

Chapter Two

World War II

RECONSTITUTING THE 12TH

Despite the country's desire to avoid involvement in another European war, the US Army had been gradually expanding in the years before Pearl Harbor, from 191,450 troops when Hitler invaded Poland in September 1939 to about 1.5 million when the Japanese attacked on December 7, 1941. The National Guard had been mobilized in 1940, the same year Congress approved a peacetime draft. Guard units faced several obstacles, however. Industry was not producing enough military equipment, and troops had to train with limited quantities of outdated items. Medical training itself was a bottleneck; for instance, not enough brick-and-mortar hospitals existed to provide full training for all newly enlisted men, and courses had to be shortened to ensure at least some hands-on training for all enlistees.

Unlike in World War I, the draft did not include doctors. This was where the reserves were supposed to step in. Under the affiliated hospitals program begun in World War I, the Army's surgeon general, Major General James Magee, worked with civilian hospitals to recruit doctors and nurses in groups, providing key staff for hospitals all at once. However, this program (along with other medical reserve programs) lapsed in the 1920s and 1930s. By the end of the 1930s, and especially in 1940 and 1941, when Germany was conquering much of Europe, the AMEDD stepped up its work with major civilian hospitals to recruit medical professionals (and even a few enlisted specialists) into affiliated reserve units. These volunteers became the professional core, leaving only a few key officers (a command group and some supply and administrative officers) plus the bulk of the enlisted men to be provided by the Army. With these Army personnel added, the medical professionals, already formed into teams, could continue their work uninterrupted once they stepped into uniform.

The 12th Evacuation Hospital was reconstituted through these efforts, replac-

ing the previous organization set up in Boston under the same name. In World War I, the German Hospital of New York City had organized a hospital for the Army; however, it was composed largely of German Americans and was not sent abroad, and in 1918 the hospital changed its name to Lenox Hill Hospital. On February 16, 1942, Lenox Hill agreed to recruit an Army evacuation hospital, and recruiting took place throughout the spring. Reflecting a much different status in the community since World War I, the hospital organized a send-off dinner for staff at the posh Hotel Astor on June 19, and the unit was activated on August 25.

Lenox Hill recruited 32 doctors, 34 nurses, and 10 enlisted men, but the unit needed 47 officers (including administrative and command personnel), 52 nurses, and 318 enlisted men. To fill the gaps, the Army merged the 12th with the 19th Evacuation Hospital, a training organization with 5 officers and 294 enlisted men.

EVACUATION HOSPITALS IN WORLD WAR II

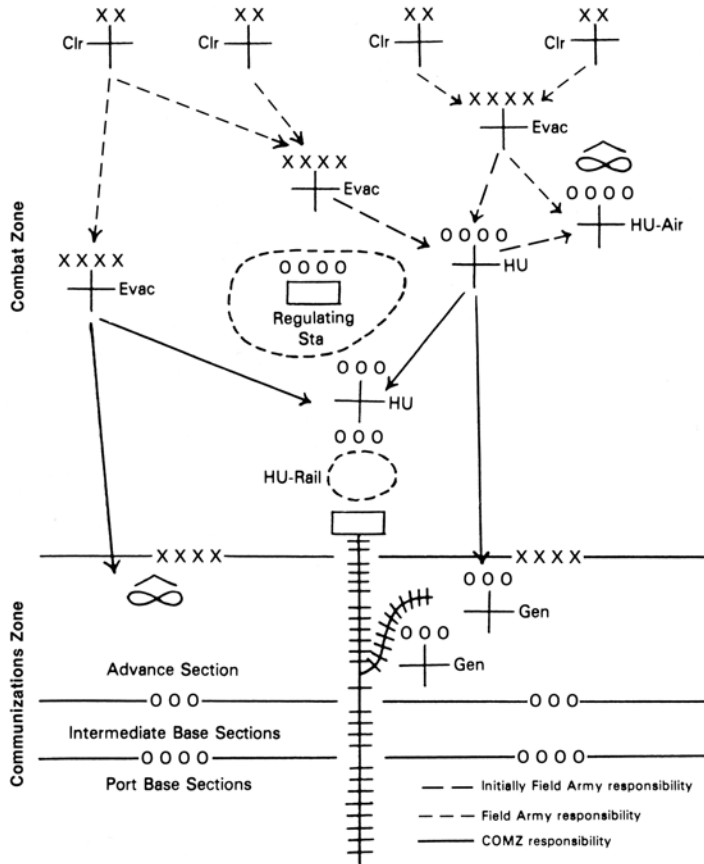
Although still providing surgery for wounded soldiers, evacs were not quite as important in World War II as they had been in World War I. Instead, augmented field hospitals (which in World War I had virtually no surgical ability) handled the most urgent cases. Located forward of evacuation hospitals, field hospitals (typically split into three platoons) handled urgent and nontransportable patients. With injuries such as perforated abdominal wounds and sucking chest wounds, 10% to 25% of patients at field hospitals did not survive.

Evacuation hospitals were the vital link in the chain of evacuation; they could handle major surgical and medical procedures for all casualties. Thus, the evac handled more specialized cases and had a neurosurgical team, a thoracic surgeon for complicated chest cases, and a plastic-maxillofacial team for face and jaw wounds. There were also three general surgical teams, and splint and shock teams to handle patients who had not received previous surgery—these teams could work in the receiving section (equivalent to the World War I triage, or today's emergency room) or help out in the operating room if needed.

Each evacuation hospital had 37 doctors (including 11 surgeons, 6 physicians, and 10 in supporting or command roles); 3 dentists; a quartermaster officer in charge of nonmedical supplies; a chaplain; and 5 Medical Administrative Corps (MAC) officers. The MAC augmented the Sanitary Corps and mainly relieved doctors from doing paperwork. The corps expanded during World War II as the Army ran short of doctors to handle laboratory and other medical support positions.

Operationally, evacs were set up about the same as they had been in World War I. Patients arrived at the receiving section, where they were examined and prioritized; surgical patients would go to the x-ray or shock ward (if needed), then to the operating room, then to recovery wards. Medical patients went straight

DIAGRAM 4—FIELD ARMIES AND COMZ EVACUATION RESPONSIBILITY



Source: Evacuation Branch, Operations Division, OofCSurg, HQ, ETOUSA, Annual Rpt, 1944, encl. 5.

Figure 2-1. The 1944 evacuation system, from: Evacuation Branch, Office of the Chief Surgeon, Headquarters European Theater of Operations, US Army, Annual Report, 1944.

Clr: clearing station; COMZ: communications zone; Gen: general hospital; HU: holding unit (any medical unit with appropriate facilities); Sta: station

Reproduced from: Cosmas G. Cowdrey A. *Medical Service in the European Theater of Operations*. Washington, DC: Center of Military History; 1992: 335.

to the wards. Once stabilized, patients were sent to another hospital or back to duty (about 20% of the 12th's patients returned directly to duty). To speed treatment, units might set up their tents in a line so patients could be carried straight through from receiving to the preoperating ward, to the operating room, and on

to the recovery ward. However, commanders arranged their hospitals to fit local circumstances and their own preferences. Hospital staff working in buildings might need to climb stairs between wards, substantially increasing the work of the 38 litter-bearers. Evacs also contained a laboratory, a kitchen detachment (which prepared meals according to patients' needs), supply and utility personnel, and other administrative sections.

