC units, youth groups and many others have participated in projects large and small to keep our nation's heritage not only preserved, but pristine. This event allows the Trust to cast a spotlight on beloved American landscapes, from Texas to Massachusetts. Projects will keep historic sites and battlefields clean, open and accessible for the enjoyment of all people.

Being that the spirit of Park Day has always been about more than a single date on the calendar, please keep in mind that sites may seek alternative dates.

We thank the following sites for registering to participate in this year's Park Day activities, taking place largely on April 6, 2024. To see the most up-to-date list of locations and learn more about this cherished tradition, please visit [www.battlefields.org/parkday](http://www.battlefields.org/parkday) ★

### ALABAMA

Fort Gaines Historic Site

### ARIZONA

Goodyear Farms Historic Cemetery

### ARKANSAS

Prairie Grove Battlefield State Park

### CONNECTICUT

New England Civil War Museum

### DELAWARE

Fort Delaware State Park

### DISTRICT OF COLUMBIA

Fort Stevens

### GEORGIA

Chickamauga and Chattanooga National Military Park

Dalton Confederate Cemetery  
Jefferson Davis Memorial Historic Site  
Kennesaw Mountain National Battlefield Park  
Rocky Face Ridge Park  
Shoupade Park

### GUAM

War in the Pacific National Historical Park

### INDIANA

General Lew Wallace Study & Museum

### KANSAS

Black Jack Battlefield and Nature Park  
Mine Creek Battlefield

### KENTUCKY

Battle for the Bridge Preserve  
Battle of Richmond, Kentucky  
Camp Nelson National Monument  
Camp Wildcat Civil War Battlefield  
Columbus-Belmont State Park  
Perryville Battlefield State Historic Site

### LOUISIANA

Camp Moore Museum  
Fort DeRussy State Historic Site  
Fort St. Jean Baptiste State Historic Site  
Mansfield State Historic Site

### MARYLAND

Antietam National Battlefield  
Battle of North Point Methodist Meeting House and Bread & Cheese Creek  
Monocacy National Battlefield

### MISSISSIPPI

Jefferson Davis Memorial Historic Site  
Mississippi Final Stands Interpretive Center for Brice's Crossroads National Battlefield  
Raymond Military Park (Battle of Raymond)

### MISSOURI

Battle of Lexington State Historic Site  
Battle of Pilot Knob State Historic Site  
Columbus Belmont State Park  
Fort D Historic Site  
Lone Jack Civil War Battlefield, Soldiers Cemetery & Museum  
Wilson's Creek National Battlefield

### NEW JERSEY

Fort Lee Historic Park- Palisades Interstate Park Commission  
Old Barracks Museum  
Princeton Battlefield State Park

### NEW YORK

Revolutionary War Cemetery

### NORTH CAROLINA

Bentonville Battlefield State Historic Site  
Fort Branch  
Fort Raleigh National Historic Site  
Historic Carson House

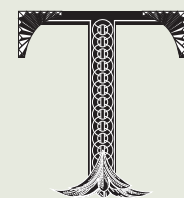
### OHIO

Buffington Island State Memorial Park  
Johnson's Island Civil War Prison



## AMERICAN REVOLUTION EXPERIENCE BEGINS NATIONAL TOUR

*Debut displays opened in January 2024 in Ohio, Texas and New York*



**THE American Revolution Experience** Traveling Exhibit, a collaborative project with the Daughters of the American Revolution, has officially launched and began its tour on display January 15 to February 15 at the Harmon Museum in Lebanon,

Ohio, with a second copy at the Pottsboro Texas Library in Pottsboro, Texas. A third copy of the exhibit ran briefly at the Regina A. Quick Center for the Arts in St. Bonaventure, New York. Additional installations opened in Perth Amboy, New Jersey and Montevallo, Alabama. More than 400 individual DAR chapters across the nation have requested to host the exhibit, booking its current complement of copies to capacity; further inquiries will be placed on a waitlist. The schedule of showings can be found at: [www.battlefields.org/american-revolution-experience-tour](http://www.battlefields.org/american-revolution-experience-tour) ★



Bottom photo courtesy the Harmon Museum

### PENNSYLVANIA

Brinton Run Preserve  
Bushy Run Battlefield  
Greenwood Cemetery  
Hopewell Furnace National Historic Site

### SOUTH CAROLINA

Camden Battlefield  
Hanging Rock Battlefield  
Hobkirk's Hill

### TENNESSEE

Fort Pillow State Historic Park  
Glenmore Mansion, Mossy Creek Battlefield  
Mabry-Hazen House  
Marble Springs State Historic Site  
Parkers Crossroads Battlefield  
Reflection Riding Arboretum  
Shiloh National Military Park and Nature Center  
Stones River National Battlefield

### TEXAS

Palmito Ranch Battlefield NHL

### VIRGINIA

Appomattox Court House NHP  
Ball's Bluff Battlefield Regional Park

Battle of Williamsburg Park Day cleanup hosted by the Williamsburg Battlefield Association  
Bristoe Station Battlefield Heritage Park  
Cedar Creek Battlefield Foundation  
Cedar Mountain Battlefield  
Historic Salubria  
Kernstown Battlefield  
Manassas National Battlefield Park  
Payne's Farm/Mine Run Campaign  
Saltville Battlefield  
Battle of Williamsburg

### WEST VIRGINIA

Shepherdstown Battlefield

### WISCONSIN

Green Ridge Cemetery

Explore Park Day's annual tradition. Scan for times and locations.



## RECENT TRANSACTION SUMMARIES

*Explore properties preserved from July to December 2023*

**ANTIETAM, Md.**

The September 17, 1862, Battle of Antietam remains the single bloodiest day in American history. While the battle was a draw from a military standpoint, Lee's army withdrew, giving Abraham Lincoln the "victory" he had been waiting for to issue the Emancipation Proclamation.

*In the fall, the Trust acquired a 20-acre pivotal tract that includes the Jacob Avey House with funding from Trust members and the State of Maryland. The Trust has now saved **488 acres** at Antietam.*

**BELMONT, Ky.**

Fought on November 7, 1861, the Battle of Belmont served as Maj. Gen. Ulysses S. Grant's first test as a commander on the field. The battle ended inconclusively, although both sides claimed otherwise. The Confederates, having forced the Union troops to retreat to Paducah, claimed victory. Conversely, Union forces believed they were victorious due to heavy Confederate losses.

*With a grant from the Commonwealth of Kentucky, the Trust acquired nearly an acre of hallowed ground at Belmont, adjacent to the Confederate Fort Quinby. The tract will be transferred to the Commonwealth of Kentucky for incorporation into the Columbus-Belmont State Park. The Trust has now saved **two acres** at Belmont.*

**BOYDTON PLANK ROAD, Va.**

During the Petersburg Campaign, 30,000 Union troops under Maj. Gen. Winfield S. Hancock moved to seize the Boydton Plank Road and South Side Railroad on October 27, 1864. Initially, Union forces succeeded in capturing the road, but an afternoon Confederate counterattack at Burgess' Mill forced Hancock to abandon the Boydton Plank Road, allowing supplies to continue flowing to Petersburg throughout the winter.

*Aided by the American Battlefield Protection Program and the Commonwealth of Virginia, the Trust successfully acquired **11.72 acres** at Boydton Plank Road, site of the 1864 battle. This marks the Trust's first preservation effort at the Boydton Plank Road Battlefield.*

**BRICES CROSS ROADS, Miss.**

At the beginning of June 1864, Maj. Gen. Nathan Bedford Forrest set out with his cavalry corps of about 2,000 men to enter Middle Tennessee and destroy the Nashville & Chattanooga Railroad, which was carrying men and supplies to Maj. Gen. William T. Sherman in Georgia. On June 10, 1864, Forrest's Confederate force defeated a much larger Union column under Brig. Gen. Samuel Sturgis at Brice's Cross Roads. This brilliant tactical victory against long odds cemented Forrest's reputation as one of the foremost mounted infantry leaders of the war.

*In September, the Trust acquired 94.5 acres at Brices Cross Roads with funding from the American Battlefield Protection Program and the State of Mississippi. The Trust will eventually transfer the property to the Brices Crossroads National Battlefield Commission. The Trust has now saved **1,588 acres** at Brices Cross Roads.*

**CEDAR MOUNTAIN, Va.**

The Battle of Cedar Mountain occurred on August 9, 1862. Fighting was particularly intense in the area known as Crittenden's Gate, where Union casualties reached 30 percent and Lt. Gen. "Stonewall" Jackson personally rallied his faltering command to final victory.

*Thanks to funding from the American Battlefield Protection Program and the Commonwealth of Virginia, the Trust acquired approximately eight acres of hallowed ground that saw significant action during the 1862 battle. The Trust will transfer the property to the Commonwealth of Virginia for inclusion into the new Culpeper Battlefields State Park in the future. The Trust has now saved **637 acres** at Cedar Mountain.*

**CHANCELLORSVILLE, Va.**

The Battle of Chancellorsville, fought April 30–May 6, 1863, was a resounding Confederate victory, but it came at a great cost. After his triumphant flank attack on May 2, Lt. Gen. "Stonewall" Jackson was shot by his own troops and died eight days later.

*In November, the Trust acquired three acres at Chancellorsville at the site of the critical Flank Attack and west of the historic James Talley home and Wilderness Baptist Church thanks to the American Battlefield Protection Program and the Virginia Battlefield Preservation Fund. The Trust has now saved **1,368 acres** at Chancellorsville.*

**CHICKASAW BAYOU, Miss.**

Between December 26 and 29, 1862, Union Maj. Gen. William T. Sherman failed in his bid to compromise Vicksburg's Confederate defenses at Chickasaw Bayou. The outnumbered Confederates stood strong while Sherman's Federals suffered eight times as many losses. While the defeat subverted the Union's first attempt at capturing Vicksburg, the tide turned in July 1863.

