

SATURDAY, OCTOBER 6, 2001

WWII flight nurses gather

By KATHERINE ULLMER

Dayton Daily News

WRIGHT-PATERSON AIR FORCE BASE — They flew without fear. Then and now — during World War II and after the Sept. 11 World Trade Center disaster.

The 23 World War II flight nurses who flew into Dayton for their annual reunion and to dedicate a plaque Friday in the Memorial Park at the U.S. Air Force Museum to honor all World War II flight nurses, came from far and near — Maine, Florida, California, Massachusetts, and Cincinnati, among others.

Between 1942 and the end of 1944, 1,514 nurses and 907 enlisted men were trained and 18 medical air evacuation squadrons were formed, according to VerNell Bjerke, 80, of Manhattan, N.Y., president of the group, the World War II Flight Nurses Association, Inc., which numbers about 430.

Bjerke, like Agnes Flaherty, 80, of Portland, Maine, treasurer of the group, flew in the Pacific with the Army Air Corps, which later became the U.S. Air Force.

Bjerke, like Flaherty, helped care for the wounded that were air evacuated from the battlefields of Guam, Okinawa, and Iwo Jima. Though they weren't fired on, "we would see firing in the background of Okinawa," Flaherty said.

Juanita Engelbrecht, 84, of Cincinnati flew with the 807th Air Evacuation Group from North Africa up through Sicily, Italy and Germany, often picking up war prisoners along the way. Like the others, she volunteered to serve her country, because "it was what you felt you had to do," she said.

Most of the flight nurses flew on C-47s or C-54s, prop planes that didn't have heat. There were many other inconveniences.

"A nurse wasn't allowed to have any dependents, even if you supported your mother," said Edith (Brown) Rothenberg, of San Antonio, Texas, whom the others in her squadron still call "Brownie."

Rothenberg spent 25 years in the service, serving through the Korean War and the early part of the Vietnam War. She and three other members of the 806th squadron, who flew air evacuations from France to England, Jean (Foley) Tierney, of San Antonio, Joan (Denton) Jervis, of San Francisco, and Geraldine Dishroon Brier, 85, of Cheyenne, Wyo., shared memories over lunch at the museum. The four have kept in touch by phone during the years.

Flying in over enemy territory with a plane loaded with fuel created stress, and they became a sisterhood, Jervis said. "We knew each other's family. Everybody shared letters."

Their squadron was "the first to go into the Omaha beachhead on invasion day" to pick up the wounded, Brier said.

Brier, the first graduate of flight nurse school in the country, recalled flying into a British air base and being refused access to the officers' mess hall. She was told no ladies were allowed, but her pilot replied, "She's no lady. She's an officer in the U.S. Army Air Corps." The man left, only to come back and say, "you're welcome to be in the mess hall," she said.

Flight nurse training was at Bowman Field in Louisville, Ky. Since they hadn't ordered any wings for the women, when she graduated in

Feb. 1943, "Gen. David Grant took his wings off and put them on me," Brier said.

Of the 1,176,048 patients evacuated by air, only 46 died in the air, Brier said.

Bjerke was 21 when she entered the service. After her two-year tour of duty, she worked for TWA for 41 years as a flight attendant, a purser, and service manager.

"Nothing ever scares me," she said. She lives about 30 blocks from the World Trade Center, but wasn't in town Sept. 11 when terrorists flew two commercial planes into the towers.

"When I worked for TWA I was with their trauma team, but I was out of town. In a way, I'm glad, too. It's really traumatic." She walked to the site last Saturday and was amazed at the pile of rubble, she said.

Still, "I never thought to be afraid to fly," she said. "I would have gone up the next day. If you've been through the war, you don't worry about anything," Bjerke said. "If we weren't going to come back, we would have been gone a long time ago."

It was a day for remembering, and about an hour before the flight nurses dedicated their plaque, a somewhat larger group from the 380th Bombing Group, which flew in the southwest Pacific during WWII, met to re-dedicate its memorial plaque in the park.

Former Speaker of the U.S. House ('87-'89), Jim Wright, 78, of Fort Worth, Texas, a bombardier with the group, and his former crew member, Delmar (Curly) V. Sprouts, 87, of Olathe, Kansas, a gunner target specialist, were among those present.



