

50th General Hospital

A World War II Army Unit

A Senior Paper

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Rachel Lewis

University of Washington, Tacoma

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Advisor: Professor Mary Hanneman

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Abstract

The 50th General Hospital, an Army Reserve unit from Fort Lawton, Seattle, played a crucial role in providing medical care to US and Allied forces during World War II in the European Theatre. This paper examines not only the hospital's operations – focusing on its medical treatments, training, and logistics – but also the experiences of its medical personnel and patients. Using archival sources, including military reports, personal accounts, and medical records, this study reconstructs the unit's daily functions and the challenges faced by nurses, officers, and enlisted personnel working under wartime conditions. Their ability to maintain morale and deliver high-quality care across four operational locations proved essential to the hospital's success. The professionalism and superior performance of its staff contributed to improvements in Army medical organization and treatment protocols. By highlighting the hospital's medical advancements, operational achievements, and the personal experiences of those involved, this research provides a deeper understanding of the 50th General Hospital's impact on wartime medicine and the lives of the soldiers they treated, the medical personnel who cared for them, and the communities they influenced.

Introduction

The 50th General Hospital, a US Army Reserve medical detachment, was a vital force for military medicine during World War II, providing essential care to thousands of patients in the European Theatre of Operations.¹ The nurses and medical staff contributed greatly to the survival rate of soldiers abroad through their resilience and compassion, demonstrating both professional excellence and profound humanity. Their superior performance led to overall changes in medicine and healthcare, and their dedication to duty supported the sweeping change in Army structure for women and nursing. This paper documents the WWII history of the 50th General Hospital before it fades from collective memory, thus preserving their legacy for future generations.

During WWII, the Army designed the numbered General Hospital units to become fully functional medical centers quickly; they encapsulated their own staff and equipment, and, in the case of the 50th and several others, could create a tent-hospital set-up within hours if necessary.² As opposed to the civilian definition of a general hospital, which solely addresses the physical hospital and not the attached personnel, the Army uses this term to cover the unit as a whole entity, similar to any other battalion or infantry command designation. Overall, General Hospital units were intended to provide difficult and specialized procedures for patients received from the evacuation hospitals within the combat zone.³

The 50th General Hospital contained roughly 684 personnel; women accounted for 106 of that number, all of whom were volunteers, and worked as either nurses, dieticians, or physical therapy aides. The rest were male

¹ The term *theatre* (rather than *theater*) is used here in accordance with British spelling convention when referring to a large area of military operations in Europe, and was largely adopted by the US military as such. While *theater* is the standard American spelling, many official US military documents use *theatre* in this context, although this is not a universal rule. Due to the larger American involvement in the area, most references to the Pacific War are spelled *theater* instead.

² See "Appendix A."

³ WW2 US Medical Research Centre, "WW2 Military Hospitals," accessed November 2024, <https://www.med-dept.com/articles/ww2-military-hospitals-general-introduction/>.

doctors, dentists, radiologists, and other officer categories, and enlisted personnel covering a wide range of specialties.⁴

By the end of World War II, the 50th General Hospital had a treatment average of over 532 patients seen per day, encompassing Allied personnel, civilians, and prisoners of war, for a large variety of injuries and illnesses.⁵

Under the leadership of Commanding Officer Colonel Rollo P. Bourbon, Executive Officer Lieutenant Colonel Hubbard T. Buckner, and Head Nurse Captain Coralee I. Steele, the 50th General Hospital unit was ordered into active service on 4 September 1942, from Fort Lawton, Seattle, Washington to Camp Carson, Colorado.⁶

By the orders of the Services of Supply, a subsection of the War Department⁷ that controlled all aspects of the support establishments, including the Army Medical Department,⁸ the 50th's first directive was to report to Colorado in order to conduct training for sixteen months, before being deployed to Glasgow, Scotland in December 1943. They then were deployed again to Carentan in Normandy, France to support the Utah Beach advancement of the D-Day invasions in 1944. From there, the 50th transferred to Commercy, France, in November of the same year to set up a physical hospital location; this area had been liberated by the US Third Army formation as part of the push to advance the frontline only two months prior. On 26 October 1945, the unit made its final move to Camp Kilmer, New Jersey, in order to be deactivated for the end of the war.⁹

⁴ WW2 US Medical Research Centre, "50th General Hospital." WW2 US Medical Research Centre, accessed February 1, 2025,

<https://www.med-dept.com/unit-histories/50th-general-hospital>.

⁵ K. K. Sherwood, *Consolidation of Forms 51* (Statistical report to the U.S. Army from the 50th General Hospital, 1944).

⁶ Harold B. Metcalf, ed., *APHOREC: 50th General Hospital, WW2 Unit Yearbook* (Denver, CO: Bradford-Robinson, n.d.), 8-11, 44.

⁷ See "Appendix A."

⁸ Richard Ginn, *The History of the U.S. Army Medical Service Corps* (N.p.: CreateSpace Independent Publishing Platform, 2015),

<https://achh.army.mil/history/book-historyvofusarmymsc-msc2>, 121.

⁹ WW2 US Medical Research Centre, "50th General Hospital."

Methodology

In order to provide a comprehensive understanding of the actions of the 50th General Hospital, this research draws on a range of primary sources, including military records, unit histories, memoirs, photographs, and maps. Collectively, these sources bring together the unit's activities and the stories of the women and men that served within it.

Key examples include memoirs, such as one from Gretchen Hovis, a physiotherapist who served with the 50th,¹⁰ the unit yearbook from 1942,¹¹ and an unpublished historical collection from Major K. K. Sherwood, who operated as both a physician and unit historian¹² for the 50th.¹³ Military records such as the 1942 Annual Report of Medical Department Activities,¹⁴ detailing the 50th's build up to deploy to Camp Carson, and the 1945 Duty Officer logbook, the daily log of all major activity for the unit while they were stationed in Commercy, France,¹⁵ further support this research.

These sources have been accessed from the National Archives, University of Washington Special Collections, the Lewis Army Museum archives, and online databases. They have been critically examined and cross-referenced to ensure accuracy and reliability, through firsthand analysis of physical, non-digital archival records, or specially requesting the transfer to digital formats.

¹⁰ Gretchen L. Hovis, "The 50th General Hospital: A Memoir of World War II," 1994, <http://www.6thcorpscombatengineers.com/docs/GretchenHovis/Gretchen%20Hovis%20-%20combined%20documents.pdf>.

¹¹ Metcalf, ed., *APHOREC: 50th General Hospital, WW2 Unit Yearbook*.

¹² The unit historian was an official duty for Army personnel as a collateral task next to their primary assignment. This function can trace back to 1874 when historians under the Secretary of War wrote a comprehensive military history of the American Civil War, however it became a junior officer or non-commissioned officer (upper-level enlisted) program in 1943 with the creation of the General Staff's historical branch. Unit historians were tasked with advising commanders on how to incorporate historical relevance into unit decisions, as well as documenting the command's history and maintaining any artifacts. This program is still in existence today as part of the Military History Detachments (MHD), or carried out by individuals designated and trained by each battalion, unit, or command.

¹³ K. K. Sherwood, *50th General Hospital in World War II: A Composite Story of the 50th General Hospital* (1970).

¹⁴ H. T. Buckner, *Annual Report of Medical Department Activities (1942)* (1943).

¹⁵ 1945 Duty Officer Daily Logbook. Compiled by 50th GH Duty Officer (Commercy, France: n.p., 1945).

Historiography

The 50th General Hospital has received little attention in terms of public documentation or recognition of its presence. Consequently, the secondary sources for this research were predominantly selected to provide broader context to the primary materials, and therefore contribute to the 50th General Hospital's legacy instead of a scholarly analysis.

One significant source is the WW2 Medical Research Centre website,¹⁶ a not-for-profit database created for and by WWII reenactors, primarily in Europe, to have access to the most accurate data for their productions. The founders, Ben C. Major and Alain S. Batens, have worked tirelessly to put together several of the histories of the healthcare workers and their units. This includes the story of the 50th, which was corroborated for accuracy by Jay Sullivan, a member of the unit. This digital archive holds 54 veterans' personal testimonies and 131 unit histories, with service members and their families weighing in on each page in order to preserve their service for years to come. To date, this website has been visited over 650,000 times by researchers, family members, veterans, and the curious from all across the United States.

The 50th's actions directly contributed to the advancement of military medicine, particularly in orthopedic surgery and preventative care. The 1956 book *Orthopedic Surgery In The European Theater Of Operations* demonstrated how the 50th's surgical expertise was used to create a broader understanding of hospital operations in Europe.¹⁷ Similarly, Esmond R. Long's 1963 manual *Tuberculosis in the Army*, created for the Army Medicine's infectious disease department,¹⁸ utilized direct data from the 50th's patient reports and treatment

¹⁶ WW2 US Medical Research Centre, "Homepage," WW2 US Medical Research Centre, accessed January 2025, <https://www.med-dept.com/>.

¹⁷ John B. Coates, *Orthopedic Surgery in the European Theater of Operations* (Washington, DC: Office of the Surgeon General, Department of the Army, 1956), <https://apps.dtic.mil/sti/pdfs/ADA301707.pdf>.

¹⁸ Esmond R. Long, "Tuberculosis in the Army," in *Medical Department, United States Army Internal Medicine in World War II, Volume II: Infectious Diseases*, ed. John Boyd Coates Jr. and W. Paul Havens Jr. (Washington, DC: Department of the Army, 1963), 330-407.

plans. Given that these secondary sources were written and published within the military, even if decades ago, they represent some of the only available analytical accounts on the work of the 50th General Hospital, even if authored by doctors rather than historians. Medicine also evolves quickly, particularly in times of war, so these contributions have been changed consistently in the following decades from what was done in the 1940s into the medical processes we have today, even if they were the foundation.

One of the critical components to any war is the support given to the personnel on the frontline; the Army has coined this as the "tooth-to-tail" ratio, or a numerical comparison of frontline soldiers to support staff. In WWII, this ratio was 1:4,¹⁹ as in, for every one soldier on the frontline, there were four others to get them there, be it transport, supply, cooks, laundry, medical, or grave handling. To clarify further, this makes 80% of all Army forces being in a support role. This ratio is by no means reflective in literature or studies relating to WWII, and alludes to a greater gap in understanding of this period in America's history.

During World War II, there were 203 General Hospital units,²⁰ including the 50th, as noted by the WW2 Research Centre; at present, there have been no scholarly works dedicated to recording the history of any of them. Furthermore, the 50th is not commemorated at the remnants of Fort Lawton, its home station, despite deploying from there three times over the span of a century. As a result, the existence of the 50th General Hospital appears to be fading from public awareness, further cementing the need to document what remains of their memory for future generations before it is gone completely. Compiling this summary will open the potential for others to either learn about and understand

¹⁹ John J. McGrath, "The Other End of the Spear: The Tooth-to-tail Ratio (T3R) in Modern Military Operations." *Combat Studies Institute Press*, 2007.

²⁰ WW2 US Medical Research Centre, "WW2 Military Hospitals."

this unit and its members further, or open the door for others to find their own almost-forgotten unit to document.

History (02Feb1901 - 07Dec1941)

The 50th General Hospital, while being an entity in World War II, was the culmination point of changes made to military and Army structure in the 40 years prior to its activation, without which it would not have had the grounds to exist at all.

In the United States, going back as far as the Revolutionary War, most people have considered nursing to be a woman's task in wartime. This role became official in 1901 with the creation of the Army Nurse Corps (ANC), which formally appointed women to be part of the military; the Navy followed seven years later with the initiation of the Navy Nurse Corps (NNC).²¹ The value of a well-trained nursing staff in wartime was quickly made evident, so although not allowed to hold a military rank, Congress granted women three-year contracts of appointment to the Regular Army in order to support the growing military.²²

Also in 1908, the Army established the Medical Reserve Corps (MRC), which the ANC was a part of; this improved group was created in response to slow mobilization problems and shortages in medical officers during the Spanish-American War (1898).²³ The ability to quickly mobilize trained physicians for war was vital to overall readiness, and in 1916, Congress redesignated the MRC to the Organized Reserve which included other components of the Army, thus creating the framework for what would become the Army Reserves today.²⁴

²¹ Health.mil, "An Historical Timeline of Nurses and Nursing in the Military."

²² Ibid.

²³ Office of Army Reserve History, *Army Reserve: A Concise History* (Fort Bragg, NC: United States Army Reserve Command, 2013), 4, https://www.usar.army.mil/Portals/98/Documents/historycorner/Concise%20History%20Brochure_FA_revised%20April%202013_web%20version.pdf.

