

Rose Miller's outfit

809th AIR EVACUATION MEDICAL SQUADRON

INTRODUCTION

In September 1943 the Pacific War was escalating. The first offensive in the Central Pacific was planned to be the Gilbert Islands, triggering activation of the 809th Medical Air Evacuation Squadron. Major Andrew Henderson, an Alabamian, was named Commanding Officer and First Lieutenant Frances Morgan, a Texan, Chief Nurse.

The Flight Nurses assigned to the 809th were a talented group each with various nursing experiences. Understandably, they sought assignment to the Flight Nurse Training Program. They had come from the four corners of the USA...from Maine to Oregon and Florida to California. The multitalented nurses with their varied backgrounds provided a rich continuing education for all. On an overnight flight from Bowman Field to Hamilton Army Air Base, San Rafael, California, everyone felt pretty grungy with "ring-around-the collar syndrome". At a refueling stop in Albuquerque one bright nurse told us to turn our shirts wrong side out, put our ties and jackets back on and no one would know how dirty we really were. In quarters where we had cooking facilities, specialties from around the whole USA were prepared, and we either liked or hated each other's cooking. There was Welsh rarebit and Boston baked beans from New England, southern fried chicken and grits from Georgia and Florida, and milk gravy from the mid-west farmers.

ORGANIZATION

On October 1943, the newly organized 809th Squadron was assigned to the Seventh Air Force in the Central Pacific Theater of War, headquartered at Hickam Field Army Air Base, Oahu, Hawaii. After the complete squadron arrived at Hickam, there were 26 flight nurses, 6 physicians, technicians and supportive personnel officers and enlisted for

administration, transportation and supply services. Sometime later, when it was determined that our planes would be safe, we were extended to the Southwest Pacific.

The five C-54s and ten crews who would be transporting the 809th teams on their early missions arrived at the same time. The C-54s were the largest planes used in the Air Evacuation system at the time. The planes were propeller driven, with non-pressurized cabins and an air speed approximately 180-200 miles an hour.

An intensive indoctrination was carried out the first few weeks, to prepare us for the invasions, the long over-water flights and the tropics.

The care of major trauma victims; the signs, symptoms and treatment of tropical diseases; orientation to the C-54s which accommodated 24 litters were the order of the day.

The medical chest for supplies, medicines and equipment essential to patient care was redesigned for the big planes. Subsequently the flight nurses, flight surgeons and technicians consulted each other regularly about the adequacy of the chest requesting additional or new supplies as needed. Limited amounts of oxygen, plasma and saline were always available on board the aircraft. The flight nurses carried all narcotics in a pouch on their belts.

Ordinarily, the planes, with a full load of patients, were staffed by one nurse and a technician. When an airfield or an island was pronounced adequate and secure to land, the patients who had been triaged by a flight surgeon, would be loaded on the plane and take off occurred as soon as possible.

The trips to Hickam from Tarawa, Kwajalein, Saipan and Guam averaged 11 hours... monitoring vital signs, checking wounds for bleeding, administering medications and intravenous fluids...trying different techniques to relieve abdominal distention. We were constantly responding to the anticipated and unanticipated reactions of our patients. At times, the pilot was requested to descend to a lower altitude to see if this would relieve the respiratory and abdominal distress of some patients.

The flight nurse was in charge of the patients' care; she directed the technicians. The captain of the aircraft directed the crew and advised the nurse about precautions to take during turbulent weather. On one trip the fully loaded C-54 plunged 5000 feet before control was resumed. When a patient needed medical intervention, the captain radioed ahead for special equipment or supplies and to assure the availability of a physician on the flight line.

Critical patients were seen by a physician boarding the plane on landing. The most critical patients were deplaned first and transferred to the nearest military hospital. Whenever a plane load of patients arrived at an interim stop there were standby nurses and technicians to assist in deplaning the patients and placing them in holding wards which had been set up near the flight line. Patients were bathed, fed, ambulated when appropriate, dressings changed and finally evaluated by a flight surgeon and a nurse.

As the Islands were secured and the casualties were significantly decreased, the flight nurses and technicians worked in the hospitals or in the holding wards or met troop carrier planes to examine the personnel on board for symptoms of Dengue fever or other tropical diseases.

Prior to the assignment to the B09th, most of the nurses had not known each other. The flight to Hickam and the month in Hawaii was a time to get acquainted, to select a confidante or pal, to bond new friendships. We bivouacked in the mountains above Pearl Harbor for two weeks...living in tents, hiking and having intensive classes. The social life at Hickam and on the Island was a young woman's dream...dances at the Officer's Club, first in the Flight Nurses cadet blue uniform then in evening gowns, swimming and surfing at Waikiki, shopping in Honolulu, playing bridge, bicycling, learning to hula and so forth. That idyllic month was the only time we were all together; once the evacuation flights started, there were only three or four nurses at Hickam at any one time.