806th MED AIR EVAC SQDN, LOUISVILLE, 1992

Front row, Gerry Brier, Phyllis Choura, Jean Tierney, Dorothy Worden, Pat Mello,
 second row, Bill Brier, Shirley King, Marion Shulze, Ethel Simpson, Ruth Butler,
 Dorothy Barnes, Charles Pieper,
 back row, Gene King, Ken Shulze, Dick Simpson, Edith Rothenberg,
 Ed Tierney, Ken Worden.

Photo taken by Kathryn Varmec, Dorothy Barnes' daughter.



Membury Tower
 from the left: Lt Harold Meiore, Lt Mary Taggart, Lt
 Katherine Millane, Lt Denzil Nagle, Lt Ethel Carlson,
 in front, Dr David Doyle in back, one of right is not
 identified.



Nurses and Medics of the 815th MAES
 Living room of Nurses quarters at Membury.

THE 67th (now 567th) AAF BAND

During WWII the 67th AAF Band was stationed at Bowman Field. They performed at the Kentucky Derby in 1942, at dances in downtown Louisville and at the Officer's Club. A few of these fellows contacted me about joining the 79th at Louisville. I felt the more the better so I sent them details on the Holiday Inn. They were able to get about a dozen together counting wives, so they decided to have their own dinner when the 79th and the 806th had their dinner. They attended the dedication, evidently this was their first reunion, and showed a lot of exuberances when they were together. Remember when we got together the first time in 1981?

History of the 806th Medical Air Evacuation Squadron

Although the evacuation of the wounded by air is well established today, in the early 1940s the Army Nurse Corps did not see nurses in that role. But General David Grant, as Air Surgeon, was interested in promoting the Flight Nurse as part of a medical team. So the first Air Evac School—the 349th was established at Bowman Field in November 1942. It was the first of its kind in the world—and during WWII air evac squadrons served in the ETO, the South Pacific, Italy, North Africa, and the CBI.

The transport planes used were the C-47s, the Army version of the DC-3 used by the airlines. They were unheated and unpressurized. They were to be used for carrying supplies to the troops at the Front and then adapted for carrying wounded back to General Hospitals.

My squadron, the 806th, went to the ETO in July 1943, and until December 1945 served at 13 different bases.

On June 6th 1944 D-Day, we were at Grove, England with the 31st Transport Group, and on the 11th of June began evacuating wounded from the first airstrip—T-1 at Omaha Beach. This airstrip overlooking the Beach at Easy Red was packed dirt—3400 feet long with a ravine at each end. The final approach was over what is now the Normandy American Cemetery.

During June, July, and August our squadron evacuated 20142 wounded back to England.

On 28 August the squadron was transferred to Prestwick, Scotland to begin the Trans-Atlantic flights with Air Transport Command in C-54s. These flights were to Iceland for refueling and for hot food for the patients, then to Newfoundland. The flight to Iceland was usually 5 hours—then to Newfoundland about 9 hours. From Newfoundland we “dead headed” to Prestwick. A nurse stationed in Newfoundland went on to New York with the patients. The squadron flew with ATC all through January, but because of the icing problems, we were transferred to Orly Field, Paris, to begin flying the Southern route to the Azores. These flights carried the most seriously wounded, many of them paraplegics. Average time to the Azores was eleven hours, altitude 8000 feet. Only one runway at Lagens and usually a strong crosswind. Total number of patients evacuated with ATC --- 4006.

In March 1945 we moved to A-55 near Melun, France where we flew with the 436th Troop Carrier Group.

On the 30th and 31st of March the squadron participated in two mass evacuation flights from Y-71, Y-66 and Y 64, all in Germany to A-80 and A-54—from east of the Rhine to Paris or Rheim, evacuating 1645 patients during the two days. This took place after “Operation Varsity”—the paradrop over the Rhine.

These planes of the 436th departed A-55 with 100 Jerry cans of 100 Octane gasoline to supply the fast-moving Allied armies sweeping across Germany. After the gas was unloaded at the advanced airstrips—usually just open grass fields—the planes took off for other fields to pick up the wounded to be flown to Paris or Rheims. Total flying time on these trips was 7-8 hours, altitude 3000 to 5000 feet, and the weather was usually cloudy and rainy.

