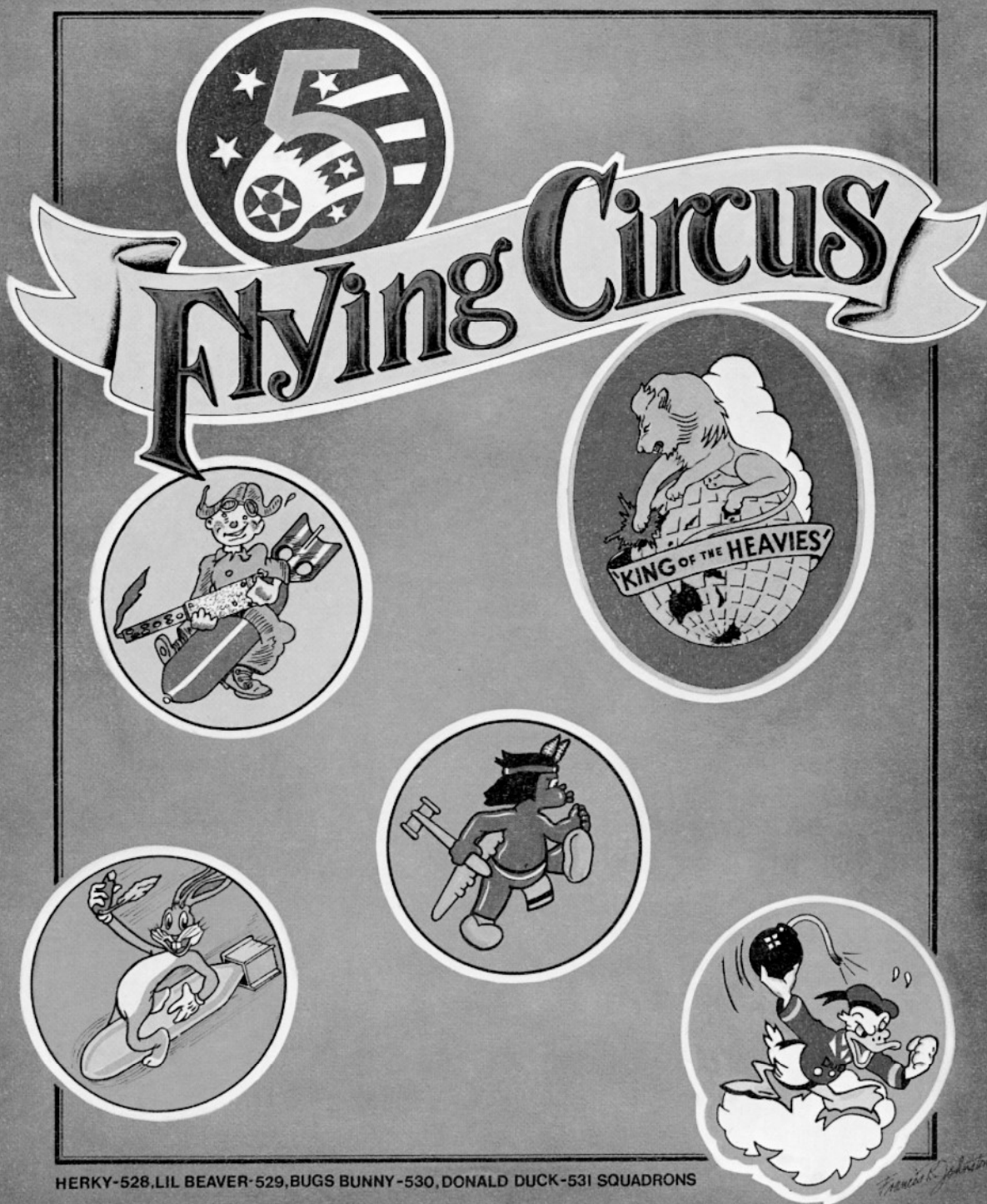


380TH BOMB GROUP



HERKY-528, LIL BEAVER-529, BUGS BUNNY-530, DONALD DUCK-531 SQUADRONS



The 380th Bomb Group Association

5th AF -- RAAF

Affectionately Known As

The Flying Circus

NEWSLETTER #78

JUNE 2023

FOLD3 News

MISS GIVING Crew

Montevideo Maru

USS Sturgeon

Medical Care in the Pacific Theatre, WWII

Flight Surgeons

380th Medics

Medical Division MOS Used in the 380th

380th Flight Surgeons' Stories

530th Maintenance Crews

This and That

1943 War Photographs

Sad Sack

531st Bombardment Squadron

Strategic Air Command

Email Can Be Fragile

2023 Member Registration Form

Officers Party - 529th Squadron

TAPS

Notices

The feature story in this issue is about medical care in the Pacific Theatre in WWII in general, and includes stories from the 380th's Medical Sections, and lists of names of the 380th medical personnel in each squadron. Malaria was a big problem during the war, hence this WWII-era poster!

HISTORIANS

Bob Alford

Glenn R. Horton Jr.

Bob Livingstone

William Shek Jr.

Robert Withorn

HISTORY PROJECT

NEWSLETTERS

REUNION COORDINATOR

WEBPAGES – FINANCIAL

Barbara J. Gotham

LINKS

Membership form:

<http://380th.org/2023Member-form.pdf>

Gear order form:

<http://380th.org/Gear2022-January.pdf>

Comments/TAPS notification:

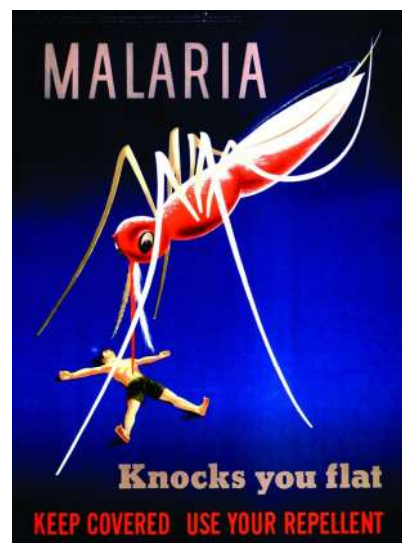
<http://380th.org/form.html>

FACEBOOK

Search for the group *380th Bombardment Group (WWII Veterans Group)* or go to <https://www.facebook.com/groups/2302731583244398>

TAPS/Memorial page:

<https://www.facebook.com/groups/421843586784696>



380th Bomb Group Association

130 Colony Road

West Lafayette, IN 47906-1209 USA

<http://380th.org/>

Email: 380th.ww2@gmail.com

Phone: 765-463-5390; Cell (texting preferred): 765-412-5370 (Eastern time zone). Please leave voicemail or text if no answer.

FOLD3® NEWS

28 million new military records from the UK and other commonwealth countries have been added to Fold3® (Fold3® has acquired Forces War Records, the leading British military genealogy website).

Records date back to the 1700s. These new collections contain details about regiments, conflicts, military decorations, post assignments, and more. Popular collections include WWI service records and WWI pension cards. WWII researchers will find many new collections detailing the Allied effort during that war.

Read more: https://blog.fold3.com/introducing-28-million-new-records-from-the-uk-and-other-commonwealth-countries/?utm_source=Content&utm_medium=Email&utm_campaign=Content-Apr-2023

RECENT POSTS

- Help Identify Unknown Sailors from the USS Arizona -- <https://blog.fold3.com/make-a-difference-this-memorial-day-help-identify-unknown-sailors-from-the-uss-arizona/>
- Dog Tags: Identifying our Deceased Military Veterans -- <https://blog.fold3.com/dog-tags-identifying-our-deceased-military-veterans/>
- Identifying Military Personnel: Decoding Serial Numbers -- <https://blog.fold3.com/identifying-military-personnel-decoding-serial-numbers/>
- Buried Treasure: The Shanghai Bowl -- <https://blog.fold3.com/buried-treasure-the-shanghai-bowl/>
- Reconstructing the Past – Part II: The National Personnel Record Center Fire of 1973 -- <https://blog.fold3.com/reconstructing-the-past-part-ii-the-national-personnel-record-center-fire-of-1973/>
- Reconstructing the Past – Part II: The National Personnel Record Center Fire of 1973 -- <https://blog.fold3.com/reconstructing-the-past-the-national-personnel-record-center-fire-of-1973/>

MISS GIVING CREW



Mile Pegs NT - WW2 in the Northern Territory, Australia
Facebook, 6 April 2023

The crew of B-24D "Miss Giving" (42-40489) 528th Squadron 380th Bomb Group USAAF pose for a group photograph at Fenton Field Northern Territory Australia in 1943. Image Reference: William Shek Jr. *Note colourised photo.

MONTEVIDEO MARU

Montevideo Maru was a Japanese auxiliary ship during World War II. It was sunk by the American submarine USS Sturgeon on 22 June 1942, drowning 1,054 Australians aboard – prisoners of war and civilians who were being transported from Rabaul to Hainan. The sinking is considered the worst maritime disaster in Australia's history. The wreck of the Montevideo Maru was discovered in April 2023.

Pre-war history

Montevideo Maru was one of three ships (along with Santos Maru and La Plata Maru) of the Osaka Shosen Kaisha (OSK) shipping line built for their trans-Pacific service to South America. The 7,267-ton ship was constructed at the Mitsubishi Zosen Kakoki Kaisha shipyard at Nagasaki, and launched in 1926. Prior to the war, the ship operated as a passenger and cargo vessel, travelling mainly between Japan and Brazil carrying Japanese emigrants.

World War II service

Montevideo Maru participated in the invasion of Makassar, Sulawesi (then Celebes) from 6 to 16 February, 1942. It completed a number of transport missions before being sunk.

Sinking

On 22 June 1942, weeks after the fall of Rabaul to the Japanese, Australian prisoners were embarked from Rabaul's port onto Montevideo Maru. She was proceeding without escort to the Chinese island of Hainan, when she was sighted by the American submarine USS Sturgeon near the northern Philippine coast on 30 June.

