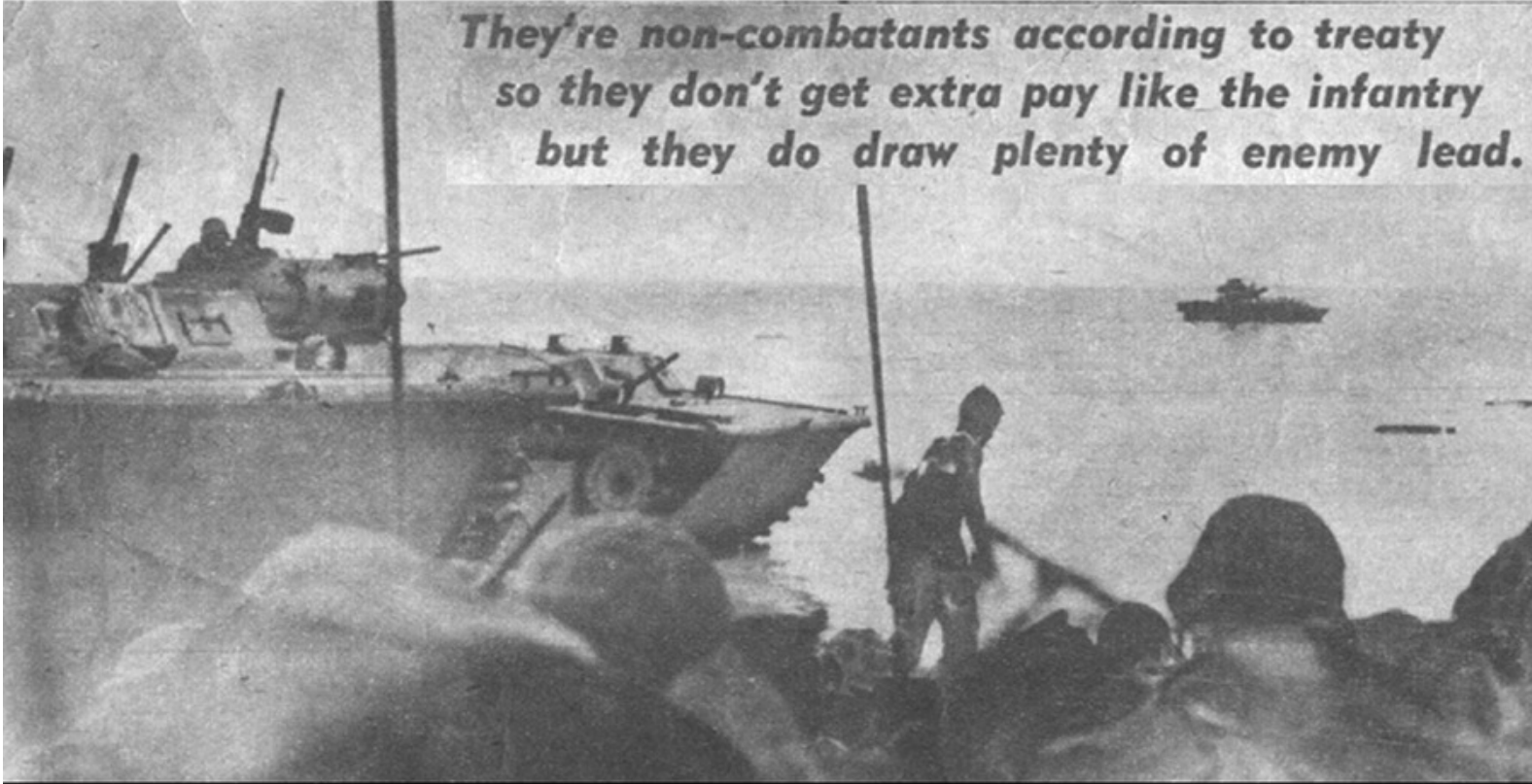




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They're non-combatants according to treaty so they don't get extra pay like the infantry but they do draw plenty of enemy lead.



Cut off on all sides the hospital with its wounded was evacuated by buffalo when enemy dead began falling in unit's area.

Medics Under Fire

By Sgt. CHARLES PEARSON
YANK Staff Correspondent

DUTCH NEW GUINEA—A portable surgical hospital is a medical unit of four doctors and generally 32 enlisted men. They're supposed to work directly behind the line of battle and patch up casualties so they can be removed to an evacuation hospital. Sometimes part of the portable hospital's personnel have to be removed, too.

During one of the Dutch New Guinea campaigns a portable unit was brought up by buffaloes to a position behind the advancing infantry of the 41st Division. They were moving up a coastal road from the landing beach toward Jap-held airstrips. The road was on a narrow strip of land with the sea on one side and a steep heavily wooded coral terrace on the other.

The portable hospital medics arrived in late morning and set up their tents in a coconut grove. The infantry up ahead was moving along without much resistance. The hospital personnel were getting the idea they might have an easy show ahead. The coconut grove was picturesque. Just off the shore was a reef. A lot of the men were out on it looking for cat eye shells. It was all quite peaceful.

