

## The RCAMC and the beaches of Normandy

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**Résumé :** Ce mois-ci, le monde entier observera le 50<sup>e</sup> anniversaire du jour J, l'invasion de la France qui a débuté le 6 juin 1944 et qui a changé le sort des forces alliées pour marquer le début de la fin de la Seconde Guerre mondiale. Les Alliés avaient tiré de nombreuses leçons de leurs expériences à Dieppe ainsi qu'en Afrique du Nord et en Italie; ainsi, les améliorations apportées en matière d'évacuation et de soutien médical de première ligne ont contribué à sauver de nombreuses vies lorsque les Alliés ont débarqué sur les plages de Normandie.

*"Under the command of General Eisenhower, Allied naval forces supported by strong air forces began landing Allied armies this morning on the coast of France. — BBC announcer, noon, June 6, 1944*

**T**his month the world marks the 50th anniversary of the successful invasion of Eu-

rope by the Allies. This complex operation, which involved thousands of ships and planes, entailed some of the most complex planning in military history. A great deal of that planning dealt with the need to provide care for the thousands of soldiers who would be wounded on D-Day and in subsequent battles.

More than 30 000 Canadians from all branches of the armed forces took part in Operation Overlord, as the D-Day invasion was known, and their leaders took great pains to avoid the errors that had plagued the Canadians at Dieppe 2 years earlier (see Clare D: Doctor at Dieppe. *Can Med Assoc J* 1992; 147: 1349, 1351–1353). Despite the detailed preparations and the massive naval and air support that was laid on, there lingered among senior Allied commanders and politicians a mood of pessimism, a feeling that things might go as wrong on the beaches of Normandy as they had earlier at Dieppe.

"Feelings here at home are very mixed," Lord Ismay wrote in March 1944. "There are a number of people who go on talking as though it is all over but the shouting. On the other hand, a lot of people who ought to know better are taking it for granted

that Overlord is going to be a bloodbath on the scale of the Somme and Passchendaele."

Bloodbath or not, the Royal Canadian Army Medical Corps (RCAMC) was determined not to be found wanting. Its personnel prepared for D-Day with a serious and professional resolve, planning that was based largely on the lessons learned at Dieppe by the Canadians, in North Africa by the British, and through the ongoing experience of Canadian medical units in Italy.

Of the 70 000 Canadian and British personnel scheduled to go ashore on June 6, 1944, Lieutenant-Colonel W.R. Feasby reported in the *Official History of the Canadian Medical Services 1939-45*, planners estimated that 6250 would become casualties within the first 24 hours, of whom almost 4500 would require medical attention.

The overall medical plan was that until sufficient hospital accommodation was available in the invasion area, all wounded men who could be moved without danger would be evacuated to England. When the Normandy beachhead was large enough, field hospitals could be opened for soldiers requiring not more than 7 days' treat-

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ment; as more hospitals were established in France, this would be increased to 15 days, 30 days, or longer.

When possible, Canadian casualties were to be sent to Canadian general hospitals (CGHs) in England, although these also received any Allied wounded. (No. 4 CGH at Aldershot received its first 278 D-Day casualties on June 8, 1944; only three were Canadian.)

Eight CGHs had been sent to England during the summer and autumn of 1943 to join the nine already there; seven more were dispatched between May and July 1944. The hospitals that had been in the United Kingdom the longest had priority for service on the continent; those remaining in the UK were to act as transit, coastal and base hospitals.

Transit hospitals received all casualties brought by hospital trains from ports and beach landing points on the south coast. Coastal hospitals prepared for "unorganized" casualties arriving in non-medical vessels that were not part of the main evacuation stream. After treatment at these facilities, the wounded were to be taken to base hospitals, which also received a large influx of patients just prior to D-Day as the others cleared their

wards in preparation for Overlord casualties.

Some CGHs were also asked to provide six medical teams, each comprising three medical officers and 30 other personnel, to join the crews of tank landing ships (LSTs). These vessels were specially outfitted to evacuate casualties from the beaches and bring them across the channel, an adaptation made because it was recognized that the Allies would probably take some time to put their artificial harbours into operation. Because there would likely be no docks to allow ambulances to reach hospital ships, the LSTs were outfitted with tiers of folding stretcher racks that could accommodate 350 wounded soldiers.