*In the second half of the year, the Trust successfully acquired nine acres of hallowed ground at Chickasaw Bayou through a series of five different transactions. The preservation effort was made possible thanks to the American Battlefield Protection Program and the State of Mississippi. The Trust has now saved **21 acres** at Chickasaw Bayou.*

**CHICKAMAUGA, Ga.**

In the second bloodiest battle of the Civil War, fought between September 18 and 20, 1863, the Army of Tennessee under Gen. Braxton Bragg secured a victory against Maj. Gen. William S. Rosecrans' Army of the Cumberland, pushing the Union force into a temporary siege at Chattanooga.



*Made possible with grant funding from the American Battlefield Protection Program, a grant from the Georgia Battlefields Association, and a generous landowner donation, the Trust successfully acquired 4 acres of battlefield land at Chickamauga in August. The Trust has now saved **144 acres** at Chickamauga.*

**DINWIDDIE COURT HOUSE, Va.**

On March 31, 1865, during their attempt to outflank the Army of Northern Virginia at Petersburg, Union cavalry under Maj. Gen. Philip Sheridan were checked by Confederate forces northwest of Dinwiddie Court House. The setback was temporary, as the next day Sheridan broke the Confederate line at the Battle of Five Forks, leading to the evacuation of Petersburg, then Richmond, and the final surrender of Lee's army at Appomattox Courthouse on April 9.

*With funding from the American Battlefield Protection Program and the Commonwealth of Virginia, the Trust successfully acquired 7 acres at Dinwiddie Court House, marking the first preservation effort at the Virginia battlefield. The Trust has now preserved **7 acres** at Dinwiddie Court House.*

**GAINES' MILL, Va.**

Fought June 27, 1862, Gaines' Mill was the second of the Seven Days' Battles, during which the Confederates sought to repulse a Union force virtually from the gates of Richmond. A massive twilight assault nearly carried the day for the Confederates, but darkness stemmed the tide, and the chess game continued.

*In October, the Trust successfully acquired 16 acres of hallowed ground at Gaines' Mill, site of the 1862 battle. The property will eventually be transferred to the National Park Service for incorporation into Richmond National Battlefield Park. The Trust has now saved **363 acres** at Gaines' Mill.*

**GETTYSBURG, Pa.**

On July 1, 1863, Confederate forces converged on the town from the west and north, driving Union defenders back through the streets. Union reinforcements arrived during the night, forcing the Confederates to attack strong positions on both flanks the next day. On July 3, the Confederate infantry assault known as Pickett's Charge failed.

*In the fall, the Trust acquired two tracts comprising of 14 acres of bloody first day action and 19 acres where Federal cavalry battled Confederate infantry on July 3. The Trust has now saved **1,276 acres** at Gettysburg.*

**GLENDALE, Va.**

Glendale, also known as Frayser's Farm, was the fifth of the Seven Days' Battles. On June 30, 1862, three Confederate divisions encountered Union forces near Glendale, just outside of Richmond. They penetrated Federal defenses near the Willis Church, routing a division, but Union counterattacks sealed the break and saved the line of retreat. Escaping from Glendale that night, Union forces established a strong defensive position on Malvern Hill.

*Thanks to the American Battlefield Protection Program and the*

## SUCCESS STORIES

### LAND SAVED FOREVER

*Commonwealth of Virginia, the Trust acquired an 11-acre property that constituted a staging area for several Confederate attacks. The Trust has now saved **697 acres** at Glendale.*

#### **HOBKIRK HILL, S.C.**

In April 1781, Continental Army Major General Nathanael Greene began a campaign in the hopes of driving the British from South Carolina, starting with British Lieutenant Colonel Francis Rawdon's garrison in Camden. Due to strong British defenses, Greene assumed position atop Hobkirk Hill. Rawdon launched an attack on the Continentals, and Greene subsequently disengaged and conducted a withdrawal. Despite the victory, Rawdon abandoned Camden soon after.

*Thanks to the American Battlefield Protection Program and South Carolina Conservation Bank, the Trust in partnership with the South Carolina Battleground Preservation Trust preserved two properties at Hobkirk Hill, including an intriguing piece of presidential history where Andrew Jackson and his brother supposedly watched the battle from the inside of a jail. The Trust has now saved **22 acres** at Hobkirk Hill.*

#### **PETERSBURG, Va.**

Following the battle at Cold Harbor, Maj. Gen. George Meade's Army of the Potomac attacked Petersburg on June 15, 1864, driving the defenders, led by Confederate Gen. P.G.T. Beauregard, from their entrenchments. As the Union advanced, Beauregard fell back to defend the city, while Gen. Robert E. Lee rushed in reinforcements. Their timely arrival halted the Union attack and signaled the start of the 10-month siege of Petersburg. When the defenders' lines finally cracked on April 2, 1865, it was only a matter of hours until the Southern capital at Richmond was abandoned. Then the weary Confederates turned west toward Appomattox.

*With support from the American Battlefield Protection Program, the Trust successfully acquired more than an acre of land that witnessed fighting in the Battle of Peebles' Farm in 1864 and the right flank of the Union advance in The Breakthrough in April 1865. The Trust has now saved **408 acres** at Petersburg.*

#### **REAMS STATION, Va.**

On August 25, 1864, the Second Battle of Reams Station saw Lt. Gen. A.P. Hill sent to stop the destruction of the Weldon Railroad, a vital supply line for the Confederate army. Hill expelled the Union troops from the station, but lost key parts of the railroad, creating major logistical complications for the Richmond-Petersburg Campaign.

*In July, the Trust acquired 3 acres that served as a marshaling area for successive Confederate assaults, which eventually routed Union forces intent on severing the Weldon Railroad to Petersburg. This acquisition was possible thanks to funding from the American Battlefield Protection Program and the Commonwealth of Virginia. The Trust has now saved **392 acres** at Reams Station.*

#### **SHILOH, Tenn.**

On the morning of April 6, 1862, Confederate soldiers poured

out of the nearby woods and struck a line of Union soldiers near Pittsburg Landing on the Tennessee River. The overpowering Confederate offensive drove the Federal forces from their camp. Fighting continued until after dark, but the Federals held. A Union counteroffensive the next morning overpowered the weakened and outnumbered Confederate forces, resulting in a Union triumph.

*Supported by the National Park Service and the Tennessee Civil War Sites Preservation Fund, the Trust acquired 152 acres where Confederate forces redeployed to attack the Union left flank in the morning on April 6. This property will eventually be transferred to the National Park Service for incorporation into the Shiloh National Military Park. The Trust has now saved **1,553 acres** at Shiloh.*

#### **TREVILIAN STATION, Va.**

Union Maj. Gen. Philip Sheridan hoped to disrupt enemy supply lines and create a distraction amid the 1864 Overland Campaign with a large-scale cavalry raid. Union troops seized the station on June 11 and destroyed some tracks but were unable to dislodge the Confederate position the next day.

*In August, the Trust acquired 98 acres at the heart of the encirclement of George Armstrong Custer's Michigan cavalry.*

*Containing the likely location of cannons where a Union gunner received the Medal of Honor, this property was secured with funding from the American Battlefield Protection Program and the Virginia Battlefield Preservation Fund. The Trust has now saved **2,344 acres** at Trevilian Station.*

#### **WILDERNESS, Va.**

On May 5, 1864, the Union Fifth Corps attacked Lt. Gen. Richard Ewell's Confederate Corps on the Orange Turnpike, while Maj. Gen. Winfield Hancock's II Corps, together with elements of the Sixth Corps, was engaged against A.P. Hill's Confederates along the Plank Road. Fighting in the dense woods was fierce but inconclusive. The following day, Hancock attacked along the Plank Road, driving Hill back, but reinforcements under Lt. Gen. James Longstreet arrived in time to prevent the collapse of Hill's right flank. At noon, a devastating Confederate flank attack in Hamilton's Thicket faltered when Longstreet was wounded by friendly fire. The IX Corps then moved against the Confederate center but was repulsed. Although the battle was a tactical draw, Grant did not retreat, and the Federals advanced toward Spotsylvania Court House.

*The Trust and its partners facilitated a conservation easement preserving this property, which was funded by the American Battlefield Protection Program, the Commonwealth of Virginia, and a generous*

*landowner donation. The Trust has now saved **473 acres** at the Wilderness.*

#### **WYSE FORK, N.C.**

In an effort to link up with Sherman's advancing troops, Union Gen. John M. Schofield planned to advance inland from Wilmington in late February 1865. Meanwhile, Schofield assigned Gen. Jacob D. Cox to direct Union forces from New Berne toward Goldsboro. Cox's advance was blocked, however, by Confederates of Maj. Gen. Robert Hoke's and Brig. Gen. Johnson Hagood's divisions under Gen. Braxton Bragg at Southwest Creek below Kinston. Bragg tried to wrest the initiative from the Federals by attacking their flanks on March 8. After initial success, the Southern attacks stalled because of faulty communications. Union reinforcements arrived on March 9, just in time to repulse Bragg's renewed attacks on the 10th. After heavy fighting, Bragg withdrew across the Neuse River. Without Confederate troops to defend it, the city of Kinston fell into Union hands on March 14.

*In October, the Trust acquired 43 acres of the Wyse Fork Battlefield thanks to funding from the American Battlefield Protection Program and the State of North Carolina. The Trust has now saved **201 acres** at Wyse Fork. ★*

Pittsburg Landing  
Shiloh National Military Park  
Shiloh, Tenn.  
MIKE TALPLACIDO



# Lost & Bewildered

Dealing With Mental Wounds  
After the American Revolution

BY LAUREL DAEN

PHOTO BY CHRIS GIBBS

*Veterans of the Revolutionary War  
struggled to make a life for  
themselves and their families,  
often with little help from  
the government they  
fought to create.*

# Azel

**WOODWORTH** was only 15 years old when he served at the Battle of Groton Heights in 1781. After enlisting the previous year in Captain William Latham's matross company, which assisted in loading, firing and sponging guns, Woodworth helped defend Fort Griswold from invading British troops — until a musket ball struck his neck, just under his right ear, and exited along his spine, cutting through skin, muscles, tendons and bone. As Woodworth later recalled, the injury rendered him “insensible” for a “short interval.” Then, he “partially recovered” and resumed military action. The following day, however, his mental “faculties retired” and “returned not for 24 hours.” Woodworth's wound not only caused his head to permanently rest on his left shoulder, but also significant intellectual incapacity that waxed and waned over the course of his life.