In the distance could be heard the occasional chatter of machine guns and the popping of small arms. It was a comforting sound. They were our guns.

Suddenly they noticed the fire was rapidly intensifying. The thump of heavy mortars was almost blotting out the sound of the machine guns. The operator at the field phone called out that they had run into a strong force and were being heavily pounded with 90-mm mortars. The first casualties were already on their way back.

Shortly a captured Japanese truck sputtered into the hospital area with six wounded on it. All of them were badly torn up. Capts. Edward L. Waisbrot of Canton, Ohio, and Theodore Moss of Kew Gardens, L.I., were quickly working on a man whose arms had been smashed to jelly. It was an amputation.

At the other table set up in the pyramidal tent which was serving as an operating theater, Capts. Bernard Sollod of Baltimore, Md., and Sydney Kahn of Chicago were amputating the leg of a soldier. It had been badly fractured and the main blood vessel hopelessly torn.

The six casualties had now multiplied to 20 and they were still streaming in. T-4 Cecil Wells of Hockersville, Okla., a former boxer and carnival pitchman now wardmaster, was going from one soldier to another trying to ease his pain

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Jap medical chests are checked by 1st Sgt. Leo Thatcher, West Action, Mass.

while patients were coming in faster than they could be treated.

A call was sent back for more doctors. Three came up later in a jeep. Lt. Burroughs from Oakland, Calif., came from the evacuation hospital. Capt. Krupke of Chicago was from another portable unit and Capt. Ludden came from a clearing company. Another table was set up in the already crowded tent. Three teams of doctors continued work steadily.

Up ahead the infantry was stopped. Jap artillery and a naval gun were ranging in on them. Down between the hospital and the beachhead a second Jap force was driving a wedge between the fighting battalion and the rest of the force. It was now dark. The doctors were working by the illumination from one hospital light hitched up to a generator, one Japanese headlight powered by a storage battery, several Coleman lamps and all the available flashlights in the camp. It was hot in the tent and the surgeons were stripped to their under-pants.

The casualties continued to come in, now from both directions. The patched up ones were being evacuated by landing craft and buffaloes. The force ahead was slowly giving ground. The battle was coming closer. An occasional mortar shell landed in the area. The supply tent and extra equipment had already been blasted into ribbons. One hospital attendant had been hit by a shell fragment.

Down in the kitchen tent Sgt. John Millner of Washington, D.C.; T-5 Arlen Bradstreet of Stockton Springs, Maine, and T-5 Lucien Nadeau of Matawaska, Maine, were brewing hot coffee and bringing it in to the operating theater. Operating room assistants Pfc. William Abbott of Sommerville, Mass.; Sgt. Emerson Hein of Tonawanda, N.Y.; T-5 Richard Lucier of North Adams, Mass., and T-5 Sydney Shub of Ithica, N.Y., were giving plasma and morphine and setting the wounded onto litters in slit trenches. Knee mortar shells were coming down from the ridge and exploding around the ward tent.

In the pitch black of the night it had not been possible to bring some of the wounded from the lines of fire. They had to wait until daybreak.

At 0500 the next morning all the wounded had been cared for. The doctors knocked off for a bit of sleep. An hour later in the early light of dawn the stream of casualties began again.

At 1030 a message came up from the beachhead to be ready to move out at a moment's notice but to continue working as well as possible. Dr. Moss was working on a man whose head had been split open and whose brain was injured. He was hemorrhaging badly. A patient on another table had had his arm blown off at the shoulder. The fighting was getting closer. Wounded men were walking back from the lines

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and collapsing at the hospital.

The battalion was withdrawing trying to consolidate its position. The Japs had cut the supply line and were moving up the beach from both directions. Cpl. Ted Hunter of Macwahoc, Maine, and T-5 Leroy Faulkerson of Columbus, Ohio, climbed up a bamboo ladder against the coral terrace and brought down a soldier with a hip wound. Infiltrating Japs were working down through the wooded terrace behind the hospital, setting up knee mortars and trying to hit wounded going out in the buffaloes. Pfc. Leonard Solow of New York City had the job of getting them away from the jetty.

One Jap reached the ledge directly above the ward tent. An infantryman shot him. He fell into a slit trench behind the kitchen tent.

At noon the last American vehicle came through. The fighting was now right in the area.

At 1300 hours the hospital started to evacuate, but at 1400 those men whose lives depended on immediate attention were still being worked over. An hour later the last of the doctors climbed into the buffaloes and traveled back to the evacuation hospital with the wounded. Half an hour later the Japs were swarming over the area.

Back at the evac hospital the portable surgical unit doctors continued working. Two days later they were again sent up to the area of their hectic 24 hours. This time the Japs were in headlong flight, being pursued by the reorganized battalion supported by tanks. This time the portable surgical unit could patch up the wounded without ducking for cover every few minutes.

As one tired medic put it: "If I was in the Infantry I might be getting that extra 10 bucks fighting pay they talk about. But then, they say the medics never see combat."

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