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Chapter XIX

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ANC HISTORY

CHAPTER XIX

AMEDD BIOGRAPHIES

**Estimated and Actual Requirements for Evacuation from Theaters of Operations**

AMEDD CORPS HISTORY

Estimating future evacuation requirements was primarily a matter of calculating the probable patient-load of theaters and of determining the part that would be transferred to the zone of interior under prevailing policies. Early in the war estimates of this kind were practically unnecessary because the number of patients to be evacuated was still comparatively small, combat operations were limited, and there was plenty of space for evacuees aboard returning transports. Meeting evacuation requirements amounted simply to insuring that transports had adequate hospital space, attendant personnel, and medical supplies, and that they were routed on return trips to places where patients had accumulated. In the latter half of the war this situation changed. The number of patients evacuated, which had been less than 1,000 a month before November 1942 and an average of about 3,300 from then until the middle of 1943, mounted steadily until it reached a peak of more than 57,000 in May 1945. (Table 76) Moreover, as the build-up of troops in theaters ceased, the number of returning transports declined. Under these circumstances estimates of the evacuation load had to be made so that enough transportation could be assembled to handle it; and estimates had to be made far enough in advance so that the use of transportation facilities—which came to include airplanes and hospital ships as well as troop transports—could be properly coordinated.

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A study which the Surgeon General's Office made in the winter of 1943-44 of the patient load that would develop during 1944 evoked a critical appraisal early that year not only of plans for supplying the Army with hospitalization but also of plans for evacuating patients from theaters of operations.<sup>1</sup>

THE SURGEONS GENERAL

Whether plans for evacuation would be adequate depended upon the size of the evacuation load and upon the use to be made of transportation facilities. The Surgeon General's estimate of the potential load was questioned by ASF headquarters and the Chief of Transportation. Subsequently, as a result of additional information supplied by the European and Medi-

ANNUAL REPORTS OF THE SURGEON GENERAL

<sup>1</sup>See above, pp. 201-02. The following three paragraphs are based upon "Hospitalization and Evacuation: A Re-estimate of the Patient Load and Facilities," February 1944, and "Hospitalization and Evacuation, An Analysis," March 1944, together with memorandums and letters in ASF Planning Div Program Br files 370.05 and "Hosp and Evac, vol. 3."

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TABLE 16-PATIENTS DEBARKED IN THE UNITED STATES, 1920-45

Date	Total Patients Debarked <sup>a</sup>	Returned by Water						Returned by air	
		Number	Percentage of Total Patients Debarked	Troop Transport		Hospital Ship		Number	Percentage of Total Patients Debarked
				Number	Percentage of Total Patients Debarked	Number	Percentage of Total Patients Debarked		
1920-40 <sup>b</sup>	15,846	---	---	---	---	---	---	---	---
1941 <sup>c</sup>	2,390	---	---	---	---	---	---	---	---
1942	9,248	---	---	---	---	---	---	---	---
1943 <sup>d</sup>									
January	2,475	2,442	98.7	2,442	98.7	0	0	33	1.3
February	2,177	2,136	98.1	2,136	98.1	0	0	41	1.9
March	2,351	2,300	97.8	2,300	97.8	0	0	51	2.2
April	4,777	4,712	98.6	4,712	98.6	0	0	65	1.4
May	5,349	5,242	98.0	5,242	98.0	0	0	107	2.0

