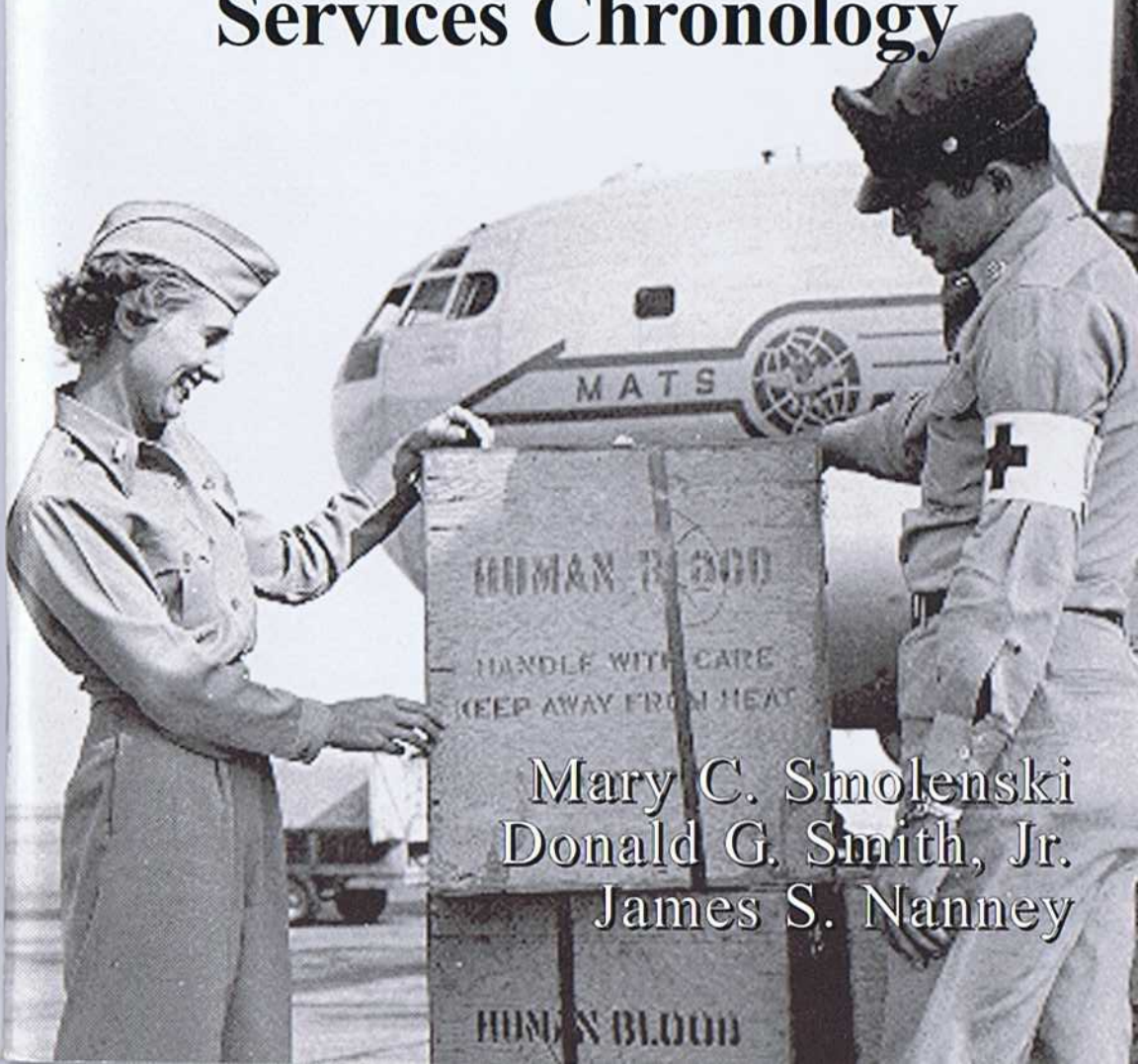


1903-2003 *Flight*
the 100th Anniversary
Commemorative Edition

A Fit, Fighting Force

The Air Force Nursing Services Chronology



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The Chronology of Air Force Nursing Services

World War Two and Its Aftermath

1941

December 7: Japanese planes bombed Pearl Harbor, Hawaii. In all, approximately 59,000 nurses served in the Army Nurse Corps in World War Two. More than 200 Army nurses died, 16 from enemy fire. Many of these Army nurses supported the Army Air Forces (AAF), and one of their new specialties was flight nurse.

1942

November 30: The War Department directed the 349th Air Evacuation Group to train flight surgeons, flight nurses, and enlisted personnel for aeromedical evacuation (aerovac) duty aboard troop and cargo carriers. Squadrons consisted of medical personnel but no planes. Headquarters, the housekeeping section, consisted of a commanding officer, chief nurse, and medical administrative corps officer. Each squadron had a headquarters and four flights. A flight surgeon with six flight nurses and six flight technicians headed each flight. A flight team included one nurse and one enlisted technician. Squadrons were assigned to either troop carrier or air transport groups.

December 22: The 77th Congress authorized relative rank for Army Nurse Corps officers from second lieutenant through colonel by passing Public Law 828. Previously, the highest rank a nurse could hold was major. Public Law 828 also provided for pay and allowances approximately equal to those granted commissioned officers who had no dependents.

1943

January: The first strategic aerovac flight had a medical crew of two: one technician and Lt. Elsie S. Ott (Mandot), an AAF nurse. The mission transported five patients from Karachi, India, to Bolling Field, Washington, D.C., a trip of 11,000 miles which lasted six and one-half days. For this mission, Lieutenant Ott received the first Air Medal ever awarded to a nurse.



