

804 MEDICAL AIR EVACUATION SQUADRON

MISSION

LINEAGE

804 Medical Air Evacuation Squadron

STATIONS

ASSIGNMENTS

COMMANDERS

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

EMBLEM

MOTTO

NICKNAME

OPERATIONS

804th Sqdn. Bismarck Archipelago; Leyte, Luzon, New Guinea; Western Pacific (ground). Received Meritorious Unit Citation for the period 2 Jan.-25 June, 1945, GO 1813, Hq, Far East Air Forces, 15 Aug., 1945. Received Philippine Presidential Unit citation for the period 17 Oct. 1944-4 July 1945, GO 47-50.

The first Air Evacuation Squadron to be sent to the SWPA. The concept of rapid air evacuation of wounded from the front lines was new to the USASOS (US Army Service of Supply). Their first

reaction was to break up the unit and assign its personnel to ground medical units. In fact; our nurses were reassigned to a station hospital for a few nervous weeks.

We spend 80 days in Australia, battling the USASOS and preaching the principles of Air Evacuation. October 1943 was the month in which we were at last reassigned to the 5th Air Force and our nurses rejoined the unit.

From there it was routine that for every new island campaign, we had to reinvent the SOP for Air Evacuation with the local ground forces. Were it not for the dedication of Captains Boileau and Snyder, who carried this burden into the front lines, we would not have succeeded as we did. Our nurses were remarkable in their tenacity and desire to do their mission in the face of repeated "subuse" of training.

The 804th was activated at Bowman Field, Kentucky, Dec. 10, 1942 departed Bowman Field 9 May 1943.

We staged at Camp Shanks, N.Y. in 3 days and were equipped with Arctic gear to fool the enemy!

Boarded the "Uruguay" 14 May, landing at Brisbane, Australia 14 June. We had no escort but zigged and zagged until we came out of the Panama Canal into the Pacific. There we picked up a destroyer and several nights out almost collided with it.

We staged at Camp Dombben, one of the better race tracks in Brisbane and were assigned to USASOS (US Army Service of Supply) rather than the Air Force. Our nurses were sent to "Sans Souci" a Red Cross R&R area in Southport on the coast south of Brisbane, with the male officers rotating there every two days to brief them on developments.

30 August 1943 we departed Australia minus Capt. Boileau and his flight who were sent to Townsville, arriving Port Moresby on 11 September. On 22 September Capt. Snyder's flight went to Dobodura and on 4 October Capt. Wiedeman's to Nadzab. It would be Christmas 1943 before our nurses would be allowed to join us at Port Moresby.

From Nadzab we started accompanying C-47 cargo runs in support of the Australians who were fighting up the Ramu and Markham valleys. Communications were not available and primitive methods were used. A red flag on a pole by the Dumpu, Gusap or Kaipit airstrips meant patients were awaiting and our C-47 would land after discharging its cargo in the forward area. The Medical Techs were on board regardless and always happier when they had to look after patients rather than have a dry run.

The Australian 7th Division fought up the Markham Valley while the 9th fought around Finschafen. We positioned our flights of usually 1 flight surgeon and 3 to 5 technicians wherever the Troop Carriers were loading supplies to carry to the troops. Malaria and later typhus were the causative agents of Australian evacuees.

One of the most challenging problems we encountered was the handling of psychotics under restraints and crossing the Owen Stanley Range at 14 to 15,000 feet. We devised an oxygen system using low pressure G type O2 bottles with an A-13 regulator and the universal gas mask. A full plane load of restrained litter patients was an awesome task even though they were sedated. Port Moresby to Brisbane was 1300 miles and took just over 8 hours. The nurses and techs were exhausted when they arrived in Brisbane.

In March, the 820th with 25 new nurses arrived at Port Moresby and Capt. Crumay, one of our flight leaders, left us to assume command.

By April we were headquartered at Nadzab, Papua New Guinea, with Captain Boileau's flight of nurses and techs handling the Finschafen evacuation and Capt. Snyder and five techs at Port Moresby handling the arriving patients and flying with the recently arrived 820th nurses for training.