June	6,115	5,971	97.6	5,222	85.4	749	12.2	144	2.4
July	5,735	5,350	93.3	5,350	93.3	0	0	385	6.7
August	8,183	7,762	94.9	7,762	94.9	0	0	421	5.1
September	9,425	9,088	96.4	9,088	96.4	0	0	337	3.6
October	7,469	6,884	92.2	6,884	92.2	0	0	585	7.8
November	10,604	10,195	96.1	8,984	84.7	1,211	11.4	409	3.9
December	7,163	6,481	90.0	6,481	90.0	0	0	682	10.0
Total	71,823	68,563	95.5	66,603	92.8	1,960	2.7	3,260	4.5
<i>1944</i>									
January	7,724	7,179	92.9	6,018	77.9	1,161	15.0	545	7.1
February	9,763	9,220	94.4	9,220	94.4	0	0	543	5.6
March	8,894	8,172	91.9	6,458	72.6	1,714	19.3	722	8.1
April	7,082	6,249	88.2	4,994	70.5	1,255	17.7	833	11.8
May	9,652	7,965	82.5	4,462	46.2	3,503	36.3	1,687	17.5
June	9,712	7,532	77.6	6,125	63.1	1,407	14.5	2,180	22.4
July	11,593	7,547	65.1	4,841	41.8	2,706	23.3	4,046	34.9
August	14,060	9,708	69.0	8,044	57.2	1,664	11.8	4,352	31.0
September	21,383	15,860	74.2	11,515	53.9	4,345	20.3	5,523	25.8
October	20,894	17,085	81.8	11,530	55.2	5,555	26.6	3,809	18.2
November	19,700	16,846	85.5	11,665	59.2	5,181	26.3	2,854	14.5
December	32,511	28,115	86.5	21,393	65.8	6,722	20.7	4,396	13.5
Total	172,968	141,478	81.8	106,265	61.4	35,213	20.4	31,490	18.2
<i>1945</i>									
January	33,382	29,329	87.9	26,191	78.5	3,138	9.4	4,053	12.1
February	38,251	31,989	83.6	26,814	70.1	5,175	13.5	6,262	16.4
March	44,854	36,387	81.1	31,210	69.6	5,177	11.5	8,467	18.9
April	43,839	34,650	79.0	26,982	61.5	7,668	17.5	9,189	21.0
May	57,030	46,099	80.8	36,545	64.0	9,554	16.8	10,931	19.2
June	45,168	34,228	75.8	26,778	59.3	7,450	16.5	10,940	24.2
July	36,873	24,547	66.6	15,379	41.7	9,168	24.9	12,326	33.4
August	26,258	17,469	66.5	9,575	36.5	7,894	30.0	8,789	33.5
September	19,780	12,393	62.7	8,007	40.5	4,386	22.2	7,387	37.3
October	19,618	14,944	76.2	10,081	51.4	4,863	24.8	4,674	23.8
November	13,138	11,061	84.2	3,489	26.6	7,572	57.6	2,077	15.8
December	7,781	6,121	78.7	572	7.4	5,549	71.3	1,660	21.3
Total	385,972	299,217	77.5	221,623	57.4	77,594	20.1	86,755	22.5

<sup>a</sup>Figures through April 1943 include Army patients only; the remainder include in addition prisoner-of-war patients, some patients of Allied nations, and a few American Red cross patients.

<sup>b</sup>Figures from *Annual Report . . . Surgeon General, 1920-41* (1920-41).

<sup>c</sup>Figures for 1941 and 1942 supplied by Medical Statistics Division, SGO.

<sup>d</sup>Figures for 1943-45 from History . . . Medical Regulating Service . . . They were compiled originally from monthly reports of patients debarked, now located in SG: 705 "Evac Reqmts, Books I and II"

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terrestrial theaters, the Chief of Transportation decided to use lower figures. For example, The Surgeon General first estimated that 44,300 patients would be evacuated to the United States during September 1944, but the Chief of Transportation in March 1944 believed that the figure would be nearer 27,000. Neither considered that airplanes would supply any significant capacity for evacuation. Past performance indicated that few patients would be transported from theaters by air, and air travel-being subject to weather conditions-was considered uncertain at best. Both officers concentrated their attention, therefore, on surface vessels.

In determining patient capacities of transports and hospital ships expected to be available, two factors had to be considered. The use of hospital ships for intratheater evacuation, a matter which had not entered into considerations leading to their authorization, would reduce the number and therefore the total capacity of hospital ships for transporting patients from theaters to the United States. Also, capacities of transports would vary according to the standards set for lifeboats and other lifesaving equipment for patients. Under "desirable" standards, which were the highest in terms of lifesaving equipment, capacities would be least. If standards were lowered, capacities would be increased. Under "adequate" standards a transport was permitted to load more patients than it had spaces for in lifeboats, provided the latter could accommodate all litter and hospital ambulant patients. For others-mental and troop class patients-only flotation equipment was necessary. Under "acceptable" standards even litter and hospital ambulant patients could exceed accommodations for patients in lifeboats, though flotation equipment had to be provided for the excess in these categories as well as for all other patients aboard. Hence, greatest capacities could be achieved by evacuating patients under "acceptable" conditions.