Woodworth's injuries to his head, neck and intellect dramatically altered the adulthood he had imagined for himself at the age of 15. As he later wrote in a memoir — which was reprinted in William Wallis Harris's *The Battle of Groton Heights: A Collection of Narratives*, published in 1870 — due to Woodworth's “deranged state,” his father stopped teaching him a trade, believing that he would be “unable to progress in the study.” Even manual day labor, which Woodworth pursued as a result, “exhausted” his “mental faculties,” causing him pain and requiring frequent breaks. In the 1790s, the veteran married, had two children, and pursued a business in husbandry. Yet his difficulties in laboring soon led to financial troubles. Despite receiving a small monthly “invalid” pension of \$1.66 from the newly formed federal government in 1794, by 1807 Woodworth had become a self-described “wandering person” dependent on the “charity of fortuitous friends.”

Not much has been written about Revolutionary War veterans with intellectual impairments. In part, this is a product of the lack of existing source material. The archive of federal and state invalid pension

applications and materials offers rich insight into veterans' wartime and civilian experiences; however, officials mandated that applicants prove “decisive disability” caused by “known wounds,” a stipulation that privileged veterans with physical injuries over those

with intellectual challenges. The loss of an eye or a limb was significantly easier to demonstrate to judges, officials and the family members and neighbors who testified on behalf of pension applicants as compared with symptoms such as irritability, memory lapses or fears of impending doom. As a result, invalid pension claims, such as Woodworth's, which document intellectual

not experience significant prejudice or exclusion as a result of their injuries. In a study of service pensions issued in 1820, Daniel Blackie concluded that Revolutionary War veterans with and without disabilities had similar levels of poverty. Yet focusing on veterans with intellectual impairments suggests greater challenges, possibly because of deep prejudices toward intellectual disability in early national American society.

Indeed, while intellectual disabilities had long been stigmatized in the American colonies, in the context of the new republic such incapacities were viewed as especially threatening. According to Kim E. Nielsen in *A Disability History of the United States*, in the colonial period, “physical disability was largely routine and unremarked on,” but those “we would categorize [today] as hav-



disabilities arising from the war, are relatively rare. Woodworth's surviving personal narrative makes his case even more unique.

Examining Woodworth's case and the few other veterans with intellectual ailments in the federal invalid pension archive suggests the significant toll the war took on veterans' minds as well as their bodies. These records reveal veterans struggling to work, gain economic security, reenter their communities and maintain their expected patriarchal positions in their households. We also see evidence of what might now be diagnosed as post-traumatic stress disorder: men described by others as “lost,” “speechless,” “bewildered” and “delirious.” Even so, some scholars have suggested that Revolutionary War veterans with disabilities did

ing psychological or cognitive disabilities attracted substantial policy and legislative attention” as officials sought to protect communities from the perceived costs of their support. After the Revolution, fears about the dependency of intellectually disabled people heightened. The United States was founded on the premise that rational citizens were capable of voting and making reasoned political decisions. Intellectual disability seemed to threaten the national experiment. Employment incapacities arising from mental ailment also seemed to compromise the nation's economic robustness. As a result, citizens with cognitive impairments faced intensified legal and political exclusions, including from suffrage, as well as the threat of institutionalization toward the mid-19th

*Watrous was injured in his arms and torso by musket balls and bayonets, causing fractures and wounds, as well as disturbances to his mental state.*

century.

Veterans with intellectual disabilities felt the brunt of these developments; however, not all servicemen's stories were as harrowing as Woodworth's. Some veterans with intellectual difficulties benefited from networks of family and community care. After Richard Watrous, a private in the Sixth Connecticut Regiment, was wounded in the Battle of Norwalk in 1779, he received intensive and prolonged support from fellow soldiers, doctors, family members and townspeople. Watrous was injured in his arms and torso by musket balls and bayonets, causing fractures and wounds, as well as disturbances to his mental state. As neighbors explained, he “appears to be lost & bewildered” much of the time, perhaps owing to “some radical injury to his constitution.” Watrous was first cared for by servicemen and former neighbors, then by physicians and military officers, and finally by family and community members at home. As one neighbor recalled, an officer “assured me [that Watrous] Should have all Possible Care taken of him,” a support that eased the veteran's mental and corporeal struggles until his death in 1799.

Despite such networks of care, men with intellectual impairments often struggled to remain employed and maintain financial security. Certainly, the waves of economic depression and recession following the Revolution, together with the federal government's payment of military salaries and pensions in depreciating Continental dollars, created hardships for all veterans, disabled or not. Yet those with intellectual ailments seemed to face special challenges in their efforts to work and gain a livelihood.

Cornelius Hamlin, a Connecticut corporal who experienced “fits” and “fatigue,” wrote in his pension application about his struggle to continue his carpentry business — hiring workers, pushing his own body to the limit and ultimately reducing his business to a fraction of its previous worth. Toney Turney, one of the few African American veterans who received a federal invalid pension, also described employment hardships, which were perhaps especially pronounced for the formerly enslaved man. According to a neighbor, Turney's complications from his head wound rendered him “often Laid by” and “unable to support himself.”

In some cases, men's descriptions of their cognitive ailments seem to mirror what psychologists would now describe as post-traumatic stress disorder. Scholars are rightly wary of diagnosing people in the past with modern medical conditions. Historical people experienced and perceived bodily

and intellectual impairments differently from people today, making retrospective diagnoses not only unhelpful and misleading, but also potentially damaging. And yet some Revolutionary War pension claims do document men, such as Watrous, who were “lost & bewildered” as well as those whom judges described as having “derangement of mind,” “impaired” sense, memory difficulties and violent outbursts. Take one illustrative case: In 1794, a New Hampshire judge appended the following note to Amos Pierce's pension application: “Soon after his return from service, he was taken speechless, which has ever since, in a great measure continued.” Pierce is nearly always “in a state of delirium,” the judge went on, although he noted that doctors were unclear whether these symptoms stemmed from his physical wounds. Accounts such as Pierce's suggest the significant effects of the war on veterans' mental states.

Many Revolutionary War veterans with intellectual impairments struggled to labor in their households and communities and reenter civilian life. Such challenges were likely partly due to the realities of their injuries; they were also a product of a society deeply prejudiced against people with intellectual disabilities, whom many Americans without a disability viewed as dependent, unfit for civic responsibilities, and increasingly, proper subjects for institutions. When Azel Woodworth wrote about his challenges to find work and support his family over the course of his life, he commented that he had finally “retired in confusion & despair from all I held dear on earth.” Such sorrowful sentiments testify to the significant difficulties that Revolutionary War veterans with intellectual ailments, including what might now be termed post-traumatic stress disorder, faced. Their stories, today nearly 250 years old, urge us to push for greater recognition and support of veterans experiencing such conditions in the present. In addition, stigma against mental illness and intellectual disability has persisted, imploring us to work to dismantle ableism today.★

*Laurel Daen is an assistant professor of American studies at the University of Notre Dame. She earned her Ph.D. from William & Mary and held long-term National Endowment for the Humanities fellowships at the Omohundro Institute of Early American History and Culture and the Massachusetts Historical Society.*





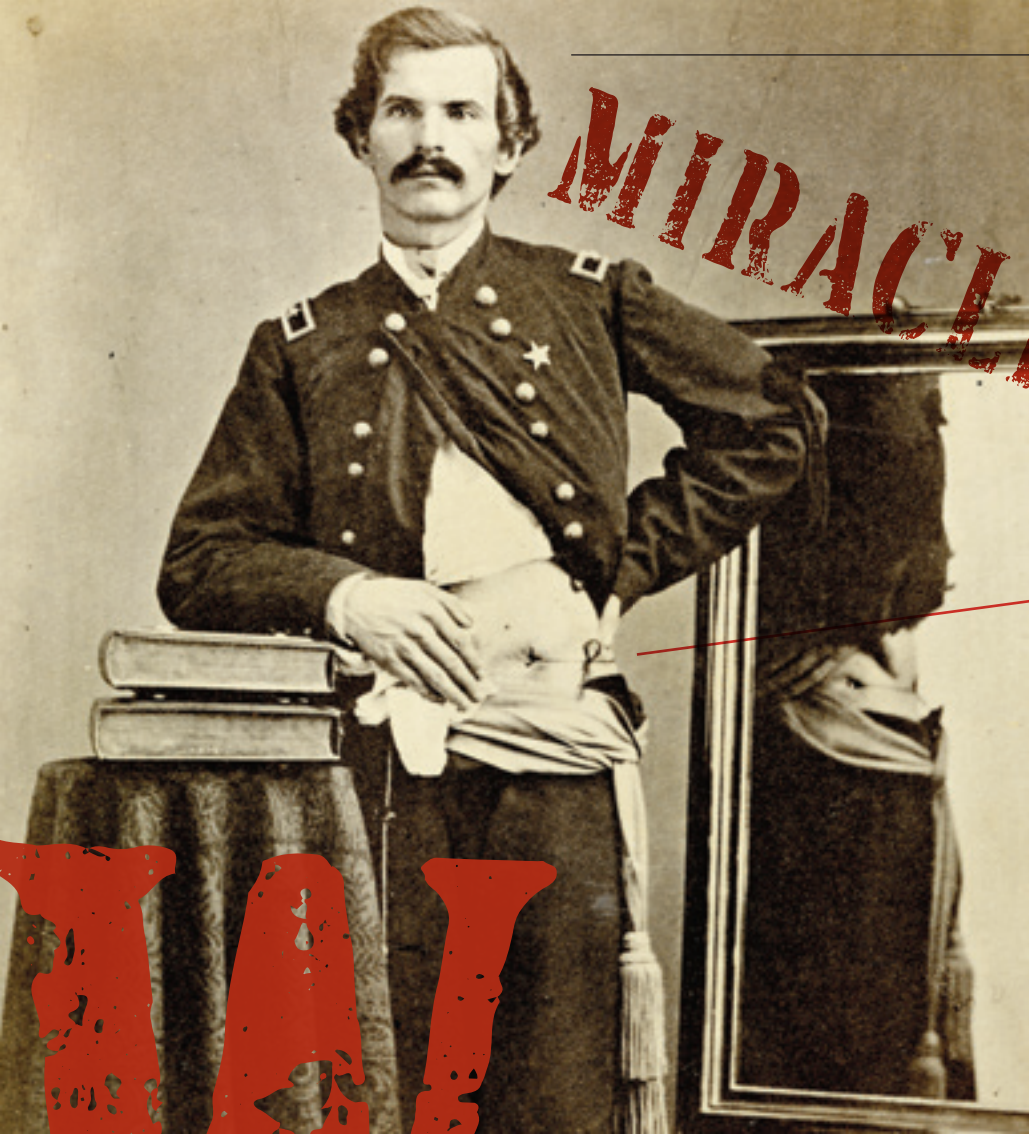
# MEDICAL MIRACLES

*THE SCIENCE OF GENERAL HENRY A. BARNUM*

Neither survival nor renown nor the Medal of Honor kept decades of suffering at bay