For a short period we were obliged to use B-17s modified to carry twenty litter cases because fighter cover could not be spared to accompany the C-47s flying into Momote. When we were flying up the Ramu Valley, we were always at tree top level and close to the sides of the hills so that the Zeros could not get to us without running into the mountain. We also had high level fighter cover when available.

March 1944 saw the final preparations for the RAAF Air Evacuation Squadron which had been in planning stages since October 1943. Two officers, fifteen "sisters" (nurses) and 35 enlisted were to be assigned to us for operational control and training.

March also broached the subject of Air Evacuation direct to the US. Reality occurred on 30 April when a patient accompanied by our Chief Nurse, Mary Kerr, was flown from Brisbane to the US. This same month our technicians were finally designated as flying crew and made eligible for combat awards. The first so recognized were T/3 Lowell Deas, Eugene Donohoe, Bert Drummond, Harry Littleton, Elgin Mortenson, Herman Patnaude, Norbert Pfiffner, Nicholas Oleyar, Lloyd Fry and posthumously to Ralph Mowry.

April. Hooray! We finally have communications within troop carrier. Still to be worked out is the problem of liaison with ground troops. Last month two of our officers with 3 enlisted each went in with the infantry and proved the value of being there early to coordinate air evacuation.

May - Capt. Snyder and Capt. Boileau went in with the major assault forces at Tadjil and Aitape respectfully. Once again, they found ground forces medical personnel unaware of the potential of Air Evacuation. After contact and explanation, they were welcomed with open arms. For the first time much medical intelligence was lost due to "souvenir hunters" who destroyed medical records and log books in Japanese medical facilities while looking for something to carry off. On the 15th of May, we celebrated our second year overseas. 1st Lt. Quarantiello, ever the supply officer par excellence, managed to find enough "spirits fermenti" to do the occasion justice. Return of our litters, blankets, etc., continued to be a big problem. Two of our nurses, 2nd Lt.

Adelaide England and Leona Lund were awarded Air Medals, while T/3s Pfiffner and Sims received their first cluster. Noteworthy news was made by NBC which reported the landing of our nurses on a strip only recently conquered and made ready for C-47s.

June - Our crew of Major Miller, Lt. Dial and T/3 Ramsey are injured in a C-47 which crash landed on a small island of Port Moresby when weather forced it down. The 18 psychotic patients on board were not injured nor was the aircrew. Our team had braced themselves against the cargo door which flew open on impact with the coconut trees and they were thrown out and injured.

Biak. A strange operation where we were given a camp site to clear and make liveable even though it was beyond the infantry perimeter. Our enlisted personnel did their usual "over and above" and we set-up camp. The first night we shot two Japanese soldiers who were approaching the camp along a single trail.

At daylight we found them with grenades in the waist bands. After two more nights of similar activity, the infantry was moved out beyond our camp. It was while there we were told that our Commander, Major Miller, Lt. Dial and T/3 Ramsey, all injured in a plane crash last month were to be returned to the States. Capt. Wiedeman was the senior officer and took command. The Australian Squadron now took over all evacuation from Nadzab.

November. It seemed that we were forever trying to get Air Evacuation personnel into the newly opened strips, be they 804th, 820th or 801st. The Philippine invasion was next and in spite of all

our efforts, not one single Air Evacuation person got to the first open airstrip via planning. Capt. Boileau made it by dint of personal effort and desire to see the wounded properly evacuated. Our nurses were denied entry into Leyte even though Army nurses were on the ground with the 36th Evacuation Hospital. The desperate need for a theater Air Evacuation officer and staff was again pointed out to the authorities but nothing ensued even though the Air Surgeon, Maj. Gen. David Grant came through and was briefed on our problems. He did say he would get a rotation started for nurses. Alas, this was not done either and we continued to rely on the diagnoses of "Combat Fatigue" to get them home. The morale of our nurses dropped to the very lowest point when they were not allowed to participate in the Leyte invasion. They saw little hope for a role in Air Evacuation. (WACS were being flown into Leyte for clerical work.)

