

Battle Conditions Are Simulated in the Camp Robinson Hospital; Men Are Trained How to Work Under Bombs

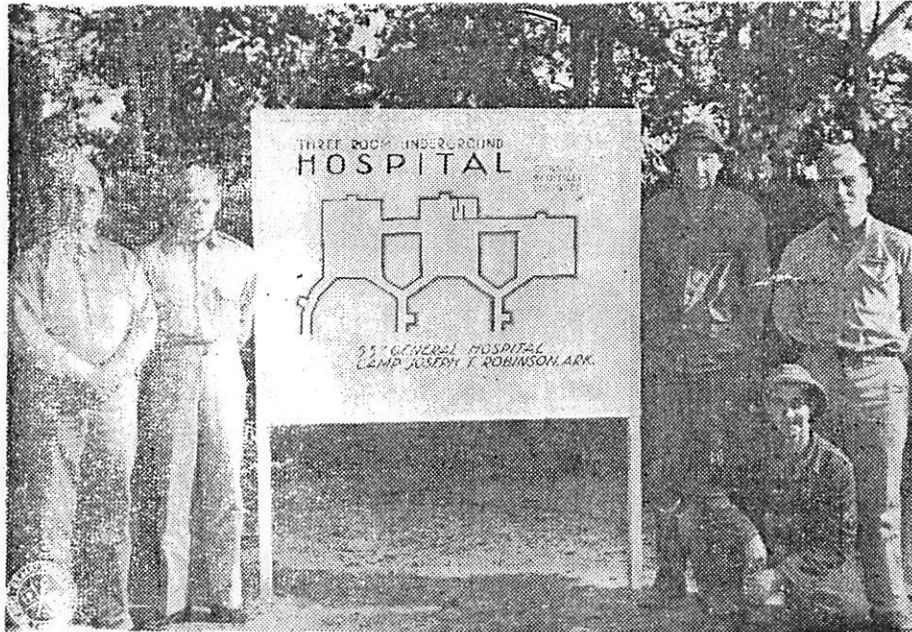
By C. C. ALLARD.

After the Nips nipped at Pearl Harbor and set the world agog with their sneak tactics the nation's armed forces were at a momentary disadvantage because of lack of preparedness, and highly trained warriors, to say nothing of the shortage of small weapons and other implements of war.

During those early months men of all branches of the armed ser-

ed sticks, and in some cases with unshaped broom-sticks with broom straws removed. (To degress let some of us, who can, remember the first helmets issues at Camp Robinson). Even helmets aided morale and made a soldier feel that he was gradually becoming a warrior, rather than a Boy Scout.

Then "basic" in the line (Infantry) and Medical Corps and all oth-



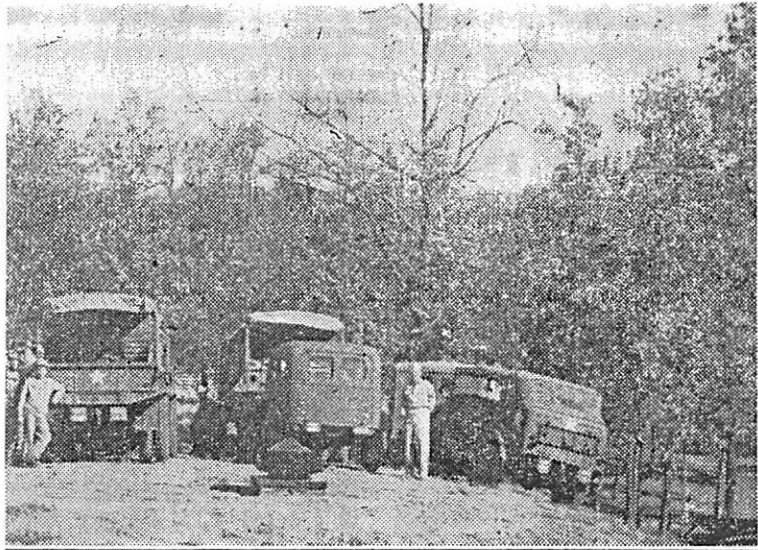
The general plan of the three-ward underground hospital constructed by officers and men of the 55th General Hospital Camp Robinson, is shown above. The near bomb proof shelter, is an example of the complete training given soldiers of today before they