*by* SARAH HANDLEY-COUSINS





MIRACLE

BARNUM

**HEN HENRY BARNUM** enlisted in the 12th New York Infantry in 1861, he no doubt considered it was a very real possibility that he might never return to his wife and infant son at their Syracuse, New York, home. And for a few weeks in the summer of 1862, it looked like that worst-case scenario had become reality.

While serving in the Peninsula Campaign, Captain Barnum was shot in the front of his left hip at the Battle of Malvern Hill on July 1, 1862. The ball slammed through the front of Barnum's hip bone and passed out

through his back. He stayed on his feet for a moment or two, remaining in command of his men until he collapsed from blood loss. Barnum was taken to a field hospital, but as abdominal wounds were often regarded as a death sentence, the surgeons considered his wounds fatal, and his name was listed on the rolls of the dead. At home in Syracuse, eulogies were read. Family friends, working on behalf of Barnum's young wife Lievina, wrote desperate letters to the front lines, hoping to secure the officer's body for return home for burial.

But what his Syracuse friends could not know in those hot, agonizing days of early July was that Henry Barnum was not dead. Although Federal surgeons declared him a fatal case at a glance, Barnum was later discovered by Confederate forces and taken prisoner. He spent several days in a Confederate field hospital, then was taken by wagon to Libby Prison in Richmond, Virginia, where he stayed until mid-July, when he was released in a prisoner exchange. From

there, he was transported by hospital ship to Albany, New York, then, finally, home to Syracuse by rail. Incredibly, through all these weeks of imprisonment and travel, Barnum remained medically stable, with no signs of serious infection.

That fall, after a few weeks convalescing at home, Barnum returned to Albany for a more thorough medical inspection of the wound. The entrance wound was widened, and physicians explored and cleaned it, removing chunks of splintered bone and fitting Barnum with a tent, a kind of soft fabric plug that kept the wound open and draining. After some weeks, Barnum removed the tent and allowed the entrance wound to close. Never daunted, while recuperating at home from this serious war wound, Henry Barnum and Lievina conceived another son, named for the battle that nearly took his father's life: Malvern Hill Barnum.

For many, a wound like Barnum's would have felt like sufficient sacrifice, more than justifying the decision to accept a disability discharge to remain safely at home to recuperate. But Barnum was not done fighting. He re-entered the Federal army in January 1863, took command of the 149th New York and was eventually promoted to brigadier general. Barnum's story is not typical. Most soldiers wounded so severely died — whether of infection, blood loss or shock. For those who survived, encounters with medical care were shaped by status. Most enlisted men didn't have access to elite medical care, couldn't afford to travel for care or couldn't access the extended medical leaves afforded to officers. However singular in its details, Barnum's harrowing experience is a powerful testament to an underappreciated reality of Civil War wounds: They did not disappear with the cessation of fighting, nor did heroism lessen their lasting effects. Barnum returned to the army, went on to a successful political career and was lauded for his heroism with a Congressional Medal of Honor. None of this could stop the pain, chronic illness or eventual fatal effects of Barnum's never-healing wound.

Barnum's grit was inspiring — but no amount of determination to return to the front lines could forestall the lasting effects of such profound bodily trauma. Just months after he returned to the field, he developed an abscess that burst, reopening the wound. He took medical leave, and a surgeon removed more dead bone and fit the wound with another tent. Barnum returned

**FOR BARNUM, THE WOUND WAS ALSO THE CAUSE OF CHRONIC ILLNESS, PAIN AND INFECTION. HE RETURNED REPEATEDLY TO DR. SAYRE, WHO EAGERLY PROBED IT.**

to the field in late spring and served through the Gettysburg Campaign, but pain, weakness and infection forced him to take another leave shortly thereafter. That fall, though hardly able to walk, he led his men into battle at Lookout Mountain — until he was shot again, this time in his right forearm.

When another abscess formed on his hip wound in the winter of 1864, Barnum sought treatment from Dr. Lewis D. Sayre, a pioneer in osteopathic surgery. Sayre discovered that the original path of the bullet, which passed through Barnum's ilium, had become a pocket of infection in his bone. Sayre reopened the healed exit wound, releasing the trapped infection and determined that the only way to preserve Barnum's life was to leave the wound open and draining. Sayre fitted Barnum with an oakum string tied in a loop through the wound. The oakum was eventually replaced by long pieces of candlewick, which Barnum wore, threaded through the open wound, for the remainder of his life. Still, he returned, eventually, to the fighting, and in the final year of the war received two more wounds, one at Kennesaw Mountain and another at Peach Tree Creek.

After the war, Barnum's hip wound became famous. Dr. George Otis, curator

of the Army Medical Museum, which was established during the war by the Surgeon General's Office, requested that Major Barnum's wound be photographed for inclusion in its opus on the wounds and diseases of the war, *The Medical and Surgical History of the War of the Rebellion, 1861-1865*. Barnum was photographed at the museum in Washington, D.C., in 1865. The photograph was also displayed in the museum. Barnum even used the photograph to lend credibility to his pension application in 1866.

Barnum was photographed throughout his life; sometimes submitting new images to the Pension Bureau to add to his file. Barnum's pension file includes an additional photograph, for instance, that shows the much older general still wearing a military uniform. He signed the photograph, his signature scrawled beneath the line of what appears to be either a rope or rod passing through his still-open hip wound. He also had private photographs taken, likely back home in Syracuse, wearing civilian clothing. At a time when conservative politicians claimed the pension system was riddled with fraud, Barnum was able to use photographic evidence of his wound to prove its continuing impact, an effort rewarded with a special act of Congress that raised his pension to \$100 a month.

In his postwar life, while serving in political positions in New York State, Barnum also had a role as a living medical specimen. He was summoned to Washington, D.C. in 1881 so that his body could serve as an example to the surgeons caring for President James Garfield, who lay suffering from an assassin's bullet. The Syracuse Courier reported in July 1881 that "General H. A. Barnum, who for nineteen years has carried an open bullet wound through the body ... and is now wearing a rubber draining tube through the track of the ball, passing through the left ilium, was this morning telegraphed to go

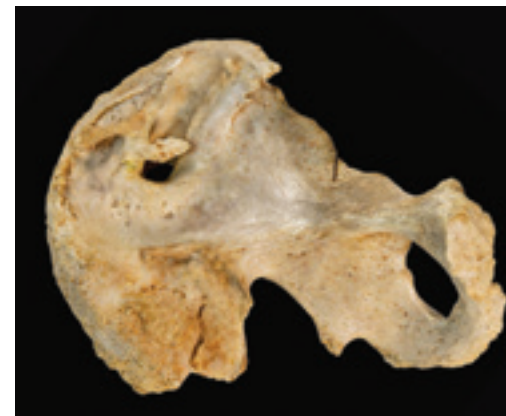
to Washington for personal examination by the President's surgeons, with a view of such information as his care may give with reference to the President's wound." Not only was Barnum's wound publicized, it continued to do a service to the nation by offering its painful lessons to the surgeons attending the gravely wounded president.

To the nation's medical elite, Barnum's wound was extraordinary, a rare specimen with potential for medical knowledge. But for Barnum, the wound was also the cause of chronic illness, pain and infection. He returned repeatedly to Dr. Sayre, who eagerly probed it, clearing out new bits of dead bone and introducing new drainage methods. Barnum lived with discharge and bleeding from the open wound, and his incurable osteomyelitis occasionally erupted into bouts of septicemia.

In 1892, Barnum died at the age of 58 from pneumonia — though his body's susceptibility to infection must have been shaped by years of the pain, illness and stress that came as consequences of his war wound. Even in death, Barnum was a useful medical specimen: He left his left hip bone to the Army Medical Museum, where it remains to this day. Modern CT scans of the bone have shown that it was riddled with lead fragments left by the bullet that smashed through it in 1862. Without antibiotics or advanced imaging, even the elite Dr. Sayre would not have been able to cure Barnum's never-ending infection.

For many Americans, the Civil War stands apart as a uniquely valorous and important war, a moment when the nation's central principles were tested and reinforced. But like all wars, the Civil War was destructive, gouging landscapes, ruining cities and mangling human bodies. While Henry Barnum's decades-long experience was in many ways rare, it was also an extreme example of an experience shared by veterans across the postwar United States, left to grapple with the long-lasting effects of wounds large and small, physical and invisible, the inevitable byproducts of all armed conflict.★

*Sarah Handley-Cousins, Ph.D. is a clinical assistant professor of history and associate director of the Center for Disability Studies at the University at Buffalo. She is the author of Bodies in Blue: Disability in the Civil War North, editor for the history blog Nursing Clio and producer for Dig: A History Podcast.*



Portrait taken August 1865, ARMY MEDICAL MUSEUM, Washington, D.C.