Sturgeon pursued, but was unable to fire, as the target was travelling at 17 kn (31 km/h; 20 mph). Montevideo Maru slowed to about 12 kn (22 km/h; 14 mph) at midnight, to facilitate an expected rendezvous with an escort of two destroyers. Unaware that the ship was carrying Allied prisoners of war and civilians, Sturgeon fired four torpedoes at Montevideo Maru before dawn on 1 July. At least one torpedo hit, causing the vessel to take on water and sink 11 minutes later. Australians in the water sang "Auld Lang Syne" to their trapped comrades as the ship sank beneath the waves.

The sinking is considered the worst maritime disaster in Australia's history. A nominal list made available by the Japanese government in 2012 revealed that a total of 1,054 prisoners (178 non-commissioned officers, 667 soldiers and 209 civilians) died on the Montevideo Maru. Among those perished there were 35



sailors from the Norwegian merchant ship MV Herstein. Of the ship's total complement, approximately twenty Japanese crew survived, out of an original 88 guards and crew.

Among the missing prisoners were:

- Harold Page, deputy administrator of New Guinea and brother of Australian prime minister Earle Page.
- Reverend Syd Beazley of the Methodist Mission, the uncle of future Australian Labor Party leader Kim Beazley.
- Tom Vernon Garrett, the grandfather of Midnight Oil lead singer and government minister Peter Garrett.
- Neill Ross Callaghan, the great uncle of an assistant minister of defence Andrew Hastie.
- 22 Salvation Army bandsmen, the majority being members of the Brunswick Citadel band. The bandsmen had enlisted together and comprised the majority of the band of the 2/22nd Battalion.

Discovery of the wreck

In late January 2010, Federal Member of Parliament, Stuart Robert, called upon the then Prime Minister of Australia, Kevin Rudd, to back the search for Montevideo Maru.

On 18 April 2023, the wreck of the Montevideo Maru was discovered at a depth of over 4,000 m (13,000 ft) in the South China Sea, off the northwest coast of Luzon Island using technology from Dutch underwater search specialist Fugro. Australian Prime Minister Anthony Albanese said he hoped the news would bring a "measure of comfort to loved ones who have kept a long vigil." Silentworld Foundation director John Mullens said in a statement that the site would not be disturbed because it is a war grave.

Memorials

A memorial to those who lost their lives was erected at the Repatriation Hospital, Bell Street, Heidelberg, Melbourne, Victoria (Australia). A Montevideo Maru memorial has been erected near the centre of the Australian Ex-Prisoners of War Memorial in Ballarat, Victoria.

MONTEVIDEO MARU (continued)

The memorial to the Australians killed in the defence of Rabaul and the sinking of the MV Montevideo Maru on the eastern side of the Australian War Memorial in November 2012

By Nick-D - Olympus E-PL3, CC BY-SA 3.0, <https://commons.wikimedia.org/w/index.php?curid=22539810>



Number of casualties

It has been historically difficult to determine a definitive number of the dead. As late as 2010, Australia's Minister for Defence Personnel, Alan Griffin, stated that "there is no absolutely confirmed roll." Australian Army officer Major Harold S Williams' 1945 list of the Australian dead was lost, along with the original Japanese list in katakana it had been compiled from; these challenges have been exacerbated by the forensic difficulties of recovering remains lost at sea.

In 2012, the Japanese government handed over thousands of POW documents to the Australian government. The Montevideo Maru's manifest, which contained the names of all the Australians on board, was among them. The translation of the manifest was released in June 2012, confirming a total of 1,054 Australians, of which 845 were from Lark Force. The new translation corrected a long-standing historical error in the number of civilians who went down with the ship. There were 209, not 208 as previously thought. This is not an additional casualty. Rather, the historical number was simply inaccurate.

Sources continue to contradict each other regarding the number of Japanese crew who survived. Some reports indicate that 17 Japanese seamen and three guards survived.

Source: https://en.wikipedia.org/wiki/Montevideo_Maru

To read more about the found wreck:

<https://www.abc.net.au/news/2023-04-22/montevideo-maru-wwii-shipwreck-found/102255384>

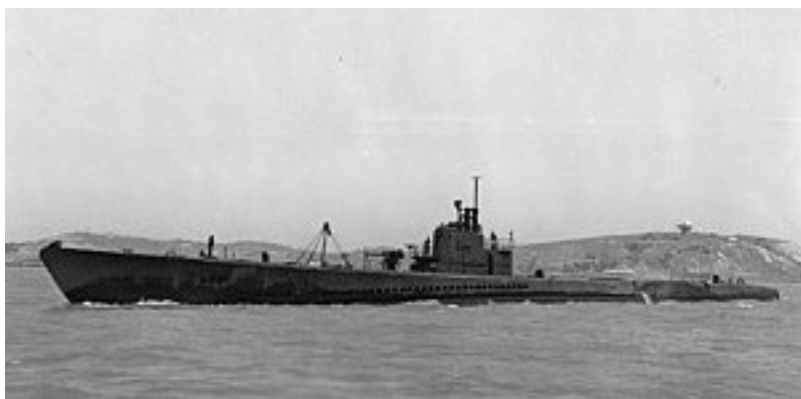
<https://www.msn.com/en-us/news/other/australia-finds-wreck-of-japanese-ww2-disaster-ship/ar-AA1ab16B>

<https://www.nytimes.com/2023/04/22/world/australia/ww2-pows-shipwreck-japan-australia.html>

USS STURGEON

USS Sturgeon (SS-187), a Salmon-class submarine, was the second ship of the United States Navy to be named for the sturgeon. Its 1944 sinking of the Japanese troopship Toyama Maru, killing more than 5,000 Japanese, was one of the highest death tolls from the sinking of a single ship in history, and its 1942 sinking of the prisoner ship Montevideo Maru was the worst maritime disaster in Australian history.

To learn more about the USS Sturgeon: [https://en.wikipedia.org/wiki/USS_Sturgeon_\(SS-187\)](https://en.wikipedia.org/wiki/USS_Sturgeon_(SS-187))



USS Sturgeon off Mare Island, 1943; <http://www.navsource.org/archives/08/08187.htm> ; Official U.S. Navy Photograph, from the collections of the Naval Historical Center. U.S. Naval Historical Center Photograph # NH 99230. Sturgeon (SS-187), off the Mare Island Navy Yard, California, 3 May 1943

MEDICAL CARE IN THE PACIFIC THEATRE, WWII

The war against Japan was fought in an area that covers roughly one-third of the Earth's surface, from Burma to Hawaii and from Alaska to Australia. In 1942, outside of Australia and New Zealand, port facilities were primitive at best. Unloading was slow; storage was difficult because of the damp climate and tropical heat; and wounded and sick evacuees endured long and difficult journeys. In this island world, medical supplies, like everything else, moved only by sea or air.

Until the very last months of fighting in the Pacific Theatre in WWII, the US Medical Department faced immense obstacles – supply lines were tenuous and environmental conditions almost intolerable, malaria epidemics broke out, medical planners faced logistical difficulties, diseases took their toll, medical support often broke down, amphibious medical evacuation had to be revised.

However, new methods of preventive medicine were created, logistics were improved, and recent drug discoveries were now provided on a large scale, such as penicillin, Atabrine, and DDT. The ultimate lesson, however, lies in the flexibility of spirit and organization shown by medical personnel, who were able to save lives and improve general health conditions during those years of bitter and unrelenting struggle for peace; in those harsh times the Medical Department successfully maintained the “fighting strength of the Army.”

THE BIGGEST THREAT: DISEASE AND MALARIA

Disease was a major threat to conserving fighting strength and enabling armies and navies to defeat the enemy in WWII. Among the commonest diseases were those spread by poor water supplies and inadequate waste disposal, especially the various forms of dysentery. The incidence of venereal disease and yaws (related to syphilis but spread by non-venereal contact, occurring mostly in rural areas) depended to a great extent upon the health of the civilian population and the opportunities for fraternization. Unwashed skin, high humidity, and contact with infected natives led to bacterial and fungal infections. Hookworm disease could result from contact with infected earth. None of these diseases were normally fatal, but all could put soldiers out of action as effectively as if they'd been wounded in combat.

Malaria is a mosquito-borne infectious disease caused by the Plasmodium parasite that attacks the red blood cells and liver of the infected person. The warm and humid climate of the Pacific islands provided ideal conditions for mosquito breeding, making malaria a common and persistent problem. When the mosquitoes feed on an infected person, they become carriers of the parasite,

and then deposit the disease in the bloodstream of another person when they feed again, thus causing a chain reaction, as each new person became a carrier through which more mosquitoes could pick up the disease, and in turn, infect additional victims.

Malaria can have a long-lasting effect on the infected. American soldiers encountered two different types of disease in the Pacific Theatre of Operations: benign, which causes violent chills, fever, and weakness, and malignant, a form more likely to cause death. If left untreated or mismanaged, it could progress to more severe forms, such as cerebral malaria, which could result in coma and death.

During the early Pacific campaign to subdue the Solomon Islands, malaria caused more casualties than Japanese bullets. Following the initial landings on Guadalcanal, the number of patients hospitalized with malaria exceeded all other diseases. Some units suffered 100% casualty rates, with personnel sometimes being hospitalized more than once.

According to the U.S. Army Heritage and Education Center, about 24,000 of the 75,000 American and Filipino soldiers involved in the campaign to stop the Japanese advance in 1942 were suffering from malaria.