Lt. Elsie Ott received the Air Medal for the first strategic aeromedical evacuation flight, January 1943.

February 18: The first class of flight nurses graduated from the AAF School of Air Evacuation, 349th Air Evacuation Group at Bowman Field, Kentucky. The first flight nurse ever awarded flight nurse wings was Lt. Geraldine Dishroon-Brier. The first flight nurse on the island of Guadalcanal was Lt. Mae E. Olson.

July 27: AAF flight nurse Lt. Ruth M. Gardiner was the first nurse to be killed in a theater of operations during the war. She was on an aerovac plane that crashed in Alaska while on a mission. She was 28 years old, originally from Pennsylvania, and assigned to the 11th Air Force of the Alaskan Defense Command of the AAF. An Army Hospital in Chicago, Illinois—Gardiner General—was named in her honor.

1944

February 8: The Overseas Replacement Depot for flight nurses was activated at Randolph Field. Nurses reporting overseas were assigned there to ensure that their records, clothing, equipment, health, and training were up to date.

February 12: Female nurse prisoners of war (POWs), including flight nurses, were liberated on Luzon after three years of captivity. They were evacuated to Leyte en route to the United States.

June: For the duration of War World Two all military nurses were given a temporary commission.

Capt. Leontine Stroup, a flight nurse, authored "Aero-Medical Nursing and Therapeutics," one of the first articles published on this topic, in *The American Journal of Nursing*.

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.



These Army Air Forces nurses, imprisoned on Bataan and Corregidor, Philippine Islands, were freed after three years of imprisonment. Manila, Luzon, Philippine Islands, February 1945.

June 11: Official aerovac began on D+5 when 2d Lt. Grace E. Dunham, chief nurse of the 806th MAES, flew into Normandy in a C-47 that was still painted with invasion stripes. Upon landing, she jumped from the airplane wearing her oversized flight suit, provided care to the wounded, and flew with them to England. By the end of the month, flight nurses had helped evacuate about 7,500 patients from France to England.



Flight nurse prepares for takeoff, North Africa, December 1942.



Lt. Reba Whittle after her return to the United States from captivity by the Germans during World War Two.

September 27: Lt. Reba Z. Whittle was the first flight nurse to be imprisoned by the Germans. Her plane was shot down by antiaircraft artillery fire behind German lines near Aachen. Every person on board was injured, but Whittle ignoring her wounds, helped move the medical technician out of the burning plane. Germans soon arrived, provided first aid, and escorted Whittle to Stalag 9C, a prison camp near Frankfurt. When she was not nursing British, American, and Australian prisoners, Whittle, the first female Allied prisoner of the Germans, remained secluded in her prison cell and never saw another woman. She was exchanged in January 1945 for German prisoners held by the Allies.

1945

As the war in Europe ended, more flight nurses were needed for domestic aerovac and duty in the Pacific.

April 14: Flight nurse Wilma (Dolly) Vinsant was killed when her evacuation plane, ferrying wounded Americans to hospitals behind the front line, was shot down over Germany. She was one of three women in the Army Nurse Corps killed by direct enemy action. Buried in the United States Military Cemetery at Margraten, Netherlands, she was the only woman so honored.

1946

Before the AAF separated from the U.S. Army in September 1947 to become the United States Air Force (USAF), it had already acquired its own medical staff, a distinct sector of the Army medical community directed to provide nondefinitive medical care for AAF bases worldwide. Definitive care for AAF personnel, however, was still provided by the Army general hospitals.

1947

April 16: The Army-Navy Nurse Act of 1947 (Public Law 36-80C) provided permanent commissioned officer status for members of the Army Nurse Corps in the grades of second lieutenant through lieutenant colonel, and provided for

the Chief of the Army Nurse Corps to serve in the temporary grade of colonel. The act also established the Army Nurse Corps Section of the Officers Reserve Corps.

1948

February: Air Surgeon Malcolm Grow noted that his monthly memorandum, "Comments for United States Air Force Surgeons," was not being distributed to nurses in the field stations. He requested special care be taken to insure that copies were made available to nurses. He repeated his request six months later in August.

March: The procurement of new nurses with no previous military experience was beginning to make definite progress. The number of nurses on active duty who were receiving their officer reserve commissions was increasing daily as well.

September: General duty and administrative nurses in Air Force station hospitals who had been trained as flight nurses were given the opportunity of practicing their specialty in aerovac duties with the Military Air Transport Service. They replaced flight nurses who had been on duty with that organization.

1949

May 12: Secretary of Defense Louis Johnson directed the U.S. Air Force to assume responsibility for its own medical support, with the single reservation that the Army would continue to operate the general hospitals. Secretary Johnson created a Medical Service Division within the National Military Establishment (later called the Department of Defense) through which medical activities of the Army, Navy, and Air Force would be coordinated through the Joint Army and Air Force Adjustment Regulation No. 1-11-62 dated May 16, 1949.

June 8: Department of the Air Force General Order No. 35 established the Air Force Medical Service, its six officer corps, and the Office of the Air Force Surgeon General. Air Force Regulation 21-10 described the general principles and organization of the Air Force Medical Service.

July 1: An independent Air Force Medical Service was established with the Air Force Nurse Corps as an integral part. The Air Force Nurse Corps was formed by the transfer of 1,199 Army nurses, most of them already on active duty (307 regular and 892 reserve officers), working in support of the AAF. Of this total, 389 became "joint staff" in Army general hospitals. The Army hospital system continued to provide definitive care for the Air Force, and 30 per-