²⁴ Ibid.

However, the maintenance of the Army Nurse Corps failed to draw the numbers of nurse applicants needed, as it required renewing contracts every six months while in reserve status. Additionally, the military granted nurses little to no recognition or pay.²⁵ In response, Jane Delano, a pioneering nurse, established the American Red Cross Nursing Service as a civilian organization,²⁶ registering nurses willing to volunteer to serve during wartime, eliminating the need to renew or update contracts so frequently. By 1916, with the expansion of the Army's reserve program, the connection between the military and the Red Cross was recognized formally, with the agreement that the Red Cross would provide personnel to the armed forces in event of conflict.²⁷

The establishment of Base Hospital units became a function of the Red Cross at this time as well. The newly created Department of Military Relief recognized that having standing units across America, trained and ready to run 500-bed hospitals in the event of war, would greatly expedite getting medical aid to the front lines. To ensure their staffing by educated, young personnel, Base Hospitals were connected to colleges and universities as a sort of symbiotic sponsorship program, contracting fresh graduates as doctors, dentists, and other medical officer specialties.²⁸

In July 1917, just months after the US joined the fighting in WWI, Dr. Everett Jones, an officer in the MRC, initiated the formation of Base Hospital No. 50 at Fort Lawton in Seattle with the University of Washington, under the command of Major James B. Eagleston.²⁹ The Army activated the unit on 27 March

²⁵ Jonathan H. Jaffin, *Medical Support for the American Expeditionary Forces in France During the First World War* (Fort Leavenworth, KS: U.S. Army Command and General Staff College, 1991), 17, <https://achh.army.mil/history/book-wwi-jaffin-default>.

²⁶ American Red Cross, *Jane Delano: Founder of the American Red Cross Nursing Service* (n.p.: American Red Cross, n.d.), <https://www.redcross.org/content/dam/redcross/enterprise-assets/about-us/history/nursing-history-jane-delano.pdf>.

²⁷ Jaffin, *Medical Support for the American Expeditionary Forces in France During the First World War*, 23.

²⁸ *Ibid*, 28.

²⁹ Metcalf, ed., *APHOREC: 50th General Hospital, WW2 Unit Yearbook*, 7.

1918, with a total of roughly 280 qualified, but under-prepared, nursing and medical personnel.³⁰

Base Hospital No. 50 remained in active status for one year, first deploying to Camp Fremont, CA, for training, then to the medical center in Mesves-Bulcy, France, where they treated 7,399 patients.³¹

France proved to host a number of problems for the unit, however. An increase in expected bed capacity from 500 to 1000 while en route to California created a delay in receiving full manning (an additional 60, bringing the total to around 335). Additionally, obstructions in transporting supplies to France meant that the medical center, designated to host 40,000 patients (with the support of other Base Hospital units), only ever reached a capacity of 27,000.³² The Spanish Flu outbreak also heralded their arrival to Europe; combined with the poor housing and bad weather, several staff members fell ill and the only five deaths of the unit occurred within the first three months of operation.³³ Base Hospital No. 50 was, despite this, considered a rousing success. The unit demobilized in May 1919 and stood down at Camp Lewis, in what is now Joint Base Lewis-McChord.³⁴

As the only Base Hospital in Washington, the *Seattle Post-Intelligencer* boasted they were "unofficially reported to be most efficient unit with American forces," according to the 1919 article that declared the unit would remain intact even during peacetime.³⁵

The outstanding performance of these individuals in WWI was the foundational reason for the eventual reconstitution into the 50th General

³⁰ Jaffin, *Medical Support for the American Expeditionary Forces in France During the First World War*, 7.

³¹ Metcalf, ed., *APHOREC: 50th General Hospital, WW2 Unit Yearbook*, 7.

³² Sherwood, *50th General Hospital in World War II*, 26-27.

³³ Ibid.

³⁴ Center for Military History, "50th General Hospital," *U.S. Army Center of Military History*, 1994, <https://www.history.army.mil/html/forcestruc/lineages/branches/hosp/0050genhosp.htm>.

³⁵ Seattle P-I Staff, "Organization to be Kept Intact," *Seattle Post-Intelligencer* (Seattle), November 2, 1919, 28, <https://www.genealogybank.com/doc/newspapers/image/v2%3A142FE773BA94746A%40GB3NEWS-16B6F592EE3E2F71%402422265-16B66210492A1532%4027>.

Hospital in October 1936.³⁶ Additionally, the successes of the nurses in WWI paved the way for the next generation of nursing; in conjunction with the Red Cross reserve, the military recruited over 22,000 female nurses during the first World War,³⁷ including the 104 assigned to Base Hospital No. 50.³⁸

The unit, now as the 50th General Hospital, remained a part of the Fort Lawton base in their reserve status until Pearl Harbor and the United States' induction into WWII, when they were officially activated into service.

Seattle, Washington (8Dec1941 - 4Sep1942)

The days and months following the United State's declaration of war on the Axis powers on 8 December 1941 saw a mad scramble for the US military to recruit as many people as possible into all positions. Frontline soldiers, pilots, medical staff, logistics, intelligence and everything in between became the top priority to fill billets everywhere. The 50th, already established with funding support coming in from Seattle University and Providence Hospital (the University of Washington having declined to support them further by this time), was moderately insulated from the recruitment push, but they were by no means idle while they awaited orders.

In 1940, the US Surgeon General made the announcement that it was time to reactivate the numbered General Hospital units. Inspired by this, LTC Buckner, who had served in Base Hospital No. 50, began a campaign in Seattle to bring back the 50th under the command of Col Bourbon.³⁹ As a result, recruiting for the unit had already been in progress before the Japanese attack, and they recruited the vast majority of the unit's personnel from almost every hospital

³⁶ Center for Military History, "50th General Hospital."

³⁷ Jaffin, *Medical Support for the American Expeditionary Forces in France During the First World War*, 17.

³⁸ Lisa Oberg and Amber Brock, "Nursing Staff," *Base Hospital Fifty*, accessed February 4, 2025, <http://basehospital50.blogspot.com/p/nursing-staff.html>.

³⁹ Sherwood, *50th General Hospital in World War II*, 1.

in Seattle. Recruiting the required number of nurses per Army directive, however, presented its own issue.⁴⁰

The nurses, at this time, remained under the Red Cross and the Army and Navy Nurse Corps, putting them into a separate "healthcare" category as opposed to the other women who were being recruited by the military. These other women, in non-healthcare categories, largely administrative, were part of the Women's Army Auxiliary Corps (WAAC) (later changed to the Women's Army Corps (WAC)), the Navy's Women Accepted for Volunteer Emergency Service (WAVES), the Coast Guard's SPAR (Semper Paratus - Always Ready), and the Marine Corps Women's Reserve (MCWR); the military created these roles to free up positions otherwise filled by men so they could move to combat assignments. By the end of World War II, including the nurses, more than 350,000 women were serving in uniform,⁴¹ contributing to the total American force of 16.4 million servicemembers.⁴²

Enrollment for the nursing staff of the 50th began in early 1942, including the selection of Coralee Steele by the Red Cross Committee on Nursing to act as the Superintendent of Nurses for the unit.⁴³ Many nurses felt it was their duty to serve their country, so recruitment effort on behalf of the Army and Navy for the ANC and NNC was relatively low compared to the other components, and in fact created a nursing shortage for the homefront due to so many women volunteering.⁴⁴ However there were still a number of remaining issues that had carried over from WWI, most correlating to the rank that the nurses were given. In the beginning stages of WWII, they still held the same "relative rank" as their predecessors in WWI; this structure placed them outside of the regular Army hierarchy, causing several enlisted orderlies to disobey them or act insubordinately, and the absence of visible rank on their uniforms placed

⁴⁰ WW2 US Medical Research Centre, "50th General Hospital."

⁴¹ Kali Martin, "It's Your War, Too: Women in World War II," *The National WWII Museum*, 2020, <https://www.nationalww2museum.org/war/articles/its-your-war-too-women-world-war-ii>.

⁴² The National WWII Museum Staff, "WWII Veteran Statistics," *The National WWII Museum - New Orleans*, 2024, <https://www.nationalww2museum.org/war/wwii-veteran-statistics>.

⁴³ Metcalf, ed., *APHOREC: 50th General Hospital, WW2 Unit Yearbook*, 42.

⁴⁴ Washington State Nurses Association, "1940's: WWII and Its Aftermath," *WSNA*, 2024, <https://www.wsna.org/news/2024/1940s-wwii-and-its-aftermath>.

them at a greater risk of physical harm and assault in the all-male military world. With pressure from the US Surgeon General, Congress finalized the decision to formally grant nurses with a commissioned officer status in June 1942.⁴⁵

The ANC at this point in time was also entirely female. The Army relegated male nurses who were educated and licensed in the civilian sector to be enlisted orderlies or medics, and were unable to participate in the war effort as a nurse in the military. In response to a letter from a frustrated male nurse to the President in 1940, the Assistant Surgeon General wrote, "There is no possibility of the War Department considering relative rank of commissioned officers for male nurses."⁴⁶ For the duration of the 50th General Hospital's activation in WWII, this would remain the case; all nurses referred to in this writing are women.

Eventually, through the diligent effort of LTC Buckner, who contacted almost every hospital in the Puget Sound area and directly worked with the Providence School of Nursing and the University of Washington Nursing School, the 50th produced a complete roster prior to the unit's activation.⁴⁷ The *Seattle Times* in August 1943 reported that the "105 recruited for General Hospital 50 face task resolutely."⁴⁸

Outside of recruitment duty, the leadership of the 50th remained busy attending city-run functions, like going away ceremonies and parades, and a meet-and-greet with the actress Lana Turner.⁴⁹ They also participated in a

⁴⁵ WW2 US Medical Research Centre, "The Army Nurse Corps," *WW2 US Medical Research Centre*, n.d., accessed February 14, 2025, <https://www.med-dept.com/articles/the-army-nurse-corps/>.

⁴⁶ *Army Nurse Corps Newsletter*, "Proud to Serve: The History of Male Army Nurse Corps Officers," AMEDD Center of History & Heritage, 2003, <https://achh.army.mil/history/articles-malenurses>.

⁴⁷ Sherwood, *50th General Hospital in World War II*, 2.

⁴⁸ Virginia Boren, "Nurses Anxious to Start Military Service," *Seattle Times* (Seattle), August 22, 1942, 14.

⁴⁹ *Seattle Daily Times* Staff, "12,000 See Miss Turner," *Seattle Daily Times* (Seattle), June 16, 1942, 17.

"certain amount of volunteer duty" in determining which of the local Japanese were physically unable to be relocated following Executive Order 9066.⁵⁰

On 4 September 1942, the Army formally activated the unit to duty at Camp Carson, CO. The officers were almost completely unfamiliar with the military, with only four ever having served before, one with the Canadian Army,⁵¹ and none of the nurses or enlisted had ever done military time; this untested group of medical personnel reported for 16 months of intense training to condition them for the European Front.

Camp Carson, Colorado (4Sep1942 - 27Dec1943)

Due to the issues faced by Base Hospital No. 50, and a refusal to have his new group experience the same, LTC Buckner pushed for the 50th to have extensive training before ever arriving at the European Theatre.⁵² While he understood that nothing would fully prepare a person for the reality of war, he was determined that all his personnel have enough training to fall back on in order to minimize any issues.

The officers of the unit departed for Colorado by train on 1 September 1942, arriving at the newly constructed Camp Carson three days later. Naively and perhaps not fully understanding LTC Buckner's intentions, many thought they would be back home in time for Christmas. The nurses and most of the enlisted arrived 10 days after that.⁵³

Construction of Camp Carson had begun shortly after Pearl Harbor. Over the course of WWII, over 100,000 personnel trained at this location, including foot soldiers, tank battalions, medical, cooks, and a Greek Army infantry battalion. Camp Carson also became the home for almost 9,000 Axis prisoners of war with the opening of a penitentiary in 1943.⁵⁴

⁵⁰ Sherwood, *50th General Hospital in World War II*, 2.

⁵¹ Ibid.

⁵² Sherwood, *50th General Hospital in World War II*, 3.

⁵³ Ibid.

⁵⁴ Fort Carson, "Fort Carson History," *Army Garrisons*, 2025, <https://home.army.mil/carson/units-tenants/us-army-garrison-fort-carson/fort-carson-history>.