The World War II Army deliberately kept units lean, with essential personnel and equipment only; nonessential resources were attached. For instance, separate tank battalions were attached to infantry divisions as needed. Evacuation hospitals had no laundry capability or water supply, which proved impractical, and laundry platoons were often permanently attached to evacs.

Most of the 52 nurses worked on the wards. At the start of the war, the Army still did not commission nurses, but gave them "relative rank," making them theoretically equal to male officers. However, nurses could not issue legal orders and were not paid equally until late 1942. Meanwhile, the Army formed the Women's Army Corps, separate from the Army Nurse Corps, which did formally commission women and pay them equally to men, but not until mid-1944. The Army also struggled to find a nurse's uniform that was practical, especially for field conditions, and reasonably feminine. Dresses were acceptable in rear-area hospitals but not very useful in the field, especially in winter weather. Cotton fatigues were inadequate in colder weather, and women had to wear several layers (which they called "romance busters").

Even with relative rank, nurses were in charge of enlisted men on the wards. The 318 enlisted men ranged from a sergeant major to 85 medical technicians (with pharmacy, laboratory, dental, and other specialized training), to 29 "basic" privates, who had no particular training and served largely as a labor supply. Evacs also took a lone civilian to war: a dietitian to oversee the cooking of special meals for sick patients. In the civilian world this job was regarded as "women's work," and the Army kept the dietitians (all women) as civilians until March 31, 1943, when they were commissioned. In 1947 the Women's Medical Specialist Corps, which included dietitians, physical therapists, and occupational therapists, was formed, and the professionals were commissioned as officers. A few Red Cross workers were also attached to many hospitals to help the patients write letters home or navigate War Department paperwork.

TRAINING AND DEPLOYMENT

The 12th and 19th Evacuation Hospitals were combined at Fort Horatio G Wright, on an island in Long Island Sound. After 2 weeks of routine unit training (during which family members could visit the New Yorkers in the unit), the 12th entrained for Tennessee. Based at a former Civilian Conservation Corps (CCC) campsite near Portland (north of Nashville and close to the Kentucky border), the 12th supported Second Army units training in the Tennessee Maneuver Area. CCC buildings were used for the hospital itself, with tents used for living quar-

ters. In 2 months, the 12th received about 1,000 patients with a range of medical problems, as well as some trauma and burn cases from the maneuvers. Problems with the water supply and drainage were readily solved. Training in the field not only taught the 12th how to work with field equipment, but also gave members experience working together as a unit. Personnel also had free time for entertainment, such as visits to Mammoth Cave (now a national park). Because of fluctuations in the Army personnel system, the 12th had gone to Tennessee slightly understrength, but by the end of the year was marginally overstrength.

The 12th left Tennessee on November 12, 1942, traveling by train to Fort Devens, Massachusetts, about 30 miles west of Boston. There the unit spent 6 weeks training and preparing personal equipment for shipment overseas. Training included marches and calisthenics for physical fitness, as well as reviewing medical and administrative problems encountered in Tennessee. On Christmas day, the 12th learned they had 24 hours to prepare for departure. At 8:45 the next morning, the 12th was moving to Camp Kilmer, New Jersey, an embarkation camp outside New York City, and on the evening of January 5, the unit boarded the *Queen Elizabeth*, which sailed during the night. The *Queen Elizabeth* sailed alone, relying on its high speed and zigzag maneuvers to avoid submarine attacks, and arrived safely in Scotland a week later. The crossing was uneventful, despite crowding among the enlisted men and dissatisfaction with the British food.

EIGHTEEN MONTHS IN ENGLAND

The first few months in England involved no hospital work. Sent to the southwest of England (Honiton, in Devonshire), the 12th moved into uncomfortable British prewar barracks outfitted with wood-plank cots and straw-filled mattresses. With no active hospital nearby, training consisted of physical drill and classroom instruction. Enlisted men received cross-training on basic patient care. Most of the officers attended some kind of professional course on topics such as blood transfusions, mess-hall management, dentistry, or general war medicine. A brief flurry of activity occurred in February as the Allied high command contemplated an invasion of France in the summer of 1943, called Operation Bolero. In preparation for the invasion, the 12th was issued equipment and began establishing a hospital about 40 miles farther east, but the operation was called off.

In April the 12th was split into two groups to operate two hospitals supporting US bomber forces in the east of England; both hospitals served until October 1943. Because evacuation hospitals were designed to work in one place, cross-training was needed to provide enough men to handle key functions in two places. This training later proved useful during the high-speed advance across France. The hospitals operated in Nissen huts: semicircular, galvanized iron buildings that were cheap, durable, and easy to construct. In the 6 months that the 12th spent in eastern England, the unit made its bases more comfortable with

clubs, barbershops, and post exchanges. United Service Organizations (USO) entertainment shows were held nearby, and groups visited neighboring English cities for dances and movies. A vegetable garden was started to augment the food supply, and a flower garden was planted as well.

Most of the medical work was routine, consisting of care for outpatients or sick people. The Eighth Air Force was not yet the "Mighty Eighth," so battle casualties were few, outnumbered by bicycle accidents, and once the 12th was bombed with cans of Spam. Serious injuries were occasionally seen, however. When a patient injured in the crash-landing of a B-26 bomber developed gas gangrene after both legs were amputated, doctors had a dose of the new wonder-drug, penicillin, flown in to stop the infection, and the patient's life was saved.

Personnel voiced some dissatisfaction. Some Lenox Hill doctors wrote to their civilian counterparts complaining about the hospital commander, the Regular Army Colonel Rawley Chambers. Chambers was variously reported as physically unfit, lacking stamina, having "considerable mental instability," and generally lacking character and ability to command. Because the Assistant Secretary of War, John J McCloy, was a trustee of Lenox Hill Hospital, the New Yorkers had a potent back channel for communications. McCloy passed these concerns along to the surgeon general, who passed them to Brigadier General Paul Hawley, the senior Army doctor in England. Hawley arranged for a senior officer to "drop by" the 12th for an unofficial inspection, which found that Chambers was training his personnel, including grooming two subordinates for unit command, and was "intimately familiar" with the junior officers and their capabilities. His only possible flaws were delegating work to proven subordinates and acting as an administrator rather than a hands-on doctor. Hawley sent the report back to Washington, endorsing the findings, and saying not only that he considered the 12th's commander as "decidedly above-average," but also that the whole episode was "dirty medical politics in an affiliated unit." His superiors thought Chambers was an excellent organizer and leader who found "sound solutions to problems confronting him." (Chambers went on to command a hospital center and, after World War II, became a brigadier general.)

Hawley decided to transfer Chambers and promote one of the trained successors. The Chief of Surgery, Lieutenant Colonel Otto Pickhart (who had served in Base Hospital 12 in World War I, continued in the National Guard, and organized the group from Lenox Hill Hospital), took charge after a short time at a larger hospital. When Pickhart fell ill in the spring of 1944, the Chief of Medicine, Lieutenant Colonel Marshall S Brown, Jr (also from Lenox Hill), became the new commander.