Because of variations in standards of lifesaving equipment and in estimates of the evacuee load, opinions about the adequacy of planned shipping facilities differed. Both the Chief of Transportation and The Surgeon General agreed that hospital ships already authorized would be sufficient to evacuate to the United States only a portion of the "helpless fraction" (estimated to be about 60 percent of the total number) of patients. They disagreed about the adequacy of transports for the remainder of the load, including helpless patients who could not be accommodated aboard hospital ships. On the basis of his estimate The Surgeon General concluded that sufficient shipping would be available for evacuation from the Pacific but that, even under "acceptable" conditions, there would be barely enough space for patients from the European theater in hospital ships already authorized and in transports expected to be available. Nor would there be enough for patients from the Mediterranean. Using a lower estimate the Chief of Transportation decided that the space available under "acceptable" standards would be sufficient for the patients from all theaters. In view of this decision and the constant need for more troop ships, he advised against the procurement of additional hospital ships. By the end of March ASF headquarters adopted a middle-of-the-road course, accepting recommendations of the Transportation Corps but directing that plans for seven additional hospital ships be drawn to be used if needed, that provision be made for additional medical personnel for

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sea evacuation, and that more extensive use of air evacuation be arranged in order to reduce the number of patients carried by water and thus enable higher standards to be observed on ships.<sup>2</sup>

Events in 1944 justified the course adopted by ASF headquarters. As a result of co-operative efforts of the Army Service Forces, the Army Air Forces, the War Department General Staff, and overseas wings of the Air Transport Command, air evacuation increased. In the spring of 1944 the Air Forces estimated that 800 to 1,910 patients from the European theater and 300 to 1,350 from the Mediterranean could be evacuated monthly in transport planes without altering their accommodations and without interfering with normal high priority traffic. The installation of special equipment to support tiers of litters in aircraft cabins, it was anticipated, would raise these figures 50 percent. In May 1944 the Air Forces made plans for placing webbing-strap litter supports in sixty-five of the C-54A planes already in use and in all transport planes to be built subsequently, and the Air Transport Command directed its overseas wings to prepare for the evacuation of the number of patients planned.<sup>3</sup> In consequence, the proportion of the total monthly patient load evacuated by air increased from 11.8 percent in April to a peak of 34.9 percent in July 1944, and of the total annual load from 4.5 percent in 1943 to 18.2 percent in 1944. (See Table 16.)

Additional hospital ships became available during 1944-a cumulative total of 9 by the end of June, 16 by the end of July, and 22 by the end of September.<sup>4</sup> This number was insufficient to meet the demands of all theaters, because the ships had to be deployed in terms of world-wide shipping needs rather than according to the desires of theaters for accommodations for patients. Some were required for intra-theater evacuation; others for the transportation of patients to the United States.<sup>5</sup> As troop shipping to the Mediterranean declined during 1944, space for patients aboard transports returning to the United States became insufficient for the evacuee load and hospital ships had to be used to a greater extent for that theater than for others. Consequently, between March and December 1944 more patients were returned from the Mediterranean by hospital ship than by transport. The European theater, generously supplied with troop shipping because of its combat operations, received fewer hospital ships proportionately than did the Mediterranean and hence had enough for only a third of the patients evacuated by water from that theater between April and December 1944. Because of the need for hospital ships in the Atlantic and Mediterranean, only one of those built by the Army was sent to the Pacific before 1945, and not until the latter half of 1944 did the three ships built and operated by the Navy for the Army-the *Hope*, *Comfort*, and *Mercy*-go into service there. Evacuation by hospital ship from the Pacific during 1943 and

<sup>2</sup>See last note-above.