The Station Hospital at Camp Carson was one of the largest in the country - as sheer numbers illustrate: it consisted of 11 square miles of floor space and over 2,000 beds. Over 30,000 patients were treated here while in operation, and in October 1943, it became an Army Nurse Training Center, instructing over 3,000 civilian women on Army nursing techniques over the course of their two year training period.⁵⁵ General Hospital units, including the 50th, rotated clinical staff through the Station Hospital for support and additional training as part of their duties. Staff thus gained practical experience in a hospital setting, and attended lectures and instruction on the latest developments in medicine and surgery.⁵⁶

Physical conditioning, in the form of hikes and calisthenics, was a high priority, done in conjunction with the enlisted men's program. Eventually, the unit was in good enough form to complete multi-day hikes through the Ute Pass, over 6000 feet at its lowest elevation. Camping in tents, they addressed sanitary concerns of field living, unit cohesion, and dined on C-rations⁵⁷ as practice for what was to come. This gave rise to a local legend when one nurse became quite ill from eating from mess kits. However, the enlisted man assigned to assist the nurses in latrine digging felt that the hole he was shoveling should be within the Army's specifications, despite the sick nurse's intense need, and the phrase "if you can't wait, I suggest you use your helmet, or go over the hill" became popular.⁵⁸

Military training was also a key focal point. Over the course of their first three months at Camp Carson, the 50th completed 309.5 training hours, covering topics of sex hygiene, first aid, marches, and overall administrative tasks.⁵⁹ Over 1,500 hours of additional training were logged in 1943, which included hospital experience and what to do in the event of mechanical or

⁵⁵ Billie L. Friedman, *Fort Carson, A Tradition of Victory* (Fort Carson, CO: Public Affairs Office, 1986), 22-23, <https://archive.org/details/traditionofvicto00fort>.

⁵⁶ R. P. Bourbon, *Annual Report of Medical Department Activities (1943)* (1943), 2.

⁵⁷ See "Appendix A."

⁵⁸ Sherwood, *50th General Hospital in World War II*, 3.

⁵⁹ Buckner, *Annual Report of Medical Department Activities (1942)*, 6.

chemical attacks.⁶⁰ The various aspects of training also prompted the enlisted engineering group of the 50th to begin a livability campaign for the base, building bridges and walkways wherever needed. This included a bridge to the Station Hospital, used daily, called "Blackman's Bridge," permanently dedicated to Major James F. Blackman, the most famous chest surgeon in the Northwest - the dedication was not for his impact on medicine, but rather for his role as the project's lead engineer.⁶¹ Upon completion, and with rising waters in the creek below, a gag toll of one cent was placed; a certain major who was perhaps in charge of construction was unwilling to pay and instead waded across the flood to the other side. His protest was successful: the toll was removed.⁶²

The nurses of the unit showed a remarkable degree of professionalism and flexibility throughout this time. Due to overstaffing at the Station Hospital, they were regularly sent on temporary duty to support over nine other hospitals and clinics in Kansas, Missouri, and Trinidad in 1943. As a result of their frequent moves, they came to be called "The Traveling Nurses of the 50th."⁶³ One location, a POW camp in Trinidad, was where two nurses, out for a day hike in civilian clothes, were almost shot by the guards. The inaccuracy of the gate guards' aim was their only saving grace.⁶⁴

In April 1943, after just over half a year in operation, the fruit of the 50th General Hospital's labors were showcased in a simulated hospital event when Camp Carson Base leadership requested that the 50th General Hospital create a tent hospital for inspection by a visiting dignitary. That dignitary turned out to be President Franklin D. Roosevelt.⁶⁵

Beginning on April 19th, tent sites were mapped out and all facilities, including latrines were erected by the 21st, with assigned personnel ordered to

⁶⁰ Bourbon, *Annual Report of Medical Department Activities (1943)*, 8.

⁶¹ Sherwood, *50th General Hospital in World War II*, 4.

⁶² Camp Carson Mountaineer, "50th General Men Construct Bridge Over Swollen Creek," April 1, 1943, 10, [Colorado Historic Newspapers Collection](#).

⁶³ Metcalf, ed., *APHOREC: 50th General Hospital, WW2 Unit Yearbook*, 42.

⁶⁴ Sherwood, *50th General Hospital in World War II*, 5.

⁶⁵ Headquarters, 50th General Hospital. *Report of Simulated Hospital*. 1943, 1.

report to the grounds by the morning of the 22nd.⁶⁶ The nurses and officers were exempt from sleeping at the site, and travelled back and forth from the barracks to the field; the enlisted camped in the tent area.⁶⁷

While this was a simulation, the 50th hosted real, albeit limited, medical treatments while the drill was ongoing, with sick-call⁶⁸ beginning the morning of their arrival on the 22nd.⁶⁹ The unit was divided into 40 wards, identified by function, including laboratory, surgery, or dental, with nurses, officers, and enlisted staff assigned accordingly.⁷⁰

The hospital itself only fully operated for one day, with 102 patients being admitted for simulated demonstrations. On April 24th, following an inspection of the grounds by President Roosevelt in the morning, the patients retrieved from the Station Hospital began their treatments in the tent set-up.⁷¹ The demonstrations ranged from IV placement to amputation, and covered a variety of conditions like gunshot wounds, fractures, malaria, and gas burns to the eyes. Interestingly, black hoof disease was also listed as a treated condition, despite the 50th not having a veterinarian on staff; this condition is not transmittable to humans.⁷²

The next day, on the 25th, they held an open house from 1300-1600, with over 500 visitors taking the time to visit the tent set-up. Tear down began that day, with all medical equipment being packed and removed, and the rest of the tents were broken down and the site emptied by the end of the next day.⁷³ All together, the simulation took seven days to complete from start to finish.

Sadly, the first two deaths of unit personnel occurred while in Colorado. Lieutenant Curtis J. Sharp, chaplain, lost his life in January of 1943 after

⁶⁶ Ibid, 2.

⁶⁷ Ibid, 8.

⁶⁸ A designated time, usually first thing in the morning, where personnel can report to a medical officer for treatment for minor injuries or illnesses. This is done in a walk-in set up, without appointments scheduled prior, similar to a modern day urgent care clinic.

⁶⁹ Headquarters, 50th General Hospital, *Report of Simulated Hospital*, 8.

⁷⁰ Ibid, 20-41.

⁷¹ Ibid, 47.

⁷² Ibid, 43-45.

⁷³ Ibid, 47.

succumbing to an illness he had been fighting for weeks. Second Lieutenant Anna Belle Bloom, nurse, also lost her life in August of the same year. She had met and married her husband while stationed at Camp Carson.⁷⁴

Maintaining high morale was important to Col Bourbon and LTC Buckner from the start. Music and sports were highly encouraged, with the enlisted men forming a band and orchestra, and officers and enlisted coming together to play basketball, baseball, and ice hockey against other teams on the base, gaining the name "Fighting Fiftieth," although this may have been pushed from within the unit.⁷⁵ One basketball team in particular, a group of four known as the 50th Quintet, was practically undefeated.⁷⁶

Briefly, but officially, honorary command of the unit was given to Washington's own Bing Crosby, who had come to Colorado for a visit during one of his USO tours in June 1943. Commander Crosby got to review his unit's formal retreat,⁷⁷ and insisted on being entered into the contest for writing and scoring the organization's song.⁷⁸ Before departing, he generously donated money to the 50th's band and orchestra to the tune of \$500, adding to the \$900 donated by Seattleites solicited by a determined LTC Buckner. Music groups were not an official function of the General Hospital, and were made up entirely of enlisted volunteers led by Major D. F. Bourassa. Despite their unofficial status, they trained in marching so successfully that they continued to play at all important events.⁷⁹

Despite all of that, eventually the monotony of training exercises set in for the 50th. Physical fitness remained a priority, and the selection of the top 500 enlisted men who would remain attached to the 50th from the available

⁷⁴ Metcalf, ed., *APHOREC: 50th General Hospital, WW2 Unit Yearbook*, 75.

⁷⁵ Milton P. Tucker, "Flashbacks from the Fiftieth," *Camp Carson Mountaineer*, January 14, 1943, 11, [Colorado Historic Newspapers Collection](#).

⁷⁶ Camp Carson Mountaineer, "Headquarters Det. DEML Leads Basketball League," February 11, 1943, 9, [Colorado Historic Newspapers Collection](#).

⁷⁷ See "Appendix A."

⁷⁸ J. J. Bruschera, "Bing Crosby Appointed Honorary Commanding Officer of the 50th General Hospital Unit," *Camp Carson Mountaineer*, June 17, 1943, 1.

⁷⁹ Metcalf, ed., *APHOREC: 50th General Hospital, WW2 Unit Yearbook*, 152.

pool of 1,000 soldiers was completed, so it became a waiting game for the personnel to receive the alert that they were being deployed overseas.⁸⁰

In early December of 1943, the message finally came through from the Army Service Forces that the 50th General Hospital was directed to depart Camp Carson by the 16th, with fewer than 10 days before Christmas. With orders to first arrive at the debarkation point in Massachusetts, the 50th was routed for England before the New Year.⁸¹

They arrived via train to Camp Myles Standish, Boston, on December 19th, and spent a lackluster Christmas bored and disappointed in dirty 60-bed barracks, missing the holiday cheer Camp Carson had displayed the year before, with most officers agreeing this was the worst Christmas of their lives.⁸² Comparatively, at the same time back in Colorado, a German POW wrote to his family about how wonderful his own holiday celebration was, with trees, lights, a choir, and "a colorful plate [...] filled with pastries, nuts, chocolate, cigarettes, and tobacco."⁸³ One of the dieticians, First Lieutenant Frances Jones from Helena, MT, said in her memoir that she "learned how to knit using a tent stake for a needle and rope for yarn" while they waited.⁸⁴

Their departure orders eventually came through and they boarded the steamship SS *H.F. Alexander*, a fellow Pacific native that had previously made runs from San Francisco to Seattle before becoming a troop transport across the Atlantic, on 27 December 1943. In the company of two other General Hospital units, the 50th was bound for the United Kingdom and the European Theatre of Operations.⁸⁵

⁸⁰ Sherwood, *50th General Hospital in World War II*, 6.

⁸¹ Ibid.

⁸² Ibid.

⁸³ Werner Poenitzsch, *Letter to Erika Poenitzsch*, December 28, 1943, trans. Heartfeltzero, uploaded to Reddit by u/Heartfeltzero, *r/ColoradoSprings*, accessed February 24, 2025, https://www.reddit.com/r/ColoradoSprings/comments/1e3x6kv/ww2_era_letter_written_by_german_prisoner_of_war/.

⁸⁴ WW2 US Medical Research Centre, "Veteran's Testimony - Frances Cardozo Jones," WW2 US Medical Research Centre, accessed February 2025, <https://www.med-dept.com/veterans-testimonies/veterans-testimony-frances-cardozo-jones/>.

⁸⁵ Sherwood, *50th General Hospital in World War II*, 7.

Glasgow, Scotland, United Kingdom (28Dec1943 - 17Jul1944)

The voyage across the Atlantic Ocean took 11 days, and was largely uneventful, filled with daily boat drills⁸⁶ and submarine sightings. The crossing ended on 9 January 1944 in Liverpool, England.⁸⁷ The 50th made it to camp by nightfall at Oulton Park,⁸⁸ a burned down manor estate that had been taken over by the US Army as a staging point⁸⁹ under the command of General George S. Patton.⁹⁰

On 18 January, the 50th General Hospital sent an advance party via train from Liverpool to Glasgow, eventually arriving at the Cowglen Hospital. This group consisted of 30 nurses, 15 officers, and 100 enlisted men.⁹¹ Unfortunately, the 50th's departure from Oulton Park was hallmarked by a spoiled turkey dinner, making for a distressing introduction to the United Kingdom. Staying in Nissen huts⁹² with the latrines 100 yards away, many members of the unit became intimately familiar with those latrines, and the distance it took to get to them.⁹³

The Cowglen Hospital, located in a Glasgow suburb,⁹⁴ was effectively a half-built construction project that had been started in 1933. Originally designed as an ambitious infectious disease clinic by Glasgow city planning, it was intended to sport 350 beds and on-site nurse housing. That project was scrapped in 1937, two years before England had entered the war, due to delays

⁸⁶ Boat drills are safety exercises that train passengers and crew on the procedures to evacuate the vessel. These drills vary, but typically include mustering (meeting at a designated point), lifeboat boarding, and abandon-ship drills. For the crew specifically, these might also include man-overboard, fire, or weapons fire.

⁸⁷ Sherwood, *50th General Hospital in World War II*, 7.

⁸⁸ See "Appendix B."

⁸⁹ Racing Circuits, "Oulton Park," *RacingCircuits.info*, accessed February 28, 2025, <https://www.racingcircuits.info/europe/united-kingdom/ouulton-park.html>.

