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**Welcome** to Issue #48 of The AMEDD Historian! In this issue we again focus on World War II, this time the Battle of the Bulge. Read through personal and unit accounts of the huge battle that caught American forces off-guard.

Surprised by the German attack in an unusually fierce winter, troops fought on through grim conditions for weeks. Many might know of the encirclement at Bastogne, but it still has relevance as one considers isolated medical resupply, prolonged care, and triage decisions. Read the accounts on these subjects, and how medical personnel persevered. Also, note the differences. The Army no longer uses gliders or “Weasels”, and drones could provide movement of smaller supplies.

There are interesting stories that cover the capture of an Army hospital company and the near capture of another medical unit. Dynamic frontlines are another point to consider. Actual diary pages of the time and artifacts related to the battle are included in this issue.

Please let us know of your thoughts or contact us about questions. We would like to hear your comments and are always seeking new articles for publication!

*The Battle of the Bulge*, also known as the Ardennes Counteroffensive, was a major battle in World War II, fought between the Allied forces and the German army in the winter of 1944-1945. It took place in the Ardennes region, a densely forested area in eastern Belgium and Luxembourg.

The German forces planned a surprise attack on the Allied forces in an attempt to split them in two and retake the city of Antwerp, a strategically important port in Belgium. The German attack began on December 16, 1944, and initially made significant gains against the Allies. The Allied forces, spread thin in what had been a quiet sector, were caught off guard by the sudden attack and pushed back with heavy losses.

The German offensive was aided by poor weather conditions, which grounded Allied air support and hindered their ability to respond to the attack. The Germans also used a combination of infantry, armor, and artillery to push through the Allied lines. The Allies, however, were able to hold on to key positions, such as the town of Bastogne, which was defended by the U.S. 101st Airborne Division and other units.

The battle was a brutal and costly engagement for both sides. The Germans suffered heavy casualties, and their offensive was ultimately halted by the Allies; by the end of January 1945 the ‘bulge’ was gone and the Germans were back at their original start line. The Battle of the Bulge cost the Germans their last significant reserves. Amid bitter weather, and fierce fighting, the battle demonstrated the resilience and determination of the Allied forces, who were able to overcome the initial shock of the German offensive and ultimately emerge victorious. In only ten days the German advance was halted, and pushing them back took another month.

**MEDICAL DETACHMENT, 393RD INFANTRY REGIMENT**

SUBJECT: Detachment History, 1 to 31 December 1944

TO: Surgeon, 99th Infantry Division

The 393rd Infantry Regiment, until 13 December 1944, was in a holding position along the Siegfried Line with two battalions on the line and one in a reserve position. Units were located on the Krinkelt Forest on the western border of Germany.

In the early morning 16 December 1944 the German counter-offensive occurred. The 3rd Battalion, 393rd Infantry fought a determined defensive action, until it was overwhelmed in numbers, and cut off from supporting units tactically and communicatively. Casualties continued to be evacuated by surgeon, 3rd Battalion, 393rd Infantry aid station until 1600, 16 December. At that time in response to a radio message from the latter surgeon, an ambulance, dental surgeon and technician, with litters as added equipment, was dispatched to evacuate casualties from the latter battalion. Severe artillery shelling by the enemy inflicted wounds on ambulance driver and orderly. The dental surgeon, assisted by his technician and wounded ambulance personnel, evacuated wounded of a reinforcing unit marching to support our frontline units. The ambulance, driven by the dental surgeon, evacuated the casualties to Collecting Company A, 324th Medical Battalion.

At 1800, 16 December 1944, Commanding Officer, 393rd Infantry ordered no further attempts to contact 3rd Battalion Aid Station as all communication was definitely severed, and the battalion surrounded. About 1200, 17 December 1944, commanding officer, 3rd Battalion, 393rd Infantry ordered his surgeon to withdraw with his unit. The surgeon requested that his detachment be allowed to stay with and care for the wounded. When last seen that day the station was being overrun by the enemy and was operating under a Geneva Flag and a White Flag.

At about 1400, 16 December 1944, the assistant regimental surgeon, and the assistant dental surgeon, with technicians, were dispatched to assist in evacuation of the wounded of the 1st Battalion aid station. Operations were carried out under severe enemy shelling but this station was cleared of wounded at 0400, 17 December 1944. At about 0800 the assistant dental surgeon returned to report all wounded at 1st Battalion aid station had been evacuated. At 1400, 17 December 1944, the 1st Battalion aid station which was operating under shell-fire, and practically surrounded by enemy, was ordered to withdraw to the regimental area. All communications of that battalion headquarters and its aid station were severed. Reports were verified that this battalion had fought magnificently to inflict tremendous losses on the enemy. Remnants of the battalion joined with supporting elements of the 2nd Division and 394th Infantry troops, to defend the western edge of Krinkelt Forest.

At 0900, 17 December 1944, the assistant regimental surgeon and a technician were dispatched to assist Collecting Company 'A', 324th Medical Battalion, with their casualties. The regimental aid station continued to function from its cellar position in the vicinity of regimental headquarters at Krinkelt, Belgium until ordered to withdraw at 0930, 18 December 1944. During the preceding afternoon and night enemy troops and tanks infiltrated into Krinkelt. A Tiger tank with crew "commanded an area" over-looking the aid station and Collecting Company A, 324th Medical Battalion. Enemy small arms fire and shells played their usual harassing role. Our morale was excellent throughout and many casualties were treated during this period. The regimental aid station withdrew with all equipment and personnel in a very orderly manner to Elsenborn, Belgium and set up a regimental aid station. The regiment executed an orderly night withdrawal, with all three battalions to defensive positions on the high ground east of Elsenborn. The battalion aid stations accompanied their battalions in the withdrawal. The regiment continued in its defensive role until 31 December 1944.

Many of the officers, company aid men, litter bearers, and technicians have served their companies and country with outstanding valor, and without regard for personal safety. This command has given the highest praise for the work of the detachment as a whole.

Milton J. Cole  
MILTON J. COLE  
Major, MC

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## FIRST PLATOON, FORTY SECOND FIELD HOSPITAL

1 January 1945

SUBJECT: Chronological Report

From 1 December 1944 to 18 December 1944, the unit remained in the Chateau in Wiltz, Luxembourg in support of the 28th Infantry Division. Up to 16 December 1944, the hospital was not busy, and cared for only routine cases which were few in number. Admissions increased on the 16th, and 28 of the 34 admissions of this period were admitted after this date.

The hospital was located in the center of the enemy's counterattack launched 16 December 1944, and by evening of the 17th, a withdrawal from Wiltz seemed imminent. Throughout the night and on the morning of the 18th, efforts were continued to obtain required transportation for moving the hospital unit, but without success. Only sufficient transportation for moving a part of the equipment and personnel was obtained, and on the evening of the 18th, 4 officers, 8 nurses, and 34 enlisted men, together with four (4) truckloads of equipment left Wiltz and reached Bastogne, Belgium. Due to the fact that there were 22 non-transportable cases remaining in the hospital, a detachment of 2 officers and 18 enlisted men, as well as 4 officers and 3 enlisted men of the 3rd Auxiliary Surgical Group, was left at Wiltz to care for them.

At 0230 hours, 19 Dec 1944, the platoon in Bastogne was forced to withdraw to Biourge, Belgium, and only transportation sufficient to carry the personnel was available, and equipment was left at Bastogne. Unit joined with Headquarters and Third Platoon here.

From 19 Dec 1944, the activities of the unit were confined to a succession of moves to rear locations in order to facilitate reorganization and replacement of equipment.

...

[signed]  
LOUIS DANZIS  
Major, MC

— 27 July 1775 —

Commanding



Weather during the Battle of the Bulge contributed to casualties. Frostbite and trench-foot were significant risks, while wounded soldiers lost heat as well as blood.  
Left: Sergeant Joseph Holmes of Cumberland, Maryland, near Bastogne, Belgium during the Battle of the Bulge. He was a member of Company C, 320th Infantry Regiment, 35th Division.  
Above: 83d Infantry Division soldiers near Houffalize, Belgium, 15 Jan 1945.  
National Archives photos.

## **HEADQUARTERS, 47TH FIELD HOSPITAL, 15 January 1945**

### **REPORT OF MAJOR INCIDENTS - FIRST HOSPITAL UNIT, 47TH FLD HOSP**

1. About 0800 hours, 17 December 1944 this hospital unit received and admitted nine litter patients from the Third Unit, 47th Field Hospital, because the Third Unit was forced to initiate a hasty evacuation of patients and personnel, minus equipment and personal effects, due to the rapid advance of the enemy. This unit was put on the alert but remained open and cared for the wounded. At 1130 hours, 17 December 1944, this hospital unit received orders to evacuate all patients to the 67th Evacuation hospital in Malmedy, Belgium. This was accomplished at 1230 hours, 18 patients having been transferred. At 1300 hours the Commanding Officer, this unit, received orders from the Commanding Officer of the 180th Medical Battalion to evacuate all nurses, immediately. At once, all nurses, with a minimum of personal effects proceeded by ambulance to Headquarters, 47th Field Hospital, Spa, Belgium. At the same time we were instructed to dismantle the hospital unit and pack equipment for loading on trucks which were arriving from the 44th Evacuation Hospital. Practically all equipment was packed and loaded by 1345 hours, when Lt Colonel ANDREW R. HICKS returned and reported the road being shelled between Waimes and Malmedy, Belgium. Lt Colonel HICKS asked if the nurses were evacuated, and was informed that they were; but at that very moment, they all walked into the area stating they were forced to abandon their ambulance and take cover due to the shelling of route N-32, between Waimes and Malmedy. The nurses were transported back to Waimes in a truck. Later that afternoon the ambulance was recovered. About this same time, 25 enlisted men and one officer of the 684th Clearing Company arrived at Waimes, stating they were cut off from the remainder of their unit.

a. Shells fell all afternoon within a few hundred yards, but none landed in the immediate vicinity of our location. At approximately 1800 hours, two ambulances arrived with casualties — some in most severe shock, and needing major surgery. The equipment was then unloaded and the unit set up for functioning. By 2200 hours, major surgical procedures were being carried out by the unit medical officers and Lt Colonel Hicks, thus rendering service to the wounded.

