THE EVACUATION OF CASUALTIES FROM A NORMANDY BEACH.

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The problem of evacuating casualties in the initial stages of the assault on the Normandy Beaches had been very carefully planned and was carried out from each of the three British sectors by an organisation known as a Casualty Evacuation Point, consisting of one-half of a Field Dressing Station in each case.

These C.E.P.s set up on, or near to, the Beach selected were responsible for evacuation of all casualties by sea from their sector.

The method to be adopted was to use D.U.K.W. transport to Landing Ships Tank anchored at sea.

The exigencies of the situation caused deviations from the plan laid down—for instance, on one beach the number of casualties by 14.00 hours on D-Day before the C.E.P. was established rendered it necessary to transport those fit to move by Landing Craft Tank to Ships in the anchorage. By 16.00 hours the C.E.P. Commander on this beach had arrived and collected sufficient D.U.K.W. to start, in a small degree, as planned.

The main body of the C.E.P. on this beach did not arrive until the next evening when it proceeded to its selected site. It is the opinion of all concerned in this phase of the operation that the C.E.P. should have been phased in considerably earlier.

During the ensuing seven days the C.E.P. continued to evacuate casualties to L.S.T. with the important exception that, from D+1 onwards the L.S.T. were beached, emptied of men and stores and filled with casualties before unbeaching. On June 12 it was necessary to recall the personnel of Numbers 1 and 2 C.E.P.s, which were the halves of a Corps F.D.S., in order that they could reform for their normal role.

Since the evacuation of casualties still had to take place over the beach, owing to the fact that no port of any size had been captured, it was necessary to set up some other organization to take over the work. In the central sector one of the F.D.S.s (commanded by D. F. H.) which had formed part of the Beach Group operating on these beaches was selected. This
F.D.S. was still carrying out its role of dealing with local casualties, but these had fallen in number very considerably, so the F.D.S. commander was able to set aside a part of his staff to undertake these new duties. For administrative reasons it was considered advisable to locate the C.E.P. on the site where the F.D.S. was working, about a mile from the beach. This proved, in fact, a help rather than a hindrance. It was possible to do more for casualties in the comparative peace of an orchard than in the inevitable turmoil near a beach where men and vehicles were being unloaded day and night.

During the course of the next few days it was decided to evacuate all casualties occurring on the British front through the C.E.P. on the central sector. To do this expansion was necessary, so another F.D.S. (commanded by H. R. C.) which had been performing a Beach role on a neighbouring beach was placed under command and moved to the location. Owing to lack of space this F.D.S. set up in an orchard on the opposite side of the main road and worked alternately with the original F.D.S. As the volume of stretcher bearing had now become very heavy a Pioneer Corps company trained in stretcher bearing, which had been split up amongst the various medical units in the sector, was concentrated at the C.E.P. They were accommodated in neighbouring orchards as was the platoon of the D.U.K.W. Company, consisting of 33 D.U.K.W.s, on which the C.E.P. had first call.

It was found necessary to augment the land transport of the F.D.S.s so a section of six ambulance cars from the newly arrived M.A.C. was attached, giving a total of seven ambulance cars, 8 3-ton lorries and up to 30 D.U.K.W.s available at all times for carriage of casualties from the C.E.P. to the point of embarkation.

A suggestion made by the D.D.M.S. that Nursing Officers should be attached was gratefully accepted and the number was rapidly increased from six to sixteen, all of whom contributed very largely to the well-being and comfort of the casualties.

Whilst this re-organization was going on an attempt was made to formulate a policy for the C.E.P. and the following cardinal principles were laid down, which were adhered to whenever the exigencies of the situation permitted, throughout the period the C.E.P. was operating.

Every patient sent to the C.E.P. was to be: (i) Seen by a medical officer on arrival; (ii) given a meal or at least a cup of tea; (iii) have his dressings adjusted and such treatment, i.e. dose of penicillin or sulphonamide when due, given as required; (iv) given comforts in the way of cigarettes and sweets; (v) allowed to rest for such period as the evacuation permitted; (vi) have his documentation checked to ensure that he was in possession of two copies at least of A.F.W. 3210.