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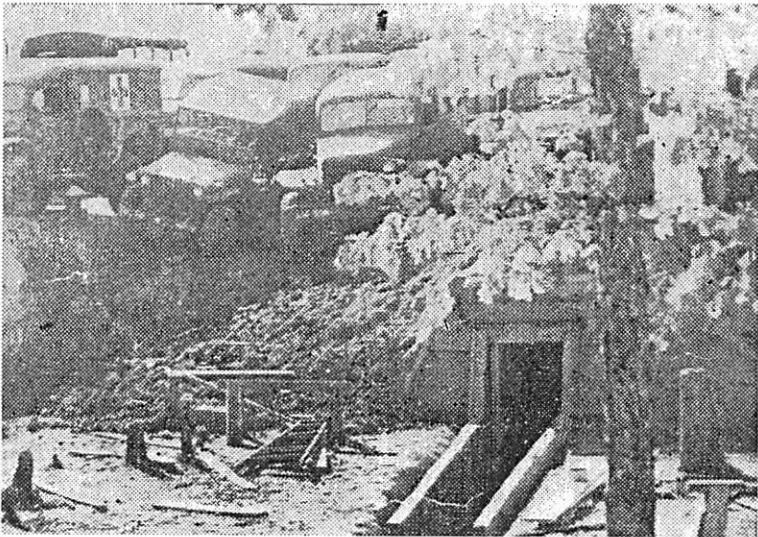


Underground Hospital





Adds Real Touch



structed within two or three days. At Camp Robinson the few available men took more time in its completion.

Each of the three wards, connected by underground passages, is approximately 7 to 9 feet high, by 30 feet long and 15 feet wide. Three tunnels connect the passageways with the outside. Three feet of dirt and rock protect the roofs of the tunnels, and approximately four feet of dirt and rock protect the roofs of the wards.

One ward, designated as the receiving ward, is lined with litter-racks, in three tiers, and can accommodate 18 litter cases around the walls, and several more if necessary, in the center of the room. Here, casualties would be registered, and walking-wounded would be cared for.

Men with splints on arms and legs, demonstrated their positions as litter cases, and other men with arms and shoulders bandaged and heads wrapped demonstrated how the unit would care for wounded men who were capable of walking.

In the next room were three tables, one set up beneath a portable X-ray machine, another was for handling shock patients, and the last was for minor surgery. As the photographer flashed away at the scene, Pvt. Henry J. Hylton played the part of a patient being X-rayed by Cpl. Harry Firman, while on the next table Pvt. Philip R. Thomas demonstrated administration of blood plasma to Pvt. Willis Christ. In the back of this ward was one corner constructed as a dark-room for developing X-ray pictures.

Ward Three is the operating room, where four operating tables have been set up. Overhead sal-



Emergency exits are provided for removing patients should the entrance be blocked. Here three Medical Corps attendants are lifting a bandaged soldier up to the emergency exit. Special litters are provided for all types of injured. These constitute the regular field equipment of a hospital unit.

Edward Posuch, simulating the

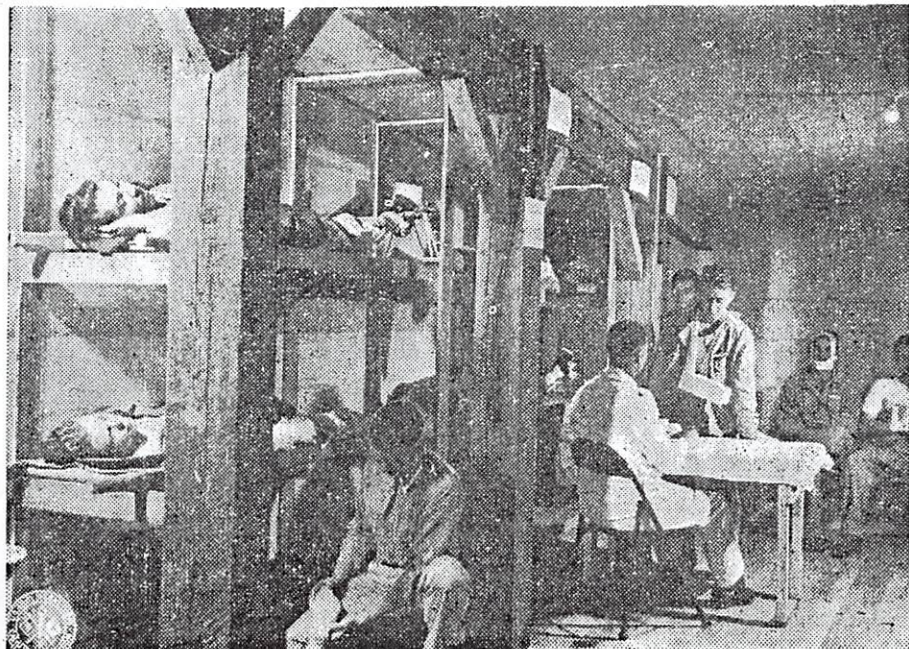
...vices were trained as rapidly as they could absorb instruction and were rushed to the battlefields on two sides of the world to support the regulars who had been bearing the brunt of the defensive and offensive efforts in which the country was then in a position to participate.