The last of the casualties were taken care of at about 0200 hours, 18 December 1944. Sometime about 0300 hours an enemy vehicle (thought to be a half-track) passed by the unit area. At approximately 0900 hours ambulances arrived with more casualties. All personnel on duty were occupied caring for these casualties when, about 1000 hours, two enemy soldiers (SS troops) and an individual dressed in the uniform of an American staff sergeant, bearing 5th Armored Division insignia (shoulder patch), entered the hospital area, with guns in hands, declaring the entire personnel their prisoners. All personnel were marched out into the court in formation and searched, all knives being taken from them. No arms were found on personnel.

b. The enemy officer, a captain, demanded that all patients be loaded into vehicles to be evacuated into Germany. The Commanding Officer of the hospital argued and disagreed with the enemy's request, stating the patients were unable to be evacuated. After much discussion, the enemy agreed to leave all nurses, four medical officers, and sufficient trained technicians to care for the patients, which had mounted now to 36. All other personnel were given ten minutes in which they could get a few personal effects to carry along. While all to go immediately were being loaded into the trucks, one of the ambulance drivers managed to slip away and inform a nearby AAA unit of the situation. Just in the nick of time, an AAA half-track vehicle arrived in the street intersection, but some local civilians shouted a warning to the Jerries, who, in turn began running across the street firing at the half-track. The occupants of the half-track fired back at the Germans. All would be prisoners scattered, and some went inside the building to avoid the gunfire. About 1115 hours, some infantrymen commanded by Lt Colonel Horner of the 16th Infantry arrived and continued to chase the enemy. There was more exchange of fire between the Americans and a group of enemy soldiers who were on a nearby hill. While the infantrymen gave chase to the enemy, the patients were loaded into 2½ ton trucks and ambulances, to be evacuated, there being 30 litter patients and 6 ambulatory.

2. All patients having been evacuated, the remaining vehicles were used to load personnel and what equipment the space permitted. The larger portion of the personnel's personal belongings had already been loaded on the 17th of December, and not unloaded; therefore movement of this item was relatively easy. Outside of personal effects, there was only one truck left for loading equipment, and that was used for loading the kitchen.

a. About 1315 hours, all entrances to the building were closed and the area was abandoned. The pa-

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tients were evacuated to hospitals in Eupen and Verviers, Belgium, some being taken to the 45th Evacuation Hospital, and the remainder to the 77th Evacuation Hospital.

...

[signed]  
EARL L. LAIRD  
Major, MC  
Hospital Unit Commander

— 27 July 1975 —



In the deep snow, evacuation was often slowed. Ambulances could work on roads, where snow had been compacted. Off-road, even the jeep struggled. The M-29 'Weasel' had been designed for use in Norway, over snow, and had extremely low ground pressure—less than 2 pounds per square inch— low enough that they could be deliberately driven into minefields. Officially designated a cargo carrier, the Weasel was indeed used to bring cargo forward, but it was also used to evacuate casualties.

U.S. Army photos.

## HEADQUARTERS, 134TH MEDICAL GROUP, 1 JANUARY 1945 ANNUAL REPORT TO THE SURGEON [1944]

The V Corps offensive to capture the Roer River dams had been in progress for three days when, in the early morning hours of 16 December, the American held road centers of St. Vith, Malmedy, and Eupen were heavily shelled by long range 170mm guns. Army G-2 had for several days preceding commented on an unusual degree of enemy activity opposite the VIII Corps front, and on the 16th of December a counterattack against the 99th Division, which constituted the right flank of our offensive, was reported. The attack was also launched against the VIII Corps on our right.

Group Headquarters was located in Malmedy together with several units of the Group. Just about 0100 of the 17th the Army Surgeon's Office called and asked that an immediate investigation be made of reports of "an unusual situation on our right." An officer immediately went forward and contacted the Division Surgeons of the 2d and 99th Divisions which were in the threatened area, but they reported the situation well under control, though one reported a rumor that a document captured during the previous day indicated it to be "D-Day" of a great German offensive.

Much air activity, artillery and continuous sounds of tracked vehicles moving were heard the remainder of the night. Just before daylight word was received that the road from Malmedy to Eupen had been cut by paratroopers. [There was a German parachute drop that accomplished little beyond alarming American units.]

Authority was obtained to withdraw the field hospital platoon which had been installed at Dom Butgenbach, and sufficient trucks therefore, were dispatched from the 44th Evacuation Hospital. Before their arrival, however, it was found that all personnel and patients but no equipment had been evacuated a short time before because of the approach of the Germans. Authority was then obtained to withdraw the field hospital at Waimes and the trucks again departed just before noon. Only the battalion headquarters personnel and surgical teams got out of Waimes before the road to Malmedy was cut from the south. That platoon and the battalion commander and S-3 remained in Waimes until the following day when an AA unit entered and outposted the town to permit its evacuation northward. In the meantime two Germans had entered and were preparing to move the trucks and personnel out as prisoners when they were driven out by the approaching Americans. All of the personnel and much of the equipment were saved.

Shortly after 1300 small arms and 88mm fire could be heard on the outskirts of Malmedy. The Army Surgeon, by telephone, ordered group headquarters to evacuate. This was done about 1530 in the afternoon, and the new CP opened in Spa a short time later.

Communication Zone ambulances on duty at the two evacuation hospitals departed in the middle of the afternoon and the remaining evacuation of patients was done by group ambulances and by trucks. Transportation to move the two evacuation hospitals and the clearing company was inadequate. With the help of empty trucks, commandeered after being turned around at our roadblock in the southern exit from Malmedy, all personnel and patients were evacuated during that and the following day, together with most of the equipment of the clearing company.

The Germans were stopped at Malmedy and never entered the town but moved west and on the 18th stormed Stavelot which is only a few miles south of Spa. All installations in Spa began to withdraw, and group headquarters and all the units of the group then located at Spa moved out in the afternoon and stopped for a few hours at Beaufaye. Shortly after midnight they moved on and established in Huy in the early morning of 19 December.

Throughout the entire period the 179th Medical Battalion, which was supporting the divisions on the left flank of the Corps, continued normal operations, the only change being the movement of battalion headquarters from Malmedy to Verviers. The 180th Medical Battalion continued to support the divisions on the right flank, but communications and contact were poor or non-existent. Fortunately the 2d Division had been strongly augmented with ambulances for their offensive, but even this was not entirely sufficient during the critical period.

On the 19th the two divisions on our left flank, 8th and 78th, were transferred to VII Corps by moving the Corps boundary to the right flank of the 78th Division. This relieved the 179th Medical Battalion of evacuation of these two divisions, and they took over support of the 2d and 99th Divisions from the 180th Medical Battalion, and picked up the 1st and 9th Divisions which moved into that area during the 19th and 20th. The 180th Medical Battalion picked up the 30th Division and the 82d Airborne Division which had moved in to

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contain the northwestern part of the salient, and on the 20th it picked up the 3d Armored Division which had moved down from the north to the sector.

The 180th Medical Battalion had been supporting the 9th Armored CCB when they were expecting to attack in the Elsenborn area. When this combat command moved south early on the 17th to join the 106th Division the sector supported by the 64th Medical Group, only five ambulances were sent with it. It went into action in the St. Vith area almost immediately and within a short time all of the ambulances had been dispatched with patients. Before any of them could return and maintain contact the German thrust had cut the road and contact was not reestablished with this treatment point for several days until the 64th Medical Group eventually found them.

On 21 December the XVIII Corps became operational, and the 180th Medical Battalion was placed in support. The 179th Medical Battalion took over support of V Corps which had a reduced sector. V Corps now included the 84th Division. The group was augmented by the attachment of additional companies to make a total of six collecting companies and six ambulance companies. The largest part of this augmentation was attached to the 180th Medical Battalion because of the larger number of units supported. The remnants of the 106th Infantry Division all of the 7th Armored Division joined XVIII Corps on 23 and 24 December. The situation appeared to be stabilizing on 21 December and group headquarters moved forward again to Verviers.

Stavelot was quickly recaptured by the 30th Division so on 20 December a field hospital platoon was reopened at Spa to support it. To support the 106th Division and 82d Airborne a field hospital platoon was opened on 24 December at Werbomont. The German offensive, however, was still gaining ground and that same night the clearing stations and our field hospital platoon had to withdraw northwest and establish in the vicinity of Hornay.

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On 25 December First Army initiated the policy of withdrawal of bulky and reserve units to the west bank of the Meuse River. In accordance with this the clearing company all uncommitted portions of field hospitals and other companies were moved to an area generally about 15 to 20 miles west of Liege.

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On 27 December the 68th Medical Group which supported VII Corps throughout relieved the 134th Medical Group of evacuation of all of XVIII Corps except the 30th Division. The relief took place over a period of several days and during the transition 179th Medical Battalion continued full support of V corps. On 30 December then, the 180th Medical Battalion relieved the 179th Medical Battalion of support of the 1st Division which was on V Corps right flank, and continued to support the 30th Division.

To support the troops on the northwestern end of the front the 102d Evacuation Hospital was opened on 21 December. Within a few days two of the three evacuation hospitals in Eupen were moved back to bivouac in the concentration area west of Liege. From 17 December when the 44th and 67th Evacuation Hospitals closed in Malmedy, until 25 December when the 128th Evacuation Hospital opened in Verviers, the lack of Army hospitals in the area between Eupen and Huy made it necessary for a large number of patients to be evacuated direct to the 77th Evacuation Hospital in Verviers, a Communications Zone transfer point. Hospital trains and Communications Zone ambulance evacuation succeeded in providing uninterrupted evacuation of patients to the Communications Zone. This, despite the fact that a total evacuation policy was in effect. The situation was further relieved when the 97th Evacuation Hospital opened in Verviers 28 December.

This phase covered the period of greatest activity in the 134th Medical Group during the entire campaign on the continent. The sudden success of the offensive and the calculated activities of the German agents in American uniforms produced considerable confusion throughout the area of the offensive. And yet with very few exceptions and then only for very short periods full medical support to all divisions was continuous throughout. Decentralized direct responsibility for evacuation was the only means by which this degree of success could have been achieved. It is the only situation of its nature known to this headquarters, which provided a crucial test of First Army's policy of utilization of Medical Groups. This policy now appears to be amply justified.

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Much has been accomplished in the past year, and all members of the group point with pride to their accomplishments. The number of patients handled by the group is a direct indication as of the magnitude of the task completed. During the period 23 June 1944 to 19 September 1944 when this headquarters was in

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charge of the two Army Exhaustion Centers a total of 14,047 patients were admitted and treated, while the total number of patients treated in stations of this unit for the same period (including Exhaustion Centers) was 18,345. For the period 20 September 1944 to 31 December 1944 a total of 10,833 patients were admitted to Army medical installations in this group's sector of responsibility. This amounts to a grand total of for the period 23 June 1944 to 31 December 1944 of 29,178 patients processed through medical installations under control of this group.

