

# The 14th Evac on the Ledo Road

By AGNES D. GRESS, R.N.

TWO MONTHS after our arrival in India in August 1943, we were operating our own hospital, built in the midst of a virgin jungle which had just been cleared of trees and underbrush. Only two wards and the living quarters were erected. Typical of all hospitals in this part of India, it was built entirely of bamboo, the walls as well as the floors, and was covered with a thatched roof. The interior was lined with Hessian (burlap) cloth for mosquito proofing.

The wards of our new hospital were spacious, averaging fifty-eight beds, with room for many more if necessary. In the immediate need, both Americans and Chinese patients were admitted to the first ward. This proved unwise because of the great differences in living and eating habits. As soon as possible, the Chinese were moved to their own wards, maintained their own kitchens and their cooks.

We came equipped as a 750-bed evacuation hospital, with limited supplies. Each ward was furnished with bare essentials—cots, blankets, mosquito nets, a desk, two chairs, and a large shelved box which served as a medicine chest. In addition we received a minimum of utensils—one enamel tray, bedpans, urinals, wash basins, and enamel cups. We were not issued the little things necessary for a smoothly functioning ward such as chart racks, dressing trays, hypo trays, medicine trays, thermometer trays, and cabinets for storing supplies. These had to be improvised with whatever could be found or begged. We made good use of bamboo, GI cans, old boxes, et cetera. For record materials, the nurses went to the bazaars and bought notebooks, pencils, ink, glue, rulers, clips. We paid approximately thirty-two cents for a five-cent pencil. Other things were priced accordingly.

Though we worked with the supplies of an evacuation hospital, actually we operated a station hospital. Our patients remained with us for weeks, even months. It was well over a year before we had such luxuries as sheets, mattress pads, pillows, and robes for our American patients. Prior to this, they were given pajamas, a towel, and three to five blankets which served as mattress pads and pillows.

We were in the jungle with timber all around, but it was uncut and useless to us. At first it was almost impossible to get a board with which to build anything. We made daily rounds of the mess halls and supply department for boxes from which the corpsmen and patients built the necessary trays and cabinets. It takes a lot of boxes to build all the

articles you need for an entire hospital. Nails and workshop equipment were scarce.

The winter of 1943 was very cold, a damp chilly coldness that left one almost paralyzed. Our Sibley (belly) stoves were not issued till quite late in the year, one to a ward. They were practically useless for heating purposes because they were so small and the woven bamboo walls were so open. We couldn't bathe the patients till around 11 o'clock after the sun took the chill out of the air. Even in winter the sun rays are warm. Only the night nurses and the wardmen know the agony of staying up all night without heat. Often their hands were so cold that they couldn't do the necessary charting. They wore all the heavy clothing that they could possibly put on—GI shoes, woolen socks, woolen underwear, top clothing, sweaters, scarves, and caps. Before morning they wrapped in blankets, hovering over shock lanterns which provided some warmth. What little wood we had was used in the daytime. The fuel situation was desperate. There was no coal and no saws to cut wood. We had a few axes for the entire hospital.

All the water for baths and treatment was heated in pails over a little Coleman stove which burns white gas. We never had enough. There was no running water in the wards and only a few faucets scattered over the entire area. The patients had cold showers if they could brave them. Often the patients' food was cold as the kitchen was several hundred yards away.

In spite of the discomforts our patients remained cheerful. The relationship of the doctors, nurses, and corpsmen toward the patients was friendly. We had so little in the way of material comforts to offer them, but they appreciated the situation and never complained. They knew that all the available transportation was used to send combat supplies to the troops who were to start the North Burma Campaign.

In late November our chief nurse, Lieutenant Amelia Storch, was unable to resume her duties because of ill health. Her assistant, our present chief nurse, Captain Mary Ellen Yeager, acted in that capacity until she was officially promoted to the position in January. Lieutenant Storch returned to the States.

There were no pine trees for our first Christmas overseas, but that did not matter. We went to the jungle and gathered branches and foliage and had homemade trees. For trimmings we used cotton balls and bits of colored paper. A few of the nurses had had the foresight to bring ornaments. As yet, there were no Red Cross workers; so the nurses and the patients decorated the wards effectively with the meager trimmings.

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In this theater none of us received our Christmas packages from home till late in January. We had little to resemble the Christmases we used to know, but we had the spirit and perhaps a greater appreciation of what it really stood for. Our enlisted men volunteered to work overtime to complete the chapel so that we could hold the first services there on Christmas Day. The big social event was a party given by the nurses for the enlisted men. Everyone enjoyed the get-together.