Subsequent experience served to accentuate rather than diminish the relative importance of these factors and it cannot be over emphasized that none of these points should be omitted. In practice, owing to the very large numbers to be dealt with, often in a very short time, it was inevitable that some did not receive all the attention they required but the cardinal principles were ever in the minds of all concerned.

It soon became apparent that the site of the C.E.P. situated as it was on two sides of a narrow main road, which carried at this time most of the traffic from and to this beach, was gravely hampering smooth and easy evacuation and adding very greatly to the already difficult administration. Under the circumstances, therefore, further sites were reconnoitred and a Chateau which had been used by the French authorities as a Preventorium was taken over together with all the grounds within 600 yards of the central point.

As it was impossible to close down the activities of the C.E.P. during the move it was necessary to move by stages. This was completed quite smoothly in forty-eight hours in spite of the fact that during the middle period of twenty-four hours the largest total yet to be evacuated, over 1,600, was dealt with. At this stage it was possible to define duties and the following officers were appointed:—

Command.—The senior F.D.S. Commander was appointed O.C., C.E.P., with the other F.D.S. Commander as second in command. In practice this gave excellent results as one Commanding Officer was available at all times, day or night, for decisions which had to be given.
Evacuation Officers.—The seconds-in-command of each F.D.S. were appointed to do twenty-four hours on and twenty-four hours off—the off duty period being occupied with unit duties. The Evacuation Officer was made entirely responsible that the casualties required for the various craft were available at the times stated, properly loaded into transport previously requested from the transport officer, that the necessary number of sections of Pioneers as stretcher bearers were paraded where required, and the casualties despatched to the embarkation point to arrive at the correct time.

Control Officers.—The non-medical Officers of each F.D.S. were appointed on the same basis as Evacuation Officers. The Control Officer was stationed either on the beach if L.S.T. were being used, or at the harbour if small craft were being filled for hospital carriers. His duty was to ensure that the transport carrying casualties was directed to the right ship, that neither too many nor too few vehicles were available at each ship, and to check the numbers proceeding to each ship so that under or over loading would be prevented. This officer was provided with a jeep for his sole use. This was used as a focal point to which all transport reported on arrival.

Officer in charge Ship Loading.—It was found necessary to have a responsible Officer from the C.E.P. actually on board each ship being loaded, and the Subalterns of the Pioneer Company, four in number, did this duty on a roster. The Officer in charge Ship Loading was entirely responsible for the loading of the ship from the shore end and worked in close liaison with the Captain and Medical Officers of the ship.

Evacuation Transport Officer.—As each unit forming part of the C.E.P. was responsible for its own transport it was deemed necessary to appoint an Evacuation Transport Officer to control operational transport. The Officer Commanding the Platoon of D.U.K.W.s was given this duty and was given absolute control over D.U.K.W.s, ambulance cars and three tonners used for evacuation purposes.

These appointments dealt with the evacuation side of the picture and they were incorporated in Standing Orders.

The Reception side was also organized and it was found necessary to have three Medical Officers in Reception during the day and one at night. As approximately one per cent of casualties at this stage required further treatment of a surgical nature, a Surgical Wing of 40 beds was instituted, staffed by two (at times three) Field Surgical Units and one Field Transfusion Unit. This wing also dealt with local casualties and seldom had less than 30 patients occupying beds. The duty of reception medical officer consisted of an examination of each patient with a check of his treatment notes. He then had to decide whether the patient was fit for further evacuation immediately, the type of sea transport most suitable, or whether further treatment was required.

Should the casualty be found fit for further evacuation with no more than routine treatment he was passed to one or other of the general wards as the "Bed State" permitted. If the medical officer considered that the case was one unsuitable for travel on L.S.T. he was sent to A1 ward which took such cases as were judged suitable only for hospital carrier. When the medical officer considered that any case required further treatment, or in a case where he had any doubt, the case was sent to A2 ward which was visited at half-hourly intervals, or oftener if necessary, during reception by the duty surgeon who was the final judge of further treatment. If in the opinion of the duty surgeon further surgical treatment was required the patient was transferred to the surgical wing and there dealt with. In many cases the treatment required was such that a stay of as little as twenty-four hours was sufficient.