LEE R. WILHITE  
Colonel, MC  
Commanding

— 27 July 1775 —

### **HEADQUARTERS, 102D EVACUATION HOSPITAL (SM)**

**31 December 1944**

Subject: Annual Report of Medical Department Activities

... we moved to Ettelbruck, Luxembourg on 20 November 1944, and were fortunate in obtaining the Ettelbruck Agriculture College for our use. This building was ideal for our needs and wants. It contained sufficient space for both the personnel to be quartered, as well as our needed four-hundred ward bed space. The building was lighted by municipal current; had central heating; excellent black out curtains; twenty-three shower heads with ample hot water; and ample hard surface stand for ambulances and other vehicles. It offered 73,000 square feet of floor space for the hospital proper, and was within six miles of the front line so that ambulance carry was minimum. In fact the division clearing station was in the same city. This site was ideal for winter operation, but the enemy had other ideas about our comfort and when the counter-offensive started on 16 December 1944 it was necessary for us to withdraw. On 18 December we moved to Huy, Belgium, and established our hospital in the Normal School in Huy. We started operation at this site on 21 December and the next week was our heaviest as far as reception of patients was concerned. During this period we served an entire corps of four divisions, plus attached troops, and frequently had five-hundred to six-hundred admissions per day. In the move to Huy, we were fortunate to get almost 100% of our equipment evacuated, but a withdrawal of this nature is an experience that all the personnel will long remember. ... Of course, the Table of Organization of an evacuation hospital does not render it self-supporting to meet highly active periods without augmentation by litter bearers from medical groups, and surgical teams attached from the Auxiliary Surgical Groups. However, since it is adequate for average employment, it is more efficient to pool surplus surgeons and enlisted men to keep them mobile and to rush them to the point of greatest need Also it would appear from our experience that, with the present distribution of field and evacuation hospitals, per type army, four-hundred beds is the ideal capacity for the evacuation hospital. Even during the period when we received five hundred and six hundred patients per day, evacuation was simple, so that only four hundred beds are needed. Although equipment is designed for field use under canvas, and personnel are so trained, we have found that it is well adapted for use in permanent buildings. Under winter conditions, there is no question of the advantage of operating in buildings, but for economy of personnel, litter carry, etc., the operation under tentage is the better.

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## **Encircled at Bastogne: A Case of Prolonged Care** **Grant Harward, PhD, U.S. Army Center of Military History**

The encirclement of Bastogne is a perfect case study of prolonged care. The roughly 18,000 men isolated in the pocket had only limited — and rapidly dwindling — medical support. The 501st Parachute Infantry Regiment had established an aid station on the east side of Bastogne in the chapel of the Petit Seminaire, tearing out pews to make room for litters and emptying the sacristy to create an operating room. It now became the collecting station for the entire 101st Airborne Division. “The casualties continued to come in while none could be taken out. The wounded were laid in rows along the floor of the church with barely enough room left between them for aid men [medics] to walk. To one side, in front of an altar in an alcove, two battalion surgeons worked steadily, hour after hour, under the silent gaze of the Blessed Virgin,” related CPT Charles Phalen, a Medical Administrative Corps officer. After evacuating south under fire from Noville, an aid station with Combat Command B of the 10th Armored Division set up on the southwest side of Bastogne in a three-story building located on the town’s main thoroughfare. This location acted as the primary collecting station for tankers. The aid station had lost much of its equipment and supplies, so it lacked even basic necessities such as scalpels, antiseptic, and morphine. The medical personnel scrounged up some medical supplies, meeting two Belgian nurses who volunteered to help along the way. Yet the surgeons could only treat walking wounded and less serious cases since none had the training to perform major surgery. “The patients who had head, chest, and abdominal wounds could only face certain slow death,” remembered battalion surgeon 1LT John “Jack” Prior.

In the small towns near the fighting on the perimeter, airborne battalion medical detachments created aid stations in the usual manner with a main section located in a farmhouse or another convenient building and a forward section in a timber and dirt-covered foxhole near battalion headquarters. Each airborne division only had one medical company, but each airborne regiment had five to seven jeeps to collect and evacuate casualties. The absence of litter bearers in airborne units added to the burden of medics who struggled to evacuate casualties through dense forests where even jeeps could not go. The 101st Airborne Division’s medics had not arrived with the usual allotment of medical supplies due to “the acuteness of the situation and the rapidity with which the division was committed,” although they had brought as many extra blankets and litters as possible. Fortunately, a detachment from a medical depot company had reached Bastogne with a few tons of medical supplies, and an abandoned First Army supply dump discovered in the town yielded even more. Yet without resupply, surgeons and medics rapidly depleted these meager stores because they had to care for more wounded for far longer than normal because evacuation was impossible.

Already on the first day of the encirclement, the number of wounded, injured, and sick threatened to overwhelm the treatment capacity in Bastogne. The collecting station in the chapel held 157 casualties. Consequently, surgeons and medics from the 101st Airborne Division’s antiaircraft, engineer, and artillery units and the 705th Tank Destroyer Battalion formed an ad hoc medical team, establishing another collecting station on the northern side of town at Heintz Barracks, a disused Belgian Army installation. The chapel was almost full and under intermittent artillery fire because it was located near a key intersection; a pair of jeeps and ambulances had already fallen prey to enemy shells while unloading casualties in the chapel courtyard, prompting the decision. The medical personnel at the barracks occupied a maintenance garage that fit their needs as more casualties streamed in from the fierce fighting around Bastogne.

Prolonged care in the Bastogne pocket presented a gruesome challenge for even veteran surgeons and medics. In the chapel aid station, surgeons had no anesthesia and cut into patients on litters suspended between medical chests. The air became heavy with the smell of blood and sweat and loud with screams as morphine ran low. Conditions worsened as another hundred or so casualties crowded inside. The medics stacked the dead in frozen piles under canvas in the courtyard. In search of more space, paratroopers took over the adjoining girls school, the Institut Notre-Dame, where nuns helped care for soldiers — and civilians who sought help. The garage aid station presented a similar sight. Surgeons tried to triage arriving casualties by putting them into specific rows on the sawdust floor depending on how serious they were wounded; those who were beyond medical capabilities, labeled “expectant,” were placed along the back wall. Trying to help them would cost other lives. An ad hoc graves registration office operated nearby.

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Once the garage filled up, surgeons directed all walking wounded to an indoor rifle range. Casualties laid on the dirty ground, and blankets could not keep away the freezing cold (the horizontal garage door had to be kept partially open for access, and the rifle range had holes in the ceiling). Lifesaving plasma ran low, and ripped cloths replaced bandages. "I returned to my aid station very depressed," recalled 1LT Prior after visiting the barracks aid station in search of medical supplies. "In regard to the care of the wounded in Bastogne, I have always believed, and still do, that this did not constitute a bright page in the history of the Army Medical Department... This decaying medical situation was worsening — with no hope for the surgical candidates, and even the superficial wounds were beginning to develop gas gangrene."

The overcrowded and dirty conditions meant that infection and gangrene were rampant at every aid station. Many wounded soldiers never made it to one of the main collecting stations, but they were treated in ones or twos in whatever shelter was nearest with surgeons or medics periodically making rounds to check up on these casualties but unable to do much. Medical personnel could do little without more medical supplies and additional surgeons with training to perform major surgeries.

The First Army made great efforts to resupply Bastogne. Bad weather had frustrated any plans to resupply the pocket by air until 23 December when a group of pathfinders dropped in with special radios to direct three resupply air drops that day, plus two more the following day, delivering hundreds of tons of ammunition, food, and medical supplies. These air drops alleviated most of the shortages that surgeons and medics faced, providing whole blood (although most was lost when glass bottles broke on landing or an enemy shell that hit the room they were stored in), Vaseline gauze, litters, blankets, atropine, tetanus toxoid, pentothal sodium, distilled water, syringes, and sterilizers. By now surgeons and medics, assisted by nuns and nurses, cared for 250 soldiers at the chapel, 600 soldiers and civilians at the girls school, 580 soldiers (almost half were non-battle injuries like trench foot or frostbite) at the barracks, and 100 more soldiers at the grocery store. Every case was serious enough, only those who could not fight were evacuated from the front line where every soldier was desperately needed, but a third were judged as more severe cases — and every passing hour all patients, whether frostbite or a chest wound, deteriorated. The friendly air drops during the day were marred by an enemy air raid during the night on Christmas Eve. One random German bomb scored a direct hit on the grocery store collecting station, collapsing the upper stories, setting fire to the ruins, and killing 30 patients and a Belgian nurse. The surviving medical personnel and patients, many now burned, moved to the barracks collecting station. Renewed bad weather grounded transport aircraft on Christmas Day, but the Third Army sent another form of aid by air.

LTG George S. Patton's personal pilot had volunteered to fly a skilled surgeon into the pocket. MAJ Howard Serrell had also volunteered to take the dangerous trip in the small, two-seat reconnaissance aircraft that dropped him off in the afternoon. The number and condition of the patients shocked him when he arrived at the barracks collecting station. "It was a frightful and terrible sight...Triage at first impossible." Serrell reluctantly decided the best use of his time was to treat gangrene and other minor cases first because repairing belly and chest wounds took far too long. So many wounded were dying who could live if just given proper care that the Americans began parleying with the Germans to evacuate casualties under a flag of truce. On 26 December, relief arrived before any agreement between foes occurred. Two surgical teams — six medical officers and four enlisted technicians, all volunteers from the 12th Evacuation Hospital and 4th Auxiliary Surgical Group — arrived mid-afternoon by glider with operating equipment and medical supplies. By nightfall, the new arrivals, aided by 1LT Prior and three local nurses, set up a four-table operating theater in a tool room inside the garage at the barracks collecting station and began working on patients — some of whom had lain untreated for a week. Over the next two days, they completed 50 major operations with just three postoperative deaths. At 1845, just 15 minutes after the surgical teams started operating, forward elements of the 4th Armored Division broke through to Bastogne.

That began the final stage of prolonged care. Immediately behind the armored spearhead came 22 ambulances and 12 trucks. "There was no time to celebrate. The task of selecting the first to go out had to be accomplished," reported CPT Phalen. Most of the drivers were African Americans. 1LT Robert O'Connell recalled, "Many of our 101st men were in poor shape from their wounds; I remember how these black soldiers picked us up and carried us with words of encouragement. 'You're going to be all right now — I'll take care of you men.'" The convoy transported 260 of the most critically wounded on back roads with battles to either side because all the highways remained blocked to Villers-de-vand-Orval, 40 miles south, where a medical company had set up to receive casualties. It took two days to evacuate all 964 patients in Bastogne while at

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the same time establishing a provisional medical battalion in town to provide medical support for paratroopers still locked in combat. The two surgical teams at the barracks that had arrived by glider now departed by truck after being relieved by a 100-bed section from the 60th Field Hospital, which treated another 96 casualties in two days before being relieved in turn. The Third Army restored regular supply and evacuation of Bastogne, which allowed the medical situation in the town to improve greatly even though fighting remained intense through New Year's Day.

The cost in life during prolonged care in Bastogne is unclear. After the capture of the 326th Airborne Medical Company, there was no central management of collecting and only a few fragmentary records were kept. One report counted 33 deaths during treatment from 19-31 December. A Third Army medical investigation later concluded that the mortality of casualties in Bastogne was actually surprisingly low. So long as no vital organ was damaged, Soldiers with even serious wounds to the stomach or chest often survived to be evacuated and treated, although they were in excruciating pain. Yet less serious wounds often became so infected or frostbitten that amputation was the only treatment, so many survivors were maimed for life. By the time the 101st Airborne Division was pulled off the frontline in early January 1945, it had lost 482 killed, 2,449 wounded, and 527 missing or captured. The armored, tank destroyer, and field artillery units in the Bastogne pocket reported 117 killed, 422 wounded, and 134 missing or captured.<sup>30</sup> The totals certainly would have been higher without the ceaseless efforts of the surgeons and medics in Bastogne.