When the number of American patients decreased and the Chinese increased, the base permitted us only one American surgical and one American medical ward and an officers ward. We now had about five hundred patients, mostly Chinese; the rest were American boys of the various outfits on the Road.

By February 1944 (the North Burma Campaign started in January) hundreds of Chinese battle casualties were transferred to us. When warmer weather came, tropical diseases became prevalent. Our medical wards were filled with malaria, typhus, dengue, relapsing fever, amebic dysentery, and other unclassified F.U.O.'s. In the contagious wards there were tuberculosis, venereal diseases, small pox, meningitis, and mumps. Isolation technic was almost impossible to maintain. Most of the Chinese soldiers could see no need for it and, in spite of the watchfulness of the nurses, they continued to mingle and eat together, interchanging food and dishes. Strange to say, there were no cross infections.

Our total census rocketed to 1,500 patients. Tents had to be pitched all around. This caused a great deal of confusion. The tent patients were dissatisfied and generally out-of-hand. They moved their cots around to suit themselves, records were hard to keep straight, too often the charts, patients, and bed numbers did not correspond.

In the early spring, with the great increase in census and a shortage of personnel, we were advised of a new assignment. Our unit was divided and half was sent to open a new hospital about thirty miles away near an air strip. There was never a happier group of nurses than those who were sent—they were to take care of Merrill's Marauders.

In less than a week they were set up, ready to receive the first patients who were being flown in from Burma just as fast as the evacuation planes could bring them. Most of these soldiers were seriously and acutely ill, some more dead than alive, and many died. They suffered from exhaustion, malnutrition, typhus, malaria, amebic dysentery, and other diseases resulting from months of hardship in the tropical jungles. Although reluctant to say much, they told us about being trapped by the enemy on "Maggot Hill." Many became ill there, but they could not be reached for medical care for many days.

The doctors, nurses, and enlisted men worked

fourteen to eighteen hours a day. The nurses hated to go off duty when the patients were so desperately in need of the best nursing care, but there were so few of us. We were now caring for 2,600 patients in both hospitals. No relief came for a few months, then some of the 69th General and 44th Field Hospital personnel joined us temporarily and were welcomed enthusiastically.

Those critically ill soldiers will never forget the nurses who cared for them with what little they had. It was heartbreaking to see many of the soldiers, not yet fully recovered, ordered back to the front. The doctors were helpless; they had their orders. Myitkyina had to be taken at all cost.

During this time our chief nurse commuted three times weekly over the rough Ledo Road to oversee the nursing conditions in both hospitals. Her ability to handle the difficult task well was lauded by our commanding officer as well as the doctors and nurses.

With the personnel divided it was not any easier at the main hospital where the Chinese troops were cared for, both battle casualties and critically ill medical patients. Each nurse, with one or two corpsmen, had approximately 120 to 130 patients under her supervision; in the afternoons she had many more. It was the monsoon season. The continual rains, oppressive heat, and heavy mud were exhausting. Sometimes the wards were inches deep in water. We worked hard. Most of the time our clothes were drenched with perspiration. We had no time for midday siestas, which are the accepted rule of the tropical countries.

In late July, relief arrived, took over the branch hospital, and our unit was reunited. Surgery picked up. Five of our nurses resumed their study of anesthesia. Approximately 4,500 operations were performed during the year and their services were needed.

By December there was a marked decrease in medical admissions. We had some time to rest and plan our second Christmas. The unit party was a big affair. Most of our Christmas packages arrived in good time, and we relished the delicacies sent from home and friends. On the wards we had real pine trees, furnished by the Red Cross, with quantities of decorations. The American patients enthusiastically decorated the wards. Everyone seemed happy. We even made fudge and had a piano brought into the ward for a party. Our Red Cross worker and dietitian filled and hung stockings for the patients and held open house in the recreation room on Christmas day.

During the respite which lasted from January through March 1945, there was time to rebuild the condemned buildings (the life span of a bamboo basha is about a year). For the first time since our arrival, the hospital duties were light. However, even now, we managed to be in on some excitement. A big fire burned down several Chinese

wards! The fire was started by a patient cooking nearby, while another boy was rolling dough for noodles on his bamboo bed. He saved his noodles in preference to his bedding and personal belongings!