Starvation and disease were two of the most significant contributions to the huge mortality suffered by Japanese forces. Inadequate supplies of rice and other foodstuffs was a contributing factor to the starvation, along with the

FIGURE 2. Japanese military physician examining a malaria patient at a prisoner-constructed hospital on Muschu Island, Papua New Guinea, October 1945. Malaria was a major cause of illness in surrendered soldiers who had spent the last year of the war in the Sepik River basin. Australian War Memorial (AWM) photo 098342 now in the public domain.



fact that the New Guinea jungle had few edible plants except the sago palm, which required considerable labor to extract its protein-poor starch. Many men ate snakes, rats, and grass. Disease, particularly malaria, was also major concern for the Japanese forces, due to the lack of any suppressive medications; malaria killed more Japanese soldiers than battle injuries as the Allies took progressively larger offensive steps towards Japan. Sick

MEDICAL CARE (continued)

men with fevers often took their own lives rather than risk capture or a slow death alone in the jungle.

The ease with which malaria spread wasn't the only problem combat soldiers faced. Because they were more concerned with fighting, many soldiers weren't using proper mosquito repellent or weren't sticking to the strict antimalarial pill regimens. Cases were reported where individual soldiers often dumped their antimalarial pills because they thought of them only as a "useless inconvenience."

Quinine, derived from the bark of the cinchona tree, was the preferred medicine used by the U.S. Army for treating malaria; however, during WWII all sources of natural quinine were in the hands of the Axis powers. A synthetic drug called quinacrine, marketed under the brand name of Atabrine, became the main drug used to fight malaria, although it came with many unpleasant side effects.

Another measure to fight malaria was the spraying of the insecticide dichloro-diphenyl-trichloroethane, more commonly known as DDT.

It was impossible to completely stop the spread of malaria, and in the end between 60-65% of American troops in the South Pacific reported contracting the disease at some point. However, when DDT was combined with the effective use of Atabrine and other measures against the mosquitoes, it was found that malaria rates could be reduced up to 70% from what had been seen in the early stages of the war.

Other medical solutions aimed at preventing and treating malaria were implemented with varying degrees of success. Troops were educated about personal protective measures to reduce mosquito bites; these included the use of bed nets, wearing long-sleeved clothing, and taking precautions during peak mosquito activity times, such as dusk and dawn. Research and development efforts by both the Axis and Allied forces led to finding better drugs and more effective mosquito control.

While these measures helped reduce the incidence of malaria to some extent, the disease remained a persistent challenge during the war.



Port Dispensary Tent on Biak Island, New Guinea, Aug 44.

CARING FOR CASUALTIES

The military's top priority was to organize its medical services to care for battlefield casualties, make them well, and return them to duty. In all Theatres of war, but particularly in the Pacific, both the Army and Navy faced their greatest challenge dealing with the aftermath of intense, bloody warfare fought far from fixed hospitals. This put enormous pressure on medical personnel closest to the front and forced new approaches to primary care and evacuation.

Many of the combat medics went unarmed, reserving their strength for carrying medical supplies. If unable to triage the patient immediately, they might commandeer a litter team to move the casualty out of harm's way and on to an aid station, etc., for further treatment. This care would mean stabilizing the patient with plasma, serum albumin, or whole blood. In some cases, the casualty was then evacuated. Other casualties were taken to a divisional hospital, where doctors performed further stabilization including surgery, if needed.

CHAIN OF EVACUATION, 1943-1945

Aidman/Medic

The front line of the whole medical operation was known as the aid man or medic. The aidman, although assigned to the battalion medical section, served with the line companies and gave first aid to the injured. The medic was not a trained physician, but he had extensive Army training in first aid. During boot camp the medics were sometimes subjected to ridicule by their gun-toting fellow grunts, but things changed in combat. Then the lowly medic was universally beloved by the soldiers.

The medic was the guy who lanced and patched up the blisters. He gave aspirin for head colds and watched over the purity of his unit's drinking water. Cartoonist Bill Mauldin called him "the private soldier's family doctor." In combat he was the one expected to come to the rescue of his wounded comrades under fire. The pained cry of "Medic!" brought him on the run. It was the rapid response of the medic and his litter bearers under hazardous conditions, administering first aid, applying tourniquets, injecting pain-killing morphine, and rushing a casualty from the front to the rear hospitals that was responsible for saving many lives.

Aid Station

The battalion aid station, the first medical installation reached by a casualty because of its location near the front line, treated shock and provided minor surgery, dressing for wounds, and relief from pain.

MEDICAL CARE (continued)

The battalion surgeon, aid station personnel, and company aidmen together formed one of the three battalion sections of the regimental medical detachment. A separate battalion, however, had its own medical detachment.

Collecting Company/Collecting Station

In World War II the division surgeon commanded the division's medical battalion. Each of the battalion's three collecting companies was designed to support one regiment or regimental combat team. A collecting company evacuated casualties from forward aid stations, and a collecting station, which the company ran, provided additional first aid, plus oxygen and whole blood, and formed a regimental holding unit for casualties until they could be taken to the rear. Sometimes a collecting station and a portable surgical hospital worked together, with the hospital stabilizing the seriously wounded for evacuation.

Clearing Company/Clearing Station

Also part of the medical battalion was the clearing company. The clearing station that it operated was, in effect, a small forward hospital, providing fairly complex treatment and informed prognosis, on which further disposition of the casualty was based. In the Pacific clearing companies often functioned as small field hospitals, because most battles were small and hospital units might be absent from the task force or remote from the fighting line. Here again, a portable surgical hospital might work nearby.

Portable Surgical Hospital (PSH)

Unique to the Pacific Theatre of Operations, they were the operational forerunners of the larger, more robust Mobile Army Surgical Hospital (MASH units). With a capacity of 25 beds, this small unit was developed in Australia and later adapted to provide skilled surgical care in jungle fighting during the Papuan campaign. Still later, it was attached to task forces to provide early frontline surgical care in amphibious operations. In theory, hospital equipment and supplies were to be carried on the backs of the thirty-three soldiers and four officers who formed the unit. The portable might be attached to a regiment, a division, or an army, depending on circumstances.

These spartan PSH tents were set up to accommodate major surgery, sometimes so close to the front that they were under fire from the enemy. They retreated or advanced rapidly with the fortunes of war. A staff of a fully equipped PSH could disassemble and load tents, equipment, and personnel onto waiting trucks within two hours. When trucks proved unavailable or impracticable, pack mules or porters were used. PSHs were flown over the Owen-Stanley Range with the troops to participate in the battle of Buna. PSHs proved so successful that they were duplicated in every Theatre of war where Americans fought and they were an important link in the human



Interior view of a patients' ward, 7th PSH, Soputa, New Guinea. A row of makeshift cots lines one side of a hospital tent. One serviceman stands above another who lies under a blanket on the cot.

chain that carried wounded soldiers from the battlefield back to the home front.

Field Hospital

Attached to a division or corps, the 380-bed (later 400-bed) field hospital was intended to be highly mobile and to concentrate on the early care of casualties. Located whenever possible within a few miles of the front line, the field hospital was a highly flexible unit that could be broken down into its component platoons, each of which, if strengthened with surgical teams, might operate as an independent small hospital.

Medical Group

A headquarters that organized field army medical units—separate medical battalions and field hospitals, in the main—for operational and administrative purposes, a medical group controlled evacuation to the rear of the divisions and all evacuation of non-divisional units serving under a field army.

Evacuation Hospital (Semimobile)

Larger and more difficult to move than the field hospital, and intended to care for 250–400 casualties (though some held up to 2,000 when fighting was heavy and/or evacuation failed), this unit primarily was utilized for the care of the seriously injured or ill designated for evacuation to large hospitals in the rear. There was also a 750-bed hospital, but it was not semimobile.

Station Hospital

A fixed hospital of 25–900 beds, corresponding to a post hospital in the United States, provided highly skilled care in medicine and surgery both to casualties evacuated from the combat zone and to garrison troops stationed in its vicinity. The great variation in size reflected the fact that a station hospital might serve anything from a small islet to a major base.

General Hospital

The last stop in the chain of evacuation, this large fixed installation of 500–1,000 beds provided the best available care and specialized treatment for all types and classes of casualties. The general hospital was authorized to evacuate patients to the United States for additional care or discharge.

MEDICAL CARE (continued)

Hospital Center

Indefinitely expandable, the hospital center was a collection of general hospitals operating under a single headquarters. Component hospitals normally specialized in the care of one or more types of disease or injury.

Convalescent Hospital

This unit was either a station or general hospital devoted to preparing for duty soldiers who had recovered from illness or wounds but were unready to resume full duty status. Those who reached a convalescent hospital were already on their way back to a line or support unit; normally, their next stop would be a replacement depot, outside the medical system.

Ship and Air Evacuations

In the Pacific, where sailors, soldiers, and marines were doing the fighting, both Navy and Army hospital ships, employed mainly as ambulances, provided first aid and some surgical care for the casualties' needs while ferrying them to base hospitals in the Pacific or back to the United States for definitive care. As the war continued, air evacuation helped carry the load. Trained army and navy nurses, medics, and corpsmen staffed the evacuation aircraft.

Returning Home

The final link in the chain of wounded men flowing back from the front was the arrival home. The Army Medical Department did not see its job as complete when severely wounded men arrived stateside. Men newly blind, deaf, or with loss of limb needed rehabilitation. Hospitals and vocational programs were set up and staffed for the thousands who required additional help in retraining for civilian life.

Today, the programs of the Veterans Administration are taken for granted and even expected for wounded soldiers. They were innovations of the 1940s, and thousands of men went through rehabilitation.

THE RED CROSS

The Pacific Theatre held many dangers for medical personnel. The famed Red Cross symbol used by all doctors and medics was not one that the Japanese regularly treated with respect. Japan had not signed the Geneva Convention before the war and did not feel obligated to abide by the international rules of conduct toward medical personnel.

The easily recognized red and white emblem of the International Red Cross was no guarantee of safety. Medics and litter bearers were killed and maimed on every front. American medical crews quickly learned to smear mud over the red and white symbol emblazoned on their tents, helmets, and trucks to prevent themselves from being more of a target than



they already were. In New Guinea, American doctors attached to the PSHs were given target practice with M-1 carbines when some of their noncombatant colleagues were killed by the enemy.