⁹⁰ General Patton was a highly decorated officer who led many successful campaigns in the Mediterranean, France and Germany. He was known for leading from the front, and was in charge of Operation Overlord, the official name for the Normandy D-Day invasions. As such, he had command of all the components of the Operation stationed in the UK.

⁹¹ Robert F. Foster and Walter J. Fry, *Organization History* (APO 506: US Army, 1944), 1.

⁹² Prefabricated steel buildings, usually designated for barracks, made from 210° of a cylindrical metal skin.

⁹³ Sherwood, *50th General Hospital in World War II*, 7.

⁹⁴ See "Appendix B."

and uncovering the remains of an old coal mine that needed to be filled in.⁹⁵ Later, the British Royal Air Force took over the available buildings as barracks while also constructing an aviation hangar bay to use as a repair shop. Eventually the US Army took possession of the grounds in November 1943, under the 2nd Evacuation Hospital⁹⁶ unit, who re-started the process of integrating a functioning medical clinic.⁹⁷

The 2nd Evac had constructed additional quarters from Nissen huts, as well as surgical wards, an operating theater, laboratory, and an x-ray building; it was in the middle of this undertaking that the 50th General Hospital arrived.⁹⁸ As part of the turnover, General Patton personally led an inspection of the hospital, prompting the 2nd to graciously allow the 50th to assist in preparing for his arrival by scrubbing the tarmac on their hands and knees. This kind of attention to detail was unremarked - on 28 January, the General arrived and immediately demonstrated his disapproval of wasting goods by eating a slice of bread out of the kitchen trash can, followed by a lecture on conserving materials. The gleaming surfaces, however, received no comment.⁹⁹

Authority of the Cowglen Hospital was transferred from the 2nd Evac to the 50th General Hospital on 2 February as their first independent command, with the remainder of the unit arriving on the 17th.¹⁰⁰ Immediately, they were under orders by the Army to finish the hospital's expansion from a 450 bed capacity to 1,000. Initially only using the materials left over from the previous construction, they were eventually issued their own equipment by the General Medical Depot enabling the 50th to raise the bed capacity to 792 by 1 April.¹⁰¹ The new buildings included three new patient wards (including a 60 bed infectious isolation bay), physical therapy, a chapel, and a tailor shop.¹⁰²

⁹⁵ Harriet Richardson-Blakeman, "Glasgow," *Historic Hospitals*, accessed February 28, 2025, <https://historic-hospitals.com/gazetteer/glasgow/>.

⁹⁶ See "Appendix A."

⁹⁷ Foster and Fry, *Organization History*, 1.

⁹⁸ *Ibid.*

⁹⁹ Sherwood, *50th General Hospital in World War II*, 8.

¹⁰⁰ Foster and Fry, *Organization History*, 1.

¹⁰¹ *Ibid.*

¹⁰² *Ibid.*, 2-3.

This location was one of the first overseas hospitals to begin the use of penicillin in treating patients.¹⁰³ While penicillin was not a new invention, having been discovered in 1910 as a syphilis therapy, it was expensive to create. However in 1941, a collaborative effort between the US government and Oxford University developed a method to synthesize the rapid growth of the *Penicillium* mold strain in vast enough quantities to manufacture the needed numbers to treat patients. By 1943, there was enough stock to satisfy the needs of the Allied Armed Forces,¹⁰⁴ including the 50th in Cowglen, who used it to not only treat syphilis but a host of other conditions such as venereal, dermatologic, and respiratory infections with no complications.¹⁰⁵ The treatment programs were at dosages that would be considered ineffective by today's standards, 5,000 units on average¹⁰⁶ compared to the modern 30,000 units per pound;¹⁰⁷ however, it was a marked success that opened the door for the expansive use of the antibiotic across the military that persists today.

Initially there were no American combat patients, as the Normandy invasion had not begun; however, the hospital hosted two large wards of venereal disease patients and a women's ward. It was in this ward that an Army nurse gave birth to her son. She was both unwed and unaware she was pregnant when she set sail for England, and the father was 'somewhere in Europe' when she arrived. Complications with her pregnancy had hampered her ability to travel until after the birth; however, the father was located and the two were wed shortly before the baby was born. According to 1LT Jones, the night of his arrival had the ward full of GIs helping the mother walk up and down the hallways, and the cook made a special birthday cake. Nurses made nappies and

¹⁰³ Association Author, "50th General Hospital in Scotland," *The 50th General Hospital Association* 1, no. 1 (Autumn 1991).

¹⁰⁴ Robert Gaynes, "The Discovery of Penicillin—New Insights After More Than 75 Years of Clinical Use," *Emerging Infectious Diseases* 23, no. 5 (May 2017): 849–53, https://wwwnc.cdc.gov/eid/article/23/5/16-1556_article#.

¹⁰⁵ Sherwood, *50th General Hospital in World War II*, 8.

¹⁰⁶ Association Author, "50th General Hospital in Scotland."

¹⁰⁷ Merative US, "Penicillin (Oral Route, Injection Route, Intravenous Route, Intramuscular Route)," *Mayo Clinic*, 2025, <https://www.mayoclinic.org/drugs-supplements/penicillin-oral-route-injection-route-intravenous-route-intramuscular-route/description/drg-20062334>.

clothes out of their own apparel, and a carpenter made a hooded basket for the baby for their trip home.¹⁰⁸ By the end of April, the Cowglen Hospital was up to an 855 bed capacity and the 50th had seen 1,236 total admitted patients, with further plans to add a morgue, psychiatric unit, and a motor park.¹⁰⁹

In the spring, London headquarters began an "air evacuation" to the zone of the interior, designating Cowglen as the holding hospital for the point of departure.¹¹⁰ At this time, several campaigns were ongoing in Italy, with air evacuation being utilized to transport injured personnel; between 22 January and 22 May 1944, an estimated 23,860 US and 9,200 British casualties were evacuated via air from the Anzio beachhead in Italy.¹¹¹ The 50th's task was to triage the incoming patients, and either send them to convalescent hospitals for further treatment in the UK, or stabilize them for transport across the Atlantic Ocean to America. They became so efficient at this task that it only took 30 minutes to ready a plane full of patients for transport to the Prestwick airport, the Transatlantic point of departure, located 28 miles south. Major K.K. Sherwood earned a Bronze Star Medal for meritorious service as the director of this project.¹¹²

Operation Overlord, or the D-Day Invasions, began in Normandy on 6 June 1944. The 50th General Hospital had been selected to be part of General Patton's plan to provide medical support, however their exact location in France was not identified until after Operation Overlord was underway. In preparation for their inevitable transition to France, the 50th was temporarily relocated from Cowglen to Crookston Camp, roughly two miles away, in order to prepare to cross the English Channel. The first group of the 50th departed Cowglen on 2 July.¹¹³ The rest of the unit stayed back to transfer control of the

¹⁰⁸ WW2 US Medical Research Centre, "Veteran's Testimony - Frances Cardozo Jones."

¹⁰⁹ Foster and Fry, *Organization History*, 4.

¹¹⁰ Sherwood, *50th General Hospital in World War II*, 8-9.

¹¹¹ WW2 US Medical Research Centre, "WW2 Air Evacuation," *WW2 US Medical Research Centre*, n.d., accessed February 28, 2025, <https://www.med-dept.com/articles/ww2-air-evacuation/>.

¹¹² K. K. Sherwood, "To England - Dr. K.K. Sherwood," *The 50th General Hospital Association* 5, no. 5 (Summer 1993).

¹¹³ Sherwood, *50th General Hospital in World War II*, 9.

Cowglen Hospital to the 112nd General Hospital unit, before reuniting on the 8th in Crookston, thus marking the end of their reliable plumbing for the remainder of their time in Europe.¹¹⁴

Crookston Camp, nicknamed "Gonorrhoea Gulch" due to the prevalence of the disease, was hot and dirty.¹¹⁵ To boost morale, and in keeping with Naval tradition, the 50th was provided with American beer by the US Navy while they awaited further orders.¹¹⁶ On 10 July, the Army directed them to Plymouth Harbor¹¹⁷ via blacked-out train, where the nurses debarked fully, while the rest of the unit continued on to Truro¹¹⁸ in southern UK, roughly 550 miles from Glasgow.¹¹⁹ From these locations, both groups boarded ships, crossing the English Channel towards France.

While the D-Day beachhead landings were concluded by 30 June, the fight to gain ground into German-held territory continued for the next three months, encompassing the Battle of Normandy, resulting in heavy casualties for the Allied Forces.¹²⁰ On 16 July 1944, less than six weeks after D-Day and two weeks after the conclusion of the beach landings, the complete contingent of the 50th General Hospital debarked from their boats onto Utah Beach in order to act as support for the Allied push inland towards Paris through German lines; alongside the 5th and 298th, the 50th was one of the first three General Hospital units to arrive in France.¹²¹

Carentan, Normandy, France (17Jul1944 - 17Nov1944)

The trip across the English Channel, roughly 21 miles wide, took a day and a half due to the zig-zag path taken by the ships in order to evade

¹¹⁴ Ibid.

¹¹⁵ WW2 US Medical Research Centre, "Veteran's Testimony - Frances Cardozo Jones."

¹¹⁶ Sherwood, *50th General Hospital in World War II*, 10.

¹¹⁷ See "Appendix B."

¹¹⁸ See "Appendix B."

¹¹⁹ Sherwood, *50th General Hospital in World War II*, 10.

¹²⁰ WWII Museum Staff, "D-Day and the Normandy Campaign," *The National WWII Museum*, 2024, <https://www.nationalww2museum.org/war/topics/d-day-and-normandy-campaign>.

¹²¹ Hovis, *The 50th General Hospital*, 1994.

detection and unexploded ordnance. Sunken ships, barbed wire, debris, and mines littered the shallows along the French coast. Thankfully without incident, both halves of the 50th General Hospital landed on the beaches of the Normandy coast and waded ashore on 17 July 1944; however, their experiences varied dramatically.

The officers, and most of the enlisted men, came ashore on what would later be marked as the hottest day of the summer before marching the seven and a half miles to their first rest stop, where they camped for the night. A truck convoy then picked them up, taking them to a campground just east of Carentan,¹²² where an aerial attack took place during the night¹²³ - there were no injuries, although an ambulance was hit by German anti-aircraft artillery. Fox holes were deepened in the morning.¹²⁴

The nurses, however, after wading ashore were moved from their first campsite on the beachhead by the combat command and taken by truck to the town of Cherbourg,¹²⁵ 32 miles northwest of the beachhead. Instead of a campground, they were instructed to take shelter in the City Hospital, which had been evacuated by German forces less than 24 hours prior. Before they were able to sleep, the newly arrived nursing staff and a small number of enlisted men had to remove dead bodies, amputated limbs, rats, and clean up the overall filth that had pervaded the building; this process took them until 0200 their first night.¹²⁶ They were also instructed to not leave the building for any reason, even to go to the bathroom. The more senior nurses were given flashlights to use, one of whom located the only restroom they were allowed to use: one toilet for 100 women, which 1LT Jones described as "a bombsite."¹²⁷ Most nurses agreed it was their worst experience of the war.¹²⁸

¹²² See "Appendix B."

¹²³ Sherwood, *50th General Hospital in World War II*, 10.

¹²⁴ Walter J. Fry, *Adjutant Journal*, 1945, 28.

¹²⁵ See "Appendix B."

¹²⁶ Sherwood, *50th General Hospital in World War II*, 10.

¹²⁷ WW2 US Medical Research Centre, "Veteran's Testimony - Frances Cardozo Jones."

¹²⁸ Sherwood, *50th General Hospital in World War II*, 11.

The next day, the nurses were once again loaded into trucks for transport, taking them to meet up with the other half of the 50th. This was also not a smooth process, taking them towards the combat zone and through the bombed out roads of rural France. 1LT Jones wrote,

One town we went through had streets so narrow that we almost touched the sides of the buildings, which were being so shaken by shells that glass rained down from the windows. Wires were down across the street. We had to reach up and pass the wire from person to person over our heads, or be decapitated; fortunately, none of the wires were hot.¹²⁹

Within a few days of their beach landings, the 50th General Hospital was fully reunited in their new home - a pasture field outside of Carentan.