The rebuilt medical wards were soon filled with about four hundred tuberculosis cases. Again we encountered difficulties, in the matter of tuberculosis discipline. Time and again the nurses have tried to impress upon the patients the nature of the disease, the mode of transmission, and the precautions necessary. There is always the language difficulty and most of them have never been in a hospital before and see no need for hospital routines and measures that we accept as matter of course.

Frequently they hop a vehicle to the nearest bazaar several miles away and come back loaded with food and live fowl which they tie to their chongs (beds) for future use. They are always cooking from early morning to late at night; some have cooked in the middle of the night. Usually, on one end of the bed there is a noodle board. Extra food is kept on top of the mosquito nets. They are very fond of garlic, and some grow it in little cans under the beds. Of course, this is not permitted, but despite constant watching, it happens. As a result, the wards are overrun with rats. Some of the patients tame them and make pets of them!

Of course, our Chinese patients find our customs equally strange and amusing. Some are clever and quick to learn. They usually have great aptitude for sewing, knitting, weaving, and making intricate articles from scraps of paper. They reweave old bandages and dressings. They can almost make something out of nothing.

The most intelligent patients are trained to help with the ward duties and take great pride in their responsibility. Their loyalty and help have done much to aid the nurses in the matter of discipline.

Our living quarters, small bamboo bashas, are divided in half with a space for storage in the back. Four nurses may be comfortably quartered in each basha, with two living-rooms and two bedrooms. The interior is lined with Hessian cloth, with netting over the doors and window. Cots, blankets, and mosquito bars were issued to us. From there on we have expressed our individuality and skill in making homes. We made dressing tables from boxes and bought reed chairs and small tables from the natives. The interior decorating was done with drapes and covers made from unbleached muslin, trimmed with gayer materials of local production. We painted large coolie hats for lamp shades, hung souvenirs and pictures on the walls. We bought grass rugs for our floors. The effect was very homelike, and we are proud of our jungle quarters. Most of us have flower gardens; some tried vegetable gardening.

Though one USO troop of entertainers called our basha an "old dump," we have been very happy here in the clean atmosphere of the jungle, away from the disease-filled cities. After a rain, the foliage shines with freshness. At night the stars and the moon appear at their best through towering trees overhung with vines. The night is alive with insect noises and night prowlers. We awaken in the early morning to the music of birds or the noise of a band of monkeys.

Some of the nurses have ventured into the jungle on deer hunting, fishing, and exploring trips. Just before Easter, we went orchid hunting, lost our way, and found ourselves in the midst of tall elephant grass. It was fairly early in the morning and dewy, a favorable condition for blood sucking leeches. We were near panic as we saw dozens of them reaching out from the grass, crawling up our shoes and socks, and attaching themselves to our legs. They seemed to be everywhere, so we took off to a clearing where we de-leeched ourselves, touching them with lighted cigarettes.

There is always a scarcity of eggs and fresh vegetables; so those two items are practically off our menus. We have never had fresh milk here. Fresh meat (no steak) is rationed to us only twice a week. The rest of our food is canned and dehydrated. Recently, after twenty-three months, we received our first bottle of cola. We shall always remember our childlike enthusiasm for our first ice cream. If there were any of these luxuries in this theater before, they never reached us.

Though we are as homesick as anyone could be, away so long, we have maintained a healthy emotional outlook. There are the usual Army gripes and rumors that stimulate our hopes, only to fall through. In spite of all this, we have a conduct record to be proud of. Our commanding officer and our chief nurse have treated us as intelligent, grown-up, professional women, and we greatly appreciate that courtesy. We are completing our twenty-fourth month in this same spot. No doubt, we shall be shy in society when we return, but it will be wonderful to see the shores of home again.

THE GENIUS of a good leader is to leave behind him a situation which common sense, without the grace of genius, can deal with successfully. Here lay the political genius of Franklin Roosevelt: that in his own time he knew what were the questions that had to be answered, even though he himself did not always find the full answer. It was to this that our people and the world responded, preferring him instinctively to those who did not know what the real questions were.

Here was the secret of the sympathy which never ceased to flow back to him from the masses of mankind, and the reason why they discounted his mistakes. For they knew that he was asking the right questions, and if he did not always find the right answers, someone, who had learned what to look for, eventually would.—WALTER LIPPMANN, "Roosevelt Is Gone," in the *New York Herald Tribune*, April 14, 1945.