In the 1940s during World War II, the American Red Cross enrolled 7.5 million volunteers along with 39,000 paid staff and more than 104,000 nurses for military service, prepared 27 million packages for prisoners of war, shipped more than 300,000 tons of supplies, and collected 13.3 million pints of blood plasma for the armed forces. By the time World War II ended in September 1945, American society contributed over \$784 million in support of the American Red Cross.



MEDICAL IMPROVEMENTS

WWII brought about many advances in medicine. The military moved quickly to reduce the impact of malaria and other tropical diseases. Personnel were trained in preventive medicine to control malaria-spreading mosquitoes by spreading oil on breeding areas and spraying DDT. Physicians, medics, and corpsmen dispensed quinine and Atabrine as malaria suppressants.

Battlefield medicine improved throughout the course of the war. At the beginning, only plasma was available as a substitute for the loss of blood. By 1945, serum albumin had been developed, which is whole blood that is rich in the red blood cells that carry oxygen and is considerably more effective than plasma alone.

During the war, surgery techniques such as removing dead tissue resulted in fewer amputations than at any time. To treat bacterial infections, penicillin or streptomycin were administered for the first time in large-scale combat.

Also, this was the first major war in which air evacuation of the wounded became available.

Service members with combat fatigue, which later became known as post-traumatic stress disorder (PTSD), were given a safe place to stay away from battle zones with plenty of food and rest. This resulted in about 90% of patients recovering enough to return to the fight.

Service members were also inoculated with vaccinations for smallpox, typhoid, tetanus, cholera, typhus, yellow fever and bubonic plague, depending where they were sent.

Other improvements during World War II included improved crash helmets, safety belts, flak jackets and other preventive measures.

MEDICAL CARE (continued)

Because of improvements like these and others, the survival rate for the wounded and ill climbed to 50% during World War II from only 4% during World War I, according to Dr. Daniel P. Murphy, who published a paper on "Battlefield Injuries and Medicine."

If the Army Medical Department has a legacy, it is that the advancement of patient care and rapid response to injury during WWII that also led to improved peacetime medical care.

REFERENCES:

Medicine, World War II -- <https://www.encyclopedia.com/defense/energy-government-and-defense-magazines/medicine-world-war-ii>

Historical Perspective: The Critical Role of Disease and Non-Battle Injuries in Soldiers Isolated on Pacific Islands During the Second World War -- <https://www.health.mil/News/Articles/2023/02/01/Disease-and-Illness-in-World-War-II-Pacific-Forces>

The Other Foe: The U.S. Army's Fight Against Malaria in the Pacific Theatre, 1942-1945 -- <https://armyhistory.org/the-other-foe-the-u-s-armys-fight-against-malaria-in-the-pacific-Theatre-1942-45/>

WW2 Military Hospitals: Pacific Theatre of Operations and Minor Theatres -- <https://www.med-dept.com/articles/ww2-military-hospitals-pacific-Theatre-of-operations/>

Medical Service in the War Against Japan -- https://history.army.mil/html/books/010/10-24/CMH_Pub_10-24-1.pdf

Portable Surgical Hospitals -- https://en.wikipedia.org/wiki/Portable_Surgical_Hospital
<https://achh.army.mil/history/book-wwii-surgicalhosp-portablesurgicalhospitals>
<https://collections.nlm.nih.gov/catalog/nlm:nlmuid-101442957-img>

The U.S. Army Medical Corps: Caring for the Casualties in World War II -- <https://warfarehistorynetwork.com/article/the-u-s-army-medical-corps-caring-for-the-casualties-in-world-war-ii/>

Medical Improvements Saved Many Lives During World War II -- <https://www.defense.gov/News/Feature-Stories/Story/Article/2115192/medical-improvements-saved-many-lives-during-world-war-ii/>

History of Medicine, World War II -- <https://www.britannica.com/science/history-of-medicine/World-War-II-and-after>

The Red Cross -- https://en.wikipedia.org/wiki/International_Committee_of_the_Red_Cross
<https://www.icrc.org/>
https://en.wikipedia.org/wiki/American_Red_Cross
<https://www.redcross.org/>

FLIGHT SURGEONS

The term "flight surgeon" originated in the early months of 1918 when the U.S. Air Medical Service of the U.S. Army collaborated with two civilian aviation organizations—the Aero Club of America and the Aerial League of America—to manage problems of medical screening and standards for U.S. military aviators.

The original intent was for the military and the Surgeon General to understand what was causing the high flight mishap rate. Shortly after the appointment of the first flight surgeons, research and experience led to a dramatic improvement in aircrew health as well as a significant raising of the entry medical standards for all aircrew. The early flight surgeons found that the Army's practice of assigning officers to flight duty who were not physically qualified for infantry or cavalry duty was improper. Because of the G-forces, risk of spatial disorientation, and risk of hypoxia encountered in the aviation environment, among other challenges, early flight surgeons found that aviation personnel must be scrupulously healthy and well trained in the basics of aerospace physiology.

During WWII, the head of the U.S. Army Air Forces, General of the Army Henry 'Hap' Arnold, directed all flight surgeons in the Army Air Forces to fly regularly with their patients in order to better understand the aviation environment. Consequently, to this day, their successor U.S. Air Force Flight Surgeons are considered "aeronautically rated" aircrew members who receive flight pay and who are required to fly a certain number of hours monthly. The same policy applies to Army Flight Surgeons and to Naval Flight Surgeons, the latter who are considered "aeronautically designated" officers like their Naval Aviator and Naval Flight Officer counterparts.

Strict racial segregation during WWII in the U.S. Army required the development of separate black flight surgeons to support the operations and training of the Tuskegee Airmen in 1941 and continued in the U.S. Army Air Forces throughout WWII. Following the establishment of an independent U.S. Air Force and the racial integration of all the U.S. armed forces following WWII, this separation was discontinued.

Source: https://en.wikipedia.org/wiki/Flight_surgeon

380TH MEDICS

528th MEDICAL SECTION

Flight Surgeon: Butts, William S.

Surgical Technicians:

Bruckner, Fred J. (To GP Oct 44, From GP Aug 45)

Gill, Samuel J.

Zelkovich, Anthony J. (To GP Oct 44)

Medical Technicians:

Kalocotronis, Aristides H. (To GP Oct 44)

Murray, Walter D. (To GP Oct 44)

Medical Section Leader: Kokes, Emanuel R.

Medical NCO: Young, Eugene

Other Medical Staff:

Cookson, Walter B. (Unspecified)

Hallifield, Bert W. (Medic/Aidman) (To GP Oct 44)

Manca, Dominick A. (Medic) (From GP Aug 45)



529th Medics-- Kneeling: Cpl Anthony J. Zelkovich, S/Sgt Emanuel R. Kokes. Standing: Capt William S. Butts, PFC Walter B. Cookson, Sgt Bert W. Hallifield, Sgt Fred J. Bruckner, PFC Walter D. Murray.

529th MEDICAL SECTION

Flight Surgeon: Hubbard, William O.

Medical Section Leader: Imm, Floyd A.

Surgical Technician: Pareut, Douglas P. (To GP Oct 44)

Medical Technician: Tyrell, Robert A. (To GP Oct 44)

Medical NCO: Manca, Dominick A. (From GP Aug 45)

Pabst, Leo M. (Supply) (From GP Aug 45)

Other Medical Staff (Nurses, Aidmen):

Hester, Esko (To GP Oct 44)

Linder, Chester E. (To GP Oct 44)

Other Medical Staff (Clerks and Unspecified):

Lally, Albert A.

Martinez, Fernando, Jr. (To GP Aug 45)

Robertson, Waldon J. (To GP Sep 45)

Strange, Edward R.

Weimer, Gordon T.



529th Medics at Manbulloo-- Rear: Robert Tyrell, Gordon Weimer, Capt William E. Hubbard, Chester Lindner, Waldon Robertson; Front: Floyd Imm, Albert Lally, Edward Strange, Esko Hester.

530th MEDICAL SECTION

Flight Surgeons: Garron, Levon K. (also in GP)

Wilson, Nathaniel D.

Surgical Technicians: Kamley, Edward R.

Medical Technicians: Finlay, Edward R. (To GP Oct 44)

Miller, Ivan R. (To GP Oct 44)

Raby, Claude E. (To GP Oct 44, From GP Aug 45)

Medical Section Leader: Coker, Dalton K.

Medical NCO: Young, Eugene (To GP Oct 44)

Medics/Aidmen: Crobar, Floyd F.

Haught, Joseph H. (To GP Oct 44)

Hocker, David R.

Other Medical Staff:

Stephens, Hayden C. (Clerk) (To GP Oct 44)

Morrison, Elmer E., Jr. (Dental Technician)



530th Medics-- Kneeling, L-R: Capt Wilson, Sgt Young, Cpl Hocker; Standing, L-R: Cpl Kamley, Sgt Stephens, Cpl Morrison, Sgts Raby and Crobar.

Photo Sources: 380TH "BLUE BOOK" pp. 134, 145, 154

380TH MEDICS (continued)

531st MEDICAL SECTION

Flight Surgeons: Glass, Irving A.

Surgical Technicians: Bothwell, James A. (To GP Oct 44)

Gribble, Jollie M. (To GP Oct 44)

Medical Technicians: Duffy, Robert W. (To GP Oct 44)

Medical NCO: Manca, Dominic A. (To GP Oct 44)

Poe, Howard A. (To GP Oct 44, From GP Sep 45)

Medics/Aidmen: LaVasseur, Edward A. (To GP Oct 44)

Plein, John P.

Quenden, William A.

Roth, Howard L. (To GP Sep 45)

Other Medical Staff:

Baker, Joseph P. (Sanitation Tech)

Bowen, John P. (Practical Nurse)

GROUP HEADQUARTERS MEDICAL STAFF

Group Flight Surgeons: Garron, Levon K.