ABOVE: The left innominate of Barnum. It exhibits osteomyelitis and sclerotic bone formation. NATIONAL MUSEUM OF HEALTH AND MEDICINE

HOW  
CIVIL  
WAR  
MEDICAL  
DEVELOPMENTS  
AFFECT US  
EVERY DAY

PHOTOGRAPH  
BY MATT BRANT



**The Medical Response**

After the July 21, 1861, First Battle of Bull Run, hundreds of casualties lay suffering on the battlefield, some for up to a week, because there was no system in place to quickly remove them to care facilities. The public outcry over that misery prompted Abraham Lincoln's administration to place William Hammond as surgeon general, and he in turn appointed his prewar friend and associate Jonathan Letterman as medical director of the Army of the Potomac in June 1862. Both men realized a better system was needed to evacuate wounded soldiers from the battlefield.

Letterman saw that disorganization and fragmentation in the medical response process was costing hundreds of lives and issued a series of general orders that better organized camps for sanitation and brought about a new system for the removal of wounded from the battlefield to hospitals and for their general care.

**The Origins of Triage**

Although "triage" was not used as a medical term until World War I, its fundamentals were instituted in the Civil War. The first stop on the Letterman Plan was the field dressing station, located as close to the battlefield as possible. Here, surgeons, hospital stewards and other caregivers administered first aid and sorted casualties according to the seriousness of their wounds. Patients were grouped using the following criteria: slight, mild, severe and mortal.

Slight wounds were minor injuries that could be treated, and the patients then sent back to their units. Mild wounds included excessive bleeding with the patient in stable condition and were evacuated after all the severely wounded were removed from the battlefield. Severe wounds included serious bleeding, compound fractures, missing limbs or major trauma to the arms and legs. These were taken by ambulance to the nearest field hospital for immediate care.

**WHEN MOST PEOPLE** think of Civil War medical practices, they envision brutal amputations carried out by exhausted surgeons without the use of anesthesia, and dark, dank hospitals where wounded and sick soldiers were sent to die slow, agonizing deaths.

It's true that Civil War surgeons did not have a complete understanding of germs and microbes and generally did not use antiseptics to prevent infection, but the story of wartime medicine is far more complex. The use of opiates for pain, the almost-universal use of anesthesia during surgeries, the availability of medicines like quinine and bromine and the training level of the surgeons all contributed to surprisingly effective medical care during the conflict.

Tremendous strides were made during the Civil War and in subsequent conflicts to medical procedures and techniques that still impact our lives today. Every time you see a speeding ambulance staffed with EMTs, thank the military medicine of the 1860s!

BY DANA B. SHOAF

Mortal wounds were the lowest priority and included injuries to the trunk of the body or the head. These patients would have been given morphine for pain, made as comfortable as possible and set aside until there was time to return to them. This was not due to cruelty on the part of the surgeons — they simply lacked the knowledge and technology to treat these kinds of wounds. Before antibiotics or germ theory, abdominal surgery was rarely attempted since there were almost always fatal complications.

Modern triage, established with a color-coded system, closely mirrors its Civil War counterpart and is based on the principle of doing the greatest good for the greatest number with the available resources. While it is practiced throughout medicine by first responders and emergency room personnel, we usually think of triage in



ment, treatment, transportation and hospital phases of care.

While medical care and knowledge of physiology have far surpassed that of the 19th century, triage categories remain largely unchanged since the Civil War. Our modern red, yellow, green and black triage parlance all closely mirrors the Civil War-era categories of severe, mild, slight and mortal wounds. In both instances severe, or red, are given first priority; mild, or yellow, are treated next; green, or slightly, third; and very last are the black, or mortally, wounded.

#### Ambulances and Hospitals

After injured soldiers had received this initial treatment, they were then sent on to semi-permanent field hospitals in barns or large houses. Trained stretcher bearers and a formalized ambulance corps transported the injured off to these field hospitals located in the rear, where most amputations occurred. It is estimated that about 60,000 amputations were performed during the war, and anesthesia was used in about 95 percent of these operations.

The final stage of Letterman's plan called for the wounded to be transported farther from the battlefield to larger brigade or general hospitals in nearby towns. Ambulances, trains and steamer ships were all used to move large numbers of injured soldiers to such hospitals for further care and convalescence. If a patient reached a general hospital, they had a 92 percent chance of surviving.

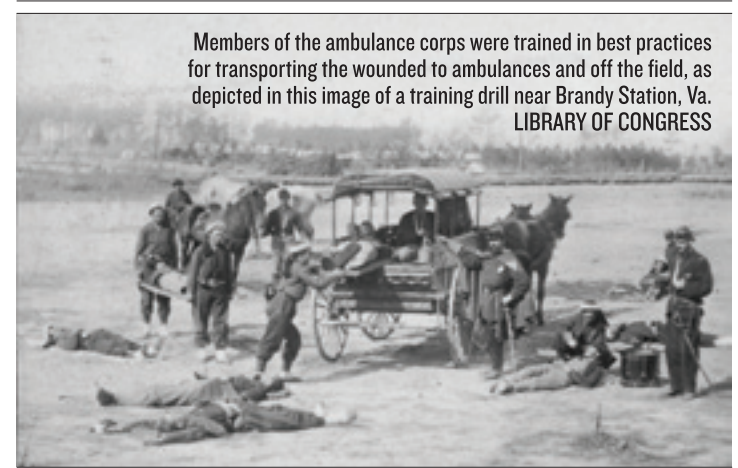


Field hospital at Battle of Seven Pines / Fair Oaks, Va., 1862  
LIBRARY OF CONGRESS

terms of mass-casualty incidents, or incidents in which the number of casualties overwhelms medical personnel and resources.

In these instances, it is ideally performed rapidly, with 15–60 seconds spent on each patient, who is then categorized according to the universal colors of red, yellow, green and black. Red (immediate) patients are the first priority and include pneumothorax (collapsed lung), hemorrhagic shock (significant blood loss), closed head injury and diminished mental capacity (unable to follow simple commands).

Yellow (delayed) patients have major or multiple bone, joint, back or spine injuries with an unobstructed airway. Those placed in the green (minor) category are the “walking wounded” — individuals who can follow commands but have minor cuts, bruises, painful and swollen deformities or minor soft tissue injuries. The lowest priority is given to those who fall into the black (deceased) category.



Members of the ambulance corps were trained in best practices for transporting the wounded to ambulances and off the field, as depicted in this image of a training drill near Brandy Station, Va.  
LIBRARY OF CONGRESS

## THE CIVIL WAR CAN ALSO BE CREDITED WITH THE INTRODUCTION OF WOMEN INTO THE MEDICAL SPHERE

the European pavilion hospital designs also favored by the famous British nurse Florence Nightingale. A pavilion hospital featured long, narrow wards with multiple windows to promote cross-ventilation. Attention was also paid to the location of heat sources, how patent beds were placed and even how much space should be devoted to each patient for the best care. Built in October 1861, Chimborazo Hospital in Richmond, Virginia, was the first American facility to use this plan; its 150 pavilions and 4,000 beds making it the Confederacy's largest hospital. When Satterlee, or West Philadelphia U.S. General Hospital, followed in June 1862, it held 3,500 beds in the pavilion style, plus 150 tents around the building for overflow in the event of an emergency or nearby engagement.

The Civil War can also be credited with the introduction of women into the medical sphere. Before the war, nursing was considered a man's job, and too “intimate” a profession for women. But the massive scale of injury brought on by the war prompted thousands of female nurses like Clara Barton, and Dorthea Dix and Susie King Taylor (USCT) to leave their homes to succor the wounded and sick. It's estimated that 20 percent of the nurses on both sides were women by the end of the war. Although there was a great deal of prejudice against them, especially early on, surgeons came to value that their contributions and nursing as a true profession was born.

The sheer number, severity and variety of wounds that medical professionals encountered during the Civil War saw specialization become more commonplace, as great strides were made in orthopedic medicine, plastic surgery, neurosurgery and prosthetics. Specialized hospitals were established, the most famous of which was set up in Atlanta, Georgia, by Dr. James Baxter Bean for treating maxillofacial injuries. Nerve injuries were treated at a specialty hospital in Philadelphia called Turner's Lane, paving the

way for the establishment of the discipline of neurology. Drs. Silas Weir Mitchell, George Read Morehouse and William W. Keen were early practitioners of this specialty.

#### Conclusion

Medical technology and scientific knowledge have changed dramatically since the Civil War, but the basic principles of military health care remain the same. Location of medical personnel near the action, rapid evacuation of the wounded and the provision of adequate supplies of medicines and equipment continue to be crucial in the goal of saving soldiers' lives. Civilian health care, especially in the areas of emergency response and mass-casualty situations, often follows the principles and practices first developed in the military. As has been the case throughout history, the lessons learned, and the technical developments made by the military rapidly find their way into civilian applications. To this end, these medical breakthroughs eventually benefit all of society.★

*Dana B. Shoaf is the director of interpretation for the National Museum of Civil War Medicine, [www.civilwarmed.org](http://www.civilwarmed.org). Previously he served as editor-in-chief of Historynet, publisher of nine history magazines. He served for nearly two decades as editor of Civil War Times and prior to that, America's Civil War magazines.*



BARTON

KING TAYLOR

Letterman's system for the evacuation of the wounded was first put into use after the Battle of Antietam, and the vast majority of wounded were off the battlefield within 24 hours. Of course, the system did not operate perfectly, and there were peaks and valleys in its execution. But the reforms instituted by the “Father of Battlefield Medicine,” as Letterman became known, dramatically increased survival rates. By February 1864, the Letterman Plan had become the official medical response for the U.S. Army, and the Confederate Army adopted a similar plan. The modern U.S. military still uses Letterman's plan as its framework for wounded care.