Stowed in the stern was a custom-designed operating room with equipment for immediate assembly. As the LSTs disgorged their war-like cargo of amphibious tanks, the medical teams and crew would transform the ship into a naval ambulance. Amphibious vehicles capable of carrying 25 wounded, including 10 patients on stretchers, would "swim" out to the ships and "drive right into the bowels of the ship."

Col. G.W. Nicholson's history of the RCAMC, *Seventy Years of Service*, recorded that the procedure worked very well during the inva-

sion and "the wounded men reached hospital in the UK in the best possible condition, very different in appearance from the mud-covered and bloodstained casualties that had landed in England after the Dieppe operation."

Royal Army Medical Corps historian Peter Lovegrove concurred. He reported that wounded soldiers evacuated in LSTs "were in good heart; their dressings were immaculate and it was difficult to believe that the careful notes which accompanied them had been made out on a shell-torn beach."

As the nonmobile hospitals made their preparations for Overlord, the medical field units that would land with the troops on D-Day or in the following weeks underwent extensive field training. Small parties from the first six CGHs slated to go to Normandy completed a 2-week course in field operations, and selected personnel learned how to break down bulk shipments of hospital equipment into easily handled blocks.

Patients at the general hospitals were turned over to other facilities while complete staffs travelled north to Yorkshire to undergo rigorous field training. There each unit erected its own tented hospital and lived in the field for 5 days. All were issued with battle dress, full field kit and subjected to route marches.

The regimental medical officers (RMOs) serving with the combat units and the field-ambulance units attached to each Canadian brigade had started their D-Day preparations late in 1943. Over the course of the winter all participated in assault-landing exercises designed not only to "physically harden the men," but also to ensure they had "a confidence born of experience."

Improvisations and modifications became the order of the day, and the amount of medical equipment that would be carried into battle was often streamlined. "Our men," stated the commander of 22 Field Ambulance, "[carried] a



Canadian soldiers wait to go into action in Normandy

small pack and a modified shell-dressing haversack." This, in addition to two bottles of plasma stowed in each universal pouch of the web gear, left a load of no more than 4–6 kg. These light packs, and lightweight stretchers weighing an additional 4 kg, meant that the personnel of the dismounted field-ambulance sections would have no problem in keeping up with infantry units as they moved inland. (The larger packs in use earlier had provided a problem for the RCAMC's nursing sisters. "The position of the supporting straps over the chest had not been designed with the female anatomy in mind," was the way Feasby delicately put it.)

Following a final major exercise, the field-ambulance units spent their remaining time waterproofing vehicles, preparing equipment and conducting last-minute individual training. By June 4, 1944, they had moved to Portsmouth and were aboard their assigned craft, waiting to cross the English Channel.

At 4:15 am on June 5, the Supreme Allied Commander, Gen. Dwight Eisenhower, listened to the final weather report and the advice of his staff, then calmly said: "OK, we'll go." The assembled invasion force would finally swing into action: 5300 ships and landing craft assigned to carry the 150 000 men and 1500 tanks that would be landed in the first 48 hours, and 12 000 planes assigned to cover the assault.

The Allies were to land on a 50-mile strip of Normandy coastline, with the British-Canadian front roughly between Bayeux and the mouth of the Orne River. RMOs and their staff landed with their respective battalions, with each unit augmented by field-ambulance assault sections.

The assault section behind the Queen's Own Rifles of Canada from Toronto had a hot welcome — their landing craft was blown out of the water. Miraculously, none of the occupants was severely hurt, and they

swam and waded the last 30 m to the shore. On the beach it was even hotter, and the section, under the cool leadership of Captain E.L. Cowan of 22 Field Ambulance, collected the wounded under intense artillery, mortar and sniper fire. Before a perforated ulcer laid him low, Cowan's work earned him the Military Cross, which is awarded for "gallant and distinguished services in action." His section went inland without him, handling 300 casualties within the first 48 hours.