<sup>3</sup>(1) Memo, SG for CG ASF (Plans and Oprs), 27 Feb 44, sub: Potentialities of Air Evac of Pnts for Overseas to US. SG: 580. (2) Rpt of Conf on Air Evac, 13 Apr 44. SG: 337.1. (3) Memo, CG ASF for

ACofS OPD WDGS, 26 Apr 44, sub: Air Evac from Eur and NATO, with inds. OPD: 580.81. (4) Ltr, ATC to Eur Wing, NA Wing, Carib Wing, ATC, 11 May 44, sub: Air Evac from Eur and NATO. SG: 580. (5) Memo, CG ASF for CG AAF, 20 Jun 44, sub: Air Evac for CBI and Pac Areas. HRS: ASF Planning Div Program Br file, "Hosp and Evac."

<sup>4</sup>See pp. 405-10, and *Table 18*.

<sup>5</sup>(1) Rads, WD (init by Mvmt Div OCT) to CG NATO, 6 Oct 43, 12 Mar 44; NATO to AGWAR, 8 and 12 Oct, 18 Dec 43; Pacific to AGWAR, 28 Jan 44; ETO to AG WAR, 5 Feb 44; WD (init by Mvmt Div OCT) to CG SOS London, 11 Feb 44. SG: 560.1; 705.1 (N Africa), (Gr Brit), (Pac). (2) Ltr, CoT to CinC SWPA, 29 Jan 44, sub: Hosp Ships, with inds. SG: 560.2.

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1944 was limited therefore to the return of three shiploads of patients—one by a Navy ship from the Central Pacific in November 1943, another by a Navy ship from the South Pacific in October 1944, and the third by the *Comfort* from the Southwest Pacific in December 1944. Despite the lack of enough hospital ships to meet the desires of all theaters, the proportion of patients evacuated from theaters to the United States aboard hospital ships increased, as those authorized became available, from 2.7 percent of the total in 1943 to 20.4 percent in 1944.<sup>6</sup> (See Table 16.)

Increased transportation of patients by airplane and hospital ship reduced the proportion of the total patient load evacuated by transports from 92.8 percent in 1943 to 61.4 percent in 1944. This reduction might have been smaller if theaters had evacuated as many patients by transport as zone of interior authorities considered proper. Failure to do so resulted in part from the lower estimates of capacity that theater officials used in figuring accommodations for patients aboard transports. To raise these estimates the Chief of Transportation in January 1944 began a survey of all transports to establish their official capacities under "adequate" standards.<sup>7</sup> Even after these capacities were set not all theaters used transports to the extent prescribed. Thus the European theater until the end of 1944 adhered rather closely to the recommendation of its chief surgeon, Maj. Gen. Paul R. Hawley, that helpless patients should be evacuated only by hospital ships, even though the War Department had stated early that year that helpless patients would have to be evacuated by transports as well. Although forced by circumstances—increases in the patient load resulting from the invasion of the continent, the need to vacate some of the beds in hospitals in the theater, and the lack of sufficient numbers of hospital ships—to return some helpless patients to the United States in transports during 1944, the European theater steadfastly refused to make full use of officially announced capacities.<sup>8</sup> As a result, patients accumulated in its hospitals while beds in general hospitals in the United States remained empty. Theaters in the Pacific complied more readily with War Department policy on the use of transports and therefore did not develop similar backlogs, but in the fall of 1944 a problem developed in the Southwest Pacific when the number of mental patients to be evacuated exceeded the capacities of returning transports for patients of that type. It was solved by evacuating mental patients by air (a practice formerly considered undesirable) and by increasing and improving accommodations aboard transports for mental patients.<sup>9</sup>

Toward the end of 1944 attention was focused upon estimates of the evacuation load for 1945 and upon an evaluation of

<sup>6</sup>(1) Study of Pnt Evac. HD: 705 (Evac). This study consists of work sheets on which the ASF Medical Regulating Unit listed monthly, by theater of operations, the transports and hospital ships evacuating patients and the number of patients, by transportation classification, on each. (2) Roland W. Charles, *Troopships of World War II* (Washington, 1947), pp. 327-51.