#### Long Term Convalescence

Prior to the Civil War, few Americans saw the inside of a hospital. People were born at home, and most died there. Doctors made house calls, or the ill might visit a small, local doctor's office. Hospitals were considered a place of last resort — where the indigent went when they had no other options. The Civil War changed that mindset. When the conflict began, the U.S. Army only had one 40-bed hospital in Kansas, but the massive number of injuries forced the establishment of large-scale hospitals, which had an astounding average survival rate of more than 90 percent. Success and familiarity meant that postwar hospitals were seen as places of healing rather desperation.

Both Union and Confederate surgeon generals were inspired by

## SERVING THOSE WHO SERVED

*A host of noble organizations fight for those who fought for us*



**WHEN PRESIDENT** Abraham Lincoln offered his Second Inaugural Address, the weary statesman earnestly spoke of the need “to care for him who shall have borne the battle and for his widow and his orphan.” This, he intoned, was a path to healing the physical wounds of conflict that afflicted its injured veterans and to mending intangible trauma of a civil war that had divided the nation.

The Department of Veterans Affairs moved away from the direct quote as its motto in 2023, adopting language that encompasses a growing number of female veterans and those who served honorably without experiencing frontline combat. Nevertheless, the meaning of Lincoln’s appeal persists, and applies to the efforts of all Americans, not merely to our federal programs.

Today, the same call to uplift veterans, especially those who have suffered because of their time in uniform, is heeded by numerous charities that aid and assist veterans with the visible and invisible scars of war. These are only some of the many outstanding nonprofits that fight for the wounded men and women who fought for us.

**WOUNDED WARRIOR PROJECT (WWP)**, which observed its 20th anniversary in 2023, began as a grassroots initiative to provide personal care backpacks for injured soldiers returning from Iraq and Afghanistan. It has since grown into one of the largest veteran nonprofit groups, with 165,967 registered warriors as of April 2022. Through its numerous programs and efforts, the WWP supports wounded veterans and their families with VA benefits assistance; peer and community groups, activities and events; alumni connections; recovery projects and workshops; advocacy; mental health services; employment and financial guidance; and grants for partner organization.

Founded in 1920 by wounded veterans seeking to advocate and care for those injured in the First World War, **DISABLED AMERICAN VETERANS (DAV)** now represents more than a million members and helps veterans of all ages and identities navigate the federal benefits system and obtain the support they are owed. Through national, state and local networks, DAV also offers job fairs, on-site volunteers at VA hospitals, no-cost rides for VA appointments, natural disaster emergency grants and homelessness assistance. A strong advocacy component promotes expanded benefits for veterans disabled in war.

**WOUNDED WARRIOR FAMILY SUPPORT (WWFS)** focuses on uplifting the families of service members wounded, injured or killed during combat operations. Since 2003, WWFS has alleviated the burden on caregivers with meals, housekeeping, medical travel grants and in-home care for wounded veterans, in addition to offering vacations for wounded service members and their families and distributing modified vehicles to enhance mobility for disabled veterans.

Started by military spouses volunteering to provide bedside support for wounded Marines, **SEMPER FI & AMERICA’S FUND** has substantially expanded to offer dozens of one-on-one, needs-based financial assistance opportunities to injured veterans of all branches of the military. The Fund distributes money for wounded veterans to obtain the care, equipment, camaraderie, educational and employment resources and family support necessary to thrive and recover from a military disability. Additionally, holistic initiatives allow for improved wellness through musical and visual arts funding, fitness and sports, support dogs and even a horsemanship program.

Of course, these groups represent only a fraction of the existing nonprofit, charitable and volunteer organizations dedicated to supporting and improving the lives of those wounded in the service to our country. In addition to other national groups, there are countless local resources that uphold the meaning of Lincoln’s call that we care for the service members and their families who bear the cost of war. ★

Photo courtesy Wounded Warrior Project®



## IN THE FOOTSTEPS OF HEROES

The battlefield is unfamiliar but the emotions are not. When Medal of Honor recipient James McCloughan walks in the footsteps of Chaplain John Whitehead at Stones River, Tenn., he has a profound understanding of what happened there. The physically and emotionally daunting task of caring for the wounded while under fire on that Civil War battlefield parallels his own experience in Vietnam.



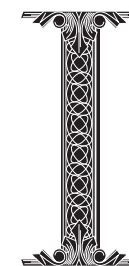
Stones River National Battlefield  
Murfreesboro, Tenn.  
JASON MYERS PHOTO



Jim McCloughan at the Slaughter Pen  
Stones River National Battlefield  
Murfreesboro, Tenn.

## WHEN LIFE SURROUNDS YOU WITH DEATH

*Recounting his harrowing experience as a combat medic in Vietnam, Medal of Honor recipient James McCloughan finds common ground with the “Angel of Stones River” and all those who have been tasked with ministering to the wounded under fire*



**GRADUATED FROM COLLEGE** on June 4, 1968, and had just signed a contract to teach and coach at South Haven High School in Michigan, where my dad had graduated from in 1941. And in the middle of June, got a letter from an uncle of mine, Uncle Sam, who wanted to see if I was physically fit.

I really didn't think it was anything more than that. But in July, I took that physical and I said to the lady, "Well, what's next?" She says, "You don't know? You're getting drafted."

Out of my about 250-man basic training, I was the only one to go to Fort Sam Houston to study to be a medic. I think someone looked at the college classes that I'd taken studying to be a coach — kinesiology, physiology, anatomy, first aid, advanced first aid, strapping and taping — and they thought they gave me a step up.

The first day I was in Vietnam we hit an ambush; I had two wounded in action, two killed. And I killed my first enemy soldier.

The Vietnam War was the first time that

medics actually carried a rifle, even if I gave it up most of the time because I needed both hands. But that day I used it, and I was frozen in place when I shot this human being and watched him flip in the air and die. My sergeant saw how that had stunned me, and he slapped me and said: "Doc, that's the way it's going to be. Do you understand? It's either going to be you or him."

In Vietnam, when I heard "Medic!," that was my cue. Maybe they were dead by the time I got there, maybe they were wounded badly; maybe I can't move them. What do I do? To make those kinds of judgments in a

split second, when life and death is inevitable, is not easy. But I knew my job: I was a combat medic, and when I was called, that meant someone needed me.

On May 12, 1969, battalion headquarters decided to send Charlie Company into the Tam Kỳ area near the foot of Nui Yon Hill. It was a flawed mission where 89 men went up against 2,700 enemy soldiers. Upon approach, two helicopters were shot down. Because it was a hot LZ (landing zone), we were forced to jump from the helicopters with our packs, weapons and ammunition. Quite a few were injured in that process; one I rescued in a fireman carry, swerving so I'd be a moving target. I could hear and see the bullets skipping off the ground next to us, but we didn't get hit at all.

At four o'clock, my platoon set out. We were going down a trench line, left by the French in the French Vietnamese War, when all hell broke loose. I looked up over the berm towards Nui Yon Hill, and there were so many of the enemy they looked like lava coming down the hill.



PHOTOGRAPH by  
JASON MYERS





**WARRIOR LEGACY**  
SERVICE ACROSS CENTURIES

I heard somebody yell, "Medic!" and I handed off my weapon, told them to cover me and started off. There was an explosion behind me, a rocket propelled grenade. The shrapnel stung as it pelted my body from top to bottom, but I concentrated on what I had to do.

I went out four or five more times that night. When the enemy backed off, we were able to get a medevac in to get out all the wounded and dead within our perimeter. Lt. Carrier said, "Get on, Doc," and that's when I remember I had gotten hit. I had my own blood all over me, but I remembered what I'd seen on that hill and said, "I'm not going. You're going to need me." I thought, by refusing to get on that helicopter that I'd just spent my last day on Earth. But I'd rather be dead in a rice paddy than alive in a hospital to find out that the next day my men got killed because Jim McCloughan wasn't there to do his job.

That night, I got an AK-47 round in my forearm and closed it up with only two stitches to save supplies. Two of my worst wounded happened — one in the shoulder and a stomach wound where the organs were starting to come out. I got pressure bandages on that, and was using my water to wet them down, otherwise the organs would dry up and he'd die anyway. I dragged him very gently and slowly into a trench line thinking to myself "How am I going to carry this guy out of here?" If I throw him over my shoulder, everything I did was going to come undone. So I decided I'd cradle him like a baby up against my chest and hold his organs in place with my own body.

Ultimately, I got everybody loaded and I started back towards where my weapon was, but the next thing I remember was waking up in an aid station with two IVs in me. I'd had nothing to eat or drink for those two days, so I was dehydrated and probably 15 pounds lighter. I got disconnected and found my backpack. They told me I had to stay put, but I said, "The hell I'm not!" and rejoined my team out in the field. I'd been wounded three times by the time I got an invitation to join 91st Evacuation Hospital as a liaison some months later.



**TOP:** Jim on May 15, 1969, holding an AK-47 he captured on Nui Yon Hill after days and nights of intense fighting; **BOTTOM:** Jim, back row far right, with friends from his unit. COURTESY JAMES McCLOUGHAN

*"Jim, you didn't save 11 people, you saved 11 family trees."*

It was one of the hardest things that I ever had to do to leave my guys.

Of the 32 who marched away from Nui Yon Hill, I've reconnected 23 of us. When I find them, I'll say, "This is J. McCloughan" but that doesn't always mean much. When I tell them, "This is Doc," they know in an instant. At the ceremony where I received the Medal, there were 10 men there who were in my unit, five of whom I had saved in the battle — plus the son of another who had passed away.

In that battle alone, I saved 10 Americans, and one Vietnamese interpreter from being either killed or captured. But it's more than one life that gets impacted. I got a letter in June 2019 that said, "You don't know me, and I don't know you, but you saved my grandpa in 1969. My mom was born in 1970, and I was born in 1991. Last week my wife and I had a baby boy, and this Sunday, I get



**LEFT:** Before receiving his Medal of Honor from the president at the White House, Jim looked up to the sky thinking about his dad; **RIGHT:** Ten comrades from Jim's unit were in attendance to watch their friend "Doc" receive the Medal of Honor, including five of whom he had saved in battle and the son of another. COURTESY JAMES McCLOUGHAN



to celebrate Father's Day because of you." I read that to my wife, Cherie, with tears in my eyes and she said, "Jim, you didn't save 11 people, you saved 11 family trees." That's what all of those who have fought for and will fight for our freedom do, they save family trees so that generation after generation will have the luxury of being born as an American.

