

816 MEDICAL AIR EVACUATION SQUADRON

MISSION

LINEAGE

816 Medical Air Evacuation Squadron

STATIONS

Greenham Common, England, 6 Apr 1944-Aug 1944

ASSIGNMENTS

COMMANDERS

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

EMBLEM

MOTTO

NICKNAME

OPERATIONS

Activated Bowman Field, Ky. Jan. 1944, left Bowman Feb. 1944 for Camp Kilmer, NJ. There was a delay of overseas departure and everyone took passes except Sgt. Arthur Hehr. He did not suffer

too badly as he went into NYC every weekend and was treated royally. Departed on the ISLE DE FRANCE, a huge ship with a capacity to hold 15,000 people (we were told by the British crew), on March 13, 1944. The enlisted men's bunks were deep in the ship near the engines. The musty air and pounding engines added to the misery of the seasick personnel. The crewmen sold them English bread which helped soothe the weary stomachs. The ship traveled without a convoy, zigzagging along with an occasional deep "whump" of a depth charge being dropped.

Arrived Scotland March 22, 1944 and were met by the Scottish people, who brought them coffee and donuts to the windows of the trains. From Scotland, went to Greenham Common near Reading, England. The German bombers passed over the base at Greenham Common every night on their way to bomb the English factories. The Germans were aware the air evac personnel were there but the factories took first priority. Here at Greenham Common, the GIs learned to change American dollars into pounds and shillings mostly by shooting "craps." Greenham Common was an old-fashioned place with barracks with attached latrines for the nurses. The men had Quonset huts with outdoor privies -necessitating a walk to the latrine with the "honey bucket."

The nurses were issued bicycles which they seldom used and we GIs used to borrow them to see the sights. The nurses were in demand as the officers had dances and the girls were very popular. The officers usually had "wheels" and the nurses had transportation. When the Sqdn. first arrived in Greenham Common the techs were required to guard the nurses barracks at night. At 4 AM a tech would build a fire in the Chief Nurse's room and the Big Ward where the other nurses slept. This practice did not last long.

Various activities kept the personnel busy. The enlisted men built a volleyball court which was a favorite of all the personnel. Some of the people went on passes to London and others to TDY with the 815th. They all became acquainted with Thatcham and Newberry. The group continued the air evac training started in the states. They went to bomber bases for altitude and oxygen use training. We were located near bases loaded with C-47s and CG-4 Gliders which they often visited and inspected. The 816th, under the direction of Maj. Albert D. Haug, (who was assisted in the planning stages by Sgt. Arthur Hehr) performed the first Glider Snatch of patients from Germany 2nd Lt. Suella Bernard was the flight nurse on this glider evac. The trip was made March 22, 1945 from Remagen, Germany to an evac hospital 15 miles away in France. Maj. Haug escorted patients in the 2nd glider. Ten technicians had already been "volunteered" to perform future glider evacs and were waiting for improvements on the gliders for evac missions when further glider participation was cancelled.

In May 1944, the invasion was expected and the 816th was placed on alert June 4-5th for the invasion of France. The unit also received its C-47's. A first aid station was set up near the flight line.

There was even a rumor going around that the "Dirty Dozen" were going to load there. No one ever knew if they did or not but there was a lot of "brass" running about. Around June 6th it was evident that the invasion had begun. The Sqdn. was prepared for possible bail outs, trained in what to tell the patients, shown the first aid kits they would carry, were given French Invasion money they would carry, taught the use of parachutes which they carried on the Normandy flights. Later,

because of weight and low altitude flying, patients and air evac personnel did not carry parachutes. (April 1945, Capt. Douglas, flight surgeon and Lt. Porter evacuated the first C-47 loaded with wounded from Germany.)

By June 9th, there were "blood runs," with the flight nurses accompanying the blood. Often the Troop Carrier crews dropped blood by parachute to hospitals on the ground -some pilots swore they hit the Red Cross on the ground dead center! By D-Day plus seven or June 13th, teams of air evac personnel using cases of TNT for seats, headed for Omaha Beach under fighter escort. They landed on makeshift runways made of pieces of metal which had been stripped together and dust was everywhere.

