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MEDICAL ROLE OF R. A. F. TRANSPORT COMMAND.

R. A. F. Transport Command activities are now world wide, carrying freight, and passengers on trunk routes and to all operational theatres. In view of this our R. A. F. medical services have not been slow to take full advantage of these services.

Transport aircraft are of inestimable value for carrying to inaccessible places food-stuffs necessary for health, such as green vegetables and fresh meat. They also carry blood and urgent medical stores over distances where rail and sea transport would be too slow.

One of the most valuable life-saving uses of transport aircraft is the evacuation of casualties. Patients have been carried by air from the earliest days of aviation. In this war, small-scale air evacuation was carried out in the Iraq rebellion, when Habbaniya was surrounded and patients were evacuated by old Vickers Valentia troop-carriers, which took off from No-mans land under the guns of the rebels just before dawn each day.

Air Evacuation of casualties was also used in the Syrian campaign, but its large scale use was developed in the Western Desert.

In the early stages, air ambulances marked with the Red Cross of Geneva, and supplied by Australia and the Union of South Africa, were employed. These aircraft worked together as a team, under the control of the commanding officer, "No. 1 Australian Air Ambulance Unit". This unit evacuated many thousands of casualties and sick from the battle areas, and operated with the Eighth Army into Italy.

In the Western Desert, they flew to and from forward areas and when Sicily was invaded, during the battle of the beaches, these aircraft again went in to collect Eighth Army casualties.

But the "Air Ambulance" proper, carried only a small proportion of the casualties in the Western Desert, Sicily and Italy. The larger transport aircraft flying longer distances, at greater speeds, performed the bulk of the work.

Air transports, taking personnel and freight to the forward battle areas might often return empty and the R. A. F. medical services took advantage of this. In conjunction with the Army medical authorities, they arranged a system whereby loads of casualties were always ready for the transport aircraft arriving in forward areas with their passengers and freight. No transport aircraft was allowed to return empty.

Over 10,000 casualties and sick were evacuated by Royal Air Force transport aircraft, between Alamein and Tunis, and in all, during 1943, transport Command aircraft carried over 16,000 sick and wounded for treatment at base hospitals.

Aircraft no longer seek the protection of the Geneva Red Cross so that they may be free to carry ordinary passengers and freight, and so every aircraft used by Transport Command can be equipped for the carriage of casualties. On its journey to an operational theatre it will carry food and war materials. For its return trip, it can be rapidly converted to an air ambulance, with stretchers carried on neat racks, which take American as well as British stretchers. A nursing attendant with full facilities to attend to the requirements of all the patients is also carried.

However, owing to the risks of enemy activity and bad weather, air evacuation of casualties cannot always be relied upon and the older system of evacuation by road, rail and sea, is therefore maintained.

If enemy air opposition is strong, the Royal Air Force commander in the field will forbid the use of transport aircraft unless he can afford fighter cover, so reducing the risk of these aircraft being shot down when they are carrying sick and wounded.

The advantage of air evacuation of casualties are indeed great. For instance, the soldier, injured in the front line, is transported to the base hospital where specialist facilities exist, in the shortest possible time. Another great advantage

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is that air evacuation of casualties frees the main road and rail facilities on the Army lines of communication from the extra burden of returning road ambulances and hospital trains, thus allowing quicker transit of troops and urgent war materials to the front line.

Again, the number of medical personnel and ambulance drivers employed on casualty evacuation is materially cut down.

In tropical areas, where the lines of communication may run through jungles and swamps, and disease incidence is extremely high, the evacuation of casualties by Air saves them from the extra ~~physical~~ risk of malaria and other diseases which are prevalent.

Finally, the moral factor is extremely important, and experience has shown that the soldier going into battle is greatly comforted to know that if he is wounded, he will have a quick and comfortable trip back to base.

To ensure that the facilities are fully utilised, Transport Command have placed medical units, trained in all problems of casualty air evacuation, at all the important termini of trunk routes, throughout the world. They also have specialised mobile units which go forward with the Army in operational theatres. These are known as "casualty air evacuation sections" and are equipped to house and feed casualties awaiting air evacuation, as well as rendering any necessary medical attention.

The R.A.F. medical services have more than a thousand R.A.F. and W.A.A. R. nursing orderlies trained in air ambulance duties. It is interesting to note that the W.A.A.F. have volunteered in equal numbers to the men.

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AIR SUPPLY UNDER GERMAN FIRE

One of the largest supplies and evacuation operations yet accomplished has just been completed by Dakotas of R.A.F. Transport Command, engaged on normal air support of the forces in Normandy.