The Battle of the Bulge offers important insights into prolonged care. First, surgeons and medics must take quick action to establish facilities to collect and treat patients indefinitely when it becomes apparent that evacuation has been delayed or interrupted. Second, medical personnel should give extra attention to trying to prevent infection in conditions that are likely to become overcrowded and unsanitary very quickly. Third, triage priorities will have to change as limited time and resources must be focused on those who have the best chance of surviving. Fourth, the crisis does not end once regular evacuation resumes because it will take time to transfer existing casualties while ongoing fighting causes more casualties, so prolonged care triage and treatment must continue even when relief arrives.

This is adapted from Dr. Harward's article in *Infantry*, winter 2021-22, [https://www.moore.army.mil/infantry/magazine/issues/2021/Winter/pdf/12\\_Harward.pdf](https://www.moore.army.mil/infantry/magazine/issues/2021/Winter/pdf/12_Harward.pdf)

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Dr John Prior was a battalion surgeon with the 10th Armored Division, part of Combat Command B, cut off in Bastogne. His aid station ended up holding over a hundred patients for days: "The patients who had head, chest, and abdominal wounds could only face certain slow death."

For more,  
<https://morethanmedicine.blogspot.com/2007/11/night-before-christmas-bastogne-1944-by.html>  
 or an interview with him  
<https://podcasts.apple.com/us/podcast/episode-101-jack-prior/id1466141199?i=1000553806416>

Christmas Day 1944.

This day went by L1 to the besieged and encircled American forces at BASTOGNE Belgium. Told by army that there were 60 patients and found 600 and probably more. A frightful and terrible sight that none in this war have encountered before. An advanced Army Medical Depot saved the day and the medical personnel contributed from the 101<sup>st</sup> Airborne, (501-50V-506 P.I.), elements of the 9<sup>th</sup> - 10<sup>th</sup> Airborne and the 326<sup>th</sup> Eng. did an outstanding job and were in need of surg. Triage at first impossible. We concentrated on the frank gas cases - none the questionable - and medical sterile goods did so the first 34 hrs. Donaher, Moody & a team from 12<sup>th</sup> Evac. came in by glider the evening of the 26<sup>th</sup>. They brought supplies & we had sterile goods. I worked in triage and the tremendous job of starting vaccination when the 4<sup>th</sup> Armd. broke thru to us. severe bombing and shrapnel and very frequent shelling.

Left on the 28<sup>th</sup> when the 60<sup>th</sup> I.C. came in. The last of about 1100 pts going at the same time.

## Getting Medical Support into Bastogne

On Christmas Day, MAJ Howard 'Buck' Serrell MC flew into Bastogne. His diary summarized that day and the next few:

This day went by L1 [aircraft] to the besieged and encircled American forces at BASTOGNE Belgium. Told by army that there were 60 patients and found 600 and probably more. A frightful and terrible sight that none in this war have encountered before. An advanced Army Medical Depot saved the day and the medical personnel combined from the 101st Airborne (501-502-506 P.I.) elements of the 9th – 10th Armored and the 326th Engineers did an outstanding job but were in need of surg[eon]. Triage at first impossible. We concentrated on the frank gas [gangrene] cases – then the questionable – and without sterile goods did 20 the first 24 hrs. Souter, Moody, & a team from the 12th Evac. came in by glider the evening of the 26th. They brought supplies & we had sterile goods. I worked the triage and the tremendous job of [illegible] evacuation when the 4th Armd. broke through to us. Severe bombing and strafing and very frequent shelling. Left on the 28th [after?] the 60th F.H. came in. The last of about 1100 pts going at the same time.

As Serrell mentioned, a team from the 12th Evacuation Hospital glidered in. Bottom left shows the glider packed with supplies, and bottom right shows the team receiving medals for their risky action Right to left: Colonel Brown, Captains Zinschlag and Hills, T/3 Donohue, T/4 Rethwisch.

Dr. Serrell's diary is in the ACHH research collection. Photos from annual report, 12th Evacuation Hospital.



## Germans Capture 326th Airborne Medical Company

### Patrick J. Chaisson

Captain (Dr.) Willis P. McKee did not like what he was seeing. For several hours, crowds of panicky civilians had been streaming past his unit's tent hospital located at a crossroads eight miles northwest of Bastogne, Belgium. A veteran of both the Normandy and Market-Garden campaigns, McKee knew "that something was pushing" those refugees and feared an enemy column was advancing close behind them. At dusk on December 19, 1944, he drove to the 101st Airborne Division's headquarters in Bastogne to report this ominous development to BG Anthony C. McAuliffe, the acting division commander. McKee indicated on a map his undefended hospital's vulnerable location and described the throngs of fleeing civilians. McAuliffe, however, appeared unmoved by this news. "Go on back," he reassured the young physician, "you'll be alright."

Barely seven hours later an enemy armored force overran the 101st Airborne's clearing station and took McKee prisoner. Also captured in the attack were 141 other American soldiers as well as a large quantity of supplies, vehicles, and equipment. With its lone surgical facility lost, McAuliffe's division could no longer provide advanced emergency care to the troops around Bastogne. The situation worsened on December 21 when German troops cut the last road leading out of town. Now surrounded, the few doctors and enlisted medics inside the perimeter used a rapidly diminishing supply of medicine and plasma to treat the wounded men who flooded their overcrowded aid stations. For the next five days, they struggled to keep alive as many patients as possible under appalling conditions.

The 326th was intended to take wounded troopers from battalion or regimental aid stations. With an authorized strength of just 216 officers and men, it was a pocket-sized organization but one uniquely suited to its mission. It had a Company Headquarters Section, Medical Supply Section, and three platoons each with Platoon Headquarters, Litter Bearer Section, Ambulance Section, and Treatment Section. In command was Major (Dr.) William E. Barfield. They primarily employed jeeps with litter racks so the equipment and vehicles could fit inside CG-4A cargo gliders. Its clearing station, a set of tents marked with distinctive Red Cross symbols, could be set up within two hours. By itself, though, the 326th Airborne Medical Company possessed neither the apparatus nor the specially trained doctors required to conduct surgical procedures. The unit's main role was to collect casualties, then triage, stabilize, and ready them for transport to an army level hospital. Recognizing the Screaming Eagle Division would often operate out of contact with the normal ground evacuation chain, army planners attached a surgical team from the 3rd Auxiliary Surgical Group. Four trauma-trained physicians and four enlisted men, led by MAJ (Dr) Albert J. Crandall, operated at the 326th throughout its campaigns in France and the Netherlands, and to Bastogne.

Division surgeon LTC David Gold had met with the 101st's logistics officer, LTC Carl Kohls, to select a site for the 326th Med's clearing station. They chose the road junction; neither officer seriously considered the possibility of an enemy breakthrough. The 326th's soldiers moved into their newly designated bivouac area and started setting up. Technician 4th Class Emil K. Natalle described this activity: "Soon after arrival, our tent crews hoisted the canvas, mess tent, headquarters tent, surgical tent, ward tents, the works." Natalle also remembered hearing "...gunfire...to the east of us. Most of us had a hunch we were in vulnerable terrain...Our site was totally exposed, no cover, just open space." Aside from a single (possibly unmanned) anti-tank gun pointing east down the road to Houffalize, the tent complex was completely undefended. In compliance with Geneva Convention rules regarding the noncombatant status of all medical personnel, no one there carried a personal weapon. The nearest infantry outpost, two miles distant, could offer little help in case of a sudden enemy attack.

Confusion reigned. Writing after the war, Crandall admitted, "We should have been more familiar with the current military situation." Yet there was a job to do: at 1030 jeep ambulances began evacuating casualties from the aid stations around Bastogne. Thirty minutes later, the 326th



Aerial photo of the 326th, 18 December 1944, west of Bastogne.

admitted its first patient.

Sometime around noon, LTC Gold and MAJ Barfield went on a reconnaissance to find where the 326th Medical Company could evacuate its patients. Near Libin, Belgium, they discovered both the 64th Medical Group's headquarters and the 107th Evacuation Hospital. That was about 20 miles as the crow flies, but further along the rural roads. The commander there agreed to accept their casualties and even loaned out several ambulances to supplement the 101st Airborne Division's litter jeeps.

A growing roar of gunfire, together with the fleeing refugees, proved a large-scale battle was taking place nearby. Some 326th soldiers observed that not every patient arriving at the clearing station that afternoon was wearing a Screaming Eagle shoulder patch. Several other outfits were bleeding themselves dry to buy time for the airborne to arrive, organize, and take over the defense of Bastogne.

Infantrymen and tankers from Combat Command B (CCB), 10th Armored Division, had since day-break been grappling for possession of a hamlet named Noville, just a few miles northeast of town. This small task force, fighting alongside some American tank destroyers and, later, a battalion of McAuliffe's paratroopers, managed to beat back several determined assaults—at a heavy cost. Sometime that afternoon, German shellfire struck down both the parachute battalion commander, LTC James L. LaPrade, and the 10th Armored's MAJ William R. Desobry inside their Noville command post. The barrage killed LaPrade outright and left Desobry with a grievous head wound. Rushed back to the 101st Airborne's clearing station, Desobry underwent immediate emergency surgery. Sedated and with both eyes bandaged, he awaited evacuation in a ward tent.

It was becoming increasingly clear to veterans such as McKee that no friendly forces stood between Noville and the 326th Medical Company's tent hospital. "About 1600 hours," he remembered, "I went into Division HQ and asked permission for us to move into Bastogne... I thought we were in danger of being overrun." The division would be completely without advanced medical care if that were to happen.

BG McAuliffe did not want his clearing station to move just yet. He had just met with VIII Corps Commander, MG Troy H. Middleton, whose last orders were "hold Bastogne." McAuliffe and his staff considered the situation confusing but manageable. The positions in Noville seemed to be holding. Along the line, a garrison of nearly 22,000 were hard at work establishing sturdy roadblocks to dominate key terrain. Stocks of ammunition, fuel, and rations seemed adequate, so long as supply routes remained open. To the 101st Airborne's operations officers, it seemed highly unlikely that any enemy forces could encircle—let alone crush—the strongpoint style defense they were crafting.

Darkness fell early on the night of December 19. At 1630 hours, Barfield left the clearing station in charge of a convoy containing five ambulances and 15 wounded men. After delivering these casualties to the 107th Evac Hospital, Barfield found his route back to the crossroads blocked by dense fog and a blown bridge. Determined to try again after first light, the major turned his trucks around and headed back to Libin.

Meanwhile, ambulances from along the line arrived at the clearing station. Separately, two regimental dentists—the 501st PIR's CPT Carlous D. Lancaster and CPT Samuel Feiler of the 506th—led jeeploads of wounded soldiers back to the 326th after sunset. Neither officer realized they were driving into an ambush.