<sup>7</sup>(1) TC Cir 80-12, 22 Jan 44 and Misc Ltr 28, 14 Jul 44, sub: Capacity of Pers Trans. TC: 569.6. (2) Ltr, SG to South Pacific Base Comd attn Chief Surg, 25 Sep 44, sub: Pers Capacity of Trans. SG: 560. Similar letters were sent to the other theater commands.

<sup>8</sup>(1) Memo for Record, on draft Rad, WD to Hq ComZ ETO, 19 Sep 44. HD: 705 (MRO, Fitzpatrick Stayback, 1484). (2) Interv, MD Historian with Gen Hawley, 18 Apr 50. HD: 000.71.

<sup>9</sup>(1) Memo for Record, on draft Rad, WD (prepared by Mvmt Div OCT) for CinC SWPA, 9 Oct 44. HD: 705 (MRO, Fitzpatrick Stayback, 1496). (2) Memo for Record by Lt Col Lamar C. Bevil, MC (SGO), 1 Nov 44, sub: Conf Ref Evac of Disturbed Mental Pnts from SWPA. HD: MOOD "Pacific."

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the means available or required to handle it. There were several reasons for the inquiry: first, the war was lasting longer than had been anticipated; second, the patient load in the European theater was becoming heavy because of a high incidence of trench foot, a larger number of casualties resulting from intensified combat activity, and failure to use fully the evacuation space available aboard transports; and third, the possibility of victory in Europe during 1945 made it necessary to plan for evacuation in terms of the redeployment of ships to the Pacific.

In a study prepared by the ASF Medical Regulating Unit, adopted by the Joint Logistics and Joint Military Transportation Committees, and submitted on 16 December 1944 to the Joint Chiefs of Staff, the number of patients who would need evacuation was estimated by class, by month, and by theater, for the period from December 1944 through December 1945. From these estimates were subtracted the numbers of patients of all classes who could be evacuated each month, from each theater, by troop transports and by airplanes. The remainder represented the number of patients who would have to be evacuated by hospital ships. Conclusions drawn from these calculations were that a peak load of more than 54,000 patients would require evacuation in August 1945, that hospital ships already authorized would not be able to transport all who could not be accommodated in transports and airplanes, and that an additional number of hospital ships ranging from two in January 1945 to twenty-eight in April would therefore be needed.<sup>10</sup>

This study led the Joint Chiefs of Staff on 21 December 1944 to approve the conversion of troop transports to ambulance-type hospital ships in sufficient numbers (later determined by the Joint Military Transportation Committee to be six) to provide additional carrying capacity for 5,500 patients.<sup>11</sup> While neither the Joint Committee nor the Joint Chiefs expected this action to eliminate entirely the shortage of space for evacuation, they anticipated that it would reduce the shortage to manageable proportions.

Steps taken to "manage" the shortage applied primarily, though not altogether, to the European theater, which was expected to have almost as many patients to evacuate early in 1945 as the Pacific and Mediterranean theaters combined. It already had a backlog of patients awaiting evacuation and therefore a shortage of hospital beds. Furthermore, the patients who had accumulated would need to be evacuated from Europe early in 1945 because redeployment of transports from Europe to the Pacific would reduce capacities for evacuation from the European theater later in the year.<sup>12</sup> Therefore, on 3 December 1944 the Chief of Staff, on the recommendation of the Medical Regulating Officer and the Office of the Chief of Transportation, overruled General Hawley's objections and ordered the European theater to exploit fully the normal patient capacity of transports, even though it

<sup>10</sup>(1) Memo, Joint Logistics Plans Cmtee for Lt Col J[ohn] C. Fitzpatrick, 15 Nov 44, sub: Hosp Ship Program. (2) Joint Logistics Cmtee (JLC 221/1), 7 Dec 44, Hosp Ship Program. (3) JCS/1199, 16 Dec 44, Hosp Ship Program, Rpt with Apps "A" to "N", 64 pp. All in SG: 560.2.