During the month of April 1945 a total of 17287 patients were evacuated from airstrips in Germany to airfields in France or England . This was a world-wide record.

On the 12th of April,1945,one of our nurses was killed in action. Lt. Dolly Vinsant was on a resupply flight. The plane had left R-2 and was on the way to Y-96 to pick up patients when, in bad weather,the plane hit a hill near Mulhausen, Germany. (Dolly) she is buried at the Netherlands-American Cemetery , Margraten, Holland.

During the summer of 1945,as we flew deeper into Germany,many of the prison camps were being liberated and we brought back many American and Allied Prisoners of War- some had been imprisoned 3 years or more.

Some of the American GIs had been sent on forced marches and had been deprived of food. They were extremely emaciated, and completely silent and unresponsive. It was difficult to see our own soldiers in such distress.

The Concentration camps were also being liberated and most of the displaced persons were of different Nationalities –Russian, Polish, Czechs,Belgian, Dutch,Gypsies-some younger and even some babies. All their possessions were in small bags or kerchiefs. They were loaded on the planes in such numbers ,that we wondered if we 'd get off the ground.

Flying over Germany,it was always extremely turbulent ,and many of them were nervous and anxious about the flight. The language barrier made reassuring them difficult.

On the 11th of May 1945, several of us flew to Stalag Luft 1 at Barth, Germany on the Baltic Sea. The Russian Army had liberated this prison camp and we were to evacuate the released prisoners to France. C-46 planes were used for this flight. These men were airmen from the 8th and 9th Air force who had been shot down and captured.

This was a happy mission, indeed—most of them were in good condition,and they were delighted to show us their surroundings –even the dungeon where the solitary confinement cells were located.

One of our nurses found her brother there—he had been listed as missing.

When we took off ,they were crowded into every space on the plane.. Their cheers were heartfelt and awe-inspiring.

All during July and August of 1945, flights continued ,and on the 25thof July the first plane load of patients were evacuated from Templehof Airport,Berlin to Y-42 Nancy,France. The trip was 4 hours.

As the war was winding down,many of our nurses had gone back to the States in anticipation of going to the Pacific –but the dropping of the Atom bomb changed that.

And in the next few months the history of the 806th Medical Air Evacuation Squadron also ended.

REPORT OF NURSE

1. STATEMENT OF MISSION: 2nd. Lt. Jean K. Bartholomew, ANC and Tech. 3rd Grade Charles F. Pieper left Station 474 at 1630 on the 29 October 1943, on orders, to evacuate 14 patients to the United States.

2. DEPARTURE: We left Station 474 by plane, arriving at 52nd General Hospital at 1830 on the 29 October 1943. It was planned that we should depart by plane with the patients from this station. As the weather was unfavorable, we finally left by ambulance for Birmingham and boarded a train there at 2330, 31 October 1943. Capt. Frohele Jensen, M. C., accompanied us on the train ride. As we were all in one day coach, it was necessary to place the one litter case on the floor in the aisle. Four additional litters were placed on the floor to allow the other patients to take turns sleeping. We carried blankets and three jugs of coffee, water and fruit juice. Good lunches had been supplied by the hospital and the Red Cross provided cups, cigarettes, candy and magazines. With the cooperation of the RTO officer at Carlisle we procured fresh water and coffee enroute. Both the ambulance and train rides were very tiring to the patients, especially T/Sgt. Gardiner, who felt the jarring and bouncing about intensely. We arrived at Prestwick at 0900 on 1 November 1943, and were met promptly by ambulances on arrival at Station 3. We put Gardiner and Graham, the litter case, to bed in the station sick quarters. They rested well. As we were on one hour call most of the day, it was hard to get the other patients to lie down and relax. Everyone here was most helpful, especially Capt. George and L. Connolly, M. C.

