Nurses from Springfield school first in after the D-Day landing

Marijuana Brook

Phillips and Sarmiento-Spalding were featured in a Air Force exhibit last month.

By Tone Steadford

Staff Writer

- The first of two names I heard: Norman Brook, soon after history. The other name long before Seabred Air Force transport plane and World War II. In the fall of 1943, Mariam Brook and a flight had brought both as receiv-

ers at the Springfield City Hospital School of Nursing. (In 2002). This past year, the two were honored by being tur-

ned into the exhibit "The Wounded White: U.S. Army Air Forces Flight Nurses in World War II."

The permanent display can be seen at the National Museum of the United States Air Force at Wright Patterson Air Force Base. (In 2002)." The exhibit features two young women, Mariam Brook and Norma Brook, who were nurses at the Springfield City Hospital School of Nursing in the year 1943.

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Dr. S. W. Smith from the Springfield Daily News, who was charged with the mission of transporting the nurses to the front lines of the war, was present at the event. He took pride in the fact that the nurses were the first to arrive at the D-Day landing grounds.

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Two links

Phillips was her Alma

"Phillips was her Alma mater. All of us are at the Air Force exhibit last month."
Mobility
HERITAGE & HEROES

1st Lt. Suella Bernard
A Constant Courage
by Murdoch Moore

When First Lieutenant Suella V. Bernard of the 816th Medical Air Evacuation Squadron, U.S. Army Air Force, learned of an impending glider flight into the Remagen bridgehead to evacuate casualties, she immediately volunteered for the mission...

Painting photograph courtesy of Silent Wings Museum, Lubbock, Texas.
Suella Bernard was a part of what has been called “America’s Greatest Generation.” She grew up in Waynesville, Ohio (south of Dayton) during the Depression, a time of uncertainty for the future and institutions. The year 1940 saw her graduating from the Springfield (Ohio) City Hospital School of Nursing. While some of her classmates headed for the big city lights and multi-storied hospital wards of Chicago, Cincinnati and Kansas City, Suella sought a higher calling – that of a U.S. Army Air Force flight nurse. Her ward, a 18-stretcher-capable C-47, flying the unfriendly skies of wartime Western Europe.

First Lieutenant Bernard’s trade route was among the newly carved out landing strips and recently captured German airfields. These held casualty evacuation stations. She provided transitory medical care for the wounded as they were flown to rear area receiving hospitals in France and the United Kingdom. Her C-47 was not marked with red crosses – per the “Rules of War” to do so would make them ineligible for hauling troops, fuel, and cargo into those forward airfields. American flight nurses, dead-heading out, adapted to the functional ways of war – snuggling into the empty deck spaces, they talked, read, relaxed or took cat naps. This was the quiet time, the time before the doors opened and the work with broken bodies and resultant worries began.

Worries before the door opened were left to the guys in the pointy end of the aircraft. The flight nurses let them worry about flight irritants such as muddy runways, no navigation aids, a fluid war front, Luftwaffe fighter sweeps and the occasional pot-shot fired from by-passed German forces.

On March 22nd, 1945, Suella did things a little differently. All of the above duties and hazards were still present, but her air ambulance now lacked engines. She alone among six available flight nurses volunteered to fly across the Rhine River to the Remagen bridgehead to pick up wounded in a Waco CG-4 cargo glider. Her return, if it worked, would be via an aerial snap tow* from a C-47.

Due to the intensity of the German counter attack (from from V-2 rockets) American wounded piled up on the Rhine’s east bank. Occasionally an idle or west bank returning Army combat engineer boat would back haul wounded, but it was not enough. As there was not enough available land for an airstrip, a staff officer suggested using gliders to haul out the more critically wounded – an aerial snatched glider needing only 100 yards to take off. A medevac glider experiment had been tried in rear area France and was found practical. The order went out - “Send in Medevac Gliders!”