Advancing through the murk was a column of German armored cars and halftracks from the 116th Panzer Division's reconnaissance battalion. This unit, commanded by Major Eberhard Stephan, had been pushing forward through a rupture in the Americans' lines for nearly three days. Stephan spent the bulk of December 19 trying to find a route around the fighting at Noville, through the recently abandoned village of Houffalize, hoping to capture bridges across the Ourthe River north of Bastogne.

So far, the 116th Panzer's attack was going well. "The reconnaissance battalion dissipated and destroyed a number of enemy groups, knocked out some enemy tanks, [and] captured a lot of personnel and vehicles," boasted division commander Maj. Gen. Siegfried von Waldenburg in a postwar interview. These German soldiers also appropriated large quantities of abandoned U.S. cold weather clothing, rations, and cargo trucks, a habit that would later lead Allied commanders to accuse Stephan's men of intentionally concealing their identities by wearing enemy uniforms, a war crime.

Kampfgruppe Stephan departed Houffalize in mid-afternoon on December 19, its objective a bridge spanning the Ourthe at Salle, Belgium. To get there, the battlegroup needed to move five miles west down a secondary road and turn north at an intersection listed on German maps as the Bois de Herbaimont. At 2230 hours, Stephan's advance guard came across darkened tents adjacent to that crossroads. Gunners inside the

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lead vehicles immediately opened fire on their unsuspecting target.

1LT (Dr.) Gordon L. Block of the 326th Med was off duty "...sleeping not too peacefully in my hole that night" when the shooting started. Grabbing his steel helmet, Block crawled to the evacuation tent where "tracers tore through the canvas." He remembered how "the wounded lying on stretchers groaned as some were hit a second time." Aidmen risked death when they lowered screaming casualties to the ground, sometimes covering the wounded with their own bodies.

CPT McKee described how "a German motorized patrol...had knocked out the [anti-tank] gun at the crossroads" before setting alight six of the 326th's evacuation vehicles.

Illuminated by the flames, Red Cross symbols adorning U.S. hospital tents now became visible to Stephan's gunners. After a 15-minute shooting spree, they mercifully ceased fire.

McKee recalled, "CPT Charles Van Gorder, a member of the 3rd Auxiliary Surgical Team assigned to us—and of Pennsylvania Dutch origin, who spoke German rather well, yelled that we were medical troops and unarmed." LTC Gold quickly surrendered the facility to Major Stephan, who gave his captives 30 minutes to load all their personnel and equipment into any functioning vehicles and follow his recon troops back to German lines.

While this was taking place, several ambulances carrying injured GIs arrived. At the wheel of one jeep PFC Robert Barger noticed "...a burning truck right there in the middle of the road." Barger "...stopped at the top of the hill, trying to decide whether we should move down there or not," when "a machine gun opened on us, killing the two litter cases" riding atop Barger's vehicle. German soldiers then herded the stunned driver and his assistant into a nearby field where well over 100 newly captured prisoners of war sat glumly awaiting their fate.

Dentist Samuel Feiler's ambulance also blundered into KG Stephan's ambush. Ordered to join the flock of POWs, Feiler surreptitiously tossed away a pistol that another officer had loaned him earlier. Then, noticing his captors were too busy looting the hospital to pay him much attention, Feiler kept walking into the darkness until he reached safety.

One of Feiler's medics, PFC Don M. Dobbins, witnessed another catastrophic incident when 12 cargo vehicles driven by African-American soldiers accidentally entered the kill zone. "The Germans fired on every truck standing there and set them on fire," Dobbins wrote. "I remember a Negro truck driver in one of the trucks who got up in his cab and blasted away at the Germans with a 50-caliber gun mounted on his cab. He didn't last long, for the Germans turned everything they had on him. If they had fired a second longer, they could have cut the cab away from the rest of the truck."

A sergeant in 1LT Henry Barnes' evacuation platoon later claimed that Germans dressed in U.S. uniforms stopped his ambulance as it approached the medical company's area. Just then, the luckless convoy of cargo vehicles appeared. "Down at the crossroads," wrote T/4 Emil Natalie, "a number of vehicles were burning fiercely. Some of the vehicles surely had men inside, for we heard their cries for help." Natalie and a German soldier went to render aid but intense heat kept them away. "It was bedlam," Natalie said. Caught up in their search for treasure, Major Stephan's men inadvertently allowed several prisoners of war to escape. Both Sam Feiler and Don Dobbins slipped away into the night, as did three captains from the 326th Medical Company: Jacob Pearl, John Breiner, and Roy Moore. Another airborne medic who evaded capture was PVT Lester A. Smith. He and two other aidmen dashed off "...headed in the direction we thought we might find friendly troops." After taking a short break to enjoy some food and drink offered by helpful Belgians, the trio reached U.S. lines around dawn.

A total of 11 officers and 119 enlisted men from the 326th surrendered on December 19, 1944, along with four officers and three enlisted soldiers of the 3rd Auxiliary Surgical Group. Also taken prisoner were five



This photo reportedly shows the 326th after the German attack.



men from the division surgeon's office, including LTC Gold.

By morning McAuliffe had confirmed reports of the 326th's capture. This was a troubling development for several reasons. Narrowly, the Screaming Eagle Division had lost its main medical treatment and holding capability. Already overworked regimental and battalion aid personnel would have even more to do.

More broadly, the presence of enemy forces operating deep in what McAuliffe's staff considered their rear area caused American commanders to reconsider Bastogne's safety. The 101st Airborne's senior officers started preparing a 360-degree strongpoint defense in case German troops and tanks encircled them. That indeed happened at approximately 2330 hours on December 21, 1944: enemy forces seized the last road into town. Once again, MAJ Barfield (now acting as Division Surgeon) found himself unable to join his command as he had traveled outside the perimeter for a conference when Bastogne was surrounded. Barfield could not make his way back for nearly a week.

Within the besieged city, aidmen from the 501st PIR set up temporary collection facilities inside a convent. To provide additional care for the casualties now accumulating, MAJ (Dr.) Martin C. Wisely of the 327th Glider Infantry Regiment assembled a team of physicians and medics from the 101st Airborne's artillery, antiaircraft and attached tank destroyer units. Wisely opened an improvised aid station at the Belgian Army barracks in town, later moving it into a basement garage after German forces began blasting American positions with heavy artillery and aerial bombs. Medics assigned to the 502d PIR and CCB, 10th Armored Division, established their own ad hoc collecting posts. Unfortunately, CCB's aid station was destroyed by a bomb on Christmas Eve. Killed in the explosion were a number of patients, as well as a Belgian nurse who had volunteered to help.

Shortages of whole blood, blankets, and penicillin constantly bedeviled Bastogne's embattled aidmen as they attended a growing number of wounded troops. Parachute resupply, which began on December 23, helped alleviate but never totally solved the problem. Luckily, the Screaming Eagles discovered several large medical stockpiles that had been abandoned by other outfits. Foraging parties also combed through ruined dwellings for quilts and bed coverings to help keep casualties warm.

A more serious challenge involved the garrison's inability to conduct emergency surgery on those individuals most severely injured in battle. One trauma surgeon was flown into Bastogne by liaison plane on Christmas, while the following morning cargo glider brought nine more medical personnel inside the perimeter. The surgeons (assisted by three Belgian nurses) went to work immediately, operating on 50 patients over the next two days.

After Patton's Third Army bulled into Bastogne on December 26, casualties could once again be evacuated. One day later, a convoy of 21 field ambulances and 10 cargo trucks carrying 260 patients rolled out of the formerly surrounded city. By December 28, all 964 wounded men trapped in the fighting there had been transported to higher echelon medical facilities.

The struggle for control of Bastogne continued well into the new year. In town, a provisional medical battalion took on the role of casualty collection while MAJ Barfield worked to rebuild his clearing station. CPT Roy Moore took over command of the 326th Medical Company, devoting considerable time and effort in training the newly assigned aidmen sent forward to replace unit personnel lost in Belgium.

Most members of the 326th Airborne Medical Company who survived KG Stephan's surprise attack sat out the remainder of the war in a German POW camp. While behind the wire, they cared for their fellow captives with whatever supplies and medications were made available. Although the 101st Airborne Division no longer benefitted from their service, these dedicated doctors and aidmen undoubtedly kept alive many Allied POWs during the last months of World War II.



MAJ Barfield

This article was abridged from Spring 2024 Warfare History Network, <https://warfarehistorynetwork.com/article/germans-seize-field-hospital-at-bastogne/> All photos courtesy of the author.

Patrick J. Chaisson is a retired U.S. Army officer and historian.

## 101st Airborne Medic recalls the Battle of the Bulge By Kevin M. Hymel

After being wounded in Holland during Operation Market, medic Al Mampre was sent to hospital in England. On recovery, he went to a replacement depot, then finally made it to Mourmelon, France, near Reims, on November 29, 1944, where the 101st was resting and training. While there, he and his comrades took advantage of the regional ambrosia. The owners of Pommery's Champagne House in Reims told him they had champagne but no bottles, so he explored some old World War I trenches and found more than 100 empty bottles. He had his fellow paratroopers hook up a trailer to a jeep before driving it to Pommery's. "I had enough champagne for the rest of my life," he recalled.

Mampre enjoyed his time in Mourmelon until December 18, when the entire division was put on alert. Two days earlier, the Germans had broken through the lines in Belgium and Luxembourg and were pressing west—the Battle of the Bulge. The paratroopers gathered what equipment they could and loaded onto trucks for a day-long journey east.

A long caravan of trucks took Mampre and the rest of the division to Bastogne, Belgium, where elements of the 10th Armored Division, as well as scratch forces of the 9th Armored and 28th Infantry Divisions, desperately held the north, east, and southeast approaches to the town. As Mampre's truck made its way into the town, he was shocked to see haggard American soldiers staggering to the rear. "It still haunts me," he said, "seeing files of Americans going the other way, telling us not to go there—and we're going in there."

Once in Bastogne, Mampre saw MPs directing traffic through the town's center as artillery shells rained down. Mampre arrived at an Army barracks where Brig. Gen. Anthony McAuliffe, the acting division commander, had set up headquarters. Mampre was assigned to the regimental aid station located across from McAuliffe and began receiving wounded.

As Mampre worked on badly wounded men in Bastogne, time became a blur. He remembered men bringing in a young paratrooper named King, who had been killed accidentally by a strafing P-51 Mustang fighter. "A .50-caliber bullet was still in his chest," he said.

Another paratrooper with his arm torn off at his shoulder lamented losing his watch. Yet another paratrooper had been shot in the head, but the bullet entered his helmet, tore through his helmet liner and exited the back without injuring him. One soldier had been hit in the helmet by a mortar shell that exploded. Again, it did not injure him. Mampre experienced the same kind of luck when an artillery shell landed in front of him outside his makeshift hospital. It hit the ground and broke apart without exploding. Mampre simply looked at it and thought, "That's a really big shell." Yet the incident had little effect on him. "I never thought I could have been killed," he later said.