Lyman, Richard W.

Still, Oscar W.

Medical Technicians: Finlay, Edward R. (From 530 Oct 44)

Kalocotronis, Aristides H. (From 528 Oct 44)

Murray, Walter D. (From 528 Oct 44)

Poe, Howard A. (From 531 Oct 44, To 531 Sep 45)

Raby, Claude E. (From 530 Oct 44, To 530 Aug 45)

Robertson, Waldon J. (From 529 Sep 45)

Tyrell, Robert A. (From 529 Oct 44)

Medical NCOs:

Manca, Dominic A. (From 531 Oct 44, To 529 Aug 45)

Pabst, Leo M. (Supply) (To 529 Aug 45)

Young, Eugene (From 530 Oct 44)

Surgical Technicians: Bothwell, James A. (From 531 Oct 44)

Bruckner, Fred J. (From 528 Oct 44, To 528 Aug 45)

Gribble, Jollie M. (From 531 Oct 44)

Pareut, Douglas P. (From 529 Oct 44)

Medics/Aidmen: Duffy, Robert W. (From 531 Oct 44)

Haight, Joseph H. (From 530 Oct 44)

Hester, Esko (From 529 Oct 44)

Hallifield, Bert W. (From 528 Oct 44)

LeVasseur, Edward A. (From 531 Oct 44)

Linder, Chester E. (From 529, Oct 44)

Miller, Ivan R. (From 530 Oct 44)

Roth, Howard D. (From 531 Sep 45)

Tyler, Clarence E.

Other Medical Staff: Jones, Robert J.

Martinez, Fernando, Jr. (From 529 Aug 45)

Stephens, Hayden C. (From 530 Oct 44)

Zelkovich, Anthony J. (From 528 Oct 44)

MOS USED IN THE 380TH

Any military unit of the size of a World War II Heavy Bombardment Group requires a very large number of different personnel skills among its approximately 8,000 personnel. This is particularly so when the unit must serve in an isolated area far from its sources of supply and assistance from other related military units. Such was the 380th Bomb Group which served in the Northern Territory of Australia, New Guinea, and The Philippines (Mindoro) during World War II.

Fortunately, the United States Army had foreseen the need for such capability and had instituted an elaborate personnel classification and training system to supply such a need. The occupational skills and specialties needed have been recorded as MOS/SSN numbers (Military Occupational Specialties/Service Specialty Numbers) and are described in a series of Army Regulations and Technical Manuals.

For the Medical Department Division, these are their MOS listings (a * besides the entry indicates that that MOS was used in the 380th)

OFFICERS

3160 Aviation Medical Examiner

3161 Air Force Staff Surgeon *

3162 Flight Surgeon *

ENLISTED

067 Dental Laboratory Technician

072 Physical Therapy Technician

123 Nurse, Male, Practical *

196 Sanitation Tech *

250 Veterinary Technician

263 Psychiatric Social Worker

264 X-Ray Technician

303 Hospital Orderly

405 Supply Clerk Typist *

409 Medical Technician *

652 Medical Section Leader *

657 Medical Aidman *

666 First-Aid Man

673 Medical NCO

825 Medical Supply NCO *

855 Dental Technician *

858 Medical Laboratory Technician

859 Pharmacy Technician

861 Surgical Technician *

Sources:

<http://380th.org/HISTORY/partIV-fore.html>

<http://380th.org/HISTORY/partIV-5.html#G>

380TH FLIGHT SURGEONS' STORIES

10 June 1943

On board the *Steinmetz*, headed to the N.T., the daily routine of ship life was interrupted by a medical emergency which challenged the skills of 529th Flight Surgeon, Capt/Dr William E. Hubbard. Sgt Phillip Silverman of the 529th's S-2 Section came down with appendicitis. Hubbard performed the necessary surgery with typical aplomb and had the patient transferred off ship when they docked in Brisbane.



Dr. William Hubbard,
529th Flight Surgeon
Howard R. Williams
Collection



Dr. Irving Glass
Howard R. Williams
Collection

17 January 1944

Capt/Dr Irving Glass, 531st Flight Surgeon, received a Soldier's Medal for his efforts (with other 531st members) to search for survivors of the crash landing of 42-41236 (take-off engine trouble), which hit 42-41219 (SACK TIME), and was destroyed by 42-41248 (BEBE).

21 September 1944

Thanks to the first aid class given by Capt/Dr Glass on 20 September 1944, two members of the Brasfield (86) crew (bombardier Donald Haven and navigator Stephen Resko) were able to save fellow crew members during a strike mission to Laha when a shell exploded near 42-73799 (MALE CALL) which caused injuries to the waist gunners Edward North and Clarence Newton.

Source: Horton, *BEST IN THE SOUTHWEST*, pp. 152, 265

22 June 1943

The voyage across the Gulf of Carpentaria was interrupted by an Australian sailor, stricken with appendicitis. His corvette pulled alongside the *Steinmetz* and transferred the man to the care of Capt/Dr Hubbard. Still basking in the fame of his most recent sea surgery, he performed this second appendectomy with equal skill. During the halt mandated by the surgery, the 380th men revved up the ship's few anti-aircraft guns and scanned the skies for possible raiders. Surgery completed, the voyage resumed as most men finished packing their gear in preparation for a fast disembarkation at Darwin.

Source: Horton, *BEST IN THE SOUTHWEST*, pp. 30, 37



T/Sgt Tom Carter being visited by Eleanor Roosevelt while convalescing from his broken leg sustained on 3 August 1943 over Manokwari. Thomas Carter Collection.

7 August 1943

While treating wounded men, it was discovered that morphine was missing from the plane's First Aid kits. Without pain killers, the wounded men suffered through the remainder of the long flight home. The pilot, Wilbur L. Morris (530th), elected to land at RAAF-Darwin instead of Fenton. The injured were off-loaded and taken to the base hospital while the remainder of the crew refueled and returned to Fenton.

During their de-briefing, the men reported the missing morphine to Capt/Dr Levon Garron, the 530th Flight Surgeon, who told his 528th counterpart, Capt/Dr William Butts, about the problem and jointly they ordered all Fenton aircraft to be inspected. Many were found to be missing their morphine. All remaining narcotics were then removed from the aircraft with the intent of denying the addict his needed access to the drug. New orders were issued which specified the morphine would be given to flight crews as they departed for their planes. In less than a week, the flight surgeons identified their addict. A 530th co-pilot developed severe withdrawal symptoms and was relieved of his duties. The man was then transferred back to the U.S.

Source: Horton, *BEST IN THE SOUTHWEST*, pp. 67-68

Source: Horton, *BEST IN THE SOUTHWEST*, p. 68

530TH MAINTENANCE CREWS

Stanley Patterson
Facebook, 21 March 2023

In my Father's collection there are a number of group shots of maintenance crews and fortunately he named most of them, including the home towns of some. The first picture is of my Father (Eddie L. Patterson, 530th) and his tent mates and close friends. They are standing in front of their tent they comically named "The Sonova Beach Hotel."



Source:
<http://www.b24best-web.com/sandrakay.htm>



<http://380th.org/HISTORY/PARTV/DuchessPaducah.htm#Photos>



Left to right standing: M/Sgt. Ralph Castillo / Aircraft Maintenance Crew Chief / *Gus's Bus* / Long Beach CA, T/Sgt. Duward E. Hunt / Aircraft Instrument Mechanic / *Sandra Kay* / Avenal CA, M/Sgt. Hugh J. McLeish / Aircraft Maintenance Crew Chief / *Duchess of Paducah* / *Sandra Kay* / Morrisville PA, M/Sgt. Paul A. Cazaubon / Aircraft Maintenance Technician / New Orleans LA.

Kneeling left to right: S/Sgt. Edmund W. Musiel / Ground Staff / Cleveland OH, T/Sgt. Eddie L. Patterson / Chief Electrician / *Duchess of Paducah* / *Sandra Kay* / Indianapolis IN

<http://380th.org/HISTORY/PARTV/GusBus.htm#Photos>



Left to right standing: M/Sgt. Roy A. Bateman Jr. / Ground Staff / Lexington KY, S/Sgt. Joe H. Offner / Aircraft Sheet Metal Fabricator / Red Cloud MN, Cpl. Harold E. Rentz / Ground Staff / Norman Park GA, Sgt. Filmore J. Malberg / Ground Staff / *Juarez Whistle* / Thief River Falls MN,

Left to right Kneeling: M/Sgt. Morris G. Mickaelson / Aircraft Engine Mechanic / *Morbid Moe* / Hawley MN, T/Sgt. Joe F. Roberson / Flight Engineer / DeLoache Crew/64 / *Dottie's Double* / *Rough Knight* / Fountain City TN, Herbert Roelher/ Arlington NB (no info; spelling/name may be incorrect)

530TH MAINTENANCE CREWS (continued)



Left to right: S/Sgt. Porter A. Hesse / Administration NCO, M/Sgt. Louis W. Pellegrini / Aircraft Maintenance Crew Chief / *Dauntless Dottie* / *Dottie's Double*, M/Sgt. William V. Clarke / Aircraft Technician Crew Chief / *Sleepy Time Gal* / *Dauntless Dottie* / *Jugglin Josie* / *Little Joe* / *The Red Ass*, Sgt. James A. Long / Engineering Maintenance, Combination Welder, Sgt. Mike Lance / Maintenance, Welder Aircraft, Cpl. Clifford E. Dixon / Ground Staff

Left to right standing: Cpl. Richard L. Dale / Ground Staff / Georgia, T/Sgt. Eddie L. Patterson / Chief Electrician / Indianapolis, Sgt. James W. Myers / Ground Staff / New Jersey, T/Sgt. Duward E. Hunt / Aircraft Instrument Mechanic / *Sandra Kay* / California, M/Sgt. Hugh J. McLeish / Aircraft Maintenance Crew Chief / *Duchess of Paducah* / *Sandra Kay* / Pennsylvania.