THE CARMARTHEN EXPERIMENT

In October 1943, under Pickhart, the 12th Evacuation Hospital was sent to an empty cow pasture in southwest Wales near the town of Carmarthen. Its job



Figure 2-2. Patients at the 12th Evacuation Hospital, Carmarthen, Wales.

Reproduced from: Photo 295259, Record Group 111-SC, National Archives and Records Administration.

was to set up and operate a station hospital, first working under canvas and then gradually moving into huts as they were built. This experimental operation was related to plans for invading the continent: the Army would require station hospitals in France and needed to know how well these hospitals could function in tents. Troops called the unit the “guinea pig hospital” in press interviews. In England, station hospitals handled routine illnesses and injuries for personnel stationed in a particular area, and later became crucial in caring for the support, supply, and rear areas of the expeditionary forces on the continent.

Upon arrival in Wales, the 12th faced an empty field with poor drainage, with fewer men than station hospitals normally had for labor, inadequate equipment for a bare-field site, and a rigid plan from headquarters for the location of each tent and building. These conditions were worse than a station hospital would actually face in France, where units could move their tents to suit local conditions and enlisted men could be relied on to “scrounge” needed equipment, but



Figure 2-3. The main kitchen at the 12th Evacuation Hospital, Carmarthen, Wales. Reproduced from: Photo 292895, Record Group 111-SC, National Archives and Records Administration.

in Wales, the 12th was running a test and had strict criteria to meet.

The first few days were spent setting up tents; connecting water pipes, electricity, and telephones; and building paths and roadways. On October 20 (only 14 days after arrival), the 12th accepted its first patients, and more arrived as additional ward tents were readied. With the assistance of a detachment from the 95th Engineers (a black unit with white officers), gravel roads were laid (in one spot a road needed 6 feet of gravel as a base), concrete pads poured for huts, gaps bulldozed in hedgerows, and water pipes laid, freeing men from carrying around cans and buckets. Poured concrete floors also improved sanitation; in the mess hall, food scraps no longer fell into straw and attracted vermin. By January 1944, huts had been built and the remaining tents had been winterized with plywood and bracing. Experienced personnel who had been through the Tennessee maneuvers complained less about the living conditions than recent transfers who had never had to live in “canvas cottages.”

The 12th made the experiment a success through hard work, improvisation,



Figure 2-4. Eye, ear, nose, and throat clinic of the 12th Evacuation Hospital at Carmarthen, Wales, December 24, 1943.

Reproduced from: Photo 292893, Record Group 111-SC, National Archives and Records Administration.

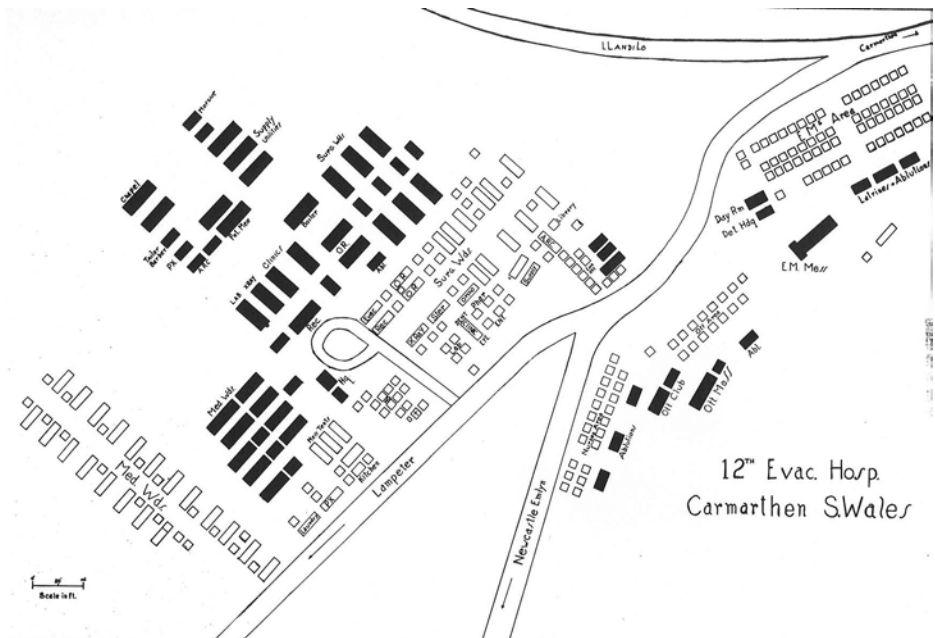
and working around Army supply channels. Many pieces of equipment that turned out to be important were not authorized, including such ordinary utility items as latrine buckets, chairs, lanterns, stoves, and tables. Living conditions started out rough but got better. No baths or showers were available at first, and laundry was a problem because uniforms got muddy. Until showers were installed, local civilians allowed nurses to use their bathtubs, while the unit's males had a roster to use decontamination showers run by the local police. The 12th also had trouble maintaining the Army's usual social divide: separate messes and serving lines were established for officers, nurses, and enlisted men, but only a single kitchen was operated. This created some problems when food for officers and nurses was carried to their separate mess tents. An Associated Press reporter visited the 12th several times and filed stories about the time at Carmarthen, especially noting how the "girls" were adapting to life in tents, implying women in uniform were still an oddity for the American public.



Figure 2-5. Nurses' living conditions, 12th Evacuation Hospital, Carmarthen, Wales.
Reproduced from: Photo 295264, Record Group 111-SC, National Archives and Records Administration.

Unit training continued with road marches, French and German language classes, chemical warfare defense training, and aircraft identification, which were all courses required in preparation for the invasion. The locals were friendly, inviting Americans to social functions in town and attending dances and parties at the unit. The 12th reciprocated with a Christmas party for 400 local children. Passes and leave were also available to the 12th (almost everyone got a chance to travel somewhere in Britain), and there was a library, a movie theater, and USO sponsorship of tours. The Red Cross workers ran programs for patients, keeping up their morale. Over the winter, the 12th reorganized slightly, losing 4 administrative officers and 15 enlisted men as the Army changed the structure of evacuation hospitals.

On March 25, 1944, the 12th handed the Carmarthen facilities over to the 232d Station Hospital and moved to the northwest of England. Overall, the field test taught the 12th how to live in the field and how to solve problems for themselves. The unit did have engineer support, but it was limited and fairly representative of the engineer support it would have in the future. The assessment in the 1944 annual report stressed the need for engineers to arrive several



Map 2-1. Map of the 12th Evacuation Hospital at Carmarthen, Wales.

Reproduced from: 1944 Annual Report, 12th Evacuation Hospital, Entry 54A (ETO), Record Group 112, National Archives and Records Administration.

weeks ahead of the hospital and prepare the site, followed by an advance party of hospital staff to erect tents and set up equipment. These were desirable goals, but not ones the Army could guarantee; if a hospital was needed somewhere quickly, there was no opportunity to spend 3 or 4 weeks on engineering work. The report also included comments that nurses are not needed “until proper accommodations, messing facilities and a functional hospital are organized,” and that women should not be subjected to unnecessary hardships and “unproductive labor for hard working details.”