*I now revert to Gerard Devlin’s excellent SILENT WINGS (St Martins Press /1985) for his description of the mission:

Orders to fly the medevac mission were issued on March 22nd by the IX Troop Carrier Command. The mission order directed the 402nd Squadron to fly its two modified gliders (twelve stretcher mounts/two triple stacked per side) across the Rhine and release them for a landing beside the 1st Army’s main medical clearing station near the city of Remagen. As soon as the gliders had been filled with wounded soldiers, the tow planes were to return to the LZ, make an aerial pickup, and deliver them to the 44th Evacuation Hospital, located 50 miles to the rear of the American front lines in France. There the gliders would be met by teams of medics who were to rush the wounded directly into surgery. If this worked it would be first time that any of the combatants in Europe had used gliders to evacuate battle casualties.

It was nearing noon on the twenty second when the two flying ambulances were hauled into the sky on the first leg of their flight to the Remagen bridgehead. The combinations flew in single file, one directly behind the other. The leading glider had Lieutenant Colonel Louis “Skid” Magid and Lieutenant Howard Voorhees at its controls. The second glider’s chief pilot was Lieutenant Walter A. Barker. His copilot was Major Howard H. Cloud, who had just recovered from a severe leg wound sustained five months before while landing a glider near the city of Groesbeck, Holland (Operation MARKET GARDEN). Also on board the second glider was an army nurse, Lieutenant Suella V. Bernard, who had volunteered to go along on the mission to care in-flight for the more seriously wounded soldiers.

Bernard was a member of the 816th Medical Air Evacuation Squadron. She had flown a number of similar missions aboard powered airplanes, but this was the first time she had ever been in a glider.

Less than an hour after departure the glider-tug combinations crossed the Rhine at an altitude of 600 feet. Barely visible in the distance were eight P-51 Mustang fighters escorting them. The leading glider cast off first and made a good landing beside waiting field ambulances which held 24 soldiers, most of whom had been seriously wounded that morning. Fifteen minutes after it touched down, the first glider was snatched out and on its way to France.

The second glider came in, and teams of medics quickly loaded the remaining 12 patients on board while other soldiers assisted a ground crew that was preparing the glider for pickup. During this loading period Lieutenant Bernard discovered that the
four most seriously wounded patients in her glider were German. Some of the American patients complained bitterly to Bernard about the presence of the Germans, saying they should be left behind. She eventually quieted their protests, reminding them that the Geneva Convention obliged the US Army to provide full and impartial medical treatment to both German and American battle casualties.

Four members of the ground crew lowered the gliders upraised nose section immediately after the last casualty had been loaded. Major Cloud and Lieutenant Baker then climbed aboard, strapped themselves into their seats, and then went through a series of safety checks in preparation for pickup. A bare two minutes after the pilots made the final safety check their tow-plane swooped down, snatched the glider, and lifted it smoothly into flight. One of the nylon straps supporting the litters was pulled loose from its tiedown, but Nurse Bernard, who happened to be near the strap when it gave way, repaired it before it could cause any further injury to the patients.

Some 30 minutes after they were snatched from the Remagen bridgehead, both of the flying ambulances landed in a cleared field beside the 44th Evacuation Hospital in France. The evacuation had been a complete success. Both pilots and Nurse Bernard were awarded an Air Medal for the part they played in the evacuation.

Also receiving Air Medals for the evacuation were the other CG-4 and C-47 crew members, plus, Captain Albert D. Haug, Chief Surgeon of the 816th MAES, (acting as flight surgeon on one of the gliders – which one is historically unclear). Lieutenant Bernard would later receive a second Air Medal for flying fifty air evac missions.

Pick-ups of gliders from the battlefield by the “snatch” method had been in practice and used by troop carrier units in the European Theater since Normandy, when the technique was employed to recover serviceable gliders where C-47s could not land. A ground crew set up a pickup station for the glider, and a low flying C-47 specially equipped with the pick-up unit would swoop in low trailing an arm with a hook. The hook was connected to a steel cable that passed through the arm and wound around a drum inside the pickup mechanism mounted in the aircraft. Pay out of the cable was controlled by a multiple disc brake in the drum unit. As the hook connected with a glider tow loop suspended from the pick-up station, shock to the glider was controlled through the pick-up mechanism brake and the glider became airborne as the cable played out.