Unfortunately, their equipment did not arrive with them, nor did it come for approximately one month. This was because they had been partially cut off from the US Army and were behind German lines for a few days while the Battle of Saint Lô¹³⁰ raged on. Restricted to camp, the men and women of the 50th were able to see the aerial bombardment of the area from a distance, with aluminum strips being dropped on the grounds by German aircrews trying to confuse the radar station. Only once were they ordered into their foxholes when a dogfight occurred overhead and fragments of anti-air artillery, called "flak," were falling.¹³¹ The usual response when plane activity was sighted was to "hit the dirt" when outside; during unit baseball games, the players would get back up to the exact play they had left off at once the skies were clear.¹³²

While they waited to open their tent hospital, most members not involved with the engineers putting the facility together had periods of detached service with other medical units in the area, and the administrative personnel took up the task of mail delivery. No one was idle, with medical officers being

¹²⁹ Ibid.

¹³⁰ The Battle of Saint Lô (7-19 July 1944) was one of three hedgerow battles in Normandy. The city was targeted due to its strategic location as a crossroad; however, 95% of the city was destroyed by American bombardment, earning it the nickname "Capital of Ruins."

¹³¹ WW2 US Medical Research Centre, "Veteran's Testimony - Frances Cardozo Jones."

¹³² Jane Brown to Anne McCaughey, November 21, 1970.

organized into shock teams¹³³ to support forward combat areas, and any non-ward or surgical personnel assisting the engineers.¹³⁴

Not all local units were as productive; the Thunderbird Flight Squadron,¹³⁵ with a landing zone about 30 feet from the nurses' billets, took it upon themselves to test the integrity of the canvas-walled latrines. In the beginning of their construction, the nurses' trench latrines only had canvas walls and no roofs. The pilots took advantage of this situation, attempting to "see it all" by flying over their heads while in use - at 300 feet elevation and 300 miles an hour, this may have been more theoretical than practical. The nurses didn't share in the humor of the display, and a roof was installed on their latrine rather expeditiously.¹³⁶

Supplies did finally arrive, and the tent hospital was opened for business on 15 August 1944, mimicking the simulation hospital the 50th had trained to do in Camp Carson. Initially, 400 beds were available for patients, and 344 were admitted on the first day. By the 26th, the tent hospital set-up had expanded to 1,000 beds, and 1,001 patients, upsetting the Normandy Area Surgeon's Office who did not support the practice of keeping patients needing less care on litters in the hallways instead of on beds.¹³⁷ For the successful construction and functioning of the tent hospital in Carentan, LTC Buckner was awarded the Bronze Star.¹³⁸

Orthopedic surgery was the greatest need during this time, with numerous injuries coming from mines, booby-traps, and automobile accidents. A large number of the admitted German POWs presented with wounds to the extremities, requiring bone surgery as well. In the three months the tent hospital was in

¹³³ Distinct from "shell shock," the precursor to PTSD, shock teams were surgical groups focused on minimizing physiological shock, typically caused by mass hemorrhage or physical trauma. Shock occurs when there is a sudden lack of adequate blood flow to major organs, and failure to treat shock quickly can result in organ failure and death.

¹³⁴ Sherwood, *50th General Hospital in World War II*, 11.

¹³⁵ Not to be confused with the US Air Force display squadron Thunderbirds, this was part of the 303rd Bombardment Group, flying the Boeing B-17 Flying Fortress heavy bomber class plane.

¹³⁶ Sherwood, *50th General Hospital in World War II*, 11.

¹³⁷ *Ibid*, 12.

¹³⁸ Sherwood, *50th General Hospital in World War II*, 25.

operation, the 50th admitted over 1,200 casualties with bone or joint injuries, and 175 outpatients for the same, and had over 800 orthopedic consultations.¹³⁹ These metrics were included in the 1956 book *Orthopedic Surgery in the European Theater of Operations* regarding the treatment of prisoners of war and how they were managed.¹⁴⁰ It was reported that the Allies treated their POWs humanely, although high numbers of infections were also reported due to preferential treatment of Allied troops, which often delayed care for captured Germans and Italians.¹⁴¹ This book served as a historical template for the rapidly growing field of orthopedic medicine in the Armed Forces.

Alongside medical care, shenanigans continued as well, with Chaplain England's personal Jeep being reported stolen on 2 September. Although it was found six days later in the officers' quarters, no culprit was ever found.¹⁴² Another officer managed to set his tent on fire trying to use a red-hot stovepipe to keep warm.¹⁴³

A highlight for morale was the unexpected visit of 1LT Jones' husband, Earl, from the 71st Infantry Division on Omaha Beach. After stealing a Jeep and flagging down directions from a passing ambulance, he made the 20-mile drive to the 50th General Hospital to see her. With permission from Col Bourbon, 1LT Jones took her husband back to his unit; Earl's commanding officer destroyed the in-progress AWOL write-up once the situation had been explained. The two lovebirds had not seen each other in 11 months.¹⁴⁴

The weather throughout this time was very familiar to those from the Puget Sound area, as it rained constantly. Heating and fuel rations were saved for the patients and the hospital wards, the staff making do with cold barracks, and boardwalks were constructed throughout the camp to try to

¹³⁹ WW2 US Medical Research Centre, "50th General Hospital."

¹⁴⁰ Coates, *Orthopedic Surgery in the European Theater of Operations*, 1956, 69.

¹⁴¹ Ibid, 67

¹⁴² Fry, *Adjutant Journal*, 1945, 35.

¹⁴³ Sherwood, *50th General Hospital in World War II*, 12.

¹⁴⁴ WW2 US Medical Research Centre, "Veteran's Testimony - Frances Cardozo Jones."

mitigate walking through the mud.¹⁴⁵ Due to this, and despite the availability of penicillin, LT Muriel "Joy" Mansfield, nurse, sadly succumbed to pneumonia on 5 October 1944, and was buried with full honors in an American cemetery in St. Mere Eglise.¹⁴⁶ She was the third officer to die while on active duty in the 50th.

In November 1944, the 50th General Hospital received new orders from the Army that they would be moving 375 miles east towards the frontlines, to Commercy.¹⁴⁷ On November 4th, an advance detachment went ahead to the new location, an old French cavalry post known locally as "Caserne Oudinot" (Oudinot Barracks in English), named after General Oudinot from the Napoleonic Wars. The buildings had been abandoned, and needed massive amounts of work to install the necessary plumbing, heating, and electricity to run a hospital.¹⁴⁸

On 16 November 1944, after treating thousands of wounded for months in a tent hospital, all equipment and the 989 remaining patients¹⁴⁹ were turned over to the 180th General Hospital as the complete company of the 50th moved out to their final location of Commercy, France.¹⁵⁰

Commercy, Grand Est, France (18Nov1944 - 26Oct1945)

The success of Operation Cobra¹⁵¹ in July 1944, and the liberation of Paris near the end of August, allowed for rapid advancement into German territory. The Allied forces began the march east, with General Dwight Eisenhower ordering offensives from the English Channel to the Mediterranean Sea. Following the Battle of Saint Lô, however, the push towards the German

¹⁴⁵ Sherwood, *50th General Hospital in World War II*, 12.

¹⁴⁶ Hovis, *The 50th General Hospital*, 1994.

¹⁴⁷ See "Appendix B."

¹⁴⁸ WW2 US Medical Research Centre, "50th General Hospital."

¹⁴⁹ Sherwood, *Consolidation of Forms 51*, 1944.

¹⁵⁰ Fry, *Adjutant Journal*, 1945, 43.

¹⁵¹ Operation Cobra (15-31 July, 1944) was the offensive strategy following Operation Overlord that was designed to cut a pathway into German territory on the Brittany Peninsula, using the distraction of British and Canadian forces launching Operation Goodwood to the north. This offensive bled into Operation Bluecoat, which liberated the Seine River and made the Falaise pocket in NorthWestern France. These operations marked the Allied victory in Normandy.

border was too fast for support units to follow, leaving gaps in communications, medical, and logistics from Normandy to the front line, a situation that became critical by September.¹⁵²

While most German forces strengthened the Siegfried Line (or the German Westwall),¹⁵³ others reinforced their position along the Meuse River in Commercy and the nearby town of Nancy; the Meuse River was identified by both sides as strategic due to its width and few bridges. The US Army 4th Armored Division took the German forces in Commercy by surprise, rushing the bridge there without giving them time to detonate the charges or even pull the canvas from their anti-tank guns. Unfortunately, the rest of the offensive in Nancy took until 15 September to complete, delayed by fuel shortages to the front.¹⁵⁴

With Commercy liberated, and the Army in need of medical support near the front as the Siegfried Line campaign¹⁵⁵ began, the 50th General Hospital was cleared to move in, creating a fixed point to relay communication lines and evacuation routes for the next set of offensives. The last of the 50th's personnel departed Carentan on 17 November, with the convoy arriving to Commercy in stages through the 23rd, Thanksgiving Day, 1944.¹⁵⁶

To celebrate the excitement of the move, and to use up the rest of the liquor allowances, one of the nurses, First Lieutenant Jane Brown, as the acting bartender onboard the train to Commercy, just mixed everything they had left to drink together, including waving lotion (hair perm treatment). It had

¹⁵² Mark T. Calhoun, "XIX Corps Breaks through the Siegfried Line," *The National WWII Museum*, 2023,

<https://www.nationalww2museum.org/war/articles/xix-corps-breaks-through-siegfried-line>.

¹⁵³ Ibid. The Siegfried Line was the German defensive line, built in the 1930s, along the western border of Nazi territory. The Line marked the border between Germany and its neighbors (the Netherlands, Belgium, Luxembourg, and parts of France) and was 360 miles long with over 18,000 bunkers, traps, and tunnels.

¹⁵⁴ Christopher R. Gabel, *The 4th Armored Division in the Encirclement of Nancy* (Fort Leavenworth, KS: US Army Command and General Staff College, 1986), 8, <https://www.armyupress.army.mil/Portals/7/combat-studies-institute/csi-books/gabel.pdf>.

¹⁵⁵ The Siegfried Line campaign (15 September 1944 - 21 March 1945) was a series of engagements along the western border of Germany across the defensive line. The last of these offensives was the Battle of the Bulge.

¹⁵⁶ Fry, *Adjutant Journal*, 1945, 43-44.

been in an unmarked gin bottle, but the nurses, ever resilient, drank it anyway after realizing the mistake.¹⁵⁷

The 390th Engineering Corps, assigned by the Army Service Forces, arrived at the same time to assist with the necessary repairs to the structures; plumbing was the number one issue,¹⁵⁸ which was never fully resolved during their time in France. After construction, the hospital boasted lead-painted pipe joints, which leaked, and at any given time the laundry could run cold water while a toilet in a completely different section to the building flushed with boiling water. According to Major Sherwood, dripping pipes provided a certain ambiance for the nine months the 50th ran the Commercy hospital.¹⁵⁹

The 50th General Hospital, now a static post as well as the unit's name, opened its doors to patients on 4 December 1944 with an official bed capacity of 400, although patients did not start arriving until the 18th. By the 21st, the number increased to 600, and continued to increase until 21 April 1945, with a reported bed count of 2,370.¹⁶⁰

The speed with which this herculean task was accomplished was due, in part, to the use of outside help. As part of the liberation of French towns, the Civil Affairs Detachment would send in their personnel closely behind the ground troops. Their purpose was to reestablish social systems in the towns being taken back from German control; part of this process also included the procurement of civilian labor to support the US Army.¹⁶¹ These positions were paid, and the General Hospital units used this program in order to reduce their enlisted components. Some of the people hired by the US Army were displaced

¹⁵⁷ Brown to McCaughey, November 21, 1970.

¹⁵⁸ Ibid, 44.

¹⁵⁹ Sherwood, *50th General Hospital in World War II*, 17.

¹⁶⁰ Ibid.