December. A break finally. Our nurses were allowed as far forward as Peliliu and later in the month 820th nurses were sent to Leyte. On 11 December, Capt. Wiedeman received notice of his promotion to Major effective from 13 November. Christmas on Biak was celebrated with turkey and a Christmas tree made out of palm fronds.

1945 - January. Nurses are going home and replacements are coming. Even our technicians are being rotated. A sudden order to move to Mindoro within 24 hours omitted our nurses. We decided to misunderstand that paragraph and we all went together. A sad occasion on the 25th of January was the loss of Sergeant Robert Oliver, who was flying with an 820th nurse from

Peliliu to Leyte and never made it. The male replacements were not trained in Air Evacuation and this added an unneeded task to our very busy crews.

February. A month of great confusion. Patients were being flown within the Philippines and out of the islands. And three agencies were sticking their noses into our business. (The Surgeon's Office of the 308th Bomb Wing, the Operations officers of the 3rd Air Commando Group, and the CO of the 35th Medical Group.) We had a meeting and were able to get them to mind their own business and let us do ours. Capt. Boileau was everywhere this month and even was helping the surgeons of the 7th Portable Surgical Hospital in the OR. We went into Manila landing on Dewey Boulevard with one wheel on each side of the median since the street was too narrow to accommodate both wheels. By the end of February only Capt. Kerr, our Chief Nurse, remained. All the others had rotated!

We had two near misses when our transport received small arms fire; Capt. McLennan was under fire by a Japanese machine gun and spent a very wakeful night.

March. We moved again to Fort Stotsenburg on Luzon. A second tragic accident and we lost 2nd Lt. Beatrice Memler and Tec/3 John Hudson, plus 28 patients. The C-46 disappeared from Mindoro to Leyte in a thunderstorm. To add to these losses, the 820th also suffered the loss of a plane load of patients and medical crew. March is the worst month we have ever had in the history of Air Evacuation.

Our camp was located in the former stables of the Fort and was eventually developed into a very pleasant "home".

Infectious hepatitis was almost epidemic in some units. Venereal diseases are appearing in greater numbers. Our first case of spontaneous pneumothorax in flight occurred this month and caused the transport to immediately get back on the ground.

16 replacement nurses were gratefully greeted and we are now almost up to our T/O&E. We evacuated 9 Belgian nuns who had been interred by the Japanese at Baguio. All suffered from malnutrition, avitaminosis, intestinal disease and some from wounds. Their joy at being released was reward for all.

May-June. Capt. Snyder leaves to take over the 820th. We have been together for 30 months and will miss him. Only 3 of the six original male officers remain, Lt. Quarantiello, Capt. Boileau and Major Wiedeman.

A living legend, T/Sgt. McKee rotated home. He was assigned at activation of the squadron. A former railroad employee, "Mac" would type a morning report listing all our personnel with serial numbers without referring to documents. "Mac" never missed a day, did all our typing and I shall never forget him as he sat smoking his pipe and wiping the sweat off his forehead and bald pate with toilet paper. No Kleenex then.

July. A new Acting Chief. Nurse is appointed, 1st Lt. Mary L. Wiggins, Reg. Army. Very experienced and a charming personality. Air Medals were awarded to the medical crew who made the flight to Leyte with the Marine Corporal (see incidents). Two crashes this month on poor strips but, thank goodness, no one was hurt. We evacuated 1040 hepatitis cases, 583 dematitis and 569 psychoses. Only 929 cases of battle injury. We are told that Okinawa is to be our next camp site.

August-September. We are on a muddy, slippery hillside over looking Motobu Air field on Okinawa. Snakes abound. One of our nurse's dogs was killed by a snake. The ubiquitous SNAFU arose again. The 820th was forced to move from Yontan to Motobu from where the C-46s were to fly. But they did not. Instead they flew out of Kadena. So our crews were shuttled to Kadena and back. Nurses and techs were forced to wait 8 to 10 hours before leaving Kadena; flying at night they would not get back until the next morning. The flight lasted 11 hours and though tired all our personnel carne through with flying colors.