**C**HAPLAIN John Whitehead didn't have a helicopter to come in with when he and the 15th Indiana were at the Battle of Stones River in December 1862. He had less medical

training than I did, and in the Civil War battle with the highest casualty percentage, he just hoped he could get the wounded somewhere safe. He went forward to the front and helped the wounded and the helpless — without any gun — setting his emotions aside to perform this act of being an "angel." The wounded, they scream for help, and I know how he felt when he responded. He was clear back in the 1860s and here I was in 1969, but I know what John Whitehead was facing because I was there. I did the same thing that he did, only a hundred years later.

There were occasions where I knew I wasn't going to save that person, boys I held in my arms to hear their last words and see the last breath of life come out of their body. I know that the freedoms that we have day-in and day-out have been paid for in full. John Whitehead knew that, and Jim McCloughan knows that.

It's still hard to think back on, so I put it in the back of my mind for so many years. When he came home after his battlefield experiences, I'm sure John had the same

difficulties that I have. There were times when you would cry. There were times when you would feel as if maybe I could have done more. It stays with you for the rest of your life. I'm sure that John Whitehead, though, being a man of the cloth, felt the Holy Spirit say, "John, you did well. You did what you could do, and you're okay."

The brotherhood between veterans is why the Grand Army of the Republic was formed after the Civil War, but that connection exists among all veterans of all wars, from then forward to my grandpa's World War I and my dad's World War II, to my uncle Wayne in the Korean War and my uncle Jack in the Coast Guard and beyond.

I'm sure there was PTSD amongst all those eras, too, they just didn't call it that at the time. Brotherhood can save you. I only went for counseling after I quit teaching and coaching, when I was less busy and things started flooding back. My counselor was a Marine paraplegic in a wheelchair, who knew the right questions to ask, to bring out what was still hidden deep inside me.

When I learned about John Whitehead, I could see things that he and I did that were parallel. If I could go back in time and meet John Whitehead, I would thank him for being him, for laying his life on the line for the freedoms that we enjoy here today. It took his fortitude, it took his compassion, it took his kindness, his love for his country and what he wanted this country to be.★

*After his discharge from the army, McCloughan returned to his hometown of South Haven, Michigan, where he spent 40 years as a high school teacher and Hall of Fame athletics coach. He received his Medal of Honor in 2017.*

Discover more about Jim McCloughan's and John M. Whitehead's stories on video.

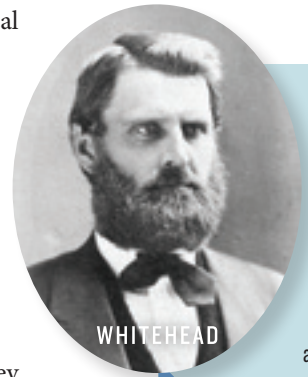


**MEDAL of HONOR CITATION**

**PRIVATE FIRST CLASS McCLOUGHAN** distinguished himself by acts of gallantry and intrepidity at the risk of his life above and beyond the call of duty from May 13th through 15th, 1969, while serving as a combat medic with Charlie Company, 3rd Battalion, 21st Infantry, 196th Light Infantry Brigade, Americal Division. The company air assaulted into an area near Tam Ky and Nui Yon Hill. On May 13th, with complete disregard for his life, he ran 100 meters in an open field through heavy fire to rescue a comrade too injured to move and carried him to safety. That same day, 2nd Platoon was ordered to search the area near Nui Yon Hill when the platoon was ambushed by a large North Vietnamese Army force and sustained heavy casualties. With complete disregard for his life and personal safety, Private First Class McCloughan led two Americans into the safety of a trench while being wounded by shrapnel from a rocket-propelled grenade. He ignored a direct order to stay back, and braved an enemy assault while moving into the "kill zone" on four more occasions to extract wounded comrades. He treated the injured, prepared the evacuation, and though bleeding heavily from shrapnel wounds on his head and entire body, refused evacuation to safety in order to remain at the battle site with his fellow soldiers who were heavily outnumbered by the North Vietnamese Army forces. On May 14th, the platoon was again ordered to move out towards Nui Yon Hill. Private First Class McCloughan was wounded a second time by small arms fire and shrapnel from a rocket-propelled grenade while rendering aid to two soldiers in an open rice paddy. In the final phases of the attack, two companies from 2nd North Vietnamese Army Division and an element of 700 soldiers from a Viet Cong regiment descended upon Charlie Company's position on three sides. Private First Class McCloughan, again with complete disregard for his life, went into the crossfire numerous times throughout the battle to extract the wounded soldiers, while also fighting the enemy. His relentless and courageous actions inspired and motivated his comrades to fight for their survival. When supplies ran low, Private First Class McCloughan volunteered to hold a blinking strobe light in an open area as a marker for a nighttime resupply drop. He remained steadfast while bullets landed all around him and rocket-propelled grenades flew over his prone, exposed body. During the morning darkness of May 15th, Private First Class McCloughan knocked out a rocket-propelled grenade position with a grenade, fought and eliminated enemy soldiers, treated numerous casualties, kept two critically-wounded soldiers alive through the night, and organized the dead and wounded for evacuation at daylight. His timely and courageous actions were instrumental in saving the lives of his fellow soldiers. Private First Class McCloughan's personal heroism, professional competence, and devotion to duty are in keeping with the highest traditions of the military service and reflect great credit upon himself, the Americal Division, and the United States Army.



Medal of Honor Ribbon SHANNON RAE



**MEDAL of HONOR CITATION**

**CHAPLAIN JOHN M. WHITEHEAD**  
Went to the front during a desperate contest and unaided carried to the rear several wounded and helpless soldiers.

BATTLE OF STONES RIVER, MURFREESBORO, TENN.



Reenactment of Medal of Honor Recipient Rev. John M. Whitehead during the Battle of Stones River from the new Trust video. JIM BARCUS

Whitehead image courtesy the descendants of John M. Whitehead

## ANCESTRAL OPERATIONS: Telling a Civil War Surgeon's Story

**I**MAGINING THE WORLD through an ancestor's eyes can be a daunting task, especially scenes of tragedy and loss. But Rex Hovey — a longtime Trust member — is accustomed to stepping into his great-granduncle's shoes as he reenacts the work of a Civil War surgeon at places like the Spangler Farm at Gettysburg, where his ancestor stood and operated.

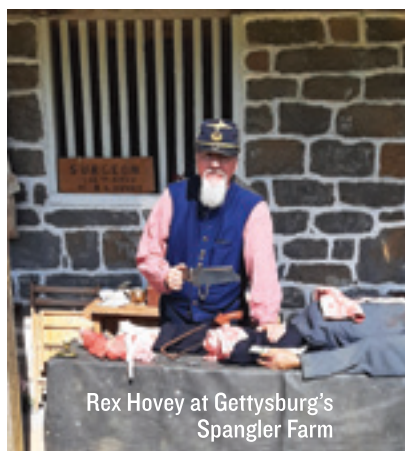
With no guidance from family stories, Rex came to learn about his ancestors through his own determined efforts utilizing Ancestry.com, museum and library archives, books, descendants' organizations and more. Looking into his patriarchal line, he found Dr. Bleecker Lansing Hovey three generations back. Originally believing Dr. Hovey to be his great-grandfather, the resources on Ancestry.com informed Rex that the good doctor was actually his great-granduncle.

Dr. Hovey (born 1817) graduated from Geneva Medical School, now part of Syracuse University, in 1843, and began to practice in Dansville, New York, in that same year. He developed a special interest in the study of diseases, which ultimately served him well when the United States erupted into civil war.

Dr. Hovey mustered into the 136th New York Volunteer Infantry in 1862 in Portage, New York, with nearly 20 years experience as a physician prior to his service as a surgeon in the war. Present for many of the engagements in which the Army of the Potomac served, Dr. Hovey was on the scene operating during and after the Battles of Fredericksburg, Chancellorsville, Gettysburg, Chickamauga and Chattanooga. However, being in his mid-forties, he dealt with minor ailments — suspected to be arthritis — and he applied for a less transient position (assistant surgeon) with the U.S. Volunteers. But doing so required a thorough exam that questioned Dr. Hovey on his hypothetical treatment of various conditions. Lucky for his descendants, notably Rex Hovey, the doctor's lengthy answers to this exam were stored away in the National Archives. Having passed the exam, Dr. Hovey resigned from the N.Y. Volunteers and went to work for the U.S. Volunteers in a Nashville hospital, in September 1864. His work continued for a few months

*"...there stood the surgeons, their sleeves rolled up to their elbows, ... their knives not seldom between their teeth ..."*

— GEN. CARL SCHURZ,  
IN THE AFTERMATH  
OF THE BATTLE OF GETTYSBURG



Rex Hovey at Gettysburg's  
Spangler Farm



Dr. Bleecker Lansing Hovey

after the war's end, but he mustered out by August 1865. Afterward, he and his family settled in Rochester, New York.

But, for Dr. Hovey, the end of the Civil War didn't mean a reunion with his wife and son — because they had already traveled with him throughout the war. His wife, Marilla, worked as a nurse, tending to war-wounded throughout field hospitals and camps, and writing to loved ones of the dead or dying. She briefly traveled without her husband when, in 1864, she was recruited to set up diet kitchens — that provided higher-quality meals to patients with special conditions — in large hospitals throughout the South. For her service, Marilla was granted a small pension after obtaining more than 75 letters from doctors and generals attesting to her good work — Rex has copies of many of these letters thanks to a friend in the 136th New York descendants' organization. Meanwhile, Dr. Hovey's teenaged son, Frank, at one point acted as assistant hospital steward — earning himself a certificate of honor for valuable service rendered.