For administrative reasons the surgical wing was officially designated 2 Field Dressing Station, as it was necessary to show the patients as having been admitted to a medical unit since the C.E.P. was not classed as such.

From the documentary point of view any patient sent to the C.E.P. was marked on the evacuating unit's A.F.W. 3034 or 3034b as "Evacuated to U.K. by Sea," therefore if he was
not so evacuated it was necessary for the purpose of 2nd Echelon to show him as having been admitted to another medical unit.

In practice this system worked well and saved much clerical work which the C.E.P., as constituted, could not have performed.

The documentation done by the C.E.P. consisted of obtaining from each patient one copy of A.F.W. 3210 or A.F.W. 3083, whichever was used, and a nominal roll was compiled from these by ship loads, which was forwarded as follows: One copy to G.H.Q., 2nd Echelon; one copy to D.A.D.M.S. (E), Beach Sub Area; one copy to file.

In order to ensure accuracy these forms were not collected until the casualties were placed on board the ship or craft in which they were to travel. This was done by stationing a clerk at the ramp or gangway, whose sole duty was to detach the necessary forms and retain them in a bag until these could be sorted in the office.

Evacuation proper fell logically into two separate phases according to the type of vessel being used. A “Low Tide” or “L.S.T.” phase when loading was done on to one or more “Dried Out” L.S.T.

A “High Tide” or “Carrier” phase when loading was done to a hospital carrier anchored three to five miles out by using either the carrier’s water ambulances or an L.C.T. from the small harbour about two miles from the C.E.P.

At all other states of the tide the only loading possible was by D.U.K.W’s direct to the carrier. This a good method but impossible except in the calmest weather.

The calling forward of casualties to the craft rested entirely with the Naval Medical Liaison Officer so far as the availability of ships, and the D.A.D.M.S. (E) of the Beach Sub-Area, who was “in the picture” with regard to the availability of casualties. Once the word had been given to load, usually in consultation with the O.C. or second in command C.E.P., loading proceeded until either the ship was full, the weather or state of tide put a period to loading, or the supply of casualties “Dried up.”

It had been reported that on previous landings difficulties had arisen owing to the lack of a “medically minded” Naval Liaison Officer, therefore, albeit at a late stage in the planning provision was made for a Naval Medical Liaison Officer. His services were invaluable and it is difficult to see how the evacuation could have proceeded in a fashion so admirably, free of inter-Service difficulties, without his good offices.

The number of casualties requiring evacuation varied enormously from day to day. The figures ranged from over 2,200 to under 200. It was never possible to forecast from hour to hour, which made inevitable an air of improvisation. The number of ships available and the weather were often variable factors, but on only one day of the period June 13 to August 10 was no loading possible, and that was due entirely to unprecedented bad weather.

The L.S.T. was undoubtedly the standby of evacuation—its presence was more certain when required and the ease and speed of loading rendered it most valuable—in all 60 per cent of all cases for the period stated were evacuated by L.S.T. The great drawback to the use of these ships was the time taken after loading to reach home port (from twenty-four to thirty-six hours), the discomfort of stretchers on racks or tank decks compared with the cots of the Hospital Carriers, and the small numbers of medical officers and sick bay attendants for the numbers of casualties carried.

The accommodation of the L.S.T. was officially 144 lying cases accommodated in racks, and 100 walking cases accommodated in the troop decks. Additional cases could be carried on stretchers lashed to the tank deck. The maximum carried in one L.S.T. was over 450, who arrived safely.

About the middle of July the Surgeons, who had been carried by each (medical) L.S.T. in addition to the two M.O.s, were redrafted elsewhere and from then on it became more important than before to sort cases and to restrict the numbers to a 200 maximum where possible.

Evacuation by Hospital Carrier entailed much slower travel between C.E.P. and ship but once the case arrived on board the attention that could be given was of a much higher standard.
Once loaded the Hospital Carrier, which sailed independently, could be in the home port in ten to twelve hours—an obvious advantage.