FINAL MONTHS IN ENGLAND

For a month the 12th was billeted in the town of Sale, near Manchester in the north Midlands. No hospital was set up at Sale, and the commander decided to give the unit some rest, partly because the 12th did not have enough equipment for a full training program. Mornings were used for training, alternating road marches with classroom instruction, and afternoons were for athletics and recreation. The local population organized a “welcome club” as the 12th arrived and remained hospitable throughout the unit’s stay. Plenty of time was available for writing home, and the new “V-mail” was operating (letters were written on a form that was then photographed, reduced to microfilm, flown across the Atlantic, blown back up and printed, then delivered through the mail). More news from home was available than in World War I, when only mail and the Army’s *Stars and Stripes* newspaper brought news. Now radios were common, as were the locally published civilian newspapers. It was also possible (although expensive) to send telegrams home for urgent business or birthday greetings (in World War I, telegrams were restricted to official use). All letters were subject to censoring, and vigilant officers checked for any information that might be useful to the enemy (including locations and unit numbers); such information was marked out or cut out with scissors.

By mid-May, preparations for D-Day, the invasion of Europe, were well advanced. The 12th moved to Moreton, Dorsetshire, close to the south coast. Plans called for the 12th and 109th Evacuation Hospitals to serve as transit hospitals for casualties returning from France, providing treatment and stabilization before evacuation continued to general hospitals farther north in England, where patients would receive definitive surgery and recuperate. At Moreton, staff of the 12th were happy to find level, well-drained ground with hard sod above gravel, in contrast to the mud at Carmarthen. Although engineers had already laid out roads, constructed walkways, and poured concrete for tent bases, water was brought by tank truck from the nearby River Frome, and personnel had to use the river for bathing. The 12th also adapted to working with limited evacuation hospital equipment instead of the additional items and quantities authorized for the less mobile station hospitals. Tables, chairs, and benches were made from shipping crates, and external fuel tanks from damaged aircraft were converted

into water tanks and hot water pans for the food line.

Shelter trenches were dug to protect against German air raids near the south coast. However, due to Allied aerial superiority, the German *Luftwaffe* could only mount nighttime hit-and-run raids, so personnel saw mostly searchlights sweeping the sky and tracer fire. As the German raids proved ineffective, the trenches became simply a hazard for people walking at night.

The 12th was in Moreton about 3 weeks before D-Day. After spending 2 weeks preparing the hospital, personnel waited, played sports, wrote home, and watched road convoys of troops and vehicles passing by towards embarkation ports. At about 11:00 on the evening of June 5, hundreds of aircraft passed overhead, carrying the airborne divisions into Nazi-held France.

The 12th began receiving casualties at midday on June 7, mainly men of the 90th Infantry Division and 101st Airborne Division from Utah Beach. The next day German prisoners were in the mix. For the first time, the 12th had to work in full 12-hour shifts as the patients poured in. Between 8 and 30 June, it received 1,309 patients and performed 596 operations, averaging 60 admissions and 27 operations per day. Personnel of the 12th also had to handle evacuation out of the hospital, borrowing ambulances and using off-duty soldiers to drive patients to the hospital trains that stopped about 4 miles away.

Some personnel who had volunteered for special duty in April finally learned their assignment: to operate on landing ships that were bringing casualties back from the invasion beaches. On each landing ship, an Army surgeon (with two surgical technicians) performed surgery while two Navy doctors (with two medical corpsmen) handled all the patients on cots. The ten men from the 12th Evac (four surgeons and six technicians) were detached in May, working in several surgical hospitals to refresh their skills and build teamwork.

From D+1 (June 7) onwards, the landing ships shuttled across the channel, carrying invasion forces over and bringing back the wounded. The doctors tried to avoid performing surgery when possible because of the problems of operating on a tossing ship with limited supplies. Instead, they spent most of their time changing dressings, adjusting splints on broken bones, infusing blood and plasma to keep patients stable, and administering penicillin and sulfa drugs to prevent infections. Penicillin was still relatively rare, but had been specially authorized for this mission because it would keep patients alive until they could receive careful surgery back in England. The roundtrips took 24 to 48 hours, as the ships landed in France, unloaded their passengers through the bow doors, loaded for the return trip, and waited for the next high tide to make the trip back. In England the ships were also beached, unloaded, and reloaded through the bow doors. Overall, the men from the 12th averaged four roundtrips, and one (Private Edward R Bloch) was slightly wounded when a naval mine damaged his ship. Despite his wound, Bloch helped move the wounded to another ship and stayed with them to provide first aid. He received the Purple Heart, the only member of the 12th to be awarded the medal during World War II.

On June 30, the 12th closed down as a hospital and began preparing to move into France. "Show down" inspections ensured all staff had the full set of personal equipment and no unauthorized items. All personnel, including the nurses, received emergency firearms training at firing ranges, even though no weapons were issued. Hospital equipment for the relocation arrived slowly due to severe (and theater-wide) shortages of some items, which delayed packing. As equipment came in, items were packed into "invasion boxes": large crates that compartmentalized wards or departments to make it easier to locate supplies for the kitchen, laboratory equipment, or surgical sets on arrival. Throughout July, the 12th overhauled its vehicles and equipment, packed, and completed training.

On July 29, the vehicles and equipment were moved to Southampton. Personnel moved the next day, with the men marching 4 miles and nurses riding in trucks. On the afternoon of the 30th, all staff embarked on a British transport ship that steamed across the English Channel the next morning. Officers and enlisted men were fed from different messes, and nurses were assigned cabins while the men had to find somewhere flat to stretch out during the night. The trip was uneventful although scenic: the weather was clear and the sea placid as the ship steamed past Omaha Beach, now cleared of D-Day's bloody battlefield to serve as a landing point for troops, vehicles, and supplies, and anchored off Utah Beach.

IN FRANCE

The first week in France was quiet. The 12th bivouacked in rear areas, setting up only administrative tents (a headquarters, the mess, and supply tents), and sleeping in pup tents. The pup tents were fine in warm weather and for shorter personnel, but distinctly drafty for tall people. Most of the rear area had been fought over; villages were damaged and burnt-out vehicles had been pushed off roads. The 12th set up portable showers, a luxury during the hot August weather. Red Cross clubs were already nearby, and beaches were open for swimming.

On August 8, Colonel Brown received movement orders from Third Army headquarters. General Patton had just broken the German lines near Avranches and was advancing fast. German resistance was patchy, but the Third Army still needed forward hospitals to avoid long ambulance trips from the front lines. Within 8 hours of receiving the orders, the 12th was moving on borrowed transportation. It drove past the German counterattack at Mortain, within earshot of artillery fire, and stopped at a large chateau outside the village of Ernée; however, the hospital could not be set up because supplies had been shipped separately and were missing. Ambulances brought in some patients nonetheless, and doctors did what they could before sending the patients farther back. Several surgical groups were detached and sent to nearby operational hospitals. Several German paratroopers were captured nearby, although none endangered the 12th.

