

Good evening,

I'm so glad to be here and happy to see all of you. The history of air evacuation of patients began when the Wright brothers developed the first airplane. The first report of aircraft to be used in such transportation was in 1910. In World War I the evacuation planes were unsatisfactory as they were small and converted to hold a litter with the patient wedged into the cockpit of an open plane!

Gradually the service was improved and enlarged with few mishaps. The medical air ambulance squadron was authorized in November, 1941. Of course, the helicopter had not yet been invented and therefore the wounded had to be transported by ambulance long distances from the front to an airport or existing runway or open space on the ground that these fixed wing aircraft could land and take off from.

Within three months the country was at war and air evacuation was a military necessity. However, initially, the first use was during the construction of the Alaska-Canadian Highway in 1942 followed by an evacuation of 1900 individuals from Burma to India that same year. Then r a counter-attack against the Japanese in New Guinea, which resulted in many casualties, required a quicker way to evacuate patients to Port Moresby — at that place many were transferred to hospital ships for additional care. Many days travel by surface means over at a huge mountain range were eliminated by a one-hour flight! 1300 wounded were flown out the first 70 days of the campaign. By the end of 1942 Marine air transports and air troop carrier units had evacuated 12,000 casualties.

By June, 1942, the Army Air Transport was using planes equipped with removable litters — an efficient way to send materials and combat

troops into the fighting area and return with the wounded. Due to the urgent need after the attack on Pearl Harbor, the 349<sup>th</sup> air evacuation group began training flight surgeons, nurses and technicians. Each group consisted of a flight surgeon, 6 nurses, and 6 technicians who were assigned to either a troop carrier or an air transport unit. Each airplane crew consisted of 2 pilots, a nurse and a technician. Usually there were about 12 litters or 20 ambulatory soldiers on each flight.

My experiences as a flight nurse began November in 1942 at Bowman Field, Kentucky. There were four of us from Jefferson Barracks, Missouri that had been accepted and 2 joined us later as the flights were assembled. Our training consisted of learning primarily the effects of altitude on the internal organs-especially abdomen and head wounds, and the necessary changes and medicines at higher altitudes. Remember planes in those days were not pressurized!! Part of the training included a run through in a decompression chamber in Montgomery, Alabama to demonstrate the effects of lack of oxygen caused by altitude including blue fingernails, fuzzy thinking and poor coordination. There was a plane identification course, physical exercise classes, CPR, and all other first-aid classes. The course included further training at a local hospital; and loading and unloading litter patients at the airbase. Last but not least was the fun part-a four day bivouac in the cool, cool fields and woods of Kentucky-pup tents, no latrines, field meals, marching and more marching plus map reading topped off by a crawl through the live ammunition infiltration course which allowed no headroom and frequent orders were "Keep your head down!" I remember well that crawl with our noses literally 2 inches above the ground occasionally having to dodge bloody bones purposefully placed there for reality! Only one or two nurses were lost because they refused to follow orders!

After another two weeks of training we were geared to move out; thinking it would be a cold country like Siberia or another far northern post armed with our fleece-lined B4 jackets, boots, caps, mittens, and gas masks. We boarded a train in Louisville in the dark of night in January, 1944 and somewhere in the night, the train must have turned around because at daylight we saw palm trees, orange groves and lovely flowers. We were in Florida! What a laugh we had!! But that was war, and movement of troops was kept highly secret.

After 2 days in Florida, turning in our arctic gear, being issued summer uniforms, we were ready for the next destination via a huge TWA commercial plane—very luxurious—all kinds of passengers aboard. The route was southerly over the Guineas, Amazon headhunters territory (where the crew threatened to put us down if we didn't be quiet). We landed in Natal, Brazil, and I was delighted because I'd always dreamed of going to South America. The next leg of our journey was in a not-so-luxurious C-54 crossing the Atlantic, stopping to refuel on Ascension Island—a mite-sized lava rock island with a huge runway cut through the middle of it—dirt and rocks rising on either side. We really tried to make ourselves thin while landing and taking off because the wings practically touched the rocks on each side of the runway! Soon safely off again, we kept waging "where are we going?" And then after landing, the plane was thoroughly sprayed with DDT and we sat for the prescribed eight minutes while it did its job. The door was opened and we were greeted by the warm, humid 'maybe even hot' breezes of West Africa, Accra Ghana— Wow! We made it!

That was the beginning of the Africa tour. Our home base was Accra where we flew either back to Natal or to Khartoum in the Sudan. We flew with patients to Natal and returned—dead—heading on cargo planes. When we weren't in the air, we worked in the base hospital or

clinic giving shots to servicemen going on to Burma and the rest of the CBI. After being stationed in Accra for two months we were sent to Khartoum for the leg of the journey to Karachi, India, now Nepal, and then another two months in Karachi. At each of these bases a nurse and technician flew with patients from a forward location to the next base west and then deadhead back to where they were stationed. It was all so organized! The experience of being able to serve in these countries was wonderful-seeing other people in their natural habitats meant so much.

After returning to the US 10 months and 20 days later, we were stationed at Mitchell Field, New York to fly with casualties directly from the Battle of the Bulge. Most of the soldiers had frostbite on their feet and other disabling wounds. The more seriously wounded were treated in hospitals in Europe. The ones we flew with went to hospitals near their homes. After the urgency of that time we were transferred to land bases (Memphis, Fort Dix and San Antonio). The flights in the US varied from Newfoundland to San Francisco, south from San Diego to Atlanta and bases between. On the longer trips the litter patients were off-loaded at night at the closest base hospitals on the route (planes didn't fly at night in those days). In the morning we loaded them on board again and flew off to the next stop. There were so many stories of heroism after the Pearl Harbor bombing. Nurses stationed there at that time were literally thrown into wartime status. Two nurses in particular came to Bowman Field for the organized training having survived the Bataan and Corrigedor marches. These grisly stories are told in several books. Another story of the adventure of air evacuation was of flight crews sent from Catania, Sicily to Bari, Italy to staff plane loads of wounded from that front and deliver them back to Sicily, but the plane was forced down by heavy weather in enemy territory and found they were in German-

occupied Albania. They were protected from the German gunfire by the Albanian partisans and eventually helped by British Secret Servicemen by sending messages to the Americans who tried to send in planes to rescue them but couldn't land because of the gunfire. Because rescue was not possible, they marched 26 hours to a British ship on the Adriatic Sea which then ferried them to Bari. Thus a 2 ½ hour plane trip ended up taking 2 ½ months on foot!

The number of patients evacuated in ETO, the CBI theater, the South Pacific and the North Africa campaigns was in the thousands and we flight nurses felt it was a great honor and privilege to serve in such a way. It satisfied the "urge to do something" as war situations developed.

Thank you and goodnight (she said as she fell over in a slump!)