The most severely hit of 22 Field Ambulance's assault sections had followed the North Shore (New Brunswick) Regiment into action. Three stretcher-bearers were killed as soon as they landed, and another two were wounded. Heavy mortar fire and German machine guns took their toll before the section struggled to a protective sea wall. For 2 hours they operated their casualty post on the beach behind the wall, before finally being able to advance on through St. Aubin and carry on with their task of caring for the North Shore Regiment's casualties.

In the 14 Field Ambulance section that followed the Regina Rifles, 3 of the 19 men were killed or drowned while going ashore and another 5 were wounded on the beach.

Of the 9000 Allied casualties on D-Day, Canadian losses totalled 961, with 359 soldiers killed. Two years earlier, 907 Canadians had died in a few hours during the futile raid on Dieppe.

By June 7, a few scattered groups of British casualties were being put onto LSTs for transfer to England, but it was June 8 before amphibious vehicles were available to take some 300 Canadian casualties out to the specialty ships.

Air evacuation of casualties would not occur until a week after D-Day because most airstrips had to be built from scratch. By the end of June, nearly 20 000 casualties from the British-Canadian sector had been evacuated to the UK, including almost 3000 Canadian troops.

The first stage of *Overlord* was completed by the night of June 11–12, when the separate American and British-Canadian beachheads were linked to form a continuous front line; by then the Allies had nearly a third of a million men in France. The rest of June consisted mainly of defending the beachhead from German counterattacks and building up strength for a major breakout assault in July.

The Canadians suffered heavy casualties in July when four Canadian battalions and an armoured regiment launched an attack at Carpiquet. "That is where the jeep ambulances really showed their worth," recounted the commanding officer of 22 Field Ambulance. The jeeps had to cover more than 3 km of open ground, half of it under enemy observation. "[Our] jeeps were just going in and getting the casualties on and going like a bat out of hell," he reported. "It wasn't the best way to drive with casualties, but it was either do that or get them back dead. The jeeps suffered a lot, [sometimes] coming in with four flat tires and holes through them from shrapnel."

As fighting in Normandy intensified in July, more medical help arrived in the Canadian sector, including three casualty-clearing stations and three field-dressing stations. In preparation for one major offensive, "a massed Canadian medical centre" that included field-transfusion and field-surgical units (FSUs) was established. This latter type of special unit was introduced to the RCAMC early in 1943.

"They marked a new phase in the treatment of casualties," Feasby noted in his official history. "They were designed to provide facilities for surgery in the forward area and thereby increase the chances of survival for many casualties."

One of the best accounts of this type of frontline surgery during the Normandy campaign is found in Dr. John Burwell Hillsman's *Eleven Men and a Scalpel*. Hillsman, a 41-year-old Winnipeg surgeon, led the

11-man staff of No. 8 FSU to Normandy in July 1944.

"These little units posed an irresistible challenge to the surgeon," he wrote. "In battle order, the unit's position was directly behind the field ambulance and it was supposed to pick out those casualties too severely wounded to travel any further to the rear. The surgeon would be confronted with problems that would tax his ingenuity to the utmost. This surgery, difficult enough in a civilian hospital, would have to be done in a canvas operating theatre placed in the middle of a bare field under the strictest blackout conditions."

It was during this major operation, known as the Goodwood-Atlantic offensive, that the Canadian medical centre proved its worth. In sweltering, oppressive weather, the doctors, nurses and orderlies worked long, exhausting shifts until many became casualties themselves.

Hillsman claimed that those 10 hectic, nonstop days in July transformed his little unit: "We saw the tragic sights from which we were never to be free for 10 long months.

Men with heads shattered, dirty brains oozing out. Youngsters with holes in their chests fighting for air. Soldiers with their guts churned into a bloody mess by high explosives. Legs that were dead and stinking — but still wore muddy boots. Operating floors that had to be scrubbed with Lysol to rid them of the stench of dead flesh.