These men were sent forth poorly trained in their own defense, with five and then seven weeks basic training. Basic in those days meant the manual of arms, a few "to the rears" and a simulated skirmish that resembled Boy Scouts playing war.

Then, as our armed might grew, as production gradually caught up with demands, men who are veterans and heroes of today drilled with real guns, instead of carver branches became a matter of

weeks upon weeks of intensive training with proper arms and equipment. It was extended to 13 and then 16 weeks. First aid that was a matter of a few lectures became a lengthened period of practical training. Tanks, or semblances thereof came into the picture and Medical troops were taught to remove injured men from inside. Infantrymen started maneuvers and simulated battle tactics.

To conserve space, and yet give ample room for patients, the litter bunks are three high throughout the wards, while the field electric generators and lighting equipment, available near the battlefronts are used in lighting the wards, operating room and for the X-ray equipment.



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They learned to hide themselves, with their entire bodies so well protected they could take a nap under enemy fire, getting the rest they would need on the actual fields of battle.

Slowly, but certainly, this war was won in those months after the start of the war. It was won because there were not a group of nitwits who would have sent what was left of our Pacific fleet against the Japanese armada laying in wait. It was won by the solid, experienced officers and men who knew that time must win this war. It was won by those in Washington who let pass the first demoralizing thrust and abided their time until manpower and production was more than a myth. When the two were synchronized, and this nation was prepared to fly Old Glory with all other war flags, and supply man for man and tanks for each tank, with all others combined, the picture changed.

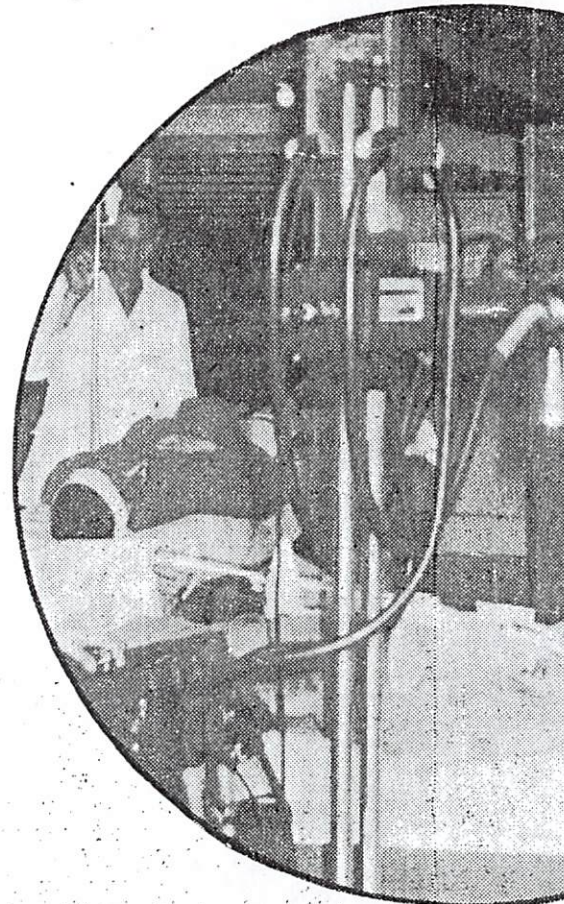
That day arrived. Our nation was supplying not only our own needs, but the war requirements of all allies, aside from what these other nations could themselves produce without detracting from their own growing strength and victories. And from this day on the entire program of training and production changed. So did the war's trend.

Today we think of preservation. Yesterday we thought of a huge army and production. We have time now to balance life against the possibilities of death, and to forestall death wherever possible.

And as we grow older and wiser

Upper: The three ventilators for the here, with hospital unit ambulances and hospital. This type of shelters are being Pacific areas, wherever they can be const

Lower: Here are the entrances lea ways to break the force of an explosion if



The X-ray installed in the underground most modern types, and permit the rapid serious emergency cases in the field. Her officers render emergency treatment a soldier for his journey back to a base hos

ARKANSAS DEMOCRAT MAGAZINE SUNDAY,

Bottom Left

ee wards are pictured
 tcks parked over the
 in the European and
 ed.
 into offset passage-
 mb were to land near.



hospitals are of the
 liagnosis necessary in
 edical Corps men and
 prepare the wounded
 il.

in war we have changed our meth-
 ods of training. We build under-
 ground hospitals in our camps to-
 day so the soldier, both medical
 and from other branches, will
 know exactly what to expect as a
 casualty overseas, or as a medical
 attendant.