Left to right Kneeling: Sgt. Atlee R. Miller / Engineering Maintenance Crew Chief / *Rough Knight* / *Quack Wac* / Ohio, M/Sgt. Malcom D. Wilson / Engineering Aircraft Maintenance / Mississippi, S/Sgt. William L. Miller / Engineering Maintenance Crew Chief / *Lil D'icer* / *Silver Lady* / Ohio, S/Sgt. Henry A. Parchert / Maintenance, Aircraft Electrical Mechanic / Michigan, S/Sgt. John A. Cannon / Ground Staff / Washington, Sgt. Leo L. Myers / Maintenance, Aircraft and Engine Mechanic / Ohio



<http://380th.org/HISTORY/PARTV/JugglinJosie.htm#Photos>

<http://380th.org/HISTORY/PARTV/RoughKNight.htm#Photos>



<http://380th.org/HISTORY/PARTV/QuackWac.htm#Photos>



<http://380th.org/HISTORY/PARTV/JuarezWhistle.htm#Photos>



<http://380th.org/HISTORY/PARTV/DauntlessDottie.htm#Photos>

THIS AND THAT

Clinton Bock
Facebook, 10 April 2023

This documentary on The Smithsonian Channel shows rare color footage of one of the most intense aerial attacks in the Pacific during WWII is powerful proof of the importance of war correspondents – in this case, British journalist William Courtenay. See more of what he witnessed in the Pacific on Fall of Japan!

If you have access to or a subscription to the Smithsonian Channel, check it out here: <https://www.smithsonianchannel.com/special/fall-of-japan-in-color>
Clinton also provided this link: <http://bitly.com/FallofJapan>

William Shek
Facebook, 14 March 2023

Photo of B-24 waist gunner by George Silk, Life Magazine photographer, while visiting Fenton in 1943. The B-24 guns fired .50 caliber rounds. The second photo is of a .50 caliber cartridge to show its size (from my collection - it is inert).



William Shek
Facebook, 10 April 2023

There were two "Battles of Balikpapan, Borneo." Borneo was a rich oil producing area, and the town of Balikpapan was a center for the oil processing industry there. The Japanese wanted to occupy it to use the oil refineries for their war efforts.

The first "Battle" took place in January 1942, when US Naval forces and Dutch forces attempted to defend Balikpapan. However, they failed to stop the Japanese from taking it.

The second major "battle" in July 1945 included a major air attack by Allied air forces, composed of RAAF and USAAF bomber units from the 13th AF and 5th AF (22nd BG, 38th BG, 90th BG, 380th BG), several USAAF Fighter units, and ground invasion by Australian Army forces. The Japanese were successfully driven out.

Before this 1945 mission, in 1943, the 380th BG had launched the first bombing missions against Balikpapan. The first was on August 13, 1943. The next was on August 17, 1943. Both were successful in doing extensive damage to the oil facilities and shipping in the harbor there. The 380th earned its first Presidential Unit Citation for the missions. My dad flew in the August 17 mission. These 380th Balikpapan bombing missions were the longest (distance) of the war at that time (over 2600 miles round-trip non-stop). They were farther than the Ploesti, Romania, USAAF missions in Europe.

As part of the propaganda campaign against malaria, the Army produced a series of posters, calendars, and a comic strip, "Malaria Moe," reminding soldiers to follow various protocols in order to prevent contracting malaria. (Otis Historical Archives, National Museum of Health and Medicine)



<https://armyhistory.org/the-other-foe-the-u-s-armys-fight-against-malaria-in-the-pacific-Theatre-1942-45/>

1943 WAR PHOTOGRAPHS

William Shek

Facebook, 11 March 11 2023

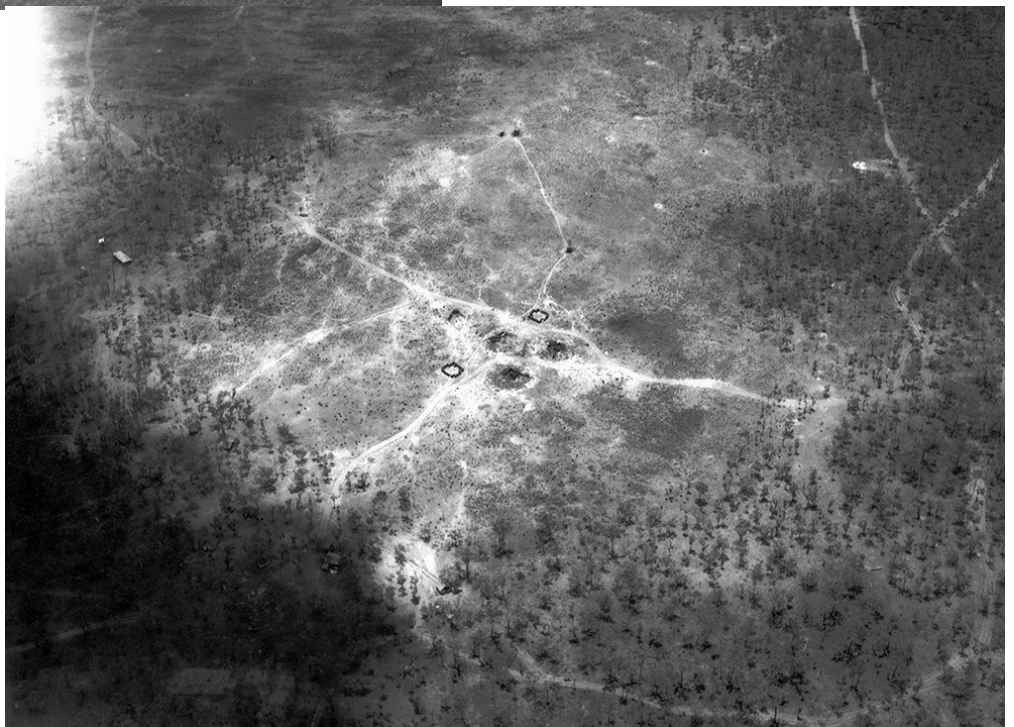
1943__380th B-24s over Australia. From my father's collection



1943_Sunken Freighter.
From my father's collection



1943__Fenton AA Gun
Emplacement. From my father's collection



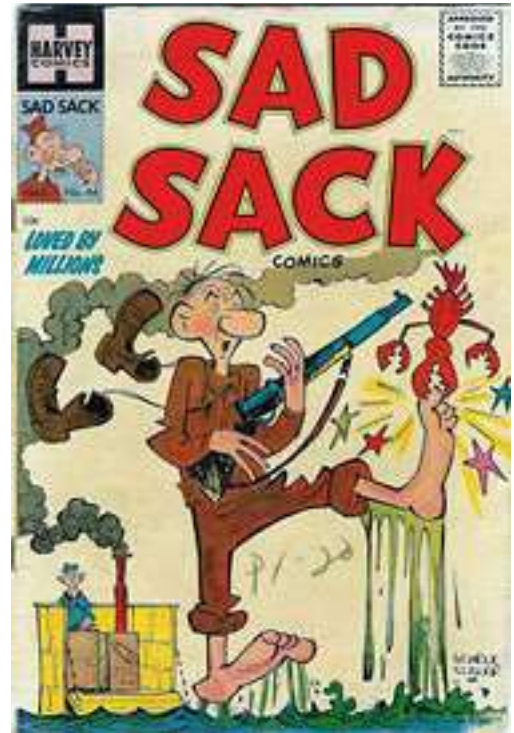
SAD SACK

The Sad Sack is an American comic strip and comic book character created by Sgt. George Baker during World War II. Set in the United States Army, Sad Sack depicted an otherwise unnamed, lowly private experiencing some of the absurdities and humiliations of military life. The so-called "unnamed private" was actually Ben Schnall, a true-life private in the US Army during WWII, member of *Yank* magazine and good curmudgeonly friend of Sgt. George Baker. The title was a euphemistic shortening of the military slang "sad sack of shit," common during World War II. The phrase has come to mean "an inept person" or "inept soldier."

Originally drawn in pantomime by Baker, *The Sad Sack* debuted June 1942 as a comic strip in the first issue of *Yank, the Army Weekly*. It proved popular, and a hard-cover collection of Baker's wartime Sad Sack strips was published by Simon & Schuster, Inc. in 1944, with a follow-up, *The New Sad Sack* (1946). The original book was concurrently published as an Armed Services edition mass market paperback, in that edition's standard squarebound, horizontal, 5 5/8" x 4" format, by Editions for the Armed Services, Inc., a non-profit organization of The Council on Books in Wartime; it was #719 in the series of Armed Service editions.

After the war ended, *The Sad Sack* ran in newspaper syndication in the United States from May 5, 1946, until 1958. Baker then sold the rights to Harvey Comics, which produced a large number of commercial spin-offs.

Source: https://en.wikipedia.org/wiki/Sad_Sack



Sad Sack #44 cover



Daniel L. Stockton
B-24 Best Web
Facebook, 8 April
2023

Latest 380th BG Pic/
Info
42-73133 SAD SACK
(V2)
<http://www.b24best-web.com/sadsack-v2-4.htm>

NAME	TP	M#	SER	BLK	MF	SERIAL #	AF	BG	BS	SC	RCL/#	V#-P	PHOTO CREDITS
SAD SACK	B	24	J	15	CO	42-73133	5	380	531	~	~	02-4	THEODORE J. WILLIAMS

Port (Left) Side - Character from "[Sad Sack Comics](#)" (Creator - [George Baker](#))

Contributor - [Theodore J. Williams](#) (Navigator)

Standing right, that's me!

