

H E A D Q U A R T E R S
811th Med. Air Evac Sqdn

"A STORY OF AIR EVACUATION"

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One year and a half has passed by since that cold, dark morning when we rumbled through the gates of Bowman Field in G.I. trucks. That was the beginning of our tour of overseas duty which proposed to discover how well we had learned our lessons.

Although we have not been targets for enemy fire and our flights have not required fighter escorts, our work has not always been without the gamble of adventure. Then too, we have learned that Air Evacuation is not all glamour and excitement. There are many days which mean patience and constant vigilance as we sit and wait.

Before the invasion took place, we enjoyed various assignments adding to our experiences and keeping us alert. During this period several teams were sent to bomber bases. This was our first contact with casualties as we waited on the line for the crews returning from their missions.

We anxiously awaited the day when we would begin our work. Each of us were given a few flights from Ireland to England with non-combatant patients. Thus we were afforded an opportunity to study and define the best methods and procedures to be adopted in Air Evacuation peculiar to this Theater.

After several months in the E.T.O. another surprise was in store for us. It must have been a magic carpet but somebody said it was a C-54, for within a few hours we were circling for a landing in New York, and the patients were so excited it was difficult to keep them in their litters. It was no less of a thrill for us, as we stepped gingerly from the plane as though we were walking in a dream. We knew now that we had never quite fully appreciated home before.

Our first flights to the continent following D-Day were short ones; over the Channel to the tip of the Cherbourg Peninsula, then down along the coast to an air strip on the beachhead. Landing in a cloud of dust, we joined the queue of C-47's and received our load of human cargo. It gives a deep sense of satisfaction when we are able to evacuate patients fresh from the battlefield within a few hours after being wounded. It is then we feel that Air Evacuation has attained its full purpose.

G.I. Joe is a marvelous patient and a privilege to take care of. Despite pain and physical discomfort endured, there is never a word of complaint from any one of them. The most we can do is not enough for our fighting wounded to compensate their contribution toward building a lasting and permanent peace.

Frequently our teams are scattered over two continents. We have ceased long ago to be upset by "mad rumor" when someone fails to return according to schedule. Somehow we always get back.

Each trip is one of exciting expectancy. We never know when we start out in the morning where we will spend the night. We have R.O.N.'ed innumerable times. Maybe we are fortunate enough to land where billeting facilities are available but on occasions we have been forced down with a load of patients to spend the night in tents. There within close range of enemy strafing; visiting rocket-bombs and V-2's fly overhead to tease our slumber. This is when we realize the actual hardships of war.

As months passed by, our flights became longer as the Army advanced. Bad flying weather became our greatest hazard. All of the tales we had heard back home about England's fog and "Soupy" climate were not exaggerated. After hours of waiting on the line, we took off when there was the slightest possible chance that we would get through and accomplish our mission. (With a load of patients, it was up to us to play the game and maintain a reassuring manner). Formation flying became impossible in the milky whiteness of the fog and then that blindfolded feeling--when wing-tip was no longer visible. Flying lower to get under the overcast, all of our ditching practice flashed to mind when it seemed we must surely float on the Channel. But our C-47's battled with the elements and though we were tossed about like a Badminton Cock, the pilot circled in for a happy landing.

During the few months of bad weather which slowed down all Army operations, our patients were those who suffered from exposure to extreme climatic conditions rather than combat casualties. Fortunately, although the winter was severe, it was not long lasting and an early Spring enabled our Army to set forth on a heavy and relentless offensive. Evacuation continued on a larger scale than ever before. Troup Carrier was preparing for tactical moves which required concentration of all their personnel and planes in missions other than Air Evacuation. Thus, we were transferred to the Air Transport Group with whom we were to experience a maximum of efficiency as we entered the last and most extensive phase of the War.

Arising with the sun, we were on our way to keep up with the rapidly moving Army. Each day with a different pilot, a different airplane and different scenery, we paid our respects to innumerable landmarks and on into Germany. Flying low, the vast country-side was fascinating to watch, looking down at the miles of zig-zagging trenches; convoys enroute to the front; ruins of towns left behind and the pursuit of civilians in the fields plowing or rebuilding past labor. At various points where we unloaded cargo, snipers were active and we could hear the echo of not too distant gunfire. Arriving soon after the retreating enemy, remnants of recent fighting were not yet cleared away. In flight there were areas we avoided flying over where Germans were trapped and did not hesitate to fire at us.

Our patients now were front-line casualties and told the tale of bitter combat. The Germans were leaving their wounded behind, creating an additional burden. It necessitated our evacuating them away from the combat area along with our wounded. Then, as prisoners of war were released, the conditions of malnutrition and disease added many of them to our growing list of patients.

VE-Day filled our hearts with tears of thankfulness; to know that further death and bloodshed had ceased. However, our mission is not completed until we have evacuated the last patient from Europe to the hospital nearest his home. But we work now with a lighter heart.

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