"Boys who came to you with a smile and died on the operating table. Boys who lived long enough for you to learn their name and then were carried away in trucks piled high with the dead. We learned to work with heavy guns blasting the thin walls of our tent. We learned to keep our tent ropes slack so that anti-aircraft fragments would rain down harmlessly and bounce off the canvas. We became the possessors of bitter knowledge no man has ever been able to describe. Only by going through it do you possess it."

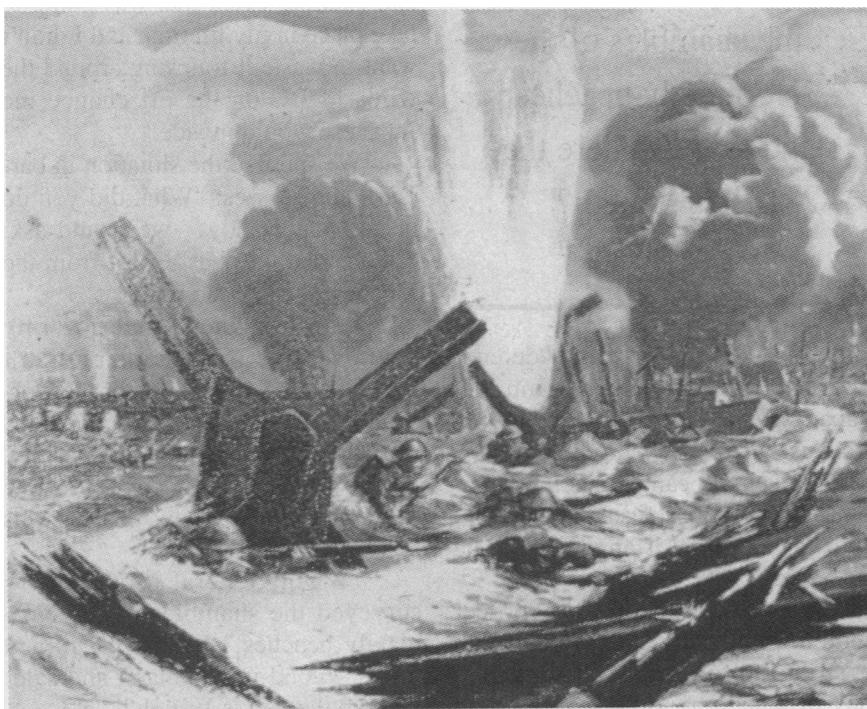
Before the next offensive operation in Normandy, four CGHs arrived in the Allied sector. Three set up on "Harley Street," the great concentration of medical units that constituted the 21st Army Group's med-

ical centre at Bayeux, while the other, No. 6 CGH, set up 25 km to the east. Nicholson wrote that when the pursuit of the German armies began after the closing of the Falaise Gap, "it was this smallest and most mobile of the Canadian general hospitals on the Continent [that] would find itself moving forward to act as a staging post for casualties who could thus be spared the long ambulance lift made necessary by the increasing distance back to the Bayeux medical centre."

The breakout from Normandy changed the nature of the war in France. "The sudden change from what had been a period of [relatively] static warfare," stated Feasby, "to one of rapid movement created special problems for the RCAMC. The extended lines of evacuation produced by the accelerated advance of the armies through northern France and Belgium were to place a severe strain on the medical as well as the other services."

The rest, however, is history, and the RCAMC would soldier on to the end of the war in the finest traditions of the service. As a frontline surgeon, Hillsman probably captured the motivation, dedication, humanity and courage of the corps best in his account of what the Normandy invasion and the subsequent months of battle were like.

When it was all over, he asked himself if it was worth it. His answer: "A very definite 'Yes.' I'd spent ten months doing the most soul-satisfying surgery possible. Above all, I'd learned a profound respect for man. I'd found that courage is the most common of human qualities. It is not lacking in our enemies. I'd seen men torn and shattered, but I never heard a complaint from a wounded soldier. I'd seen a lot of men die and each death brought home my inadequacy. I'd learned that the man who says he isn't afraid is a fool or a liar. I'd learned that courage consists of doing the job in spite of fear. Yes, I'd learned a lot about my fellow creatures. It was worth it!" ■



**Canadian war artist captures the moment of touchdown for soldiers of 3rd Canadian Division**