In cockpit, Carl D. Magee (Pilot)

Out of escape hatch, Raymond H. Prew (Asst Eng)

Standing left, Milton D. Wilkinson (Bombardier)

Send e-mail or pics to [B-24 Best Web Master](#) along with your questions or comments about this web site.
Copyright © 1997 B-24 Best Web Published on Veterans Day 11/11/97 Last modified: 08-Apr-2023

531ST BOMBARDMENT SQUADRON

As we know, the 531st Bombardment Squadron was a unit of the US Air Force, first activated during World War II in 1942. After training as a heavy bomber unit in the United States, it moved to the Southwest Pacific Theater, entering combat in May 1943, flying combat missions from Australia while attached to the Royal Australian Air Force, earning two Distinguished Unit Citations and a Philippine Presidential Unit Citation. In 1945 it moved forward to the Philippines, then to Okinawa. Following V-J Day, the squadron returned to the Philippines and was inactivated there in February 1946.

AFTER WWII: AIR FORCE RESERVE AND KOREAN WAR

The squadron was activated in May 1947, in the reserve at MacDill Field, Florida, where its training was supervised by the 465th AAF Base Unit (later the 2582d Air Force Reserve Training Center) of Air Defense Command (ADC). It is not clear whether or not the squadron was fully staffed or equipped at this time. In 1948 Continental Air Command assumed responsibility for managing reserve and Air National Guard units from ADC.

The May 1949 Air Force Reserve program called for a new type of unit, the corollary unit, which was a reserve unit integrated with an active duty unit. The plan was viewed as the best method to train reservists by mixing them with an existing regular unit to perform duties alongside the regular unit.

The squadron became a corollary of the 307th Bombardment Wing and Strategic Air Command (SAC) became responsible for its training. All reserve corollary units were mobilized for the Korean war, and the squadron was called to active duty in May 1951. Its personnel were used to bring other units up to strength, and the squadron was inactivated two weeks later (1951).

STRATEGIC AIR COMMAND (SAC) BOMBER UNIT

From 1958, the Boeing B-47 Stratojet wings of SAC began to assume an alert posture at their home bases, reducing the amount of time spent on alert at overseas bases. The SAC alert cycle divided itself into four parts: planning, flying, alert and rest to meet General Thomas S. Power's initial goal of maintaining one third of SAC's planes on fifteen minute ground alert, fully fueled and ready for combat to reduce vulnerability to a Soviet missile strike. To implement this new system B-47 wings reorganized from three to four squadrons. The 531st was activated at Plattsburgh Air Force Base, New York on 1 May 1959 as the fourth squadron of the 380th Bombardment Wing. The alert commitment was increased to half the squadron's aircraft in 1962 and the four squadron pattern no longer met the alert cycle commitment, so the squadron was inactivated on 1 January 1962.

Source: https://en.wikipedia.org/wiki/531st_Bombardment_Squadron

STRATEGIC AIR COMMAND

Strategic Air Command (SAC) was a United States Department of Defense Specified Command and a United States Air Force (USAF) Major Command responsible for command and control of the strategic bomber and intercontinental ballistic missile components of the United States military's strategic nuclear forces from 1946 to 1992. SAC was also responsible for the operation of strategic reconnaissance aircraft and airborne command post aircraft as well as most of the USAF's aerial refueling fleet, including aircraft from the Air Force Reserve (AFRES) and Air National Guard (ANG).

SAC primarily consisted of the Second Air Force (2AF), Eighth Air Force (8AF) and the Fifteenth Air Force (15AF), while SAC headquarters (HQ SAC) included Directorates for Operations & Plans, Intelligence, Command & Control, Maintenance, Training, Communications, and Personnel. At a lower echelon, SAC headquarters divisions included Aircraft Engineering, Missile Concept, and Strategic Communications.

In 1992, as part of an overall post-Cold War reorganization of the U.S. Air Force, SAC was disestablished as both a Specified Command and as a MAJCOM, and its personnel and equipment redistributed among the Air Combat Command (ACC), Air Mobility Command (AMC), Pacific Air Forces (PACAF), United States Air Forces in Europe (USAFE), and Air Education and Training Command (AETC), while SAC's central headquarters complex at Offutt AFB, Nebraska was concurrently transferred to the newly created United States Strategic Command (USSTRATCOM), which was established as a joint Unified Combatant Command to replace SAC's Specified Command role.

In 2009, SAC's previous USAF MAJCOM role was reactivated and redesignated as the Air Force Global Strike Command (AFGSC), with AFGSC eventually acquiring claimancy and control of all USAF bomber aircraft and the USAF strategic ICBM force.

Source: https://en.wikipedia.org/wiki/Strategic_Air_Command



Strategic Air Command B-47E Stratojets

EMAIL CAN BE FRAGILE

If you are reading this, you likely received the latest FLYING CIRCUS Newsletter via email. The 380th Bomb Group Association is moving increasingly to using email rather than USPS mail (often called Snail Mail) to save money as postal mail costs continue to increase. Using this “free” service does come with some problems, however. Email can be fragile.

The first problem is that people can easily change their email address without changing their physical address. Changing email from [@comcast.com](mailto:comcast.com) to [@gmail.com](mailto:gmail.com) is fast and easy. If you do not tell us that you have changed your email address, we have no way of sending you email at the new address. We also see this as people changing their “name,” for example, from xxx@gmail.com to xxx123@gmail.com. When you change your email or are informed that a fellow member is now using a different address, PLEASE let us know by sending information to 380th.ww2@gmail.com.



In addition to us sending to the wrong addresses because we don't have current email information, we continue to have problems with people not receiving email that we know was sent to the correct addresses. These are most often traced back to various email systems trying to eliminate “spam.” This term is from a Monty Python sketch which used it to stand for something ubiquitous, unavoidable, and repetitive. The volume of spam email has grown steadily since the early 1990s. 2021 estimates say that 319 billion emails were sent daily worldwide and that 90.3% of US Internet users regularly use email. In December of 2021, spam accounted for 45% of all email traffic.

The amount of daily spam is decreasing because of aggressive efforts by email vendors. These efforts, however, sometimes come at a cost. For any given definition of spam, there are communications that might match that definition that are important to some. Early efforts tried to ban “dirty words.” Not only do some words have multiple meanings, but these kinds of restrictions are also easily defeated by obvious spelling or punctuation changes.

Email providers started to deliver suspected messages to a “Junk Mail” or “SPAM” folder rather than to the standard “Inbox” but this also became ineffective. Currently, many email providers are simply not delivering suspected spam email at all. Current estimates are that 80% of all email is never actually delivered because of these restrictions. Our challenge is to be sure our email doesn't look like spam and we are working hard to achieve that.

Some email providers also use a “block list” of believed sources of spam email. All email from those listed sites is discarded as junk and not delivered.

As you can see, email can be fragile. The message here is that we need your help. **If email is not arriving for you or fellow members you know, please report that to 380th.ww2@gmail.com.** We cannot guarantee we can fix things beyond our control but we will certainly try.

Adapted from a “Tech Bytes” article by Scott Ksander, PURA newsletter, October 2022 (used with permission). Scott served as VP, Information Technology for Purdue Federal Credit Union and he also served as Executive Director for IT Networks and Security for Purdue University responsible for the data and voice networks and the information security functions for the central IT group (ITaP). Scott was also the University's Chief Information Security Officer and held an appointment as an Assistant Professor in the College of Technology where he was part of the Computer Forensic program. Scott is now an official Purdue retiree.

Am I seeing this article again? Wasn't it with the issue #76? It was, if you received the electronic/email version of that issue! There was no room for this article in the print copy of #76, but was included as a bonus for the e-version. For those of you only receiving the hard copy, it has been reproduced here for your information!

380th BOMB GROUP ASSOCIATION

2023 MEMBERSHIP REGISTRATION INFORMATION

New _____ Renewal _____ Date: _____

WWII Squadron (528th, 529th, 530th, 531st, Group, or RAAF) _____

Your Name _____ Spouse's Name: _____

Your Address: _____

City/State/Zip/Country _____

Home Phone _____ Cell Phone _____

E-mail _____

380th Duty (if known, e.g., Gunner, Crew Chief, Mechanic, etc.) _____

Please check the appropriate box(es):

**To reduce printing and USPS mailing costs, we
recommend you get your newsletter (PDF) by email:**

☐ **380th Veteran**

☐ **Please send my FLYING CIRCUS newsletter by email**

☐ **380th Wing Member**

☐ **I'd prefer to receive a hard copy of the newsletter**

☐ **Family Member of 380th Veteran** Name of Veteran _____

Your relationship to veteran _____

☐ **Other** If other, please explain here why you wish to join the group _____

An annual donation of \$25 (or whatever amount your budget allows) payable to **380th Bomb Group Association** will help defray costs of newsletters, mailings and the website throughout the year. (Cash or checks only, no credit cards.) Please mail your donation and registration form to:

**Barbara Gotham
130 Colony Road
West Lafayette, IN 47906-1209 USA**

Cash or checks only, made payable to: 380th Bomb Group Association (no credit cards)

Note: If you have a PayPal account (recommended for our Australian and other overseas members), you can transfer your donation using the Send & Request Tab – use Barbara Gotham's PayPal email account:

bjgotham@gmail.com

If you send a donation by PayPal, you still need to send the completed form by mail (to address above) or email the information to 380th.ww2@gmail.com to get on the newsletter/reunion mailing list.

OFFICERS PARTY -- 529TH SQUADRON



Officers party - Mindoro - Manila gin and fruit juice - April 1945
Rear: Robert P. Banaugh, Harvey T. Harrison, Frederick J. Barrett, Henry J. Tyne, Robert L. Fitzhugh, James R. Brotherton, Neil R. Clayton, Victor S. Bryant, William J. Bennett, Richard G. Metiver, Cliff D. Mansfield, Albert J. Markovich.