3. PLANE TRIP: We finally took off at 0010, 2 November 1943. The entire trip was uneventful and smooth, flying at an altitude of between 5000 and 8000 feet. A regular DC-4 Transport was used because it had comfortable reclining seats and as all but one of our patients were ambulatory, it was felt this ship would be more suitable than the hospital ship with its litters and bucket seats. The one litter used was strapped over two of the front seats and it proved very satisfactory. All the patients slept through to Stephenville, Newfoundland. Here we landed for a welcome 1-1/2 hour rest and a hot lunch. Sandwiches and coffee had been served during the night but no food was put aboard at Stephenville.

4. ARRIVAL: We arrived at Bolling Field, Washington, D. C., at 1930, 2 November 1943. There was some delay due to a short security talk being given before debarking; due to the roster having to be checked at the foot of the gangplank; and to the baggage having to be identified. Admitting service at Walter Reed Hospital was speedy and patients were fed and in bed by 2330.

5. MEDICAL ASPECTS: All patients were enthusiastic in their praise of the flight. T/Sgt. Gardiner, a lung case with a history of three episodes of hemoptysis, had been apprehensive of the whole trip. He had had some 400 hours in the air as a member of a bomber crew and was very familiar with the advantages of using oxygen but, due to his condition, was much against the trip.

After reaching Washington without mishap, he reversed his opinion. Plasma and extra oxygen were carried aboard for him in case of any emergency. He stood the trip well and his pulse and respiration were normal. Oxygen was given to him during the last three hours of the trip for accumulated

fatigue, but at no time did he suffer from dyspnea. Capt. J. M. George, M. C., who accompanied us, was very well pleased with his condition.

6. CONCLUSIONS AND RECOMMENDATIONS: As far as the air trip is concerned it was most successful, and not nearly as fatiguing as a train or ambulance ride. Both the ATC pilots, Capt. Ross Weaver and Capt. W. B. Butler, did their utmost to make our flight pleasant. The pursers on the trip were most helpful and considerate. I would like to recommend that food be served on the Stephenville-Washington leg of the trip when patients are aboard. Coffee and fruit juices are particularly welcome. Also, if the patients could be loaded into the ambulances before the roster is checked, it would keep them from becoming so tired. Meanwhile, the Flight Nurse on duty should check the baggage off on her list. This would save time and confusion. In case Flight Nurses are held over night at Prestwick, there are no quarters available, except the hotel in the next town and reservations are very hard to obtain there. If flights are delayed after 2300, Adamton Hall Mess is closed and Orange Field Hotel will not allow women or enlisted men in their Snack Bar, the only place food is obtainable after 2900. A much lighter flight chest is being designed by the AAFAE, Bowman Field, Kentucky, which will be a big help if it saves weight and space. Regarding priorities for return trip, Capt. George received a Class II, Sgt. Pieper and myself a Class III, Capt. George left the Zone of The Interior on 6 November 1943, but Sgt. Pieper and myself were delayed until 15 November 1943.

JEAN K. BARTHOLOMEW,
2nd Lt. ANC,
Flight Nurse.

PERSONAL EXPERIENCES OF A FLIGHT NURSE

Perhaps this title may prove to be a bit misleading, so I'll explain that the following are incidents experienced by various members of my own particular unit, sometimes by the unit as a whole, and not entirely by me alone.

This is not an attempt to glamorize this branch of the nursing service or to picture it's members as great heroines. For, as is true in any profession, much of the work is pure routine, broken only by these occassional events and accidents peculiar to its type and must be expected.

D-Day, June 6, 1944, was the day we Flight Nurses in the ETO, along with the rest of the world, had been tensely waiting for, not because we wanted it to happen, or enjoyed seeing suffering and bloodshed, but because at last we were to be given a chance to prove to a skeptical world that ours was a valugble and worthwhile cause, a chance to put our special training into actual practice and a chance for personal satisfaction by "doing our part" to help win the war.

Although impatient and eager to begin, at the same time we were fearful and doubtful of our ability to handle the vast and unusual situations we imagined were bound to arise during the pursuance of our duties. It was as though we were inventors trying out our first invention, not quite sure it would work despite our confidence in it.

But with our first successful flight from England to Normandy and the return to England with wounded we were filled with enthusiasm and confidence in our ability. Before long we had settled down to a systematized daily work routine. The hours were long and nerve-wracking, but the sense of satisfaction we obtained by devotion to duty made up for everything.