Patton's armored spearheads advanced rapidly across France, and after only

5 days, the 12th was left too far to the rear. On the 15th a reconnaissance party scouted a location 123 km east, on the eastern side of Le Mans, where the 12th again bivouacked on the grounds of a chateau. However, the 12th had to keep following the fast-moving Third Army and were instructed to find a site near Chartres. Brown chose the village of Bonneval, another 100 km east. The 12th tried to borrow trucks from other hospitals to make the move, but it was nearly a week before enough transportation could be arranged. On August 21 enough trucks had arrived (borrowed from the 94th Medical Gas Treatment Battalion) to shuttle the 12th forward to Bonneval. (The Third Army ultimately formed an informal medical transport battalion with trucks taken from various medical units. It was the only way to move hospitals forward, since the bulk of the Army's transportation units were busy hauling other units and supplies.)

IN ACTION AT BONNEVAL

The first party to arrive in Bonneval included a staking team that surveyed the site and planned the location of tents and facilities. While remaining personnel and equipment were en route on August 23 (the first time since departing England that the transportation system brought the 12th and its equipment together), orders arrived that the hospital must be ready to receive patients the same afternoon. In a whirl of activity, supply crates were checked and shortages identified: a few beds and water cans were missing, but more important were 130 missing tent poles. One group began setting up tents while others went to a nearby forest and chopped down young trees as replacement tent poles. With these substitutes, troops worked through afternoon rain showers into the evening. Because labor was short, the 12th resorted to two expedients: first, they borrowed 40 German prisoners from a nearby stockade for heavy labor and digging; second, they changed their views on what qualified as "woman's work" and the nurses pitched in. The 12th was ready when patients began arriving about 7:30 p.m.

The first patients were mostly transfers from other hospitals that were moving forward. Few of them needed surgery, but some operations were performed overnight. By the next day, the 12th was the main operational hospital in the area and patients flooded in: 439 in the first 24-hour period. Most were enlisted men, but some were French troops and German prisoners. When the 12th closed down (late on August 29), it had received 1,260 patients in 6 days.

Several organizational problems were sorted out in this busy week, ones that had not appeared earlier when the 12th was operating in friendlier circumstances back in England. Some problems were relatively minor, such as improvising special diets for patients when the crate of special ration components had been lost in transit. In response, the cooks mixed and matched items from available rations and bought items from nearby French farmers. Patients still complained, expecting better food in a hospital than they got on the front.

Lighting was a bigger problem. The gasoline lanterns clogged up when filled

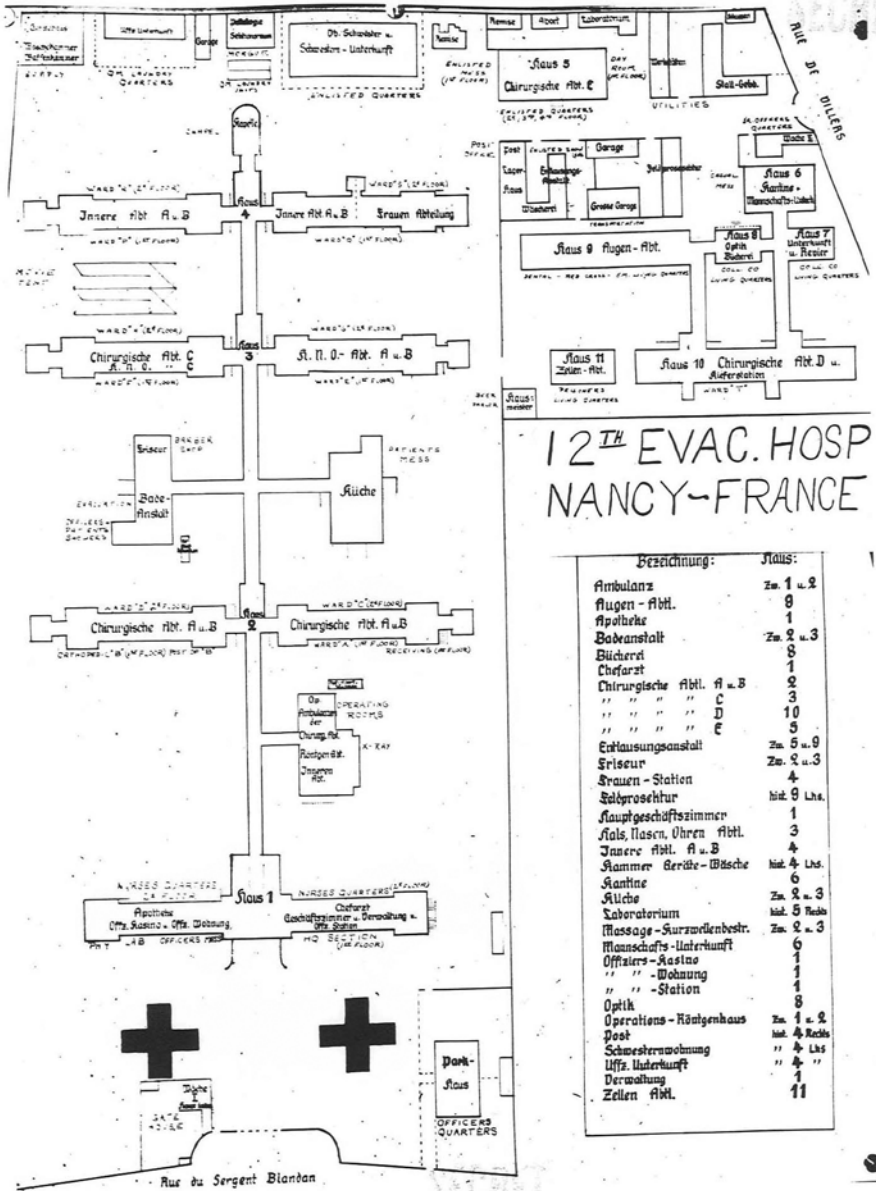
with leaded gasoline, and the 12th's electricians had to run cables to each of the wards for electric lights. Although there was plenty of cable, it was packed separately from the tents, and it took time for the two electricians to hook up each ward tent. A partial solution for the future was splitting up the cabling so it could be installed when each tent was erected. The lack of laundry facilities was permanently remedied when a platoon from the 452d Quartermaster Laundry Company was attached to the 12th. The lack of local water supply was solved by temporarily borrowing water trucks. Extra personnel were borrowed from two other medical units: an ambulance company and a collecting company. The Red Cross staff could speak French and helped interpret for the French patients. Caring for German prisoners of war (POWs) was an unpopular but routine duty.

Overall, patient treatment and evacuation progressed smoothly. When orders to close down arrived on the 28th, nontransportable patients were transferred to a holding facility (another medical gas treatment battalion, which acquired various functions because no poison gas was used), and an advance party set out for Donnemaire on the 30th. On its way east, a jeep from Third Army headquarters overtook the column and gave a new destination: Bergeres-Les-Vertus, 243 km away and roughly 100 km east of Paris. The advance party arrived at the new location before dark, quickly surveyed a site, set up their tents, and settled in for the night.

The Allied advance across France was moving so rapidly that isolated parties of Germans remained behind, and one of them stumbled into the 12th that night. When challenged, the Germans split up and ran among the tents, and when a nearby group of French Resistance fighters heard the commotion, shots were fired around the hospital. A few bullets penetrated a tent, but nobody was hit except one German soldier, who was then captured. The next morning, the remaining Germans were rounded up by some nearby quartermaster troops, and the excitement was over. On the 31st, the second element of the 12th arrived and more tents were erected, including the main operating sections. But Patton's drive across France was still in high gear, and orders arrived on September 1 to pack up and move to Reims, another 70 km closer to Germany.