Carrying a heavy load of essential stores to an advanced landing strip, they brought back a large number of casualties. German mortars had the strip well within range and continuous fire failed to impede the operations. All the supplies were delivered and considerably more than 200 casualties were carried to a home base. Some of the wounded were in hospitals in England within five hours of being wounded.

At the Transport Command station receiving the casualties, British Red Cross and R.A.F. ambulances were standing by. Volunteer drivers from the neighbourhood worked with R.A.F. personnel to take the patients from aircraft to hospital.

The Dakotas landed at intervals of less than a minute and medical officers mounted each aircraft to examine the patients and determine their priority. The work of transfer moved regularly on.

One Dakota returned a U.S.A.A.F. pilot, Capt. J.M. Ilsrey, of Houston, Texas, who jumped from the step and asked, "can I telephone to my base, please?" He was dressed in overalls and jacket with a beret on the side of his head and was anxious but unwounded.

"I was working behind the enemy lines last Sunday", he said, "and had to bale out when anti-aircraft fire knocked out my P.38 (lightning). I came down easily enough and some French people gave me assistance so that I could come back.

"I reached the British and your people brought me home. I'm certainly grateful".

The nursing orderlies on this operation were chiefly R.A.F., although some W.A.A.F. made up the party.

"When we landed, the Germans were shelling us", said L.A.C.W. Sylvia Carter of Swansea, Cambridge. "We saw some people making for cover, so we did, until it was time to load on the casualties. I have never been so near to earth in my life".

"It was grand bringing them back", said L.A.C.W. Joan Cooper, of Queensboro, Sheerness, Kent. Although the W.A.A.F. still carried the soil of Normandy on their battledress and faces, within a few minutes they were freshened up and at work again.

The emergency wards filled quickly and every case was re-examined. The surgeon moved from stretcher to stretcher attended by a nursing sister. Diet was decided and the degree of urgency.

Orderlies followed with hot meals, served on piping hot plates and liquids for those needing immediate surgical treatment. There was a steady stream of hot tea.

The casualties arrived dusty and tired, but from kit bags came razors, and orderlies brought shaving soap and hot water and soon down the line of stretchers showed well-leathered faces. Next came cigarettes, matches, and the day's newspaper.

"How are we doing?" was the first question and when that was answered, the familiar field postcard was completed. Walking cases washed, shaved, and amused themselves in a recreation tent.

Sgt. T. Grinsell of Norwinton, Yorkshire, turned a philosophical eye on the countryside. "Yesterday" he said, "I was in the push for a village in a big forest, and now I'm here. It looks good".

"Despite Jerry's tricks, we got the village we were after", he continued. "It was among the trees and we couldn't see the houses until we were right on top of them. Jerry had 'pockets' here and there, and snipers all over the place. This is the first time I've ever been in an aircraft and I came home with 23 others who can say the same. We didn't feel a thing".

ENEMY WOUNDED BROUGHT BY AIR

Five enemy wounded were among the last batch of casualties to be brought into this country from Normandy by R.A.F. Transport Command. They received exactly the same treatment as our own men and were part of a number of stretcher cases and walking cases brought over in Dakota aircraft.

The Dakotas took out R.A.F. personnel and their kit as well as urgently required stores and returned the same day.

The journey to the receiving station was by one way road and within a very few minutes the nursing sisters and medical staff had all the patients comfortably housed. Beds were ready for those who were to be rested prior to the transfer to main hospitals, the operating theatre was manned and the cooks had prepared meals suitable for each patient.

The first casualties to be evacuated by air from France by R.A.F. Transport Command arrived in England last Tuesday and it was not expected that the Command would be able to maintain a regular service until some weeks after D. Day. Plans, however, are well ahead of schedule and it is expected that there will now be a regular flow of casualties from Normandy arriving in this country by air.

The Dakotas were fitted with standard racks, devised by Transport Command engineers on their experience of the African and Italian campaigns. The entire aircraft is transformed for air evacuation in two minutes, the racks being so designed that one orderly can carry out the operation. Speed is essential to minimise the danger of enemy attack while the aircraft is grounded.

On the home airfields medical officers supervise the offloading and trained stretcher bearing parties ease the men out of the aircraft into waiting ambulances, recording the cases as they are moved.

In air evacuation the casualties travel with their stretchers all the way to hospital. There is no transfer from one stretcher to another en route, except in those cases where the casualties must be rested in bed or operations performed in the operating theatre of the receiving airfield. Walking wounded are accommodated in a comfortable marquee fitted with easy chairs and tables where a meal can be taken.

In another tent the less seriously wounded stretcher cases receive immediate attention, their stretchers are placed on permanent stands about a foot off the floor and nursing sisters wash and feed them according to their needs and dress their wounds.

The seriously wounded cases are on the way to base hospital within 15 minutes of being offloaded and in that time they have been carefully examined and attended.