<sup>11</sup>Joint Mil Trans Cmtee, JMTC 89/1, 26 Dec 44, Hosp Ship Program. SG: 560.2 JMTC selected the *Saturnia*, *Republic*, *President Tyler*, *Athos II*, *Columbie*, and the USS *Antaeus* (ex *St. John*) for conversion. All but the last were to be converted, manned, and operated by the Army.

<sup>12</sup>Following series of files (1945) deal with evacuation requirements, adequacy of hospitalization both in theaters and zone of interior, and use of evacuation facilities: HRS: G-4 file, "Hosp, vol. II"; HRS: ASF Planning Div Program Br files, "Hosp and Evac"; and SG: 705.

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might have to reduce its evacuation policy to 90 days to supply enough patients for this purpose.<sup>13</sup> Meanwhile, American and British officers, both in the zone of interior and in the theater of operations, were discussing more extensive use of some of the larger and faster British vessels for evacuation. Subsequently they agreed to arrangements for enlarging the capacities of the *Queen Mary* and *Queen Elizabeth* for litter and hospital ambulatory patients to 2,000 and 2,500 respectively and for troop class patients to 1,000 each. This agreement was approved by the Combined Military Transportation Committee on 16 January 1945.<sup>14</sup> A third step was to increase the evacuation of patients by air, for it had fallen from a peak of 2,846 patients returned from Europe in July 1944 to 987 in November. Again on the recommendation of the ASF Medical Regulation Officer, the Chief of Staff directed the European theater on 25 December 1944 to arrange to use air evacuation to "the fullest practical extent". Soon afterward, the theater Air Priorities Board agreed to allocate spaces on planes for the evacuation of 3,000 patients per month.<sup>15</sup> A fourth step was taken in March 1945 after a re-evaluation of the evacuation load indicated that estimates made in December for the Southwest Pacific and European theaters were perhaps too low. With the concurrence of The Surgeon General, the Chief of Transportation directed that restrictions imposed by lifeboat standards upon patient capacities should be waived, as they had been for the *Queens*, for seventeen Army transports and three Navy transports, and that those vessels should be prepared to carry "maximum" loads of patients.<sup>16</sup>

By these measures sufficient facilities were provided to meet evacuation requirements during the first half of 1945 and to carry a peak load of 57,030 patients in May, just after V-E Day. During this period the major portion of patients came from the European theater, which was most affected by the measures adopted. In compliance with the Chief of Staff's order of 3 December 1944, it began to use space aboard transports more fully, sending to the United States in transports during that month 15,682 patients as compared with 4,665 in November, and increasing the number steadily during the early part of 1945. The number of patients evacuated by air from the European theater also grew, rising from 987 in November 1944 to more than 2,500 in February 1945. By March, arrangements for enlarging the capacities of the *Queens* had been completed and each of those vessels returned as many as 2,000 to 3,000 patients per trip. Gradually, also, greater numbers of patients were evacuated aboard transports for which maximum loading was author-

<sup>13</sup>(1) Diary, ASF Planning Div, 2 Dec 44. HD: 705 (MRO, Fitzpatrick Stayback, 1584). (2) Interv, MD Historian with Col Fitzpatrick, 18 Apr 50. HD: 000.71. (3) Rad CM-OUT-72113 (3 Dec 44), WD (init by Mvmt Div OCT) to ComZ ETO. HRS: G-4 file, "Hosp, vol. III."

<sup>14</sup>(1) Tel Conv WD-TC-1367, Washington and London (OCT officials), 27 Nov 44. SG: 337. (2) Rad CM-OUT-76241 (12 Dec 44), WD (init by Mvmt Div OCT) to ETO ComZ. SG: 560.2. (3) Rad CM-IN-16292 (17 Dec 44), UK Base Sec to WD. SG: 705. (4) Memo CMT 67, 16 Jan 45, sub: Combined Mil Trans Cmtee, Return of Pnts and other Pers Westbound on the *Queen Elizabeth* and *Queen Mary*. Same file.