However, with success we encountered many trivial set-backs and had our usual number of trials and tribulations. As everyone knows, no man-made inventions can be quite perfect, and thus accidents to our airplanes could often not be prevented. Also the first emergency landing strips in Normandy were rather crude due to hasty construction and were too short and rough. Barrage balloons were a necessary hazard, leading crews were inexperienced though willing, annoying delays were numerous, and last but by far the least, unfavorable weather conditions for flying had to be continually combatted. Meals, we had our breakfast before taking off in the early A. M. and usually didn't eat again until we returned to our home base late that night. This was in 1944. In 1945 things begin to change and fairly frequently we would land close enough to Evacuation or Field Hospitals near meal time. Our hats are off to those people in many respects, but since this is being written about air evac, I'll not go into that here, but ask us some time.

** mess officer made us dress in Class A's before entering mess hall*
Eventually, we were given K-Rations for flight without breakfast
Many a day a group of us would arise at 4:30 A. M., then "stand-by", as we called it until noon, or after noon waiting for a fog to lift, or other weather conditions to improve so we could fly. Although some days, due to urgent need for us to evacuate the wounded, or too, the need for supplies at the front, we did fly in spite of bad weather, sometimes skimming over the water in the Channel at a height of 100 feet or so, miraculously missing a crash into the numerous convoys of ships strung across the Channel. I remember one time the plane in which I was riding

??
Breakfast
Without
sometimes

crossed safely over the Channel only to find Normandy blanketed with a thick fog. Unwilling to give up, the Pilot searched for the field on which we were supposed to land with supplies and take on wounded, but was unable to see an opening through the fog. Finally after circling around for some time he spotted an opening through which could be seen faintly an air base. Though he knew it wasn't the right one, the Pilot thought it best to land there and wait safely on the ground for better weather. So he landed in what proved to be a Fighter Base. Within 20 minutes of our landing seven more planes and crews from our Group also discovered the same haven and quickly came in. There we remained for four hours, until the fog lifted and we were able to proceed safely to our original destination.

As I mentioned briefly once before, the Balloon Barrages protecting England and the Normandy Beachheads caused us some grief. One evening 200 or so of them had been put up over an area in England formerly free of them. For some reason unknown to one of the pilots were not briefed on the presence of these new balloons before they took off early the next morning bound for Normandy with Air Evac personnel aboard. One plane completed their round trip, off-loaded their patients at a field near a hospital in England, then took off once more for the 30 min. ride to their home base. There were a number of low-hanging clouds in the sky, under which the Pilot was flying in order to see the ground to do what is called contact navigation. Also due to these clouds, the balloons in this particular uncharted area were hidden from view. For some unexplained reason the squeakers attached to these balloons to warn aircraft of their presence were not heard by the pilot and his crew. The nurse, sitting at the navigators table in the cockpit happened to glance out the window beside her and saw, much to her astonishment, a steel cable sawing through the wing of the plane. In a matter of seconds, though it seemed much longer to the stunned nurse watching the cable completed its sawing and approximately nine feet of the wing dropped off. The nurse continued to stare out the window with disbelief and in somewhat of a daze, as yet having no feeling of fear. But immediately the Pilot became aware of what had happened and the danger of such an accident, he concentrated on the difficult job of flying the sadly crippled aircraft to safety. He began a hurried search for an airfield on which to land, and was rewarded in a few seconds by a such welcome sight. Although he was forced to land it at a speed of 150 miles to prevent a crash, the Pilot coolly and skillfully executed the maneuver without further mishap. Not until the motors were cut and she stepped to the ground, did the nurse realize the great danger they had all been through, and was "Frightened".

Many, many tales have been told of unusual occurrences and accidents while a plane was being landed, but I guess it won't hurt to tell just one more with which I was personally involved and which gave me a few tense moments I'll never forget. It happened on one of my earliest flights after D-Day, while we were still using the first Emergency landing strip at the now famous Omaha Beach. Several inconvenience made it quite difficult for a Pilot landing there for the first time to bring his plane in smoothly and correctly. The strip was short and rough and a pall of dust hovered over the runway most of the time, caused by the heavy air craft traffic. Then, at each end of the runway was a deep gully which distorted the Pilots sense of depth perception and also caused a down draft of wind in an area where it was most important for the Pilot to have full control of his plane. Then too,

on this particular day there was a strong cross wind blowing. We had reached the air directly above that gully on the opposite for landing when both engines stalled--in a moment the engine caught once again, but it was a moment too late. For by then we were part of the way past the end of the runway and still in the air.