THE REAL WORLD

The squadron was organized into four Flights, each with a flight leader. Throughout the war an attempt was made to keep each of the flights together. Periodically, each of the nurses flew with patients from Hickam to Hamilton.

Flight Leaders and members were well-matched, each nurse had her strengths and weaknesses. It was the Flight Leader's job to capitalize on the strengths and know the weaknesses.

Flight A Leader was our only regular Army Nurse. The Flight A nurses were young, attractive...the dynamos on the social scene except one whose main interest was writing her husband daily.

Flight B Leader was a tall, beautiful brunette who was always eager to learn and was thoughtful about the needs of the nurses in her flight. On the whole she had a quiet, unassuming group who were not particularly interested in partying. *my flight*

Flight C was the most dissimilar group. The Leader was an enigma. She was very tall with a deep raspy voice, plain and an "operator"; a feminine version of Sergeant Bilko.

Flight D, headed by an experienced public health nurse from Georgia, was the most sophisticated group. They were older and wiser.

Each of the nurses had her own personal concerns about flying over large bodies of water for extended periods of time. One of the nurses worried about the number of Mae Wests (life vests) it would take to keep a patient with a heavy cast afloat.

The uniqueness of the 809th mission, and later the 812th and the Navy Flight Nurse Group, clearly lay in the long over water flights. The unfamiliar cultures encountered on each island were a challenge to the military personnel and a new wonder for "the families and friends back home".

The Glamorous Side of Life

We called our quarters on Canton Atoll, "The Garden of Eden". Each morning two of the flight nurses had latrine duty. Scrub brushes and mops were used vigorously the first two hours.

A holiday a was duty day like all the rest. Thanksgiving 1943 saw two flight nurses leave Canton Island early in the morning to fly over the international date line to Funafuti, and back to Canton late at night missing the holiday in both places.

One of the nurses, a strawberry blonde, was on a plane that had an emergency landing on Apamama. The natives who greeted the plane were enthralled by the red head. The news of her arrival spread rapidly over the Island. When the sixteen-year-old Queen was escorted to view

her, she whipped off her grass skirt and presented it to the honored nurse.

Tarawa served as our departure point for Kwajalein. We lived in a Quonset hut near the navy medical hospital. It was a lovely, breezy, pleasant place to be. We ate in a Navy mess along with the sailors and frequently had beans for breakfast. At suppertime we would see fish jumping up in the lagoon and after eating we would go fishing with a net.

The natives were very curious about the pale-skinned women living in their midst. In the morning while dressing it was not unusual to look up and see noses pressed against the screened windows of our hut. One night after we had gone to bed, a nurse yelled that there was a rat on her chin; she had forgotten to lower her mosquito netting. The flight nurses chased that rat round and round until someone got the bright idea to open the door and the rat dashed out. We had just settled down when another nurse screamed with an excruciating pain in her ear. The problem, an ant walking across her ear drum. The intruder walked out when a flash light was used to examine the ear.

We had taken "lava lava" to Tarawa to use as barter. The Tarawans made baskets, wove floor mats, etc. "Lava lava" was a 3 yard piece of fabric that the natives, men and women, wrapped around themselves as skirts. We bought the fabric in the 5-and-10 in Honolulu for 25 cents a yard. We would bring back all sorts of goodies from our swap shopping.

(U) Los Negros in the Admiralty Islands, we lived in thatched huts built for other nurses. The hospital had no patients so the nurses had been farmed out to other units. The huts were right on the beach and we were frequently sprayed with sea water. We could sit in our huts

and see porpoises playing. Transport plane arrivals to return air evac personnel to Biak were kept secret and as a result a lot of time was taken up waiting on the flight line. Sometimes a bridge game would take shape, or we might play cribbage.

The Biak commander ordered officers who were awaiting flights to help censor the mail. After breakfast the mail was dumped on the tables in the mess hall and we all had a hand in making sure that no secrets were written for enemy eyes.

DEADHEADING

Half of our flying time was traveling to a site to pick up patients. The time on these trips was our own, spent in many ways: bridge games, cribbage games, reading, sleeping, talking above the noises of the engines, etc.

OUR PATIENTS

One of the advantages of our long flights was the time we spent with our patients. We were able to establish a rapport with them and appreciate their individual personalities.

There was lots of cheerful banter between patients and flight nurses. Something about the young nurses made the soldiers and marines feel at ease. They talked to these officers as they would never have dared to speak to their line officers.

The food on our flights from the forward areas depended on what was available in the mess halls. Sometimes we had only thick slices of GI bread with liberal amounts of orange marmalade. Vienna sausage and spam appeared once in a while. There were no gourmet delicacies except Nescafe which was a godsend to us all. If the mess hall didn't have it, neither did we. Occasionally, the patients would bring U-rations on board which was shared with all.