<sup>15</sup>(1) Ltr, CG AAF to CG ASF (SG), 4 Oct 44, sub: Air Evac, ETO. SG: 580 (Gr Brit). (2) Memo, SG for CG ASF, 23 Dec 44, sub: Evac of Pnts, ETO. Same file. (3) Memo, ASF Planning Div for ASF Plans and Oprs, 6 Feb 45, sub: Air Evac to ZI. SG: 580. (4) Rad CM-OUT-82083 (25 Dec 44), WD to Hq ComZ ETO. OPD: In and Out Messages.

<sup>16</sup>(1) Ltr, CoFT for CGs BPE, NYPE, and HRPE, 5 Feb 45, sub: Pnt Capacities, Amer Trp Trans. SG: 705. (2) Memo, CoFT for Naval Trans Serv, 22 Feb 45, sub: Pnt Capacity, *Mount Vernon*, *Wakefield*, and *West Point*. TC: 569.5. (3) Rads, CoFT to PEs and ETO, 16 and 22 Mar 45. Same file.

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ized, some carrying 2,000 or more patients per trip in May. In addition, some of the hospital ships which had been used in the Mediterranean were sent to the European theater, as were the last two of the twenty-four authorized in July 1943 and the first of the five authorized in December 1944. All of these were in service by April 1945. As a result, during the first half of 1945, seventeen hospital ships made from one to four trips each from Europe to the United States. The patient load from the Mediterranean theater, which was considerably smaller by the early part of 1945 than before, was carried in the hospital ships still assigned to that theater, and in transports and airplanes.<sup>17</sup> By April 1945, enough evacuation facilities were available for the War Department to decide, with the approach of V-E Day, to speed the flow of patients from both the European and Mediterranean theaters. Accordingly, in May it placed these theaters on 60-day evacuation policies.<sup>18</sup>

Evacuation from the Pacific continued to be primarily by transport. Although plans were made as early as April 1945 to transfer hospital ships from the Atlantic to the Pacific, only one Army hospital ship-sent to the Pacific in the latter

half of 1944—made a trip carrying patients from that area to the United States in the first half of 1945. The number of patients evacuated by air from the Pacific rose from 2,763 in April 1945 to 4,665 the following June. From all theaters, 262,524 patients were evacuated to the United States during the first half of 1945. Of these, 19 percent were returned by air, 14.5 percent by hospital ship, and 66.5 percent by troop transport. (See Table 16.)

Evacuation requirements fell off during the last half of 1945 with the cessation of hostilities. By September the patient load of the European and Mediterranean theaters had been so reduced that it was possible for them to return to a normal 120-day evacuation policy and to send patients to the United States thereafter almost exclusively by either hospital ship or airplane. Since the Pacific had no great backlog of patients, evacuation from that area in 1945 caused no problem. In the latter half of 1945, Navy hospital ships, Army and Navy transports, airplanes, and the three hospital ships operated by the Navy for the Army evacuated large numbers of patients to the United States. To these were added ten Army hospital ships transferred from the Atlantic. Just before V-J Day space for evacuation from the Pacific was so ample that the War Department ordered a reduction in its evacuation policy to 60 days to provide enough patients to make full use of available transportation. After V-J Day the Pacific was ordered to return all of its patients as quickly as possible. The patient load was in consequence reduced by October to a point that it was possible for the theater to lower its ratio of beds to troop strength and to return to a 120-day evacuation policy.<sup>19</sup> (See Table 14.) During the latter half of 1945, of the 123,448 patients evacuated from all theaters, 29.9 percent returned to the United States by air, 31.9 percent by hospital ship, and 38.2 percent by transport. This represented a reversal of the situation during the first half of the year, when approximately two thirds of all patients were evacuated by transport. During the entire year, 385,792 patients were evacuated from all theaters: 22.5 percent by air, 20.1 percent by hospital ship, and 57.4 percent by transport. (See Table 16.)

<sup>17</sup>Study of Pnt Evac. HD: 705 (Evac).

<sup>18</sup>See p. 300.

<sup>19</sup>Study of Pnt Evac. HD: 705 (Evac). Also see p. 301.

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