However, the Pilot decided to land anyway, there being enough of the runway left to make it possible. When the wheels touched the ground we all realized we were travelling at much too great a speed so clung tightly to our seats expectant of trouble. Sure enough when we reached the extreme end of the runway, the Pilot was forced to ground loop to avoid going over the edge into the other deep gully there. We made a complete breath-taking circle on one wheel throwing up a dense cloud of dust. The squeaky brakes and other sounds caused by strain caused a terrific din and clatter. Then came the sudden jarring stop, the cutting of the motors immediately after which descended upon us a deathly stillness, leaving us with a feeling of unreality and anti-climax. After what seemed hours, but was really only a few minutes we realized we were safe and all started taking at once as if it were a big joke.

Perhaps not quite so many occurrences had been related of unfortunate happenings on take-offs as of on the landing of aircraft. The plane concerned in this particular incident I'm thinking of was carrying a load of 27 ambulatory wounded, each one sitting in a seat with a safety belt securely fastened across him. The take-off itself was beautiful and uneventful, but when the plane was only a few feet from the ground, there occurred suddenly one of those unpredictable mechanical failures and it dropped abruptly back to earth, skidded a short distance off the runway and then came to rest still upright but with such force that one engine from which fire was spurting dropped completely free from its moorings and bounced yards away to the side. Before the dust had settled, ambulances were streaking across the field to find the patients already scrambling out of the plane--none of them seriously injured, only bruised and shaken. The only two occupants of the plane not strapped into seats whose duties at the moment prevented their taking such action were the Radio operator and the Nurse. The Radio Operator received broken collar bone and cuts and bruises, while the nurse suffered a broken bone in one foot, a deep cut on the chin and numerous minor cuts on other parts of the body. At this point I cannot resist the temptation to remind all Flight Nurses of the importance of using all available safety measures. What serious injuries might have inflicted on already once wounded men in that mass of struggling humanity had not they worn the safety belts! P.S. I saw this from my pl

What about some flying experiences as a direct result of enemy action? Numerous times various of our members have been fired upon by troops on the ground. Because of the fluidity of the front lines and the type of ground warfare carried on, particularly in Germany, it was sometimes very difficult for our Transport Planes to depend on a safe route over Allied controlled territory without running into trouble of some sort. Several times in Germany we unknowingly flew over so-called enemy pockets of resistance, drawing fire from the troops, so that it became quite usual to return to the home base with several bullet holes in the plane. Once four planes

flying in formation and carrying air evac personnel flew over such an area concealed in the middle of a forest. Enemy troops on a hill began firing, and one bullet penetrated the floor of the plane only a few inches from where a surgical Technician was sitting and lodged in his medical kit damaging it and its contents beyond repair. J. BARNES

When Allied ground forces were advancing rapidly deep into Germany in the form of spearheads, we often flew thru a narrow corridor with the enemy uncomfortably close on each side of us to reach an advanced air strip with supplies and from which to carry out the wounded. Enemy planes were still doing strafing jobs in those days, while none of our own air evac personnel were involved, some of us were leanding in time to see two planes who had started to land with loads of gasoline still burning, being set fire by an enemy fighter plane attack. Near Barth, Germany. I saw