One of the best examples of this
 new advanced training program is
 at Camp Robinson, where a three-
 ward underground hospital, com-
 plete with X-ray and all hospitali-
 zation facilities of modern times,
 including plasma banks the latest
 resuscitation elements of the med-
 ical world are stored in shock-
 proof vaults, has been dug, and is
 being used to educate soldiers who
 may become casualties, and men
 of the 55th General Hospital,
 Army Service Forces, in the facili-
 ties and services they may expect
 overseas.

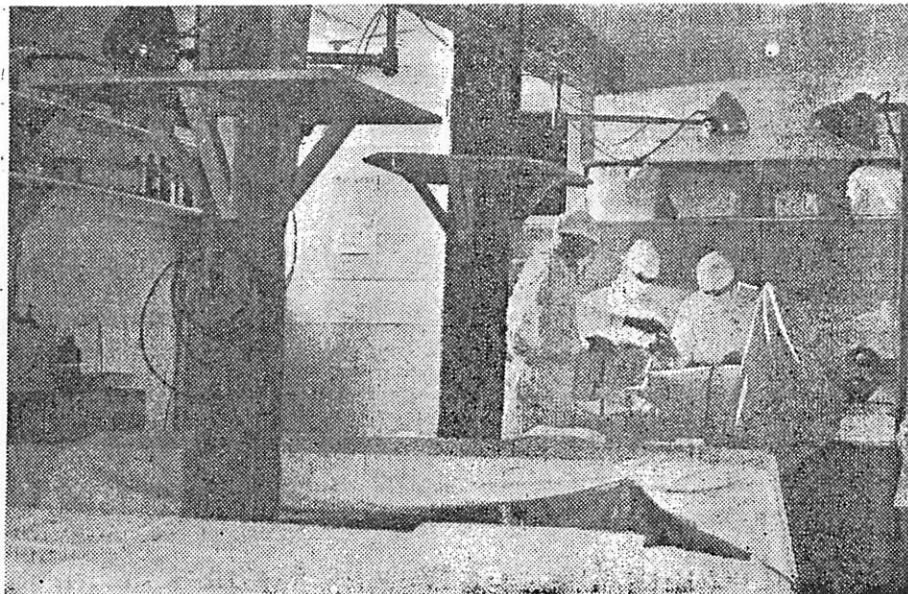
This underground, practically
 bomb-proof hospital, has been dug
 and carved from the earth and
 sandstone of the military terrain.
 It was the idea of Lt. Col. Charles
 C. Gill, commanding the 55th, and
 was constructed under the direc-
 tion of Lt. Frank Stoy, QMC, and
 three enlisted men.

With the interior finished with
 solid board floors, ceilings and
 sidewalls covered with insulation,
 electricity and plumbing which is
 available in the field behind the
 lines of battle, it stands as a
 monument to military ingenuity.
 However, a similar workable unit
 in the field may deviate from all
 these appointments, it is construct-
 ed to meet general combat condi-
 tions. In the field it could be con-

vide illumination. Here, too, Ma-
 jor E. Lipan, chief of the surgical
 service, had seen to it that "casual-
 ties" were present.

Stretched out on one operating
 table at the far end of the room
 was Master Sergeant Glenn Sam-
 uelsson. At the sergeant's head,
 administering anesthesia was Pvt.
 Ethel Maples. Grouped around
 the "patient" were Staff Sergeant

*Salvaged automobile head-
 lights are used in the operat-
 ing room and have proven
 their worth after the experi-
 ments carried on at Camp
 Robinson. This equipment,
 however, is not new to the
 medical soldier. It has been
 used in the field since World
 War I and is extremely satis-
 factory as the light can be
 controlled and focused exactly
 where it is needed as the lights
 are adjustable.*



and beside him Pfc. Philip Thomas,
 acting as nurse. On the opposite
 side of the table, handing Sgt. Po-
 such the various instruments he
 would need in an actual operation,
 was assistant nurse Pvt. Donald
 Sherlock.

Col. Gill gave credit for direc-
 tion of the construction work to
 Lt. Stoy, Pfc. Christopher C.
 Swingle, who supervised the
 plumbing; Cpl. Carlos Sparks, in
 charge of electrical installation;
 and T-5 William Easterly, carpenter.

The underground hospital has
 its own electric generator in one
 of the passageways, and running
 water in each room. Ventilators
 reaching to the upper ground have
 been constructed to serve also as
 emergency exits, and with the use
 of a "short litter," a metal frame
 which fits around the back of the
 patient, casualties can be hoisted
 to the open air.