Noteworthy was the evacuation of 1100 plus RAMPS from Japan during 2 days on 5 and 6 September. Another evacuation out of Kyushu was to be for a few hundred POWs but some 11,000 were found scattered throughout some 30 camps. Four hundred were seriously ill, another 400 too ill to move by air. Water shipment was arranged by our personnel.

On the 13th of September we were moved to Tachikawa, Japan and immediately began to lose our personnel to stateside rotation. In fact, we lost 33 out of 44 and had to put the nurses to doing administration. "Big John" Quarantiello our MAC was the first male officer to leave on the 21st. He had been with us since Bowman Field and was the best supply man ever.

On the 27th the Squadron received the "Meritorious Achievement Plaque" By regulation only those assigned at the time of presentation could wear the sleeve insignia. Pity! Those who earned it have been reassigned.

The 804th Squadron under strength and the 820th suffering the same will probably be deactivated and a new unit combined with the 801st will be created. The 804th can be justly proud of its war effort and caring for 96,000 patients evacuated by air.

March 5, 1945 Lt. Gerda Mulack of Newburgh, NY and T/3 Ralph Mowry of Bellefontaine, Ohio started on a routine trip from Nadzab to Saidor. They stopped at Finachafen, loaded supplies and took off, encountering bad weather. They asked permission to land which was granted and that was the last heard or seen of them.

March 12, 1945 2nd Lt. Beatrice Memler and T/3 John Hudson plus 28 pts. disappeared when their C-46 encountered a thunderstorm enroute from Mindoro to Leyte.

Jan 1945 Sgt. Robert Oliver was helping the 820th and was flying with another tech and nurse from Peliliu to Leyte. They were never seen again.

March 30, 1944 as we were eating dinner, an emergency call came in for an evac team to go to Dumpu. Capt. Fried, Fl. Surg., escorted me on the flight. We collected a medical chest, blood plasma, oxygen tank, water and took off for Dumpu, which is a 50 minute flight. There we learned our patient was at Kirawagi. This was a native village approximately 150 miles away and out of bounds to army personnel unless granted permission to enter from the Australian New Guinea Adm. Unit. Once more, we were airborne, the weather was not good with clouds filling the valleys rapidly. The grass strip was sighted and it was just long enough for takeoff and landing of the C-47. As the engines died, the crew chief opened the plane door and I started down the steps. The sight before my eyes held me spellbound. The entire population of the village had come to watch the airplane land.

As I reached the bottom step, the native women realized I was also a woman. They began to chatter with delight, knelt on the ground and clutched at my feet and legs. My bright red fingernail polish threw them into a frenzy and their voices reached a crescendo. As we walked toward the small wooden cottage where my patient was, I stared rudely at the colorful scenes about me. The male natives' faces were all painted in various colors. Each had a large hole through his nose and ears. Nose decorations consisted of bone, brightly colored wood, shells of every size and shape. The nose that really caught my eye was the one strung with old fashioned underwear buttons. All the men carried beautiful hand carved spears. Some carried hand hewn, polished rock axes. Their most prized possessions were strung about their necks. Opossum fur six inches wide was worn around the ankles and wrists. The headdress was individualistic, all unusual creations. Cpl. William, of the Australian Army, gave us a run-down on the natives. These natives were head hunters less than ten years past. The village activities were now under the supervision of the Australian Army. A Lutheran missionary, his wife and baby, had lived in the village for five years; but were evacuated at the beginning of the war. I was the first white woman these natives had seen in three years.

We found the patient lying on a four foot wide, six foot long native litter made from three inch tree branches; covered with a large sheet of tin and the middle cut out. The patient was lying on a bright red feather ticking. A native house boy was casually brushing the flies away with a palm leaf. Cpl. Church, USAAF, was a mechanic, who was flying in a Fairchild to an isolated air strip to do some work on a grounded plane. It was in bad weather and the plane in which he was a passenger crashed into one of the peaks of the Owen Stanley Mountain Range. The pilot was unhurt; Cpl. Church sustained a back injury. The pilot managed to pull him to safety before the plane exploded and burned. The pilot walked to the nearest village, Kirawagi. The natives brought the litter and it took five days to evacuate him back to the village. He was very nauseated and could not tolerate fluids or solids. Becoming alarmed, the natives forced him to eat a banana.