¹⁶¹ Stanhope Bayne-Jones and Edward J. Dehn, *Preventive Medicine in World War II* (Washington, DC: Office of the Surgeon General, 1976), 432-433, <https://achh.army.mil/history/book-wwii-civilaffairs-default>.

persons, such as Polish refugees or soldiers forcibly conscripted by the Wehrmacht.¹⁶²

In Commercy, a group of these Polish soldiers had been assigned as extra security, with their civilian families working on a vegetable farm providing fresh produce to the hospital. Four hundred German POWs were brought in as well, and assigned menial tasks like dishwashing and stretcher bearing, much to the relief of the enlisted men.¹⁶³ The Polish were designated to guard them, alongside an extra officer of the day from the 50th. This additional American guard was due to two reasons: first, no one could be wholly certain the Poles knew which way bullets came out of their guns, as they were unskilled and under-trained in the art of combat. And second, most officers were skeptical they would not try to kill the German POWs if given the chance.¹⁶⁴

One German prisoner, assigned to help 1LT Jones stock kitchen shelves, told her that he hated the war like she did, and he wanted to do no wrong in order to go home to his wife and kids.¹⁶⁵ He, and the rest of the POWs, were given a show when the 50th routed a marching column past their compound; Major Sherwood remarked that "although our marching was better than most medical companies achieved, it never had the perfection of a crack line outfit. We felt that the POWs were laughing at our attempts to be 'smartsoldiers' [sic]."¹⁶⁶

As part of the Civil Affairs Department directives, 150 local women were also hired to do laundry services to boost the French economy. Due to the women knowing their pay was part of foreign aid, there was minimal incentive to work. Or bathe, as that became a measure of employment - women being considered were given a physical and a bar of soap, and if it came back unused, they were not hired. This was expensive in ways the US Army had not accounted for, costing the hospital 1,000 sheets in the first week. After that, the French employees

¹⁶² John H. McMinn and Max Levin, *Personnel in World War II* (N.p.: Office of the Surgeon General, 1963), 255, 261, <https://apps.dtic.mil/sti/tr/pdf/ADA293511.pdf>.

¹⁶³ Sherwood, *50th General Hospital in World War II*, 18.

¹⁶⁴ Ibid.

¹⁶⁵ WW2 US Medical Research Centre, "Veteran's Testimony - Frances Cardozo Jones."

¹⁶⁶ Sherwood, *50th General Hospital in World War II*, 18.

were never left unsupervised with the hospital linens out of concern more would mysteriously turn into lingerie again.¹⁶⁷

On 18 November 1944, patients began arriving in a batch of 304 liberated prisoners of war, mostly Soviet, from a German hospital that General Patton had overrun. These patients were bedridden - emaciated, riddled with tuberculosis,¹⁶⁸ and covered in dirt and lice, unable to bathe due the shock of the hospital showers being too much for most of them because of the sensory overload.¹⁶⁹ On arrival, four were already dead, and 28 died the following week. By May 1945, five months after admission, a total of 101 had died of tuberculosis or complications relating to their malnutrition, 33% of the initial group.¹⁷⁰

These metrics were utilized in the Army's publication on internal medicine in WWII, with a section by Esmond R. Long focusing on the spread of tuberculosis in the military. This book series, *Internal Medicine in World War II, Volume II - Infectious Diseases*,¹⁷¹ provided the necessary groundwork and historical context to increase the preventative medicine program across the US Armed Forces, which focuses on mitigating disease and injury for service members, and is a critical component in military medicine today.¹⁷²

The patients, as former POWs, remained suspicious of humane treatment, and were constantly on alert for food, hiding anything extra that they could not eat in their pillowcases once they were strong enough to have solids.¹⁷³ Once they were mobile, the Soviets would send spies to other wards to make sure they were getting equal treatment, and would steal anything not tied down to sell in Commercery. Despite other Red Army soldiers trying to translate, the first few months were difficult, with constant misunderstandings of what urinals and

¹⁶⁷ Ibid.

¹⁶⁸ Ibid.

¹⁶⁹ WW2 US Medical Research Centre, "Veteran's Testimony - Frances Cardozo Jones."

¹⁷⁰ Long, "Tuberculosis in the Army," 347.

¹⁷¹ Ibid.

¹⁷² J. M. Heller, J. H. Gervasoni, and J. C. Gaydos, "The First 75 Years: Timeline of United States Army Preventive, Occupational, and Environmental Medicine, and Public Health History," *Medical Journal (Fort Sam Houston, Texas)*, no. PB 8-20-7/8/9 (July-September 2020): 4, PMID: 33211318.

¹⁷³ WW2 US Medical Research Centre, "Veteran's Testimony - Frances Cardozo Jones."

other plumbing features were meant for, and not as receptacles for trash or cigarettes.¹⁷⁴ In order to accommodate the number of Red Army patients being admitted, Soviet medical personnel were assigned to the hospital;¹⁷⁵ one notable incident occurred when a live hand-grenade was found near the Soviet officer barracks. No other was ever found, even after searching through patient belongings, and no one admitted they threw it.¹⁷⁶

The Battle of the Bulge,¹⁷⁷ the last major German offensive on the Western Front, began 16 December 1944, and took place along the Siegfried Line on the Belgium and Luxembourg border.¹⁷⁸ The Luxembourg stretch of the Battle was roughly 75 miles north of the 50th General Hospital's location.¹⁷⁹

Despite this, the 1944 Christmas was the best one the 50th had. The certainty of the war's end brought cheer to the hospital, and the camaraderie was high due to living in such cramped quarters. Food packages, sent from home and saved, were brought out, and the nurses had decorated their barracks, offering a tour after dinner with everyone drinking to their health.¹⁸⁰

The next day, on 26 December, 525 wounded patients from the Bulge were delivered. This was the highest number of newly admitted patients that the 50th General Hospital had ever had, and by the end of January the staff had the procedures down so well they could admit the wounded as fast as the ambulances could bring them to the triage area.¹⁸¹ From this day to August 1945, when they departed the European Theatre, the number of patients treated in Commercy never went below 500 per day.¹⁸²

That Christmas marked the end of the original 50th General Hospital unit personnel who had been together for two years since Colorado; beginning after

¹⁷⁴ Sherwood, *50th General Hospital in World War II*, 24.

¹⁷⁵ 50th GH Duty Officer, *1945 Duty Officer Daily Logbook*, 10, 35.

¹⁷⁶ Sherwood, *50th General Hospital in World War II*, 25A.

¹⁷⁷ See "Appendix A."

¹⁷⁸ John R. Dabrowski, "Battle of the Bulge Ends: 25 January 1945," *The United States Army*, 2016, https://www.army.mil/article/15949/battle_of_the_bulge_ends_25_january_1945.

¹⁷⁹ Gordon R. Sullivan, *Ardennes-Alsace* (N.p.: U.S. Army Center of Military History, 1995), 22, <https://archive.org/details/Ardennes-Alsace>.

¹⁸⁰ Sherwood, *50th General Hospital in World War II*, 24.

¹⁸¹ WW2 US Medical Research Centre, "50th General Hospital."

¹⁸² 50th GH Staff, *Commercy Patient Census Chart*, Form 85a (1945).

the first of the year, transfers in and out of the unit became increasingly frequent.¹⁸³ The Army implemented a new system to individually replace troops rather than pulling their whole unit or battalion,¹⁸⁴ so physically capable men were sent from the 50th to combat replacement depots,¹⁸⁵ and several lower-ranked officers were sent to battalion aid stations. To fill the billets left by these departures, officers and enlisted men who needed the more protected environment of a general hospital, due to the mental or physical toll of conducting medicine on the frontline, were received.¹⁸⁶

The most important transfer was that of Colonel Bourbon, the Commanding Officer who had been leading them since Seattle. He was sent to the 95th General Hospital in Bar Le Duc, France, as their commanding officer, and on 25 March 1945 a change of command ceremony¹⁸⁷ was held, with the now Colonel Buckner receiving the promotion to the new head of the 50th General Hospital. He selected Major John W. McDowell as his executive officer, who had also served in WWI, a decision widely approved of by the unit staff.¹⁸⁸

The next large wave of patients arrived from the Battle of the Rhine¹⁸⁹ in April, with 455 being admitted on the 3rd alone. Between 23 March and 20 April 1945, wounded arrived in the hundreds nearly every day. The highest patient count was recorded on 20 April, with 2,188 beds out of the 2,370 available being occupied.¹⁹⁰

¹⁸³ Sherwood, *50th General Hospital in World War II*, 24.

¹⁸⁴ Carol Schultz, "The U.S. World War II Troop Replacement Policy," *Defense Media Network*, 2012, <https://www.defensemедianetwork.com/stories/the-u-s-world-war-ii-troop-replacement-policy/>.

¹⁸⁵ Nicknamed "repple-depples," combat replacement depots were located close to the frontline so generals could send individual soldiers to replace men lost or pulled from duty. This practice was not usually an advantage, and was purely for numerical strategy, as typically Soldiers filling these positions were from non-combat units, untrained in front-line procedures and not battle tested. Most were alienated from their new units due to this, and this policy ensured that the longer a soldier survived, the longer they stayed on the frontline without a break, causing mistrust towards the new soldiers from those who had been there longest.

¹⁸⁶ Sherwood, *50th General Hospital in World War II*, 24.

¹⁸⁷ A military change of command ceremony is a tradition that marks the formal transfer of authority from one commander to another.

¹⁸⁸ WW2 US Medical Research Centre, "50th General Hospital."

¹⁸⁹ The Battle of the Rhine (7 March - 7 May 1945) was the final series of offensives against Germany, done by crossing the Rhine River into German land. The end was marked by Germany's unconditional surrender.

¹⁹⁰ WW2 US Medical Research Centre, "50th General Hospital."

The saga of 1LT Jones and her husband Earl continued during her posting in Commercy; he was stationed in Compiègne, located 155 miles west. After being given false information that she was being transferred to the South Pacific due to faulty communication lines, Earl hitchhiked the distance to see her on emergency leave.¹⁹¹

To her credit, 1LT Jones was no less dedicated, and when Earl told her he was being transferred to the front line, she boarded a hospital train to Paris after being challenged by Col Buckner that she couldn't make it to Compiègne. Sneaking off the train at night, since the transportation officer would not let her offboard due to being out of uniform, 1LT Jones walked from the station on the tracks until she found the sentry for Earl's unit. Thankfully, for both of them, he had been redirected to an instructor capacity to train combat replacement depot personnel instead of being sent into combat.¹⁹²

Patient numbers, while still high, trickled down in the weeks before VE Day, or Victory in Europe. With routines established, no need to invent new procedures like they had in Glasgow and Carentan, and the frontline now a country away from their location, the 50th fell into what Major Sherwood described as "fatigue syndrome," with leave limited and a minimum of a 72-hour work week.¹⁹³ So, keeping the American spirit alive, they turned to baseball, with wards playing against other wards, sometimes playing up to three games a day after dinner.

The officers weren't very good at this apparently, and elected to challenge the nurse's team. The nurses, after almost catching one ball, agreed to the gauntlet under the stipulation that all opposing men used their non-dominant hands and ran backwards. After two innings, two enlisted men joined the women's team, dressed in seersucker uniforms, oxfords, and lipstick. Despite the handicap of making everyone laugh so hard they cried, the new

¹⁹¹ WW2 US Medical Research Centre, "Veteran's Testimony - Frances Cardozo Jones."

¹⁹² Ibid.

¹⁹³ Sherwood, *50th General Hospital in World War II*, 25.

players led the women's team to victory - the patients deemed this better than any USO show they had ever seen.¹⁹⁴

VE Day was declared on 8 May 1945, marking the end of the European Theatre of World War II after almost five years of conflict. To celebrate, the Army authorized a parade retreat for every unit, so the 50th General Hospital and band, along with their ambulatory patients, marched through the streets of Commercy in triumph.¹⁹⁵

Medical care remained a priority for the next few months in France while the patients were being transported back to hospitals in the United States - to keep morale high, leave was freely granted to all personnel; the most sightseeing was done during this period. Sports increased with competitions against other hospitals in the area, not just between wards of the Commercy hospital. Due to the Army's point system, a structure of values assigned to each soldier that dictated when they could be discharged (one point per month in service), and the 50th having a low average of points, there was an underlying concern that they would be sent to Japan to support the Pacific Theater that was still ongoing. Thankfully, this never came to pass.¹⁹⁶

Eventually, on 27 August 1945, orders came through from the Army that the 50th was going home. They turned over the post to the 74th General Hospital, who closed it for operation on 9 November 1945, almost a full year after its opening. The unit departed Commercy for the Verdun staging area, 58 miles north, for a fortnight before moving to Marseilles along the Mediterranean coast. While some officers were flown home from Paris, the nurses, enlisted men, and newly gained officers were assigned to the SS *George Washington* for transport across the Atlantic to Camp Kilmer, NJ.¹⁹⁷

¹⁹⁴ Hovis, *The 50th General Hospital*, 1994.

¹⁹⁵ Ibid.

¹⁹⁶ Sherwood, *50th General Hospital in World War II*, 25.

¹⁹⁷ Ibid.