Mampre was often impressed with the medical staff as well as the paratroopers around him. Captain "Shifty" Feiler, the dentist who often had to pay for drinks back in Toccoa, treated 1,000 wounded and frost-bitten men by himself, the most in the regiment. "Winters wouldn't go near him," Mampre recalled. Feiler had tried to repair Winters' teeth and ended up making them worse.

One day, Captain Feiler ran into the hospital and breathlessly explained that he had almost been captured. He had been driving a truck full of soldiers when he saw Germans in front of him. He jumped out of the cab and threw a captured German Luger pistol into the woods. When Captain Buck Ryan, who had lent Feiler the Luger, asked him why he had done that, Feiler explained, "Do you know what would have happened if the Germans would have caught a Jewish boy with a Luger?" An unimpressed Ryan asked, "What do you think I'm gonna do to you?"

Mampre survived on cold C-rations and rarely slept. He guarded a flight jacket he'd gotten from his brother, also in Europe. "If I was hit," Mampre explained, "that jacket would have been off me so fast," taken by others who prized the warm jacket. He noticed that, unlike the Americans, the wounded Germans hollered for relief. He discovered decades later that the German Army provided amphetamines to its soldiers.

When the Germans bombed or shelled the barracks, Mampre and his comrades fled to the basement. During one shelling, Mampre gave his blanket and a chocolate D-ration bar to a man in his underwear sitting next to him. When it got light out, Mampre realized the man was a German. "Hey!" he shouted upstairs, "There's a kraut down here!" Mampre took back his blanket.

In another instance, Mampre joked with a 17-year-old English-speaking German prisoner about ex-

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changing uniforms. Mampre would be sent back to the United States as a prisoner, he explained to the kid, and the German could return home by following the American Army into Germany. The young man thought about the offer, and then said, “Ah, the hell with you. I want to go the United States. You go to Germany.”

No matter how desperate the situation became, Mampre did not worry. “I never thought we were in trouble.” When he heard that General McAuliffe responded to a German surrender demand with one word: “Nuts!” Mampre simply called it “pretty interesting.”

Mampre knew the campaign had swung in the 101st’s favor on December 23 when the skies cleared. Mustang fighters strafed the Germans, and C-47s dropped supplies. “That was a welcome sight,” he said. “I have such a tremendous respect for those pilots.”

Mampre did his duty and survived the siege of Bastogne, but after Lt. Gen. George S. Patton’s 4th Armored Division broke the siege the day after Christmas, he was sent to a hospital on January 9, 1945. He does not remember why.

For more about Mampre’s life and military career, see <https://warfarehistorynetwork.com/article/101st-airborne-medic-recalls-op-market-garden-and-the-battle-of-the-bulge/>

Mampre thought the 2001 HBO series *Band of Brothers*, based on the Stephen Ambrose book, was rather accurate, but he had a few problems with the scene pertaining to him. In Episode 4, “Replacements,” members of Easy Company, sitting on British tanks, pointed out that Lieutenant Brewer (played by Brandon Firla), standing in the middle of the road, looked like General George S. Patton right before he was shot in the neck. In actuality, said Mampre, “He was nowhere near a highway, and there were no tanks.” He recalled that Brewer was tall and handsome. “He looked like Ted Danson.” The episode also portrayed the incident as happening outside Nuenen, not Eindhoven. Mampre was impressed, however, with actor Shane Taylor’s portrayal of medic Eugene Roe. Throughout the series, Taylor squatted on his heels whenever he sat down, just like the real Roe.

— 27 July 1775 —



Tanks could be warm when the engine was running, but cooled rapidly. Pintle-mounted machineguns also got so cold that skin froze to them., and track maintenance also ran risks of flesh freezing to metal.

U.S. Army photos.

**101ST AIRBORNE DIVISION****Office of the Surgeon**

SUBJECT: Annual Report, Medical Department, 101st Airborne Division.

**3. Operation "The Defense of Bastogne" commencing 19 December 1944**

a. The regimental and battalion medical detachments entered combat with the following strengths: parachute regiments - seven officers and sixty-two enlisted men; glider regiments - seven officers and eighty-six enlisted men; engineer battalion - two officers and twenty enlisted men; antiaircraft battalion - one officer and twenty-three enlisted men; field artillery - seven officers and sixty-three enlisted men. All medical detachments accompanied their units as a part of a motor convoy. Due to the acuteness of the situation and the rapidity with which the division was committed, on this operation the packet first aid, parachutist, and the individual copper sulfate sponge were unobtainable. However, all detachments transported extra blankets and litters on the trucks allocated to the medical detachments.

...

b. The 326th Airborne Medical Company entered combat with nineteen officers and one hundred ninety-eight enlisted men. Attached to this unit was Team No. 15 of the 3rd Auxiliary Surgical Group, consisting of four officers and four enlisted men. Three officers and two enlisted men from the Division Surgeon's Office moved with the medical company.

The medical company opened the station at 1100, 19 December 1944 near Herbaumont, Belgium. The first casualties were admitted to the station at 1100, 19 December 1944. The collecting element of the company were immediately dispatched to the regiments to begin evacuation to the clearing station.

Due to the fluid conditions of the front lines at this time and since the location of third echelon medical installations had not been obtainable prior to the time of departure from the base camp, the commanding officer of the 326th Airborne Medical Company and the division surgeon made a reconnaissance to locate these units and to establish a route of evacuation.

At 1700, 19 December 1944 the commanding officer of the 326th Airborne Medical Company departed from the clearing station with three 4 x 4 cross-country ambulances loaded with fifteen litter and walking wounded patients enroute to the 107th Evacuation Hospital located at Libin, Belgium. Upon arrival at the evacuation hospital arrangements were made with the commanding officer of the 64th Medical Group for five additional ambulances to assist in the evacuation of the clearing station. The commanding officer of the medical company then attempted to return to the clearing station, but upon arrival at the bridge located at P434620, Map: France and Belgium, 1:50000 at 2130, 19 December 1944, he found that the bridge had been demolished and that this road could no longer be used for the evacuation of casualties. The convoy of ambulances was re-routed to Recogne, Belgium, thence to Neufchateau, and from there toward Bastogne, Belgium. After proceeding up the Neufchateau-Bastogne highway for a distance of approximately three miles, it was found that the road was blocked by a double column of armor. At 0230, 20 December 1944, the commanding officer of the 326th Airborne Medical Company met the division chaplain who related that the following events had taken place: [see newsletter story pages 14-17].

The 429th Medical Collecting Company and the 635th Clearing Company were secured to perform the second echelon medical service for the Division. The 429th Collecting Company was put into position at Joden-ville, Belgium. The 635th Clearing Company was put into position at Longlier, Belgium.

A survey was made of the amount of Medical Department equipment at present within the division and the division surgeon contacted VIII Corps Surgeon in order to secure additional equipment. The division surgeon was informed that it would be necessary that a complete report be made relative to the overrunning of the installation. At this time the division surgeon reported to the Corps Surgeon's Office in order to render the report and at the same time to secure the Medical Department equipment which had been requested. Following the securing of the medical supplies, an attempt was made to get back into Bastogne with this equipment. This was impossible due to the fact that the road between Bastogne and Neufchateau had been cut by the enemy.

Since the division was without second echelon medical service, all available doctors were removed from such positions as assistant regimental surgeon, artillery surgeon, antiaircraft surgeon, and one regimental surgeon, acting in a command function, and were placed in one central location in the Belgian barracks at Bastogne to act as a collecting point. On 24 December 1944 one hundred ampules of penicillin were delivered by

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an L-1. This same day medical equipment was dropped by C-47, with approximately 100% recovery of all sent in. This supply consisted of whole blood, Vaseline gauze, litters, blankets, atropine sulfate, tetanus toxoid, pentothal sodium, distilled water, syringes, and sterilizers.

On 26 December 1944 two surgical teams were flown into Bastogne by glider and landed safely at 1600. The decision was reached not to perform any major surgical procedures in Bastogne since it was known that evacuation to the rear could be accomplished by the next day. At this time Bastogne was under almost constant aerial and artillery bombardment and the retention of post-operative cases was not practical.

On 27 December 1944 all casualties were evacuated from Bastogne direct to Evacuation Hospitals in the rear. On 28 December 1944 one platoon of the 50th Field Hospital arrived in Bastogne and opened station. The second echelon medical service was also augmented with the ambulance platoon of the 495th Medical Collecting Company and Company "A" of the 92nd [Medical] Gas Treatment Battalion. On 30 December 1944 the platoon of the 50th Field Hospital was removed from Bastogne and sent to Bertrix.

The Consultant Surgeon for the Third United States Army made a physical inventory and study of the cases held in Bastogne during the time that evacuation was impossible. This revealed that, other than the physical discomforts, the casualties had not unduly suffered for lack of Medical Department treatment and that the mortality was extremely low.

c. Casualty Rates:

1. Appendix 3 shows the number of individuals by day treated in medical installations of the division from 19 December 1944 to 31 December 1944. ... The totals for this period are as follows:

Total Battle Casualties	704
Total Injuries	6
Total Disease	573
Aggregate	1,283

2. The total number of exhaustion cases (neuropsychiatric) sustained during this period was eighty-four and is contained in the above figure under "disease." A new type of casualty was encountered in this operation due to climatic conditions, this was diagnosed as trenchfoot, but was later changed for those cases appearing in rear area troops to frostbite.

...

4. Casualties that died while being treated in a medical installation of the division totaled thirty-three.

5. The above figures do not include those casualties of the division treated by medical personnel outside the division.

d. Loss of Medical Personnel:

1. The strength of medical personnel committed to combat was as follows:

63 officers -- 582 enlisted men

2. Of the total number of officers, the losses sustained are as follows:

Killed in Action	0
Evacuated	2
Missing in action	18
Captures	0
Total	20
Percentage Loss	31%

3. The enlisted personnel lost in combat are as follows:

Killed in Action	4
Evacuated	31
Missing in Action	133
Captured	0
Total	168
Percentage Loss	29%

— 27 July 1945 —



As a road junction, Bastogne had been a logistical base before the German attack, and continued as the Germans were pushed back. Here patients are being prepared for evacuation from a hospital unit in Bastogne, 6 January 1945. U.S. Army photo.

## Victory in the Snow: Artifacts From the Battle of the Bulge Chuck Franson and Paula Ussery, AMEDD Museum

“The Battle of the Bulge” was more than just a battle, it was the last major German counter offensive. The scale is best grasped by the statistics: Nazi forces assaulted an area about 80 miles long in the dense Ardennes Forest. The assault was conducted by three German field armies that attacked a quiet sector of the U.S. First Army in Belgium and Luxembourg. The ultimate goal was to drive to Antwerp. “The Bulge” was approximately 47 air-line miles wide.