MOVING TOWARDS GERMANY

Because the invasion of France had moved faster than planned, the US supply system was close to collapse. Patton had driven as far and as fast as he could, keeping the enemy off balance. General Eisenhower, now Supreme Allied Commander in Europe, decided to cross the Rhine (the last major river where the Germans could form a defensive barrier) farther north instead of continuing Patton's advance. Part of the plan was a three-division airborne drop to seize critical bridges ahead of ground forces. This decision diverted the transport aircraft that had been providing gasoline for Patton's forces, and the Third Army came to a halt.



Map 2-2. Map of the 12th Evacuation Hospital at Nancy, France.

Reproduced from: 1944 Annual Report, 12th Evacuation Hospital, Entry 54A (ETO), Record Group 112, National Archives and Records Administration.

The halt left the 12th Evac in disarray: lead elements had reached Reims and begun occupying a civilian hospital; a second group was stranded without transport at Bergeres-Les-Vertus (although some personnel hitched rides into Paris to see the sights); and some elements remained at Bonneval, 253 km behind by the shortest roads. The group at Reims realized it was too far behind the front to function as an evacuation hospital, so it continued cleaning up what the hastily retreating Germans had left behind: bodies still in the morgue, body parts in the operating room, and food rotting in the kitchens and on trays. Although the Third Army soon gave the 12th a priority for gasoline, only 50 gallons were produced. Creative scrounging of gasoline from depots in Normandy provided enough to fill the trucks and reunite the 12th at Reims on September 4. It must have seemed routine that as soon as the 12th Evac was reunited, orders arrived for another move forward, to an area near Verdun called Vadelaincourt, 111 km to the east.

Previously, the 12th had operated behind the Third Army in an area largely comprising logistical and support units; now the hospital was moving into a corps rear area, with reserve combat units and artillery in addition to support units. The hospital's new location at Vadelaincourt had been a hospital site in World War I, already supplied with underground drains and hard-surfaced roads branching through the area. The troops worked through rain showers to set up the hospital, which was operational by dusk on September 9. The 12th worked at Vadelaincourt for almost 3 weeks, handling a steady flow of patients that kept the receiving section open around the clock. Patients were kept only 2 or 3 days, until they were clearly stabilized. All patients were given a shot of penicillin, now common thanks to increased production. Living conditions were fairly good at Vadelaincourt, with USO shows, movies, a Red Cross "clubmobile" coming by to serve coffee and donuts, the Third Army band playing concerts, and records playing over the public address system. To help with labor, 40 German prisoners were assigned, but 41 were returned after a German straggler slipped into camp looking for meals.

The next move was made on September 29, 141 km south and east to Nancy. The hospital traveled around its World War I operating area, and again passed close to the battle lines. The site at Nancy was a French military hospital that had been used by the Germans, a modern facility with steam heat, piped gas, and hot and cold running water in all the wards. Initially all the German furniture was simply moved outside and American equipment set up inside, but as more beds were needed, the German material was picked over and the better pieces reused. Most of the unit arrived on September 30th, and the hospital was operational at noon on October 1; by that evening 312 patients were being treated.

Although the 12th was now close to the front lines and received battle casualties straight from combat, it was also close to various headquarters and treated many sick-call patients. The hospital was also used for billeting visitors to Patton's headquarters. Because of the change in mission from treating battle cas-



Figure 2-6. General Dwight D. Eisenhower awarding the Distinguished Service Cross and Purple Heart to Colonel Dwight T. Colley, November 15, 1944. Reproduced from: Photo 196643, Record Group 111-SC, National Archives and Records Administration.

sualties only, the 12th was augmented with other units. Elements of the 59th Field Hospital expanded the available ward space, a dental prosthetics unit was

attached, and extra doctors and nurses were assigned, including neurosurgical and ophthalmologic teams for specialized cases. Although psychiatric care was normally unavailable in evacuation hospitals (care was concentrated farther forward for those who could quickly return to combat or farther back for those needing longer recovery), neuropsychiatric wards were added to the 12th. An engineer company helped with maintenance work, a utility officer was assigned, and French civilians helped with Red Cross activities.

Life was quite comfortable for personnel; not only were German prisoners used for labor, but French civilians were hired, some of whom staffed a beer parlor for enlisted men. General Eisenhower stopped by the hospital once to present a Distinguished Service Cross and Purple Heart; a congressional delegation visited; and a number of two-star generals came and went. There were exciting moments, such as the night of October 24 when a shell from a German long-range gun landed between three buildings. Fortunately, it failed to explode



Figure 2-7. General Dwight D Eisenhower and Lieutenant General George Patton visiting patients at the 12th Evacuation Hospital, November 22, 1944. Reproduced from: Photo 443101, Record Group 111-SC, National Archives and Records Administration.



Figure 2-8. The men who flew into Bastogne with Colonel Brown, shown after receiving their silver stars. Right to left: Colonel Brown, Captains Zinschlag and Hills, T/3 Donohue, T/4 Rethwisch. Reproduced from: 1944 Annual Report, 12th Evacuation Hospital, Entry 54A (ETO), Record Group 112, National Archives and Records Administration.

and instead buried itself 33 feet in the ground, requiring 4 days to excavate and defuse. On October 30, ten enlisted men were issued weapons, the first weapons issued to the unit.

Casualties dwindled, however, as the Third Army was slowed by continuing supply problems and the forward hospitals became able to hold patients longer (up to 3 weeks). Therefore, more troops in the Third Army than in other units recovered and returned straight to their units, rather than recovering in rear-area hospitals and being returned to any unit that needed soldiers. By early December, the Allied forces were pushing farther into the German Siegfried Line fortifications, and the 12th was scheduled to move forward to Sarralbe, about 60 km closer to the front. While the Allies moved forward, the Germans strongly resisted and the overall advance was slow. This gave the 12th plenty of time to organize its move, and engineering repairs were planned ahead of the departure.



Figure 2-9. The interior of the glider ready for the flight to Bastogne, packed with medical supplies. Reproduced from: 1944 Annual Report, 12th Evacuation Hospital, Entry 54A (ETO), Record Group 112, National Archives and Records Administration.

These plans were disrupted, however, when the Germans launched a major attack, which became known as the Battle of the Bulge. As the Germans pushed American units back and surrounded the 101st Airborne Division at Bastogne, Belgium, the Third Army revised its military and medical plans. Instead of continuing the advance eastward, Patton wheeled a corps north and counterattacked the Germans. The smaller hospitals followed, because it was easier for them than for a 750-bed evacuation hospital to pack up and move (and find a site to operate). Not until the first week of January 1945 did the 12th Evac start moving north.