It was while 250cc soft blood plasma was running in that I learned of the accident. Following the plasma, we proceeded to leave the village. We flew on instruments for 1 and a half hours before the pilot decided we would have to return to Kirawagi for the night. This is where my experience in bedside nursing came in hand. We started out with sips of water, disposed of a five day old beard, sponge bath and alcohol rub, brushed his teeth.

The patient was clean and comfortable but a temperature reading showed he was spiking a fever. A discussion with the flight surgeon ensued and a regime of quinine was given. Slowly, the fever began to drop.

Hunger overtook us and we began to investigate the food situation. To our surprise, they had well cultivated vegetable gardens, orchards, chickens, horses and a herd of cows. Cpl. Church dined on fresh strawberries and thick cream. The crew chief and the native house boys prepared us a meal such as we had not seen in over a year. We sat down to a table laden with sweet corn, tomatoes, sweet potatoes, fresh green beans, strawberries, oranges and lemons and cream for our coffee.

Capt. Fried offered to sit with the patient during the night. His bed consisted of a baby's crib mattress on the floor next to the litter. We were at 5,500 feet above sea level and it gets cold at night. I slept in my flight suit covered with three blankets.

Once the lights were out, the rats scurried out of their various holes and began a busy, noisy night scampering about, dragging objects, gnawing and shrieking.

Morning came, cold and clear. The patient had rested well with the aid of a sedative and his temperature reading was down. Once more, he was loaded onto the plane for the ride back to civilization.

As a farewell gift, I was given three perfectly carved arrows, a huge bouquet of roses, a sack of lemons and a sack of peanuts. Capt. Fried was the proud owner of a large sack of sweet corn.

A doctor awaited the plane to escort the patient to a medical facility. His general condition was better and he had had no complaints in flight. Just a routine mission!

It was late afternoon on March 18, 1944, when a Capt. of the Australian medical corps came to my tent. He wondered if it would be possible to move a seriously ill patient to Port Moresby that day. The patient was of the Australian Army and had been diagnosed as an "Acute Ascending Paralysis" which had begun to involve the diaphragm. The nearest respirator was at Moresby and the next day might be too late.

Just then, a lone transport plane came sneaking in for the night. Here was a plane ready to go. We asked the pilot, Charles F. Ward of Indian River, Mich., if he would make the flight and he readily agreed to do so. It would be at least 30 minutes before the patient reached the airstrip, giving the medical team time to load the oxygen equipment and medical chest. The patient was a middle aged Aussie, anxious, breathing rapidly and was restless. He had a complete paralysis of the legs with no evidence of any motor control. As we took off, the last bit of daylight was disappearing. We climbed to 2,000 feet and the patient was rational and cooperative. When we reached 5,000 feet, the patient became restless and complained of pain in his left arm, breathing was rapid and there was evidence of early cyanosis, his mouth was dry, requiring

small amounts of water. Pulse was 100 and resp. was 28. Oxygen was applied and his condition improved. By the time we reached 8,000 feet, oxygen was given almost continually. Just removing his mask to give him water caused a twitching of the left face with some muscle lag; he had some difficulty swallowing and complained of numbness in the left arm. Above the steady drone of the motors, there was an occasional question from the crew as to the patient's condition and they also kept me informed of altitude variations.

At this time, the patient was so restless the mask had to be removed at intervals. His lower extremities became very cold and were wrapped in blankets. The altitude was dropping and we came feeling our way through the darkness and saw the welcome lights of Port Moresby. The pilot brought the plane down slowly, circling above the lighted strip. The plane came in for a smooth landing, and we were met by an ambulance and one of our own Flight Surgeons. The patient's condition on arrival was good. The flight had been a routine operation for air evacuation in New Guinea!