The following is the personal, aft of the center of gravity, view of the mission by Suella (Sue) Bernard Delp –

**Glider Pick-Up At Remagen**

“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 all the bridges were temporarily out. This happened forty five years ago - on March 22nd, 1945 - and this is some of what I remember. “First the planning had all been done when I came upon the scene and the gliders already (had been) made into hospital ships for transporting patients.

“I remember this was not a completely new operation, since it had been 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 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 - a field - was smooth and uneventful. However, 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. 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 second glider.

"I remember the patients did finally arrive, were loaded in the glider, and the C-47 picked us up. There was quite a jolt on take-off and one of the thongs by which the litters were suspended broke - thus dangling at one corner. Someone 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 and had a smooth landing in spite of it. The patients were removed from the glider and taken by army ambulance to a hospital.

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

While Lieutenant Bernard might have played down the mission and her fortitude, it was not quite an ordinary medevac mission. Glider crew members in a combat zone had roughly a 20% lethality rate per mission. This was roughly the attrition (killed, wounded, captured) rate of B-17 crew members flying unescorted missions over Germany in 1943. While the B-17 had ten fifty caliber machine guns to defend itself, the crew defense system on the CG-4 was passive - its canvas skin.

Preparing a CG-4 for patient on-loading during the Remagen med evac mission. The gliders were modified to carry up to 12 patients each. (Photo courtesy of the Delp family.)

Lieutenant Suella Bernard is the only known nurse. Allied or Axis, to have flown on a combat glider mission in World War II or thereafter. Combat gliders were a stop gap, short field, insertion method quickly superceded by the helicopter, her claim to fame is not likely to ever be challenged.

After helping to assure the continuance of western civilization, 1st Lieutenant Suella Bernard, like the rest of her World War II generation, returned to America to restart their lives. Marriage, family, and hospital nursing followed. Her retirement years found her doing volunteer pre-admittance nursing. When she passed away in April, 2002, the air mobility community lost an unheralded hero and pioneer, or as she would, no doubt, have seen it, an Air Force flight nurse simply doing her job.

Sources:
I would like to thank son John Delp; nieces Andrea Bernard Stubbs and Rhonda Bernard; and, nephew Paul Bernard, for their help in acquiring information concerning Suella Bernard Delp. Additional help was provided by Fred McDougle, Waco Museum, Troy, Ohio; Eddy Grigsby, The Silent Wings (Glider) Museum, Lubbock, Texas; and, the Museum of the United States Air Force, Dayton, Ohio.

Printed Sources:
SILENT WINGS, Bob Devlon, 1987, St Martin Press
THE OTHER RHINE CROSSING by Murdoch Moore

World War II's Operation VARSITY?

It had none of the first usage novelty of North Africa (capture the airfield for immediate use by your jump plane), the friendly fire incident of Sicily (23 C-47s shot down), the poor air navigation of Normandy (paratroops landing 25 miles from their DZ), or the unexpected armor of Amhem (10,995 airborne troops in, 2,163 came out) so, perhaps that's why, Operation VARSITY, the single-largest airborne movement in history (21,700 airborne troops leaping the Rhine River) remains largely unknown. Sadly, even the divisions carried, the American 17th Airborne and the British 6th Airborne, are now largely forgotten.

An air armada of 1,696 transports and 1,348 gliders carried those two divisions. (Numerical discrepancy explanation: An empty C-47 would usually tow two 15 passenger American Waco CG-4s. The heavier British 25 trooper Horsa and tank carrying Hamilcar (22,000lb capable) were single towed by RAF heavy and medium bombers.

The Rhine crossing was advanced planned and choreographed. For a tactical twist, the airborne assault would follow a night river crossing by British and U.S. Armies (U.S. Navy landing craft were trucked overland for the crossing). In fact, staging was so complete a VIP observation platform was built, allowing Generals Eisenhower, Montgomery, Ridgeway and British Prime Minister Churchill front row center seats.