The massive abdominal wounds, the jungle rot (a severe skin fungus) which covered the entire body from top of the head to the bottom of the feet, the missing legs, the multiple fractures, the withdrawal syndrome were the major concerns of the Air Evacuation team. However, the battle casualties going home showed humor and thoughtfulness for each other rather than dwelling on their injuries.

A dying GI in an underground hospital on Canton Island gave the 809th its first experience with Penicillin. He had a very severe eye and face infection, a high fever and was delirious. After 3 days, with nurses around the clock caring for him and monitoring the drug given by intravenous drip, he showed great improvement. He made a complete recovery.

The evacuation of psychiatric casualties was the most serious dilemma faced by the air evacuation teams. A flight on a C47 with 20 patients, from Biak to Guadalcanal, was a near disaster. The patients had been sedated before take-off but their behavior was very difficult to control. Soon after that experience, a directive was issued limiting the number of patients with mental disorders to five on each plane.

SPECIAL MEMORIES

One of the greatest shocks for many of us happened in February 1945. A group of Americans who had been Prisoners of War (P.O.W.s) in the Philippines were transported from Leyte to the United States. Among the prisoners were some of the 67 nurse who had been interned. The sight of our colleagues, emaciated and malnourished, was painful. For the first time the suffering and deprivation experienced by these nurses was a reality. The hell of living through the capture and occupation was reflected in their faces.

A plane load of Japanese prisoners, who needed medical attention and who were to be interrogated, were flown from Tarawa to Hickam. In addition to the nurse and technicians to care for the prisoners, there were three representatives from the G-2 section of the 7th Air Force. Transportation of the prisoners created some conflicts about how much to do for the detested enemy. It was a great relief at the end of the flight to have them removed from our care.

The training of a group of young people on Tarawa to be nurse aides was an unexpected challenge. Although language was somewhat of a barrier, the young ladies learned quickly. We brought fabric from Hawaii, made a simple uniform to replace the grass skirts and taught them to care for the sick. It was fun teaching them to take a temperature or to place a person on a bedpan, etc. The comedy of this situation was exacerbated by the young navy men who were hospitalized and had "great(?)" senses of humor.

There were many tropical diseases that we had not seen before going to the Pacific. Especially, curious to us, was a man with elephantiasis wheeling his scrotum around in a wheelbarrow.

The reputation of being "glamour girls" of the Nurse Corps was dispelled for one hospital nurse being air-evac'd from Fiji. After observing the Air Evac Team for about four hours, she remarked, "Thank God I work in a hospital, I never realized how tough your job is".

One day the Seventh Air Force Surgeon, Colonel Andy Smith, facetiously suggested that if we cut off the legs of our khaki pants we would be cooler. Two of the nurses did just that, going to Funafuti in "shorts". It took just 24 hours for a directive to come out of 7th Air Force Headquarters: that no females would wear shorts on an airplane.

"FAMOUS PEOPLE"

There were many famous people visiting and entertaining the troops in the Pacific. There were entertainers, clergy, observers and reporters. Many of these people we had seen in the movies or read about.

One day James Roosevelt, the President's son, was riding in the crew compartment on his way back to Washington. He was very pleasant and offered to write letters to the parents of all our patients when he reached Washington. He took the names and addresses of everyone on the plane and followed through with his promise.

Spencer Tracy, dead-heading on a C-54 en route to a tour of the Central Pacific, was a very frightened man to be flying over the world's biggest ocean. He took frequent sips from a beautiful flask that always seemed to be full.

Edgar Rice Burroughs, author of Tarzan, invited three nurses to accompany him on an amphibious tank to visit another atoll. When they started the tide was low, but on the way back the tide had risen and no one knew how to make the tank seaworthy and it was swamped. They all sat on top of the tank until some brave sailors came to their rescue. Mr. Burroughs' jungle skills did not work in the lagoon.

Olivia DeHaviland, returning from a tour, was a charming and friendly woman en route.

Aloha

There were unbelievable increases in the Air Evacuation capabilities during the last year of the 809th tenure. The number of planes had more than quadrupled; there were new flight nurses including Navy

arriving regularly and the numbers of sick and wounded being evacuated from Okinawa, the Philippines and the Southwest Pacific to the United States was phenomenal

During August 1945, the imminence of Japan's surrender dominated our discussions, especially after the B-29 bombings of Hiroshima on August 6, 1945 and Nagasaki on August 9, 1945. Each day we waited, then on September 2, 1945, President Truman declared the war was over. The Squadron was once again together at Hickam on that momentous day. We celebrated and shared feelings of pride and elation.

Shortly after September 2, 1945, we left the Islands as we had arrived 23 months before, at various times and on several different planes. We were thankful that the war was over and to be going home.

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