July 1st they moved to Prestwich, Scotland in preparation to start the Trans-Atlantic flights from Scotland to NY to evacuate the wounded from the invasion. Dr. John Fissell, surgeon, was killed returning to Prestwich from NY, where he had just been married. His plane with all on board vanished after crashing into a mountain. His loss was a tragedy for the Sqdn. and the morale was at an all time low for it was a close-knit family.

By July 4, they were flying into Normandy. At Ste. Mere Eglise, the German POWs were settled in and were assigned to KP. They were eating better than they ever did with the German Army and morale was high. The Americans were making money in the black market by selling German pistols for \$75 each. There was a big market for German souvenirs.

The Trans-Atlantic flights were made in C-54's manned by civilian ATC pilots and navigators. Transporting 18 patients, the flights were usually five hours to Iceland, where patients were fed, then eight hours to Newfoundland and another meal with change of patients' dressings and refueling of the aircraft. The last leg of the journey was six hours to LaGuardia, NY. These Trans-Atlantic crossings were far from safe. One flight which left Prestwich, Scotland, was lost over Iceland.

The entire civilian crew and air evac personnel were lost. Lt. Catherine Price from the 817th MAES and T/3 Frank Sorrels from the 816th MAES (who was on TDY) both perished. The next flight out from Prestwick with Lt. Mildred M. Shanner and T/3 Elmer Cox with 181itter patients and a civilian crew flying in a C-54 1anded safely at Iceland. Two hours out of Iceland, they noticed a prop was not functioning and the plane landed at Greenland for repairs. This involved going over the Ice Caps which was very dangerous. In the meantime, another engine began to cough and sputter forcing them to land at Buie West I. This load of patients was the first wounded from Normandy to reach Greenland and the patients were treated royally.

Their next move was back to Greenham Common and from there to Orleans, France -a muddy place. Late Oct. '44 found them at LeMans making flights to England and Paris hospitals. Many of the personnel went to southern France for that campaign. Some flew into Germany evacuating casualties in the Battle of the Bulge Dec. '44. Late March '45, they packed to move to Villa Coubley and Chateau near Paris. The men lived in the Chateau Marienthal, a millionaire's home. The group was evacuating American and German wounded from the Rhine area April 12, 1945 when it was

announced over the radio that President Franklin D. Roosevelt had died. One German POW remarked Roosevelt was a good man but he knew nothing of this man called Truman!

Between flights, the personnel toured and learned about the area especially Paris. For V-E Day, they shot off all the flares they could find-many of the natives learned of the war's end from the Americans' merrymaking.

Major Albert Haug, the Commanding Officer, volunteered the 816th for duty in the Pacific Theater. They went to an "Assembly Camp" awaiting orders to go to the Pacific when on Aug. 14, 1945, the Japanese surrendered.

The long wait was over and the hunt for suitable transportation home began. Space on the ship, SANTA ROSA was obtained and the 816th left for the U.S. Oct. 1st, 1945 arriving at Camp Kilmer, NJ Oct. 10 where they were disbanded.

Awards: All flying personnel of the 816th received the Air Medal, American Theater Ribbon, European and African, Middle Eastern Theater with 4 Bronze Stars, Good Conduct Medals and the technicians received their Crew Wings.

Our table of organization called for each plane for Air Evacuation to be manned with a flight nurse and a Tech. Sgt. who had been well trained to make these flights. Since these C-47 cargo planes carried military supplies to front lines we could not have the planes marked with a Red Cross, nor could they be armed as we carried injured soldiers to the rear for medical care. While cargo was hastily unloaded at forward positions, the flight nurse and technician set up the litter straps for the patients.

When we boarded the plane all the bucket seats were folded against the walls, and the cargo completely filled all the inside space. The pilot met us at the door and said, "Welcome, you don't have to worry; we have this plane armed." Knowing it could not be armed I replied, laughing, "Of course, the pistol you are wearing!" He laughed, saying, "Go look on the wall in the blue room, we really are armed!" I found, hanging on the wall an ancient rusted muzzle-loaded shot-gun! It made good decoration if nothing else! Since we had only the cases of cargo to sit upon the T/3 and I looked it all over. Cases of 50 caliber machine gun bullets, cases of 105 mm shells, and all the rest of the space was filled with five gallon cans of gasoline. We had to sit upon the cases. All the planes were lined up for formation take-off. On this flight we were to have fighter escort.