THE BATTLE OF THE BULGE AND WINTER OF 1944–1945

By January 1945, a handful of men from the 12th had already gone into action. On Christmas Eve 1944, German forces surrounded American forces cut

off at the key road junction in Bastogne. Third Army staff called the closest hospital—the 12th Evac—and asked for a volunteer surgical team, and many men stepped forward. Four were chosen: two surgeons (captains Henry Hills and Edward Zinschlag) and two enlisted men (technicians John Donohue and Lawrence Rethwisch) planned to parachute into the pocket at Bastogne. However, these men lacked parachute training, so they reached the front by glider on the afternoon of December 26. After a half-hour flight, they landed by mistake between the US and German lines, among bursting shells. The sudden arrival of a glider drew small-arms fire as well. The medical team ran from the glider to the American lines, and when the firing subsided a bit, they returned to the glider to unload their medical supplies. Another hour passed before a truck arrived to carry the men and supplies into Bastogne, where there were hundreds of wounded men (wounded between 2 and 8 days previously) who could not be evacuated due to the German advance, including 150 seriously wounded, and only four already exhausted doctors. Arriving in town, the team immediately went to work. The first 90 minutes were spent triaging the patients, followed by 18 hours of surgery, including many amputations made necessary by the delay in treatment. Late on the 26th, US troops broke the German ring around Bastogne and ambulances arrived to remove the wounded and bring in more supplies. After a break, surgery resumed in shifts for another 24 hours. When a German bomb knocked out the lamp in the makeshift hospital, operations continued by flashlight. Overall, the glider team did 50 major surgeries, and an uncounted number of minor ones, on men who had lain untreated for days, and lost only three patients. For these efforts, all the men of the 12th Evac who went into Bastogne were awarded the Silver Star. In all of 1944, the 12th admitted 18,707 patients; 15,517 of these were in France. The 12th performed 5,506 surgeries and only 74 patients died.

The rest of the 12th either remained at Nancy until the first week of January 1945 or detached and joined hospitals closer to the front. More hospitals were needed close to the front lines as the Battle of the Bulge continued and counterattacking Allied troops faced stiff German resistance. The 12th sent scouting parties to Luxembourg City, where two sites proved inadequate, and the small town of Mondorf-les-Bains, which was still under mortar fire and also unsuitable. On January 8 the 12th had to leave Nancy when the 2d General Hospital arrived to take over the facility and patients. With no new location yet established, Colonel Brown led another scouting party toward the front.

He found that the Caserne des Volontaires (Volunteers' Barracks) in Luxembourg City was a good site, with four large buildings plus some small ones, but it was already crowded with American units, Luxembourg police, the headquarters of the Luxembourg army (then reforming to fight the Germans), and refugees who had fled the recent German offensive. Colonel Brown apparently pulled rank, the 12th took possession of the buildings, and everyone else (including Prince John of Luxembourg) had to find other quarters in the freezing winter weather. The changeover took only 4 days, but the 12th had time to adapt the

buildings to hospital use. Hay was cleared from the stables, which became the enlisted mess hall, and a huge attic was converted into the receiving section, operating room, and central supply store. Because the buildings were built on the side of a steep hill and were more vertical than horizontal, special attention was paid to minimizing the number of times patients had to be carried up and down stairs. By January 15, the 12th was receiving patients while continuing to set up wards. On the 15th, 97 patients arrived, followed by 187 the next day, 157 on the 17th, and 213 on the 18th, nearly filling the hospital in only 4 days. Continued heavy fighting kept admissions high for several more weeks. Staff detached during the move to Luxembourg City returned to help as operations were stepped up.

Gradually the 12th made improvements to the facilities, adding wiring and an internal telephone system, coal-fired stoves, and a snack bar offering soup and coffee. Twelve-hour shifts were the norm due to the large number of patients, and the 12th was augmented with surgical teams, litter platoons, and ambulances. Surgeons performed operations while litter teams moved patients around the hospital (the 12th was authorized only 38 men to transport the 700-plus patients), and the ambulances took stable patients 40 km back to Thionville to be loaded onto trains or airplanes for evacuation to other hospitals. The 12th also hired civilian workers (largely for kitchen work, cleaning, and repairs) and even brought in some political prisoners for labor duty (Luxembourgers being punished for collaboration with the Germans). One civilian worker was killed when a German rocket hit the enlisted quarters.

Because of extensive combat taking place during a bitterly cold winter, all hospitals were seeing a new category of patients: trench foot cases, caused by constricted circulation in the feet. The main cause of trench foot was cold, exacerbated by moisture; the leaky standard Army shoe and inability to deliver dry socks to men on the front pushed the problem to alarming levels. After only a few days in the line, men might be unable to walk. The only treatment for trench foot is staying off the feet and allowing the body to heal on its own, so patients might be hospitalized for weeks, often suffering permanent damage. Trench foot had been a problem in Italy during the winter of 1943–1944, but the medical plans for the invasion of France paid little attention to the problem. The supply situation in France made the problem worse: winter clothing was deliberately given a low priority in September and October because there was still a chance of winning the war quickly. By the time warm clothes and shoes were put into the pipeline, it was too late, and some supplies did not arrive until warmer weather, when the problems had already passed.

In February the 12th's radiologist, Captain Charles Huntington, one of the few board-certified radiologists in the Army (the American Board of Radiology had been formed in 1934) began performing radiation therapy, then used for a variety of treatments including plantar warts on the foot. Previously, radiation therapy patients were evacuated to general hospitals in the rear areas, sometimes

back to England, which meant they frequently joined replacement depots to fill the next vacancy rather than returning to their previous units. This unpopular policy broke up teams and undermined camaraderie. The request to let Huntington perform radiation therapy went all the way up to the chief surgeon of the European Theater, but was finally approved. The new policy offered the possibility of returning patients to duty sooner, with less disruption to the soldier and the unit.

The 12th spent 2 months in Luxembourg City. Personnel had some recreational opportunities—passes were available to go to Paris (almost all the nurses got to go, and some of the men as well)—and some long-serving enlisted men returned to the United States. These men had been in the Army well before the Lenox Hill contingent was mobilized and had earned enough points to be rotated home. On March 9, the 12th held a parade for these men, and the Third Army surgeon presented them with the Meritorious Service Unit Plaque (now the Meritorious Unit Commendation) for their work between September 1 and November 30, 1944, in the advance across France and the fighting at the Siegfried Line.

INTO GERMANY

By mid-March 1945, the Allied advance had regained momentum. The 12th Evac had been well located to handle casualties from the Battle of the Bulge, but now the Germans had been pushed about 60 km farther east, and Luxembourg City was no longer a useful location. It was time for the 12th to move again, and the Third Army sent them to scout Trier, Germany—the same city where Evacuation Hospital No. 12 had worked for the Third Army in 1919. This time the war had come right through Trier and most of the city was in rubble; engineers' bulldozers had cleared only one narrow lane down the streets. The buildings allotted to the 12th had varying degrees of structural damage, including leaking roofs, and lacked water and electricity. But they were about the best available in Trier and, after a hundred German prisoners were assigned to help with the heavy labor, repair work started on March 18. Three days later the last convoy of personnel and equipment was unloaded. It had taken 144 truckloads plus some trailers and ambulances to move everything and everyone, including 80 Luxembourg civilian workers assigned to the unit for the rest of the war. After examining the stacks of equipment, especially furniture that had been made or acquired along the way and "household equipment" that made life more comfortable, Colonel Brown issued orders to get rid of most of it: only folding or nesting furniture could be kept.