The AMEDD Museum is fortunate to have artifacts from several medical personnel who participated in this critical engagement. Some of the heaviest fighting initially was along and near the Elsenborn Ridge, the only place where the Germans failed to penetrate very far, forcing them to divert to the south, ultimately stalling out against the 2d Infantry Division.

Among the units attached to the 2d Infantry Division from June 1944 through V-E Day was the 462d Anti-Aircraft Artillery Battalion. Activated on 1 September 1942, this unit was equipped with 40mm antiaircraft guns and 50-caliber machine guns, including ones mounted on half-tracks. Early December found the 462d located in and around St. Vith, Belgium, in warm dugouts preparing for winter. In the second week of December the 2d Infantry Division was relocated to Elsenborn Ridge on the northern flank of the German attack and the 462d moved with it. Staff Sergeant Robert F. Bennett served as a medic with Headquarters and Headquarters Battery throughout the five campaigns in Europe. He had enlisted via the New York National Guard in February 1941. This is the minor surgery kit he was issued. Bennett stenciled the last four digits of his service number on the canvas case. Of khaki canvas (used in World War I and in the early days of WWII) rather than olive drab, it has the earliest supply stock number used by the Army with only five digits. It included scalpels, suture, a needle driver, and tweezers.



SSG Bennett's minor surgery kit.

The German forces had assumed that the Americans would not be able to quickly respond and reinforce their lines. However on 18 December Third Army under the command of General George S. Patton was directed to reposition his forces and begin driving north to reinforce the southern flank of the German salient. General Patton disengaged the majority of Third Army, and on the morning of 22 December began his drive toward Bastogne, which was surrounded. III Corps was selected to lead the advance.

CPL Lawrence E. Wilkins was one of the Third Army personnel who went north. Originally from Kentucky, he had enlisted on 27 July 1942 in Detroit, Michigan. He received his medical training at Camp Barkeley, Texas, and was assigned to the 414th Collecting Company. Unlike most collecting companies, the 414th was assigned to III Corps, rather than a regimental or divisional medical unit. From its activation on 6 December 1944 a corps medical battalion had been attached to III Corps, consisting of Headquarters and Headquarters Detachment, 182d Medical Battalion, 414th Medical Collecting Company, and the 606th Clearing Company. Collecting companies at the corps level were “utilized to assist in area sanitation, to establish corps collecting stations when necessary, to support or reinforce division collecting units, they may be used to assist in litter bearer work in evacuation and at surgical hospitals.”

His copy of the Military Medical Manual (which provided that summary) provides a guide to the types of training he received. The initial section of his manual introduces the United States Army, the organization of large units, map reading, and such topics as military courtesy and discipline. The majority of the volume pertains to medical subjects including medical department organization, field sanitation, first aid, essentials of military preventative medicine, and medical aspects of chemical warfare.



CPL Wilkins' 'Ike jacket'



Pages from the first aid section of CPL Wilkins' copy of the Military Medical Manual.

From the 10th Armored Division, the AMEDD Museum has artifacts from the service of CPT Robert G. Rate, executive officer, 80th Medical Battalion. The 10th Armored Division was moved to Luxembourg City on December 17, 1944 due to the German offensive. The unit was then split. Combat Command A fought at Waldbillig, Noville and Bras, while Command B fought at Bastogne, arriving on 18 December.

Rate had enlisted in the Iowa National Guard in 1933. He attended medical school at the University of Iowa and followed with an internship at Letterman General Hospital. He transitioned to the Regular Army in late December 1941. From 1 July 1942 until 15 July 1945, he served as the executive officer of the 80th Medical Battalion in the U.S. and in the European Theater.

Combat Command B was encircled at Bastogne for six days, requiring the medical personnel there to care for their patients without evacuation and with diminishing supplies. Re-supply arrived on 23 December, as CPT Charles Phalen witnessed: "The fourth morning dawned crystal clear and the skies were blue ... And with the change in the weather came the C-47s with the aerial resupply. As they passed over the drop zone the red, blue and yellow parachutes blossomed out and hit the ground. ... About sixty of them contained medical supplies, each bundle holding an identical quantity of Carlisles, morphine, and plasma."



CPT Rate saved a parachute fragment from an aerial re-supply mission from the battle. One end is stenciled "Aerial Delivery Container Canopy: Load Capacity / 300 Max. AT / 150 M.P.H."

Some thirty-two U.S. divisions fought in this campaign. There were 41,315 casualties in December to halt the Germans and 39,957 more casualties in January to push them back.



**HEADQUARTERS, THIRD U.S. ARMY  
AFTER ACTION REPORT 1 AUGUST 1944-9 MAY 1945  
STAFF SECTION REPORTS, PART 17: MEDICAL**

Exciting days prevailed for this Army beginning 20 December, when it was given the mission of bringing pressure on the southern flank of the German bulge in the ARDENNES area to crush the German counteroffensive. The III Corps moved north to the vicinity of ARLON, and became operational in the area north of that point on 20 December. XII Corps followed two days later, moving to the vicinity of LUXEMBOURG CITY. The 65th Medical Group continued to support both of these corps during the movement of the corps and their units, establishing its own headquarters at ESCH.

VIII Corps was established west of III Corps, and was being evacuated by the 64th Medical Group. This corps was assigned to Third U.S. Army, effective 21 December. The 64th Medical Group was not actually assigned by order until 26 December, but continued to evacuate this corps, except that it was relieved of the responsibility of evacuating the evacuation hospitals in its area. The latter function was assumed by the 69th Medical Group, which moved north to ESCH. Close cooperation between the 64th and 65th Medical Groups during this period resulted in smooth evacuation in situations where the division of responsibility was not always clear. ...

To support the 101st Airborne Division and its attached units, a provisional medical battalion was formed. It included the Headquarters and Headquarters Detachment, 436th Medical Battalion, the 495th Medical Collecting Company, and Company 'A', 92d Medical Gas Treatment Battalion. These units were gathered from their various and distant locations and dispatched to the vicinity of BASTOGNE on 27 December. The first two units mentioned were relieved of this attachment on 31 December, and Company 'A' of the 92d Medical Gas Treatment Battalion continued its mission of operating a clearing company for the relieved forces until transfer of that division, early in January, to the Seventh U.S. Army.

To regulate casualty flow to hospitals supporting VIII, III, and XII Corps, the 64th Medical Group established an ambulance regulating post at VIRTON, and the 65th Medical Group established similar posts at ARLON and at LUXEMBOURG CITY.

The 69th Medical Group, assisted by ambulance companies of the Advance Section, Communications Zone, continued its mission of evacuating Army hospitals. Advance Section, Communications Zone, gradually assumed responsibility for evacuation of a total of five evacuation hospitals, as well as the provisional hospital operated by the 92d Medical Gas Treatment Battalion at THIONVILLE. In addition, Advance Section, Communications Zone, furnished ambulance service to all medical holding units supporting this Army.

The movement of Army medical troops to the southern flank of the bulge constituted a transportation achievement comparable to that of the mass movement of armor and infantry units to the same point. Movement was accomplished by infiltration, and generous credit is due to the respective Sections of G-3 and G-1 of this headquarters, without whose cooperation the achievement would not have been attained. ...

The Army air/rail medical evacuation holding unit, operated by the 94th Medical Gas Treatment Battalion, was located throughout the month at THIONVILLE. The unit opened at this location on 6 December, and two days later railroad facilities, as well as air evacuation, became available at that point. During the month, 1,711 patients were evacuated from this unit by air. This represented a minority of those evacuated, but was a considerable increase over the month of November. It was also accomplished during a period marked by snows and murky weather. When the axis of the Army turned north, the air/rail medical evacuation holding unit was still in an excellent position to support the hospitals.

...

A total of 21,092 patients were evacuated from Third U.S. Army during the month. In addition to the 1,711 evacuated by air, 12,886 were evacuated by road to Advance Section, Communications Zone medical holding units, or to general hospitals, and 9,465 were evacuated by rail.

...

### 3. Hospitalization

The attachment of field hospitals and their platoons remained rather stable until after 16 December. ...

The mass movement of divisions which occurred after the third week of the month resulted in considerable changes in the attachment of field hospital platoons. Some of the platoons accompanied the divisions to

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which they were attached on all movements, but others remained behind to support new divisions. One platoon, the 3d Platoon of the 60th Field Hospital, completed the following odyssey of attachments during December: XII Corps, III Corps, XX Corps, XII Corps and III Corps. ...

In general, field hospital platoons were employed in accordance with past procedure. Through the use of holding units, consisting of a headquarters and station platoon of a medical collecting company, it was possible to free these platoons for earlier movement in support of division clearing stations when the latter displaced forward.

...

Following the German counteroffensive, the great majority of the evacuation hospitals and other medical units had to be moved north to support the Army effort in that direction. The 103d, 39th, 104th, 109th, and 101st Evacuation Hospitals moved in that order to respective new locations at LONGUYON, VIRTON, LUXEMBOURG CITY, MONTMEDY and ARLON. The 12th Evacuation Hospital remained open at NANCY, and was the only Third U.S. Army hospital south of METZ at the end of the month. Meanwhile, arrangements were being made for a new site for the 12th Evacuation Hospital in LUXEMBOURG CITY.

Two additional evacuation hospitals became Third U.S. Army units during the month. The 107th Evacuation Hospital, located in the vicinity of CLERVAUX on 16 December was closed and prepared to move. The 110th Evacuation Hospital was open at ESCH and remained there throughout the month. The 107th Evacuation Hospital was required in a period of seven days to make three retrograde movements and was located during this period at LIBIN, CARLSBOURG and at SEDAN. This hospital, in an eighty-two-hour period at LIBIN admitted 784 patients and performed 326 surgical operations. There were 400 patients in the hospital when the next move became necessary. In a space of three hours, 300 patients were loaded in ambulances for evacuation to the 130th General Hospital at CINEY. Several times during this period the hospital was directly in the line of advance of the enemy forces and hasty departures were in order. On the move from LIBIN it was necessary to leave a volunteer detachment of five officers and fifty enlisted men with the remaining patients and equipment. However, all the personnel and the greater part of the equipment were recovered later.

The 6th Convalescent Hospital was reopened early in December at ST MIHIEL with a capacity of 1,500 beds. It opened in ZIMMING on 15 December. Due to subsequent changes in the tactical situation after 16 December, the location at ZIMMING became far from ideal, and a new site was selected at MOULINS-LES-METZ in the vicinity of METZ. By the end of the month, the unit completed its movement to the new location, but had not yet opened.

An analysis of wounded hospitalized in the month of December is shown below:

Number of wounded admitted "direct" (i.e., not by transfers):

U.S. Army troops	11,495
British Army troops	0
French Army troops	25
U.S. Navy and Marine Corps	1
British and French Navy	0
Enemy forces personnel	1,674
Civilians	235
Others	35

Note: All of the following in b through f pertains to U.S. Army troops only.

b. General classification of wounds:

Serious 3,396

Slight 8,118

g. Number of transfusions of:

Fresh whole blood	529
Stored blood	5,382
Dry plasma	7,844
Other blood substitutes	441

## j. Number of cases showing clinical evidence of Gas Gangrene:

U.S. Army	59
Others	16

## k. Number of wounded evacuated to other hospitals:

U.S. Army	8,595
Others	1,189

...