Comments have arisen as to why some carriers proceeded to home port with only a small number of casualties, whereas on the same day L.S.T. were also used. This was inevitable owing to weather conditions preventing carriers being loaded and the limited period any carrier can stay on the far shore, owing to storage accommodation for coal and water being short.

The lessons learned from this operation were very many and as a result of day-to-day working various ancillaries were attached.

One difficulty in the early stages was that of communications between C.E.P., loading point and ship. This was overcome by the attachment of three signal personnel with wireless sets, which on the whole proved most valuable.

In an attempt to provide an easy flow of casualties to the C.E.P. a Liaison Officer from one of the Ambulance Car Companies was attached at a late stage and proved most helpful in every way.

Some difficulty was experienced in the early stages with regard to the blanket and stretcher exchange. It was the rule that every ambulance from forward areas should obtain a one for one exchange for these items. Owing to the large numbers dealt with the stocks fell very low. To counteract this, authority was given to hold a dump of 1,000 stretchers and 3,000 blankets. This successfully solved the problem although it was necessary for a "Q.M." representative to be present at all loading to ensure a return from the ships and craft. The dump was under the control of the Quartermaster of one F.D.S., whilst the other Quartermaster was responsible for all rations.

Enough cannot be said of the assistance given by the Nursing Officers, of whom 16 were attached. Let it suffice to say that in our considered opinion the smoothness of running and comfort of the patients rested in very large measure in their most capable hands.

The opportunity occurred for the acquisition of a portable X-ray apparatus, which proved most helpful in many cases and for which our thanks are due to the Royal Navy.

During the greater part of the period under review the C.E.P. consisted of 38 Officers, 16 Nursing Officers and over 600 other ranks—not one of whom could have been spared from an organization that had to be prepared to deal with any number of cases.

The largest number of cases retained over night was 1,200 but this number stretched resources to the absolute limit and to enable this number to be cared for additional accommodation and help was gratefully accepted from a nearby medical unit.

The normal capacity of the C.E.P. was 300 in buildings and 400 in tents, but on occasions this was not sufficient, there being as many as 30 more ambulance cars in the car park still awaiting unloading. In this case medical officers saw each case in the ambulances and hot tea was distributed—the ambulances then proceeding direct to the ship to unload.

It was early decided that, save in the direst necessity, loading would not be undertaken at night, and experience showed this a very wise decision.

The problem of feeding such varying numbers was very much easier than anticipated. Four hospital cooks R.A.M.C. carried out the whole of the cooking and rations were drawn on a steady basis of 350 patients per day, which balanced out remarkably well. During the major portion of the time "Compo" rations were in use, which rendered the problem more simple.

By the beginning of August it was apparent that the period of usefulness of the C.E.P. was drawing to a close—the increase of the number of casualties being evacuated by air, the expectation of deterioration of the weather owing to the approach of autumn, the increasing likelihood of a port being available in the near future and the number of hospital beds in the bridgehead having increased to the extent of permitting cases to be held up to seven days.

The decision was then taken to reduce the size of the C.E.P. so one F.D.S. and one F.S.U. were withdrawn on August 10, leaving the remainder to carry on until such time as their presence was no longer required.
This completed a phase in the evacuation of casualties which demonstrated the remarkable adaptability of units to circumstances and the ease with which units will work together with a common purpose and aim.

At all times the assistance given by all administrative medical officers under whose command we came was such as to make the work we had to do many times easier. The response to our request for extra assistance was always met to the limit of available resources.

The main difficulty at all times was that the flow of casualties to the C.E.P. was not regulated. Had it been possible to ensure that casualties started to arrive at the C.E.P. soon after first light and stopped by 18.00 hours a reasonably planned evacuation could have taken place.

The C.E.P. is essentially a cushion where cases can be held pending actual embarkation, and in an operation of this size required to be at least 600 capacity. Had it been possible to keep a constant flow many more ships could have been utilized and the overcrowding that was at times inevitable could have been avoided.

Finally, the work could not have been carried out without the absolute co-operation of all ranks and their willingness at all times to work many hours without rest, but with the utmost will and cheerfulness.