By late March, as German resistance was collapsing, Trier was already left too far behind the front. Only one day after the last truck had unloaded, word arrived from Third Army headquarters to stop setting up the hospital. For the next week staff had little to do except enjoy the spring sunshine and play baseball in a vacant lot, but the war intruded when sniper fire broke up a baseball game. Easter

Sunday services were held in the battle-scarred Basilica of St Matthias. On the 28th, Colonel Brown went to Frankfurt and selected a large sports stadium as the next operating site. A large advance party left Trier on April 2, followed by the rest of the unit as trucks became available (transportation was again a problem because Allied units advanced so fast that trucks were needed to supply the advancing units rather than move support units forward). Despite delays, the 12th Evac had erected its tents and was accepting patients on April 5.

That month, although committed Nazis fought fiercely in places, German resistance was patchy and few battle casualties arrived. However, because of the transportation shortage, few hospitals moved forward, and although it was many miles in the rear, the 12th received patients straight from the front. There



Figure 2-10. Colonel George McCoy, commander of the 12th Evacuation Hospital, awards the Legion of Merit to Chief Nurse Captain Lillian Carter, July 29, 1945. Her six overseas stripes indicate 3 years of service abroad.

Reproduced from: Photo 435993, Record Group 111-SC, National Archives and Records Administration.

were more diseases than surgical cases, with respiratory and venereal diseases heading the list. Another category of patients began arriving: Allied prisoners liberated from prison camps. Some were British (including men who had been captured back in 1940) and some were American; the Americans were a mix of bomber crews shot down over Germany, soldiers captured in the Battle of the Bulge, and even soldiers captured in North Africa in 1942. All the former prisoners received a check-up and washing, since many had parasitic diseases from the prison camps. Some were underweight, but few had diseases. As soon as they were medically cleared to travel they were sent homeward.

With few patients, staff had time for leisure activities. A swimming pool in the stadium complex was filled and open for men from 8 am to 5 pm (swimming suits were required only from 1 to 3 pm, when the nurses swam). Movies were regular, and baseball teams were organized for intra-unit and inter-unit games. As other hospitals began moving forward, the 12th received even fewer patients and some staff contended with boredom. Victory in Europe Day, on May 9, 1945, resulted in a brief spurt of injuries from celebratory vehicle accidents and accidental shootings. The men and women of the 12th, however, had seen enough of the human cost of war and, while thankful that Germany had surrendered, did little celebrating; instead they held both Protestant and Catholic memorial services.

Despite the end of the war in Europe, the 12th's personnel remained in service. The Army had to decide who would be discharged, who would be transferred to the Pacific for the anticipated invasion of Japan, and who would join occupation forces in Germany. The key factors in this decision were physical profiles and the Adjusted Service Rating (ASR), a points system that calculated how long someone had served and how relatively grueling their time had been. Preparing paperwork for these ratings took only a few duty hours, and service members filled their time in the Army's extensive new education and special service programs, including sports and cultural or sightseeing trips; however, these diversions failed to distract personnel from thinking about going home.

A few weeks after May 9, the Third Army again sent the 12th on the road, this time 221 km to Reichelsdorfer Keller, a small town outside Nuremberg. By May 28 the 12th had erected tents for living areas (there was no more need for hospital wards or treatment areas), and as June began, personnel sunbathed (or swam in the nearby river), played sports, and performed a minimum of Army duties. Physical training was required, as were orientation lectures on how to behave in Germany, how the Army was handling the return from Europe, and other administrative topics. As a distraction, Colonel Brown arranged regular sightseeing trips, one into the Alps, one to Berchtesgaden (Hitler's country retreat, with villas of other high-ranking Nazis), and day trips to nearby medieval cities.

On June 18, the 12th learned that it was in category IV, meaning it was one of the units scheduled for prompt return to the United States and demobilization. This decision was expected because most of the troops had served in the

Army a long time and had high ASR scores; however, 3 days later, the 12th was changed to category II and scheduled to go to the Pacific; the high-ASR enlisted men would be exchanged for low-point soldiers from other units, and nobody was sure what would happen to the officers and nurses. Orders started trickling in, transferring new men in and experienced ones out, and temporarily attaching some of the clinical personnel to other hospitals to keep their skills fresh. In mid-July there was massive turnover of the enlisted men as high-point men were sent to the 34th and 104th Evacuation Hospitals in exchange for low-point men from those units. It took days to sort out the skills and experience of all the new personnel so they could be assigned to appropriate duty. Meanwhile, news arrived that the doctors would be stripped out of the 12th before it went to the Pacific, to be replaced with a different group there. This may have been because the 12th was an affiliated hospital, although there had been substantial turnover of the original doctors from Lenox Hill between 1942 and 1945. Adding to the turmoil, a new commander, Colonel George McCoy, arrived on July 20. The 12th spent the following days sorting out administrative paperwork, checking supplies and equipment, continuing the training program, assigning duties to the new enlisted men, and reorganizing until the news arrived in mid-August that Japan had surrendered.

The 12th's routine reports from the middle of 1945 have been lost, but records show that the unit shipped home from Europe to Camp Kilmer, New Jersey, arriving late in 1945 or very early in 1946. Only a few individuals traveled back as the 12th; most of the wartime 12th Evac had already been assigned to another unit or were sent home based on their personal point count. The 12th Evacuation Hospital was inactivated at Camp Kilmer on January 6, 1946, and formally reverted to the reserves.

During its stay in England, the 12th Evacuation Hospital treated about 8,000 patients, and another 26,000 in France, Luxembourg, and Germany. Despite German shells at Nancy and buzz-bombs at Luxembourg City, despite the risks of riding landing ships to the Normandy beaches and a glider into Bastogne, only two personnel from the 12th Evac died in World War II. Both were nurses: 2nd Lieutenant Harriet Beckman died on October 25, 1943, in an automobile accident, and 1st Lieutenant Louyse Bosworth died as a result of a fall in Luxembourg on February 15, 1945.

Sources

The unit's annual reports for 1942 through 1945, combined with Hansford T Shacklette's *History of the 12th Evacuation Hospital; 25 August 1942 to 25 August 1945* (Nurnberg, Germany: Sebaldu-Verlag; 1945) form the basis of this chapter. Tables of Organization and Equipment provided details. The story of Colonel Chambers and his unhappy subordinates is told in correspondence between Surgeon General Kirk and Brigadier General Hawley. The unit newspaper from May 3, 1945, has details, and a letter from Edward Grant (a World War II veteran) to Colonel (retired) Richard Harder has more. Third Army headquarters reports have some information on how the unit was employed, as does the official history, G Cosmas and A Cowdrey's *Medical Service in the European Theater of Operations* (Washington, DC: Center of Military History; 1992). Trench foot is discussed in JB Coates Jr (ed), *Cold Injury, Ground Type* (Washington, DC: Office of the Surgeon General; 1958). Lieutenant Bosworth's death is explained in "Luxembourg Nurses Cherish Grave of U.S. Army Nurse in Hamm" (*Am J Nursing*, 47(4):202). The Otto Pickhart Papers at the New York Historical Society (New York City, NY) provide details on Lieutenant Colonel Pickhart's career, including his correspondence home.

Copies of this material are on file in the historical research collection of the Army Medical Department Center of History and Heritage, Fort Sam Houston, Texas.