Section 3 - Professional Services1. General

Total battle casualties during the month of December, involving actual wounds and/or burns amounted to 11,495. In addition to this total, there were 2,852 cases of trench foot and twenty-one cases of frostbite admitted to all division, corps, and Army clearing stations during this month. Approximately 600 cases were returned to duty at clearing station level, and an additional estimated 300 cases returned to duty from hospitals.

Based on total dispositions from all causes in Third U.S. Army medical installations, there was a mortality rate of one percent during this month.

2. Surgery

As will be seen from the above figures, the surgical services of Army hospital units were extremely busy in December. The fact that only 314 deaths occurred among the total battle casualties mentioned above reflects a high degree of experience and skill attained by the entire Army medical service.

A study of the detailed statistics presented in the paragraph devoted to "Hospitalization" in Section 2 of this report reveals an interesting breakdown of these figures according to regions of the body affected. The largest group comprises wounds of the extremities and involves 6,625 cases, or approximately sixty percent of the total battle casualties. Of these cases, only fifty died, and the great majority of the remaining cases will eventually return to duty. It is in this salvage role that the Army evacuation hospital is doing its greatest service in the present war. However, the low mortality rate in the entire Army is a great accomplishment, and is a result of a combination of the efforts of all medical personnel, from the battalion aid station on back to the rearmost hospital.

Mortality rates were as low as any in military history. The figures which support this conclusion are shown below:

TYPE OF WOUND	NUMBER	NUMBER OF DEATHS	MORTALITY RATE
Wounds of the Abdomen	559	82	14%
Chest Injuries	1,129	70	6%
Head Injuries	787	77	10%
Gunshot Wounds of the Spine	213	6	2.8%
Wounds of the Buttocks	561	11	2%
Burns	137	1	0.7%

One of the epics of this war was the magnificent stand of the 101st Airborne Division, together with one combat command each of the 9th and 10th Armored Divisions, at BASTOGNE, where they were out off for approximately ten days until the 4th Armored Division and the 80th Infantry Division broke into the pocket to relieve them. When these divisions were cut off, they were completely without surgical personnel. The only medical personnel available to them were in the various medical detachments of the divisions concerned. These medical officers were equipped neither with experience nor instruments for major surgical procedures.

Outside of the pocket a field hospital platoon, with surgical team attached, was held in readiness to rush into the besieged town as soon as a corridor was established. In addition, another field hospital platoon with its surgical teams was set up just outside the encircling ring to care for those casualties which could be transported out after relief of the forces. Other measures taken are described in Section 2 of the Medical Section report, under the sub-section devoted to "Evacuation."

With the relief of the forces not yet established, a general surgeon flew into BASTOGNE by liaison plane on 25 December. On the following day three more general surgeons, an orthopedic surgeon, an anesthesiologist, and four enlisted technicians were flown in by glider. In both cases, enemy fire was encountered, but all personnel and their equipment arrived safely.

The make-shift hospital consisted of a large garage with one very large room and a small adjoining room. Approximately 150 seriously wounded men were in the large room on litters and straw pallets. Four battalion aid station surgeons, who had treated all casualties until the arrival of this medical relief, were completely exhausted. The general surgeon who had flown in by liaison plane had set up as operating room in the small adjoining room. All casualties other than the most seriously wounded were scattered throughout the town in cellars, basements, and other buildings. In the garage there was no heat, and there was only one light in the larger room.

The supply of blood was very low, as most of the containers had been broken when dropped by parachute on the previous day. However, the supply of plasma was plentiful. The garage had apparently been the site of a field hospital that had hastily withdrawn prior to encirclement. Part of the hospital equipment had been left behind. An operating lamp and an autoclave were available. The surgical teams which had flown in had on hand all the surgical instruments necessary to go into immediate operation.

Within one and one-half hours, all the patients in the garage were carefully triaged by the surgical teams. Those cases that required immediate surgery were selected, and priority for surgery was thereby established. Four operating tables were set up in the small room by placing litters on tables. Two anesthesiologists, one of whom had accompanied the surgical teams, and the other of whom was a battalion aid station surgeon with the 10th Armored Division, alternated between the operating tables. The medical officers from the 101st Airborne Division medical detachments provided medical care for those patients in the large room. Operations were begun by 261830, and continued throughout the night until the following noon.

Concurrent with the arrival of relief on 27 December, which included twenty-three ambulances of the 64th Medical Group, a truckload of blood also arrived early in the afternoon. After a few hours' rest, the surgeons were back at work. With the evacuation of part of the casualties, the situation was greatly alleviated. The hospital was then organized into a pre-operative and post-operative section with a consequent improve-

ment in the post-operative care. The surgeons again operated throughout the entire night until the following afternoon (28 December), when all patients were evacuated and a field hospital platoon (1st Platoon, 60th Field Hospital) went into operation in the area. In all, fifty major operations were performed, with only three post-operative deaths occurring.

During this period, bombing and shelling of the hospital area was intermittent. On the night of 27 December, a bomb landed near the hospital and blew in the door of the hospital room, and considerable plaster fell from the ceiling. For a time, operations had to be continued by flashlight.

The services of three Belgian women were secured to assist in the care of the wounded. No drapes or gowns were available, and sterile towels were used about the wounds. The wounds of the patients were from two to eight days old, with the average case about three days old.

Mortality rates were gratifyingly low in spite of the handicaps encountered. It is noteworthy that casualties in the BASTOGNE area are included in the figures quoted in the beginning of this section.

### 3. Neuropsychiatry

During the first week of December, slow but steady advances were continued until Third U.S. Army was disposed along the SAAR River and within the boundaries of Germany along that river on a front of sixty miles. SAARLAUTERN and SARREGUEMINES were taken.

Enemy resistance was, at all times, stiff, and our casualties high. It had been the experience of this Army that a tactical situation which included severe artillery fire from the enemy, resulting in more or less pinning down our own troops, usually resulted in a higher neuropsychiatric rate. A slight increase during the first two weeks of December was therefore to be expected. By the end of the second week the situation again became somewhat static, and at the end of the third week, Third U.S. Army divisions were drawn from their positions and moved rapidly northward. The number of neuropsychiatric cases, therefore, evened itself off and resulted, for the entire month, in a percentage less than that which occurred during the previous month.

The figures for the month of December revealed that there were 33,222 non-fatal casualties, which was a reduction over those suffered in November. Of these, 2,587 were neuropsychiatric cases, or seven and seven-tenths percent of the total non-battle casualties. Seventy-five percent of these were returned to duty from either division clearing station or hospital level.

...

— 27 July 1775 —



Leon Jedziniak was a medic with the 501st Parachute Infantry, 101st Airborne, at Bastogne. Interviewed about the battle, he quipped “You know what a donut is like, well we’re the hole” and also talked about the morale effect of having patients he knew – and others knew – would die. His interview is available through the Library of Congress Veterans History Project. [Leon Andrew Jedziniak Collection | Library of Congress \(loc.gov\)](#)



The American Red Cross, patients, books, and a warm sun make up this combination at the Station Hospital, Camp Patrick Henry, Virginia.

At left in wheel chair, is Sgt. Theodore E. Holland, Itasca TX, who served with the Sixth Armored Division, 3rd Army. Sgt. Holland was hit in the right leg by rifle fire while trying to rescue a buddy during action in Bastogne, Belgium, January 1945. He wears the Purple Heart and the European-African-Middle Eastern Campaign Ribbon with three stars. Handing a book to Sgt. Holland is Mrs. Victor B. Marvel, Newport News VA, American Red Cross worker.

Standing behind the book rack (arm in cast) is Pvt. John J. Schwartz, Philadelphia PA. His left arm was shattered just above the elbow, in action in Belgium. He was with the 513th Paratroopers, 3rd Army.

Third man from the right is Pvt. John Adagio, New York NY. He returned to this country for rest and recuperation. He is comparing books with Mrs. C. C. Carter, Newport News, Red Cross worker.

At the extreme right is Sgt. Chester E. Ostby, Calumet, MN. He and Pvt. Adagio served with the 101st Airborne Division, 3rd Army. Sgt. Ostby was a mortar sergeant at Bastogne, Belgium during the German siege. On the third day of the eight day siege, he was sent out on patrol to make contact with the enemy. While leading the way over a knoll, the Germans opened up with machine gun fire and he was hit in the leg. The rest of the squad scrambled to cover, but Sgt. Ostby was pinned down for six hours. No medical supplies were available; cognac and rum were poured into his wounds as disinfectants. He also took part in the invasion of Normandy.

Official photograph U.S. Army Signal Corps, Hampton Roads Port of Embarkation, Newport News, Virginia.

The Battle of the Bulge continued into late January 1945. The terrain, weather, and enemy were all as grim as in December, but against deliberate Allied attacks (with air support when the weather allowed) the Germans could not hold their ground. There is still controversy whether the Allied attack straight back at the Germans was the most efficient way to clear the Ardennes (attacks elsewhere might have made them withdraw) but Allied forces were in the Ardennes and the Germans lacked sturdy defenses.

Medics continued to work amid the forests and hamlets, but evacuation and hospitalization became more secure and reliable. The war was not over, but Allied forces had absorbed the last punch the Germans could throw, and would now drive steadily to victory.



Left top: Battalion surgeon CPT Charles S. Quinn treats Belgian children for frostbite, 11 January 1945.

Left lower: Medics near Tittingen, Germany, 15 January 1945.

Right top: Captured German medic using U.S. pouches to carry supplies, 24 January 1945.

Right lower: Medics evacuating a casualty near Berle, Luxembourg, 12 January 1945.

All images courtesy Dwight Eisenhower Presidential Library, National Archives.



John Kerner was a physician with the 35th Infantry Division, who volunteered to go forward to help the 101st Airborne at Bastogne.

He was interviewed by the National WWII Museum.

[The Digital Collections of the National WWII Museum](https://www.ww2online.org/view/john-kerner)

<https://www.ww2online.org/view/john-kerner>

### Writing for *The AMEDD Historian*

We are seeking contributions! We believe variety is the way to attract a variety of audiences, so we can use:

Photos of historical interest, with an explanatory caption

Photos of artifacts, with an explanation

Documents (either scanned or transcribed), with an explanation to provide context

Articles of varying length (500 word minimum), with sources listed if not footnotes/endnotes

Book reviews and news of books about AMEDD history

Material can be submitted [usarmy.jbsa.medical-coe.mbx.office-of-medical-history@army.mil](mailto:usarmy.jbsa.medical-coe.mbx.office-of-medical-history@army.mil) Please contact us about technical specifications.

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### AMEDD Center of History and Heritage

*Chief, Mr. Nolan Watson*

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