One experience of my own as a result of enemy action left a vivid and lasting impression on my memory. It was a beautiful warm summer's day during the early part of the Normandy Invasion. The airfield to which we had been dispatched with supplies and fresh troops had been the subject of bitter fighting only a few days before. But the Americans had won the struggle and were at this particular time in control. When we circled this field we saw no evidence of gunfire, nor any other discouragement against landing. When we were on the ground and taxying to the end of the runway we looked in vain for signs of activity and the presence of humanity, but it seemed to be an entirely deserted place. We had come to almost a complete stop when suddenly without warning an 88mm shell exploded a few yards to the front and right side of us. From the deafening concussion the plane on that side was tilted crazily up in the air, the tip of the opposite wing touching the ground, then dropped abruptly back to its normal position on the ground. We were all considerably shaken. I for one, in a half-conscious condition as a result of bumping my head on a piece of metal. First to recover from the shock, the Pilot ordered every one out of the plane to seek cover, then grabbed me by the hand, had me on the ground and stumbling across to a convenient Fox Hole some distance away before I fully awakened to what had happened. For an hour we crouched in the fox hole while shells continued to fall all around us, but miraculously missing the plane and doing little damage to the runways. As suddenly as it began, the shelling stopped. After an interval of quietness the Pilot made a quick decision to try to get his plane off the field before it became more seriously damaged. A hurried inspection of the damaged parts convinced the crew the plane would fly and though later we counted 14 shell holes penetrating the tail assembly and several more in the body and wings. *The take-off was uneventfull and executed without interference from the enemy. But as we roared up into the blue sky we looked back and saw that the shelling had begun once again. *Bevere take off Hawksis, Mai Tald Nurse (me) Guff in plane with tanks*
* *hurry get patients loaded before Germans got started coming*
Flying the Atlantic for the first time with wounded was to us a thrilling event. We felt far away from the "Battle Frong" with all its horrors and danger, and so sensed a certain amount of relief. Our patients were so overjoyed at the actuality of so rapid a return to their homes that we too were imbued with a new spirit of happiness and satisfaction in our work.

Most of the unusual happenings I recall during this period of trans-Atlantic air evac were concerned with mechanical failures and our old enemy--weather. On one such trip a plane carrying wounded from Scotland to New York had an engine stop when four hours out of Iceland on the way to

We got our patients loaded, before doors were shut a photographer with Yank Magazine (Bugs Bunny) asked me to unload so he could get a picture shot!! I said "You're crazier than H---!" At that time he

Newfoundland. Since the shorter distance was back to Iceland, and because going on to Newfoundland would be to continue to fly into a sleet storm, which seemed to be the cause of engine trouble, the Pilot turned the plane around. It was not until the island was sighted that the nurse informed her patients of the trouble and of the turning back to Iceland, thus relieving them of that added anxiety. It was night and the lights from the field really looked good to those who could see out the window. The plane was landed safely with the 3 good engines.

Another time three of us took off in her respective plane from Paris, bound for the Azores with wounded. Incidentally the lights on that Island was always a very welcome sight to us. Due to the only time the field at Paris was "open" for us to take-off we were always landing at "Lagens Field, Azores" at night. In spite of all the modern facilities for navigation it seemed incredible to fly straight to such a tiny spot in the midst of so much water.

This particular flight of 3 planes arrived at the Island within 15 mins of each other. It was between 3 and 4 A. M., very dark, a 40 mile an hour cross wind at the Airport. One plane had had one engine stop while still 350 miles out to sea, but the landing was made successfully in spite of the loss of the engine and the hazard of such a strong cross wind. The second plane blew a tire on landing, skidded and bounced down the runway, then straightened and rolled to a stop with no harm done. The third plane in which I was riding was on a normal approach to the runway when the cross wind caught and tossed us up and then down with such violence that all articles in the rear not tied down flew up, then fell back in a jumbled, broken mass. Jugs filled with water and coffee broke open and liquids flowed through the cabin. The landing was complete and soon we were safe on the ground, though slightly dishevelled and shaken.

In conclusion, I want to pay tribute to the Commanding Officer of our unit for his never-failing confidence in us, his wise judgements and advise in time of stress and uncertainty--to him I feel we owe a great deal of our courage and determination to "carry on" in the face of sorrow and distress. We feel that not only did he act in the line of his duty, but as a friend.

He was Major William C. Phillip

Now Dr. William C Phillip
1768 Opechee Dr.
Miami, Fla. 33133

GRACE R. HAWKES
1st Lt. ANG
806th (US) Med. A. E. Sq.

and out
Christmas
1988

After retiring from his Cardiology practice he was asked
to Head up (Be in Charge of)
The Miami Heart Institute - a 250 Bed
Hosp -

He was 1st liason officer on Omaha Beach for Med. Evac
Then when Major Jordan was sent home (illness)
became our C.O. (Not long after D-Day) Major Phillips