10 June 1944, Maj. Miller, C.O., Lt. Dial and T/3 Ramsey were flying a load of psychotic patients to Milne Bay in the SWPA. The weather was bad and the plane could not land. Heading toward Port Moresby, one of the engines failed and they flew on one engine. The weather at Moresby was too bad to allow a landing a crash landing was inevitable. They flew on for an hour. During this hour, Lt. Dial and Sgt. Ramsey continued their nursing care, preparing at the same time for a crash landing. They continued their duties in a very calm manner, securing the litters and placing the ambulatory patients in a safe spot. Finally, the plane landed on a tiny Fisherman's Island above Port Moresby.

On landing, all three medical personnel were thrown clear of the plane sustaining serious injuries. Maj. Miller had 3 ribs fractured with a punctured right lung. Lt. Dial received a nasty fracture of the upper third of the right humerus with a separation of the frontozygomatic suture with severe lacerations. T/3 Ramsey had a compression fracture of the 1st and 2nd lumbar vertebral bodies with temporary paralysis of his lower extremities and loss of sphincter control. This paralysis left in 2 days.

They were evacuated to Townsville where Lt. Dial had an open reduction of her fracture and Ramsey was maintained in a hypertension cast. Maj. Miller required oxygen, blood transfusions and extended nursing care and hospitalization. They were all three evacuated back to the states when their conditions stabilized.

Lt. Dial was awarded the DFC and the Purple Heart for her bravery and dedication to duty when she disregarded her own injuries to direct the removal of her 18 patients from the plane when it crashed.

Incidents- 804th MAES

A call from Wing Ops. Two fighter pilots have crashed at Terapo, a Catholic Mission up on the West Coast of New Guinea. One said to be severely injured. The C-47 took 45 minutes to get there. The strip was 2300 feet long, marginal for the C-47. A wrecked P-47 lay in the middle of

the strip 300 feet from the end. At the other end of the strip, now 2000 feet, was an intact P-47 pulled over to the edge about 100 yards from the end. Another 300 feet of marginal use but, due to the skill of the pilot, used. He landed with the left wing of the C-47 completely off the runway. The injured pilot had a crushed left antrum and cuts and bruises. The return flight was concluded as darkness fell, without incident.

January 1945

We were given a rice paddy as a camp site just behind a big sugar mill. The runway for P-47s was perpendicular to the mill and as they cleared the mill they passed over our area. The ground was always very soft and after one heavy rain we were ankle deep in water throughout the camp.

One morning we heard a P-47 back firing as it was taking off over the mill, we saw it barely clear the building and as it passed over us it released a 500 lb. bomb in order to gain altitude. The bomb landed in the middle of our camp, buried itself halfway while we all tried to do the same. After hugging the ground for what seemed an eternity we decided it was not going to burst and called the P-47 base. We were told we should not have worried because it takes more than a few feet for the fuse to be set!

March 1945

We were asked to move a Marine Corporal who had developed bulbar involvement with his poliomyelitis and had been receiving artificial respiration for over 24 hours. Bad weather at our destination on Leyte was turning transports away but a volunteer crew from the 57th T.C. Squadron responded. Lt. Mary Wiggins, Tec/3s McMullen, Lander and Oleyar and Corporal De Simone were the medical attendants. They placed the patient on a sheet of plywood and rocked him as on a see-saw using the motion of his abdominal contents to create artificial breathing. O2 was administered continuously. He made it but died the next day in the "iron lung". All members of the flying crew were recommended for the Bronze Star.

July 1945, Late evening the nurses were startled by an exchange of shots. Grabbing their 45s and 38s they prepared for the worst. But the Philippino guard who had been jumped by a Japanese in GI clothing was able to fire his M-1 as the Japanese fired his luger. He lost the fight. The girls felt they had received their baptism of fire.

Air Force Lineage and Honors

Created: 29 Jul 2020

Updated:

Sources

Air Force Historical Research Agency. U.S. Air Force. Maxwell AFB, AL.