The 50th treated a total of 17,524 patients from the US Army, Allied Forces, POWs, and US Civilians. Only 129 patients died while under the care of the 50th General Hospital.¹⁹⁸

On 26 October 1945, the 50th General Hospital Army Reserve Unit was deactivated after 3 years, 1 month, and 22 days in service.¹⁹⁹

Legacy (27Oct1945 - Present)

When the 50th General Hospital was disbanded at the end of WWII, all members who had not been transferred to other units by the end of the war were discharged from active duty, some returning to their reserve billets but most separating from the Army. Several returned to the Seattle area, while others went to their home of record, like 1LT Jones who returned to Montana - she never practiced dietetics again and instead became an elementary school teacher; her and Earl eventually settled in Phoenix, AZ, and were happily married until their passing.²⁰⁰ The majority of the nurses and officers returned to work at the hospitals in the Puget Sound area as civilians, such as Providence, Swedish, and the University of Washington medical center, as well as working as educators in schools like the Seattle University College of Nursing.²⁰¹

The Army's acknowledgement of their contributions to the warfront was minimal; on 3 December 1945, Col Buckner had to submit his own request to the Surgeon General's office on behalf of the collective command for the 50th to receive a Meritorious Service Unit Plaque, which was awarded on 26 March 1946 (later converted to the Meritorious Unit Commendation Ribbon in 1985²⁰²).²⁰³ This brought the total number of awards to the 50th to four, with the two Bronze

¹⁹⁸ Ibid, 40.

¹⁹⁹ Ibid, 25.

²⁰⁰ WW2 US Medical Research Centre, "Veteran's Testimony - Frances Cardozo Jones."

²⁰¹ Sherwood, *50th General Hospital in World War II*, 25.

²⁰² Roger H. Butz, *AFKC-ACD-GH, Notification of Change to Citation*, (1985).

²⁰³ Ibid, 21A.

Stars and a Purple Heart awarded to Major Narodick for an ear blast injury incurred while on detached service in Normandy.²⁰⁴

The 50th General Hospital and other units like them contributed to wide-scale change in both military and civilian settings. Their success as a well-trained, ready-to-deploy reserve unit helped to influence President Eisenhower's signing of the Reserve Forces Act of 1955,²⁰⁵ establishing permanent reserve units nationwide. This law stipulated a minimum of a six-year initial enlistment contract with mandatory reserve time for anyone entering the military.

In Washington state, due to the nursing shortage caused by so many female nurses volunteering to join the military, the Washington State Nurses Association (WSNA) heavily promoted and worked with universities and hospital institutions to maintain and properly train competent nursing staff, an aspect they continued to advocate for even after the war ended.²⁰⁶ A 2024 article in *The Washington Nurse* magazine titled "We've Had Your Back Since 1908"²⁰⁷ recapped 100 years of Washington state nursing history, including the contributions from the 1940s, and the ongoing impact of nurses in Washington. The marching formation of the 50th General Hospital nurses, from their time in Camp Carson, is featured on the article's front page.

The nurses in World War II broke ground for what nursing in the military looks like today. Due to their vast numbers and enthusiasm for joining the military branches, and unwillingness to accept less rank and respect, Congress changed government policy with the passing of the Army-Navy Nurse Act of 1947,²⁰⁸ allowing the permanent commissioned status of nurses in the military that is

²⁰⁴ Ibid, 25.

²⁰⁵ Dwight D. Eisenhower, *Public Law 305, Reserve Forces Act* (n.p.: US Congress, 1955), <https://www.congress.gov/84/statute/STATUTE-69/STATUTE-69-Pg598.pdf>.

²⁰⁶ Washington State Nurses Association, "1940's: WWII and Its Aftermath."

²⁰⁷ Washington State Nurses Association, "We've Had Your Back Since 1908," *The Washington Nurse* 54, no. 3 (Fall 2024): 24-49, <https://cdn.wsna.org/assets/entry-assets/823329/wn-54.3.5-min.pdf>.

²⁰⁸ Health.mil, "An Historical Timeline of Nurses and Nursing in the Military," *Health.mil*, n.d., <https://www.health.mil/About-MHS/Military-Medical-History/Historical-Timelines/Nurses?page=2>.

still in effect today. The success of these women also broke ground for their male counterparts to be able to join the military under a commissioned officer rank, something male nurses were unable to do in WWII, in 1955 with the introduction of the Bolton Act.²⁰⁹

The Department of Veteran Affairs estimates that as of 2023 only 6,000 nurses from the war are alive in the United States.²¹⁰ After 80 years, in May 2023, the WWII Nurses Congressional Gold Medal Act was proposed to the Senate to award the highest citation Congress can bestow on civilians, presenting a gold medal to all nurses who served in the Army and the Navy. This bill is still under review.²¹¹

On 22 December 1947, the 50th General Hospital unit was reactivated as an Army reserve unit at Fort Lawton, where it remained until the base's closure on 14 September 2011.²¹² The unit personnel, who had mobilized for its third and final time to support Operation Desert Storm in 1990,²¹³ was dispersed across other reserve medical sites in the state, and the 50th was fully retired as an Army command.²¹⁴

The 50th General Hospital's contributions during World War II were instrumental in saving countless lives and transforming military medicine. The nurses and medical staff demonstrated exceptional resilience and compassion, providing vital care that not only improved survival rates but also influenced lasting changes in Army practices. Their professionalism and commitment helped reshape the role of women in the military and laid the foundation for future

²⁰⁹ AMEDD Center of History and Heritage, "Proud to Serve: The Evolution of Male Army Nurse Corps Officers," AMEDD Center of History & Heritage, accessed January 28, 2025, <https://achh.army.mil/history/articles-malenurses>.

²¹⁰ Katie Langley, "After 80 Years, Congress Moves to Give Long-Overdue Recognition to World War II Nurses," *The Portland Press Herald*, June 24, 2024, <https://www.pressherald.com/2024/06/24/after-80-years-congress-moves-to-honor-wwii-nurses/>.

²¹¹ U.S. Congress, Senate, S. 1558, *WWII Nurses Congressional Gold Medal Act*, 118th Cong., introduced May 11, 2023, <https://www.congress.gov/bill/118th-congress/senate-bill/1558/text>.

²¹² Center for Military History, *50th General Hospital*.

²¹³ John R. Brinkerhoff and Ted Silva, *United States Army Reserve in Operation Desert Storm* (N.p.: Department of the Army, 1993), 68, <https://apps.dtic.mil/sti/tr/pdf/ADA277591.pdf>.

²¹⁴ Scott Gutierrez, "Historic Fort Lawton Officially Closes," *Seattle Post-Intelligencer* (Seattle), February 25, 2012, <https://www.seattlepi.com/seattlenews/article/Historic-Fort-Lawton-officially-closes-3356965.p hp>.

advancements in medical care. This paper preserves their legacy, ensuring that the remarkable service of the 50th General Hospital remains recognized and honored for generations to come.

Appendix A - Terms and Definitions (In Order of Appearance)

War Department - During WWII, the War Department was the cabinet-level overseer of the Army; despite the name, they did not have purview over the entire Armed Forces, the Navy and Marine Corps having been controlled by the Department of the Navy since 1789 as a separate entity. Under the War Powers Act of 1941, which was signed on December 15th - one week after the Pearl Harbor attack - the War Department was divided into three autonomous components: the Army Ground Forces (AGF), which was in charge of the land troops, the US Army Air Forces (USAAF), which ran the independent air arm, and the Services of Supply (later changed to Army Service Forces in March 1943), which was in charge of logistical and support functions.²¹⁵ The War Department was dissolved in 1947 to become the Department of the Army and the Department of the Air Force.²¹⁶

Echelons of Care - Levels of available medical treatment or level of care which correspond to distance from the frontline of combat, although the exact definition of each is not a precise measure:

Echelon 1 - Battalion/Aid Station

First Aid station established under combat conditions under the unit's medical detachment. The wounded are given first aid and sorted according to level of care; those needing further treatment are transported to Echelon 2.²¹⁷

²¹⁵ John D. Millett, "The War Department in World War II," *The American Political Science Review* 40, no. 5 (1946): 863-97, <https://doi.org/10.2307/1949558>.

²¹⁶ Office of the Historian, "National Security Act of 1947," Department of State, accessed February 17, 2025, <https://history.state.gov/milestones/1945-1952/national-security-act>.

²¹⁷ WW2 US Medical Research Centre, "The WW2 Aid Station," *WW2 US Medical Research Centre*, accessed February 17, 2025, <https://www.med-dept.com/articles/the-ww2-aid-station/>.

Echelon 2 - Clearing Stations

The purpose of the Clearing Station was to determine the level of care at the frontline to Echelon 3. They acted as a liaison between the aid stations and the mobile hospitals, and could provide stabilizing medicine or surgical intervention, but were tasked with the collection and removal of patients from the warzone.²¹⁸

Echelon 3 - Mobile Hospitals

Located close to the front, usually within 3-8 miles, Evacuation Hospitals and Field Hospitals were fully mobile, receiving patients from Echelon 2. These were capable of further treatment, like surgery, and patients could remain here for up to a week depending on the number of casualties and their level of care. Portable Surgical Hospitals would often augment these locations to provide a greater level of surgery.²¹⁹

Echelon 4 - General Hospitals

The General Hospitals were the greatest level of warzone care, capable of specialized treatment and follow-up care. They were the furthest from the frontline, and typically in a static location once established.²²⁰ They also operated as a communication zone to relay messages and orders to the front due to their fixed position.²²¹

Echelon 5 - Zone of the Interior

These hospitals were located in the home country, or very far to the rear outside of combat areas, and were for long-term rehabilitation or greater surgical need. These patients, unlike those in the lower four echelons, were not typically candidates to return to the combat zone.²²²

²¹⁸ WW2 US Medical Research Centre, "WW2 Military Hospitals - General Introduction."

²¹⁹ Ibid.

²²⁰ Ibid.

²²¹ Ginn, *The History of the U.S. Army Medical Service Corps*, 121.

²²² Ibid.

C-Rations - Also known as Field Rations, Type C, C-Rats, or Combat Rations, this method of ready-made meals was invented in 1938 and used until the 1980s, well into the Vietnam War. Designed to provide food while troops were far away from their command kitchens, these meals came in 12-ounce cans that provided around 3,700 calories if eaten three times a day. With flavors such as stew, meat and spaghetti, pork and beans, and everyone's least favorite flavor, lima beans and ham, C-Rations could be eaten cold but were generally more tolerable when cooked. Supplemental K-Rations were also invented, with less weight and less flavor, intended for troops on short missions, such as paratroopers. C-Rations were invented by the Quartermaster Subsistence Research and Development Laboratory in Chicago as a longer-lasting alternative to the WWI "reserve rations," which were usually hardtack biscuits, tinned meat, and coffee. The Laboratory never accepted constructive criticism on the flavors, and the C-Rations were eventually phased out by the MREs (Meal, Ready-to-Eat), which are still in use today.²²³

Formal Retreat - The military has three main protocols to mark time throughout the day. Reveille is done in the morning, typically at 0700 but can be dependent on the military branch or base command, to announce the start of the day. The next, Retreat, is done at the end of the work day (1700 is standard) to indicate that the flag should be brought in and that work was completed; Formal Retreat is done as a command or unit in formation in front of the flagpole while lowering the ensign. Formal Retreat is not to be confused with the command to "retreat" for withdrawing from a combat zone. This marker is not performed in all branches of the military. The last, Taps, is done at sun-down, and indicates the end of the day. All

²²³ David Vergun, "'C-Rats' Fueled Troops During and After World War II." *Department of Defense*, 2019. <https://www.defense.gov/News/Feature-Stories/story/Article/1933268/c-rats-fueled-troops-during-and-after-world-war-ii/>.

three time markers are ceremonial, and are announced by playing music over the base-wide announcement system. All personnel on base must stand at attention and either face the flag or the direction of the music, rendering a hand salute if in uniform.²²⁴

Battle of the Bulge - The Battle of the Bulge, the last major German offensive on the Western Front, began 16 December 1944, and took place along the Siegfried Line on the Belgium and Luxembourg border.²²⁵ The German strategy was to take the Allied forces by surprise in an attempt to retake the Meuse River (which runs through Commercy) and Antwerp, Belgium through the Ardennes forest.²²⁶

Over 200,000 German troops and 1,000 tanks were sent to a 75 mile stretch of land, against 700,000 Allied combat troops. In 41 days, the United States suffered over 80,000 casualties, 23,000 Americans taken prisoner, and an official Army count of 19,246 dead. Accounting for 10 percent of all American casualties during the War, this campaign is marked as one of the bloodiest in WWII, and one of the deadliest in American history.²²⁷

The Battle of the Bulge was concluded on 25 January 1945, with the German army losing 100,000 soldiers and the survivors retreating back across the Siegfried Line, and marked the beginning of the frontline on German soil.²²⁸

²²⁴ DDS Susquehanna PAO, "Reveille, Retreat, and Taps," *Defense Logistics Agency*, accessed February 20, 2025, <https://www.dla.mil/Portals/104/Documents/distribution/Reveille.pdf>.