The Germans were not uninterested in the west bank build up - 710 light and 115 heavy anti-aircraft guns were added to the Wesel, Germany area. Many of those guns were manned by experienced, long serving Luftwaffe personnel. In sharp contrast, the local Wehrmacht was a "scratch" army – its under-strength, pulverized divisions back-filled with homeguard adolescents and pensioners.

As scheduled on March 23, after an intense artillery bombardment, Navy and Army avedged to the far shore. Before the first air transport crossed over the Rhine the Wehrmacht was in retreat, but covering that retreat were those 825 anti-aircraft guns. As noted the German anti-aircraft gunners were air-battle hardened and not conditioned to retreating. Those guns would eventually down 53 aircraft and badly damage another 440 – a near 25% transport aircraft casualty rate.

The British glider tugs high-towed and released at 2,500 feet. This reduced RAF aircrew casualties from small arms fire, but allowed the German AAA to line up and sight in on the steady-course-holding, slow moving gliders. RAF casualties were light. Not so among the pilots of the British Army’s Glider Pilot Regiment (27% killed) and those seated behind them.

The Americans low-towed at 600 feet, just enough time for glider release, a steep banking turn, and roll out into the I.Z. Jumping at 600 feet the American paratroop hang time was a few seconds, their 2,500 feet jumping British counterparts hung for a minute or more.

An unfortunate by-product of the American low altitude drop was an increase of small arm/light AA hits on the Curtiss C-46. This was the first usage of the C-46 in a major airborne operation. It seemed a good idea – the C-46 could carry thirty paratroops, compared to the C-47's twenty, and unlike the C-47, the C-46 had exit doors on both sides of the fuselage, allowing a quicker exit and a tighter "stick" ground pattern. Unfortunately the C-46 did not have self-sealing tanks. One hit would allow high octane fuel to stream in to and accumulate beneath the cargo deck. An ignition source, be it engine spark, tracer or hot round, would turn the C-46 into a cauldron. Of the 53 aircraft lost in Operation Varsity thirty four were C-46s. General Ridgeway, a multi combat jump veteran, immediately issued an order barring C-46s from further paratroop transport duty.

Allied casualties, mostly air related, were roughly 2,500 (506 killed). The German killed, wounded and/or captured numbered roughly 2,000 lost. A link up was made at noon.

General Montgomery got his "showboat" crossing of the Rhine. (He was actually third over – his arch nemesis, General George Patton, had crossed two days before). Less than two months later the Germans surrendered unconditionally.

History judges Operation Varsity as anti-climactic. It kept the Nazis off balance, but was in no way decisive. Yet lessons hard-learned by the airborne team earlier in the war enabled two second string airborne divisions to come in and play at varsity level.
Lieutenant Suella V. Bernard
518th Medical Air Evacuation Squadron
U.S. Army Air Force

The only nurse from any of the combatant nations to participate in a glider mission during World War II.

Waynesville High School Class of 1937

Springfield City Hospital School of Nursing Class of 1940

Wilson Hospital, Sidney, Ohio
1940 - 1943

The C-47 Skytrain aka "Gooney Bird"

The Remagen Rescue Mission

American Nurses Band From the Invasion

Ludendorff Bridge, Remagen, Germany over the Rhine (Rhein) River

WACO CG-4A Glider

Remagen, Germany, 22 Mar 45 (two days before Operation VARSITY). Photograph taken thirty minutes before CG-4As glider bearing American and German wounded was "snatched" into flight by a C-47 and landed across the Rhine River and the German border to a hospital in France.

The Remagen Rescue Mission

C-47 snatches CG-4A

Generations of Flight Nurses and Medical Technicians including the 1958 class of Flight Nurses have followed Suella's flight path of courage and compassion.
The National Museum of the U.S. Air Force recently used the photograph in a new exhibit on flight nurses. This is the caption that went with the photograph:

"AC 52020 - Poppies from France"

2nd Lt Suella Bernard smiles and shakes hands with 2nd Lt June Foster, head nurse, while 2nd Lt Mary Jane Brown of Columbus, Ohio, looks on. Nurse Brown brought poppies together with wounded from a beach head in Normandy. They are two of the nurses first to go on this Ninth Air Force evacuation mission and first to return with wounded to England."