Middle row, L-R: James Bejoian, Louis C. Davis, Ed E. Smith

Bottom row: Richard N. Gruendyke, Alfred S. Kopple, Francis K. Edminster, Edwin E. Lukmire, Robert J. Steil, Harry B. Trimble, William E. Hubbard

Sources: *THE FLYING CIRCUS*, "Blue Book," p. 139

<https://www.findagrave.com/memorial/95556059/robert-lee-fitzhugh>

TAPS

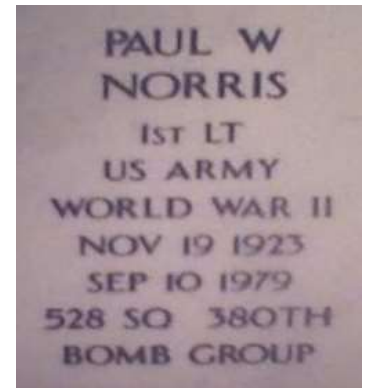
LEST WE FORGET



528th - Norris, Paul W., Pilot, DiDomenico's Crew (4), DOD September 10, 1979, buried at the Veterans cemetery in Marion, Indiana, reported by his son, Richard Norris

Richard posted this on the 380th's TAPS page on Facebook on 7 April 2023:

My father passed away in 1979 from cancer, his wife at the time had him cremated and kept his ashes. She passed away in 2001, and my brother was given his ashes, contacted the VA and had a Veterans funeral for him in 2001. He now rests at the Veterans cemetery in Marion Indiana



The origins of "Taps," the distinctive bugle melody played at U.S. military funerals and memorials and as a lights-out signal to soldiers at night, date back to the American Civil War.

In July 1862, U.S. General Daniel Butterfield and his brigade were camped at Harrison's Landing, Virginia, recuperating after the Seven Days Battles near Richmond. Dissatisfied with the standard bugle call employed by the Army to indicate to troops it was time to go to sleep, and thinking the call should sound more melodious, Butterfield reworked an existing bugle call used to signal the end of the day. After he had his brigade bugler, Private Oliver Wilcox Norton, play it for the men, buglers from other units became interested in the 24-note tune and it quickly spread throughout the Army, and even caught on with the Confederates.

Not long after Butterfield created "Taps," it was played for the first time at a military funeral, for a Union cannoner killed in action. The man's commanding officer, Captain John Tidball, decided the bugle call would be safer than the traditional firing of three rifle volleys over the soldier's grave, a move which couldn't been confused by the nearby enemy as an attack.

As for the name "Taps," the most likely explanation is that it comes from the fact that prior to Butterfield's bugle call, the lights-out call was followed by three drum beats, dubbed the "Drum Taps," as well as "The Taps" and then simply "Taps." When Butterfield's call replaced the drum beats, soldiers referred to it as "Taps," although this was an unofficial moniker, according to "Taps" historian and bugle expert Jari Villanueva. He notes that Butterfield's bugle call was officially known as "Extinguish Lights" in American military manuals until 1891. Since that time, "Taps" also has been a formally recognized part of U.S. military funerals.

Source: <https://www.history.com/news/how-did-taps-originate>

NOTICES

If you have any inquiries, requests, or other information you would like to relay to other 380th Bomb Group Association members, please write to: Barbara Gotham (see contact info below in "How to Report Address Changes").

Also, if you have any information pertaining to any of the mail calls in any issue of THE FLYING CIRCUS, you can respond directly to the person inquiring (if contact info is provided) or to Barb Gotham to pass along to that person.

TO REDUCE PRINTING AND MAILING COSTS, READERS ARE ENCOURAGED TO RECEIVE A PDF COPY OF FUTURE NEWSLETTERS BY EMAIL (RATHER THAN RECEIVING THE HARD COPY IN THE MAIL).

If you are interested in this option, please send an email to: 380th.ww2@gmail.com

NOTE: IF YOU CHANGE YOUR EMAIL ADDRESS, PLEASE BE SURE TO SEND NOTICE OF YOUR NEW EMAIL ADDRESS.

The membership/donation form is provided in this issue, but you can also use one from an earlier issue, or download a copy from the 380th website at:

<http://380th.org/2023Member-form.pdf>

PAST ISSUES OF THE NEWSLETTERS CAN BE FOUND on our website:

<http://380th.org/NEWS/News.html#Newsletters>

HOW TO REPORT TAPS

Please write to:

Barbara Gotham
380th Bomb Group Association
130 Colony Road
West Lafayette IN 47906-1209 USA

Or send email to: 380th.ww2@gmail.com

Or go to this web link and submit the form:
<http://380th.org/form.html>

Got an idea for a story? Send email to 380th.ww2@gmail.com or mail to Barb Gotham at the USPS address shown below.

Looking for a gift for that special someone? Please consider 380th gear! Check out the order form on our website at: <http://380th.org/Gear2022-January.pdf>

HOW TO REPORT ADDRESS CHANGES:

Please write to:

Barbara Gotham
380th Bomb Group Association
130 Colony Road
West Lafayette IN 47906-1209 USA

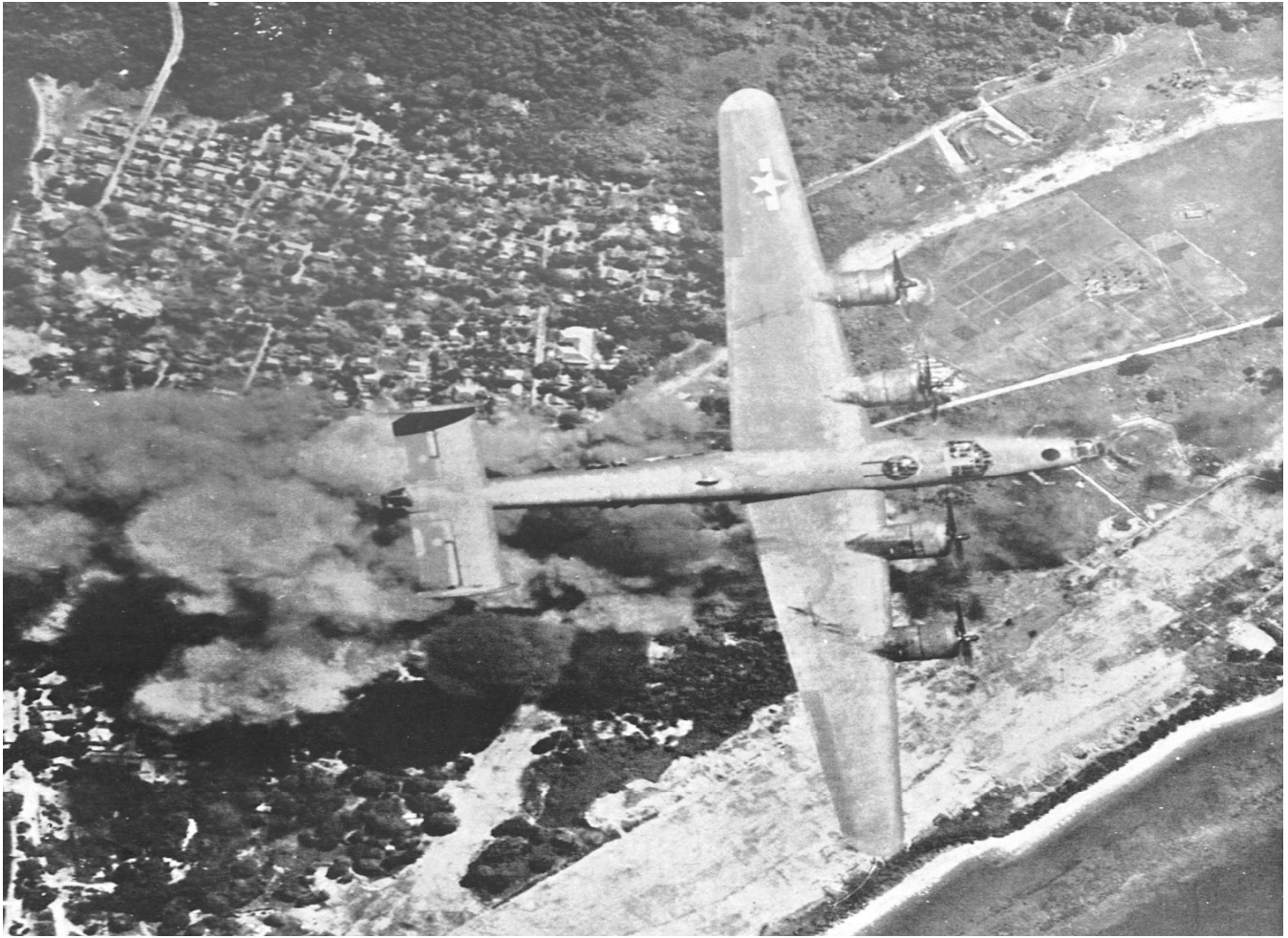
Or send email to: 380th.ww2@gmail.com

NEW FACEBOOK PAGES

Search for the group *380th Bombardment Group (WWII Veterans Group)* or go to
<https://www.facebook.com/groups/2302731583244398>

TAPS/Memorial page:

<https://www.facebook.com/groups/421843586784696>



*This Newsletter is Dedicated to All the Men of the
380th Bombardment Group (H) in World War II*

with special thanks to

*Forrest E. (Tommy) Thompson, Lt. Col. USAF (Ret.) (DOD 6/15/91) and Helen H. Thompson
(DOD 6/22/08) who had the foresight, perseverance, and love of the 380th Bombardment Group (H)
and its history, traditions, and personnel to organize, succor, and guide the
380th Bombardment Group Association, Inc. (our predecessor organization, from 1982-1999)*

*and to Theodore (Ted) J. Williams (DOD 4/27/13) for his dedication to preserving the 380th's
history and for continuing the work of the
Thompsons in guiding our current organization from 1999-2006*

*and to Thomas (Tom) M. Hunt (DOD 11/11/08)
for his support, guidance and commitment to the 380th Bomb Group Association during his lifetime.*

Our everlasting thanks and love go out to them all.