Taking off in formation, the planes were behind scheduled time apparently as the cover of fighters and we had to be coordinated. We both watched through the windows when about three hundred feet or so off the ground our plane on inside wing position had to throttle-back to stay inside when the lead planes made a left turn. We were barely maintaining airspeed. The plane would sometimes slip sideways toward the ground. I wondered if we might crash Then I was concerned about the cargo we were carrying. Remembering my few weeks detached duty at a B-24 base near Norwich

That some of those planes blew-up on take-off, or also collided in air after take-off I asked the T/3, "Do you think we would blow-up if we made a crash landing?"

"I don't know!" He seemed as nervous as I did about it! After some discussion of it, we decided that even a bullet in the right place might blow this stuff and us up. Our parachutes or the Mae Wests wouldn't do us much good either. Soon our formation straightened up and flew right. We felt much safer with the fighter planes over us. The Allied positions on the beach-head we had heard were precarious.

Soon we were over the English Channel. Below us we could see all sorts of ships heading both ways. We were well aware that the Allied force had such a small toe-hold on shore. Enemy resistance was fierce.

Across the channel as we neared the shore, we saw hundreds of wrecked ships that had never reached shore, as well as the thousands of wrecked equipment, wreckage. Unbelievable sights. All the wrecked, broken gliders that had crashed into posts set securely in any open field or into the thick impenetrable hedgerows the open field where the mat landing strip was, still had the wrecked gliders with wings torn off, and other debris of war around it. The air was very dusty with all the activity. We could hear regular explosions of bombs and shelling as we landed. On the flight over, I'd been so interested in all we were passing over that I'd not noticed my ears becoming stopped-up a bit.

That did not interfere with my hearing all the shells falling, seemingly nearer! As soon as the door was opened I stepped outside and saw a Flight Surgeon acting as coordinator, Capt. Mills. He was covered and caked with dust, his face, his hair, and clothes. Even his eyebrows were thick with it. He said the patients had been lined up on the litters on the ground nearby and in front of us for a longtime because of the delayed landing. Shells falling and exploding nearby continued with regularity. Pattern bombing.

Quickly all the cargo had been unloaded and we immediately started loading the plane with the litters. Capt. Mills was overseeing it from the ground. The patients passed by me so fast I had only a quick look at them. Their charts were tucked under an edge of their litters. About eight patients were loaded when I noticed that one who passed by did not look at all good. He seemed to be comatose, and his color was very bad. Loading continued while I went forward to check his condition.

His pulse was weak and thready; I checked his chart to see what his injuries were. He had serious abdominal wounds that had been surgically treated. He was dying, could not be roused. I decided to give him back for more care. Just that second Capt. Mills stuck his head in the doorway and yelled at us to, "Shut the doors and get the hell out of here, the shells are getting too close!" Immediately went to the door to give the patient back to him. But everyone, ambulances, all had disappeared completely. No one at all there! We had to go no time to lose!

Soon as we were air born I went up front to notify the radio operator that we had a dying patient on board. That I was afraid he could not last until our landing, wherever it might be. "If he dies during the flight I don't want the other soldiers on board to know it. I'd like them to have a doctor on board the plane the second the doors are opened. In any event this patient needs very prompt attention." He said he would take care of it. Back in the cabin I told the T/3 about it. The plane was only about half loaded. Asking him to mostly take care of the others while I was busy with this poor dying soldier.

We had a German prisoner of war with a sucking chest wound, and I'd be mostly occupied with them on this short flight. All the other patients were really in quite good condition with their previous battle ground care. The POW with the chest wound was not in the best of condition, but he was nervous, worried and not at all sure how he would be treated. Since he did not understand English I worked a bit harder with him and tried to assure him he would be treated well. I wanted to let him know he would be all right and that he would recover.

I constantly checked the dying patient, changed his position a bit. Not long after he did die. I definitely did not want the others to know about it, and I was afraid the patients across from him would notice

He wasn't breathing. I turned him a bit more towards the wall, adjusting his pillows and head to make it appear as though he were asleep. I immediately informed the T/3 and asked him to act as though all was normal. Our take-off from Normandy, near Ste. Mere Eglise had been done with great haste. The last shell falling even closer that explosion popped my ears open!

When we landed in England near a General Hospital the plane had barely stopped moving when the doors opened from the outside. First on board was a flight surgeon followed by litter-bearers.