²²⁵ John R. Dabrowski, "Battle of the Bulge Ends: 25 January 1945," *The United States Army*, 2016, https://www.army.mil/article/15949/battle_of_the_bulge_ends_25_january_1945.

²²⁶ Huxen, *Battle of the Bulge*.

²²⁷ *Ibid.*

²²⁸ Dabrowski, *Battle of the Bulge Ends*.

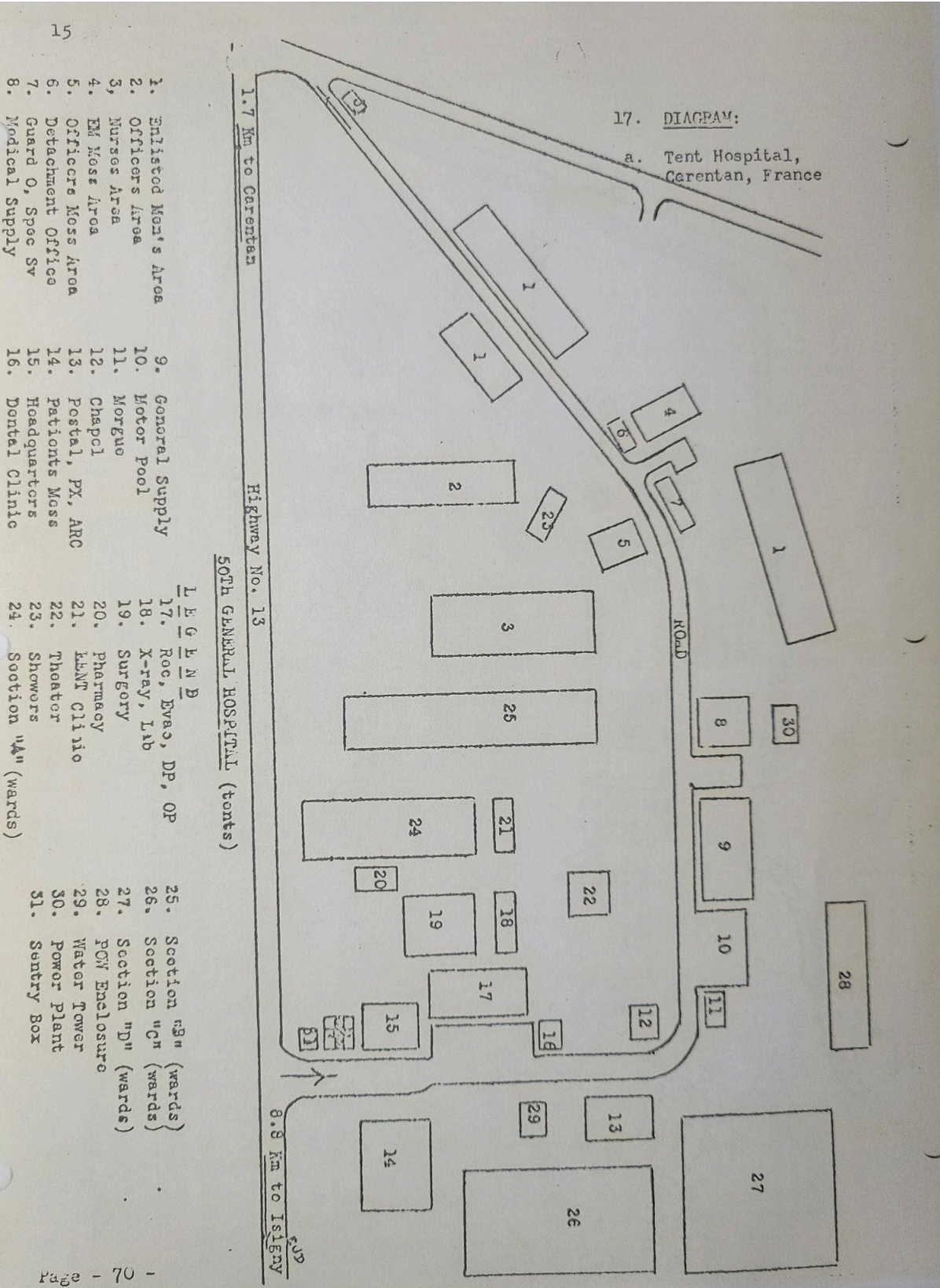
Appendix B - Maps and Locations

United Kingdom



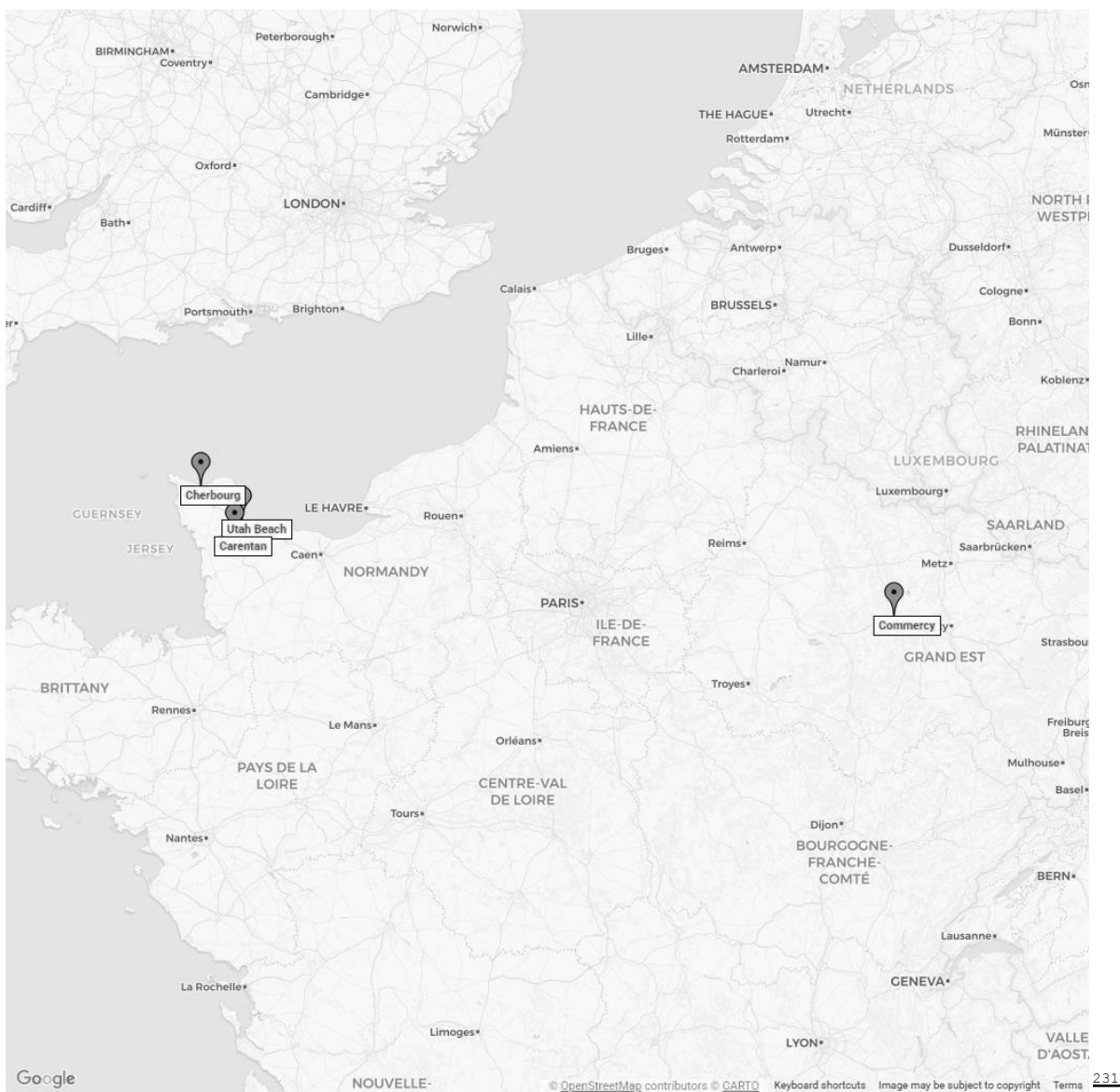
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²²⁹ Pinmaps, *Custom Google Map: England*, accessed March 6, 2025, <https://www.pinmaps.net/map/257304/50thmap>.

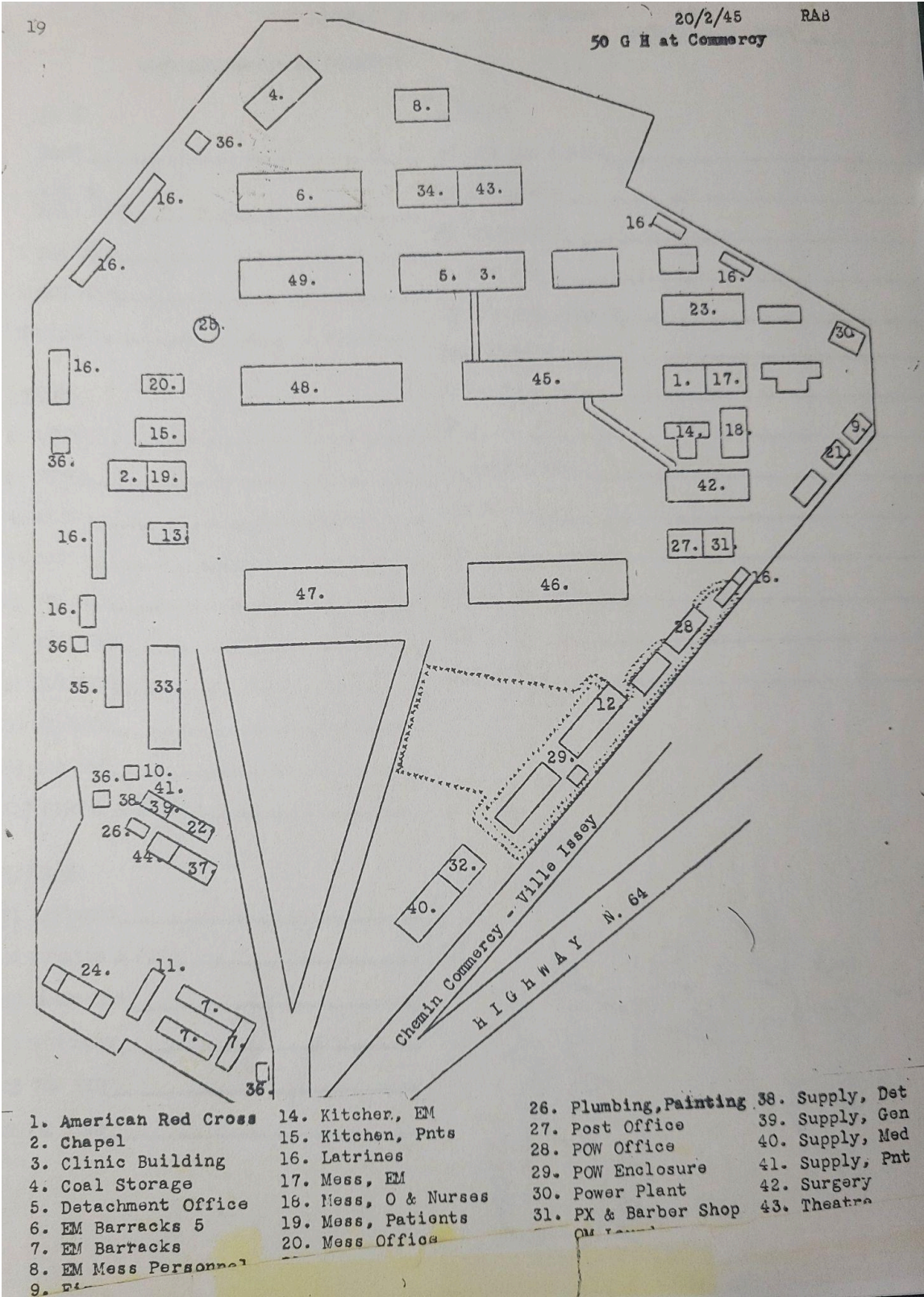


²³⁰ Sherwood, 50th General Hospital in World War II, 15.

France



²³¹ Pinmaps, *Custom Google Map: France*, accessed March 6, 2025, <https://www.pinmaps.net/map/257302/50thmap>.



²³² Sherwood, 50th General Hospital in World War II, 19.

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