Dr. Hovey spent the remainder of his life dedicated to medicine, and its ongoing improvement. He belonged to a long list of local and State medical societies, as well as the National Medical Society. Welcomed by his alma mater — Geneva College, which had merged to become Syracuse University — Dr. Hovey delivered an address to Syracuse University's College of Medicine Alumni Association in June 1878; he praised vast study, fair examination and practice above quackery and shortcuts.

Today, Rex Hovey pays homage to his ancestor through living history. He even, through great luck and determination, located a Civil War-era surgeon's kit belonging to Dr. Hovey — which he brings along to share with curious audiences as he shares the wartime tales of his great-granduncle and his family.★

## TOOLS OF THE TRADE Inside Dr. Hovey's medical kit



**S**URGEONS FOR THE U.S. ARMY were either regular army medical staff or certified volunteer militia surgeons. The former carried Army-issued surgical sets, but volunteer militia surgeons often brought their own. Dr. Rex Hovey's kit appears to be standard issue and includes surgical tools for amputations and trephinations, a delicate procedure used to remove part of the skull to relieve pressure on the brain after injury.

The device used for trephination, known as a trephine (1), has an interchangeable wooden handle that can be placed on trephines of assorted sizes, and a rotating metal cutting head used to cut a hole in the skull. The trephine has a metal spike in the center of the cutting head to keep the material being cut in place and to secure its removal. Other implements used in the trephination process are a scalpel (2) and a Hey's surgical saw (3), which has both a straight and curved tooth edge for

cutting into the skull. A bone file (4) is used for smoothing edges and removing pieces of bone, and a bone brush (5) to remove bone dust.

Amputations were also complicated procedures that included much more precision than just sawing off a limb. Field surgeon kits such as Hovey's contained several tools for the procedure, including a bone saw (6), two amputation knives and a catlin (7), a double-bladed surgical knife used to cut tissue between bones.

In 1718, French physician Jean-Louis Petit invented a new style of screw tourniquet used to tighten around a limb to stop bleeding. The "Petit Tourniquet" became the preferred style of surgical and battlefield hemorrhage control for almost 200 years. Hovey's kit, and most Civil War surgeon's kits included one (8) or more.

Surgeons weren't always trying to stop the bleeding, however. During the 18th and 19th centuries, many illnesses or symptoms were believed to be caused by an excess of blood. Surgeons would withdraw blood to alleviate the conditions in a process known as bloodletting. A procedure known as venesection involved drawing blood from one of the body's larger external veins, especially in the arm or neck. Surgeons most often used a fleam, such as this one (9), to lance open the vein with its triangular shaped blade. The device employed a spring-loaded lancet, with a hammer that cocked back and released much like a gun, allowing the operator to inject the blade into a vein without exerting manual pressure.

Dr. Hovey's kit is complete with (10) silk and sutures.★



## THE COST OF WAR

*Combat medicine has advanced related civilian care for centuries, but its evolution remains a fairly niche field of study.*

**T**HE CIVIL WAR was America's bloodiest conflict – its 620,000 dead were not equaled by the combined toll of other American conflicts until the war in Vietnam. In fact, almost as many men died in Civil War captivity as were killed in the whole of the Vietnam War. Two percent of the American population perished in the line of duty, the equivalent of six million people dying in the ranks today. The broader casualty figure for the conflict, which also includes wounded and captured, is approximately 1.5 million souls.

Figures are less certain for the American Revolution because recordkeeping was less precise. An estimated 6,800 Americans were killed in action, 6,100 were wounded and upwards of 20,000 taken prisoner. Historians believe that at least an additional 17,000 deaths were the result of disease, including about 8,000–12,000 who died while prisoners of war. Total casualties for British regulars fighting in the Revolutionary War — battlefield deaths and injuries, deaths from disease, men taken prisoner and those who remained missing — were around 24,000. Additionally, approximately 1,200 Hessian soldiers were killed and 6,354 died of disease — plus another 5,500 who deserted and settled in America after the conflict.

### HOW TO TALLY THE DEAD

The traditional figure for lives lost in the line of duty during the Civil War comes from an exhaustive 1889 analysis of U.S. Army documents and pension records performed by Union veterans William F. Fox and Thomas Leonard Livermore, although this number is imperfect. As there are fewer records documenting Confederate mortality rates, Fox and Livermore made assumptions based on Union equivalents. A more recent piece of scholarship used modern demographic and statistical analysis of census data to extrapolate that the country's population in 1870 was approximately 750,000 lower than would otherwise be expected. But this is a separate type of calculation than true losses to combat troops.

### A MEDICAL REVOLUTION

The Continental Army's Hospital Department was established following the Battle of Bunker Hill in July 1775, but even the corps it established was far from professional by today's standards. Only about 10 percent of the 1,400 medical practitioners who served had formal degrees, the rest having learned their



**LEFT:** Private Richard T. Gilbert of the 18th Georgia Infantry Regiment who lost his leg on July 2, 1863 during the Battle of Gettysburg, Pa., and was taken prisoner of war; **BELOW:** The Washington Military Asylum, Both LIBRARY OF CONGRESS; **RIGHT:** Standard medicines used during the Civil War, National Museum of Civil War Medicine, MATT BRANT.

staff took pictures of wounded soldiers to document the effects of gunshot wounds, as well as the results of amputations and other surgical procedures. The information was compiled into *The Medical and Surgical History of the War of the Rebellion*, published in six volumes starting in 1870.

### LOSS OF LIMB, NOT LIFE

Out of 174,206 known wounds of the extremities treated by Union surgeons, nearly 30,000 wounded soldiers had amputations, with an approximate 27 percent fatality rate. Historians estimate that there were some 25,000 Confederate amputations with a similar fatality rate. When damage was less severe and limited to muscle and bone rather than nerves and arteries, resection, alternately called excision, which removed just a section of bone or mangled joint, might be a viable alternative. The shortened limb was weaker, making it more practical for arms than legs, but retained some function. Far less common than amputation, the procedure also had a higher mortality rate.

Overall, about 12 percent of battle injuries resulted in amputation, about one third of which proved fatal. However, some surgeries were more successful than others; more complicated amputations of the leg above the knee had a 54 percent mortality rate.

### INVISIBLE INJURY

Not all wounds could be documented with the period's understanding. Today, post-traumatic stress disorder is recognized as a consequence of warfare, but in the 18th and 19th centuries it was often un-

craft through apprenticeship, as was common at the time since the new nation had only two medical schools. The most valuable reference in their arsenal was *Plain Concise Practical Remarks on the Treatment of Wounds and Fractures*, written by John Jones who had gone to Europe after his American apprenticeship to earn a medical degree from the University of Reims in 1751. This "Father of American Surgery" served in the French and Indian War before becoming the first professor of surgery in the colonies. Postwar, veterans of the Hospital Department went on to found a number of other medical colleges.

### WHAT IS WOUNDED?

Nearly 476,000 men were reported wounded during the Civil War. Injuries ranged in severity from broken bones and flesh wounds to brain damage, lost eyesight and lost limbs. The catalog of injuries was so vast, the U.S. Army established the Army Medical Museum in 1862 as a center for research in military medicine and surgery. U.S. Army Surgeon General William Hammond directed medical officers in the field to collect "specimens of morbid anatomy ... together with projectiles and foreign bodies removed," and to forward them to the newly founded museum for study. During and after the war, the museum



acknowledged and had no uniform moniker to identify its crippling symptoms. Critical examination of period records yields thousands of examples, such as Owen Flaherty of the 125th Indiana who clearly suffered from its scourge.



Before the battle of Stones River, Flaherty was described as a quiet, easygoing and well-liked man. Although he survived the war and returned home, thereafter Flaherty had trouble concentrating, sleeping and controlling his moods to the point that he became unemployable, unpredictable and volatile. Eleven years after the war ended, he was sent to the Indiana Hospital for the Insane and diagnosed with "acute mania." But the facility made no provision for keeping or treating "chronic cases," and Flaherty was remanded to the poorhouse, where a medical examining board noted his predisposition toward irrational anger and violence, as well as a delusional "fear from imaginary persons who intend to kill him." They attributed his condition to "some mental shock probably sustained in the service."

### OPIOID EPIDEMIC

In the Civil War's wake, thousands of veterans became addicted to morphine and opium, medicines used extensively at the time to treat everything from painful injuries to lingering sicknesses, even diarrhea, during the war. Veterans dubbed their dependency "opium slavery" and "morphine mania," among other names.

Their plight was highly stigmatized, with many Americans viewing veterans who suffered as immoral and unmanly; they deserved to be punished, not helped, and so struggled to find sympathy or medical care. They often died of accidental drug overdoses or suffered alive in the grips of agonizing addiction. Ongoing usage was facilitated by ease of access as the hypodermic syringe became widely available and with the Sears and Roebuck Catalog selling heroin by mail order. Modern historians have categorized the situation in the 1880s as our nation's first opioid epidemic, a problem that persists to this day.

### NOT BITING THE BULLET

During the Revolutionary War, pain relief for major surgery like amputation was far from universally available, but might involve the administration of rum, wine or a tobacco juice mixture. Instead, patients were held down by multiple surgical attendants, although a new French screw-type tourniquet might be available to control bleeding.

Anesthesia was developed in the mid-1840s, and by the Civil War chloroform was fairly common for surgeries, administered through inhalation. Contrary to popular belief, 95 percent of surgeries had some level of anesthesia administered, and there are no contemporary accounts of bullets being given for patients to bite down on. Patient movement or moaning, even when an individual was unconscious, seen by outside observers was likely a side effect of the dosages administered. ★



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# WHAT'S HAPPENING?

Check out our events page to learn more about upcoming events at the American Battlefield Trust!



**PARK DAY**  
April 6  
Nationwide

**ANNUAL CONFERENCE 2024**  
April 25-28  
Gettysburg, Pa.

**NATIONAL TEACHER INSTITUTE**  
July 11-14  
New Orleans, La.

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