They all seemed to crowd onto the plane. I spoke, "I'm so glad to see you Doctor. This is the patient I wanted you to check." I handed him the patient's chart which I'd closed. He then went to check the soldier's condition. He briefly checked the pulse, listened for a heartbeat, turned to the litter-bearers and said, "Take this patient to Ward 3." I spoke to him of the German POW and his sucking chest wound. After checking him briefly the Doctor said, "Take this patient to Ward 2. Then take all the rest of them to Ward 1." It was a great relief to me that none of the patients knew that one of them had not 'made it'.

Summer of 1985 I attended a reunion of the 440th Troop Carrier Group to whom in October 1944 we were attached at A-50 airfield near Orleans, France. During one of the special social evenings in a large room each of the different group squadrons were in different areas of the large room swapping tales and renewing old friendships. I visited each group, talking with different ones. One of the former pilots was telling me about one of his first trips into Normandy to pick up patients. He spoke of the terrible wreckage along the shoreline as well as all the broken gliders in the immediate landing area. He said, "As soon as we landed I went outside the plane to get a better look. They had injured soldiers on litters lined up on the ground waiting for us. I wandered over to take a closer

look at them. They were so young! One looked to me as though he was dying. He was lying there crying, tears rolling down his cheeks, and he kept calling for his mother.

When I recounted to him the above description of my first flight into Normandy that pilot said to me," When you were telling me about that, chills were running up and down my spine! That was my plane! The wheels had barely stopped moving when we landed, and the door was opened. The Doctor, litter-bearers, ambulances were all there! I never had it happen that fast again, ever!"

Several persons in recent months have asked me about the glider pick-up with patients at Remagen, Germany and across the Rhine River during WWII when that bridge and all others were temporarily out. This happened forty-four years ago on March 23, 1945 and this is what I remember.

First, the planning had all been done when I came upon the scene and the gliders already made into hospital ships for transporting patients. I remember this was not a completely new operation, since it had previously been done over mountainous territory in the China Burma-India theatre, although reportedly not with nurses. At any rate, it was not heroic on my part Major Albert D. Haug (our CO) had asked me to go on this flight just after my return from one of our routine flights with patients on a C-47. I was told I would care for patients in flight, the same as on other trips, and I readily agreed to do so.

I remember our landing at the pick-up point an orchard strip was smooth and uneventful. Patients were not there and ready to be loaded as anticipated. I later heard that some had been ready the day before and we did not make the flight because of bad weather therefore they weren't sure if or when we would arrive. There were several army ground personnel milling around, but no patients.

I remember we waited what seemed like quite a long time and became concerned that the C-47 circling over-head would run out of gas and have to leave without us.

I did not see and do not remember anything about the 2nd glider, although I must have known about it at the time. I later learned that it may have been the first to land and take off.

I know there were two persons riding with me other than patients an Army Sgt. and another- perhaps a newsman. The patients finally arrived, were loaded in the glider, and the C-47 snatched us up. There was quite a jolt on take-off and one of the ropes by which the litters were suspended broke dangling at one corner, three litters with patients. The Sgt. riding with me helped me to re-attach it. My one completely unconscious patient happened to be in this group and I remember worrying a great deal about him.

I don't know how long the flight lasted but one of the wheels collapsed on landing and we came to rest against a fence but had a fairly smooth landing in spite of it. The patients were removed from the glider and taken by army ambulance to a hospital. Of course, I never knew what became of them after that wondered about it for a long time afterwards but I then flew back to my base near Paris, and back to my usual duties.

This probably could have become a successful on-going operation, but, since transportation across the Rhine was re-established, there was no longer any need for similar air evac missions.

T/3 Elmer Cox remembers Maj. Albert D. Haug, M.D. worked to perfect the Glider Evac and attended wounded on the second glider.

June 6: After the invasion of Normandy, Army medics began to cope with many casualties with severed spinal cords, severe head wounds, and pulmonary wounds. With no hospitals ashore, the sick and wounded needed to be evacuated to England, but heavy surf hindered sea evacuation. By June 8 aviation engineers in Normandy completed an emergency landing strip in the mud behind Omaha Beach.

June 9: Flight nurses of the 816th Medical Air Evacuation Squadron (MAES) flew "blood runs" to Normandy, airdropping fresh blood. 1944

Air Force Lineage and Honors

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Sources

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