

“Okay, We’ll Go”

By Sargeant Rob Tereposky

With the 75th anniversary of Juno Beach looming I started wondering what I would do if I was a 20-year-old soldier on a cold landing craft headed towards a fortress. How, as a medic in 1944 would I handle the wounded, and would I have lived? These three words stated by Allied Commander Eisenhower after listening to his advisors changed the course of history. “Okay. We’ll go”. With that decision a vast array of 5300 ships and landing craft carrying 150,000 men, 1500 tanks, and 50,000 vehicles prepared to move into place for the invasion of Normandy. These three words had forever affected the lives of ordinary Canadians such as Clifford “Cliff” Chadderton, of the Royal Winnipeg Rifles, who simply stated in his memoirs “It was difficult to realize the enormity of what we would be attempting”¹ On June 6th, 1944 Canadian soldiers took part in the largest amphibious invasion ever. Code named Juno; 18,000 Canadians, landed on a five-mile long stretch of rocky ledges fronted by a wide expanse of sand. They took an aggressive foot hold from a determined enemy allowing access to France and Europe. On that day, the DAY of days, it was a successful attack that would in one year end the Nazi occupation of Europe. It wasn’t going to be an easy task either. The Canadians and its allies trained in



*Figure 1*troops just leave the HMCS Hamilton enroute to the beach.
Medics among them

¹ Clifford “Cliff” Chadderton’s transcript from the memorial project. A member of the Winnipeg Rifles and overall champion of War amps, and veterans in Canada.

England, fought for dominance on the Atlantic, air superiority above England and against the fascists in Italy. Meanwhile, Erwin Rommel was busy building a defensive position made with slave labour. It consisted of concrete gun emplacements supported by well protected infantry strong-points and heavy machine gun nests overlooking the beaches. These were surrounded by trenches with mortars and more machine guns. The beaches were strewn with Tetrahedral obstacles - three iron bars intersecting at right angles and mines placed among them. Fields of barbed wire and mines covered inland past the beaches. The seafront houses also provided excellent observation and firing positions for snipers. There were 32 static infantry Divisions of widely varying quality defending these fortifications along the French and Dutch coast.² “It’s a terrifying picture. A quarter of a century later, give or take a decade, I stood on the same beach the Canadians did and it was surreal. It was peaceful and mostly gone, except for a few anti-tank guns and a destroyed Pill box that has slowly been covered with sand, the war long buried. But in 1944 it was long defensive position.”

So, could I do the same thing in 1944? I mean as medics ask yourself; Casualties’ inevitable, medical aid required; what would you have done to care for wounded soldiers? How would you have done it when every Nazi in Normandy is trying to kill you? Medics are often tasked to work in a company or platoon, and have a few transport options: Such as armoured ambulances or helicopters with robust armed escorts (that can turn a hill into a crater) to evacuate the wounded. Today, we have advanced communications; radios, satellite phones and sometimes the cellular phone. Today, we have decisive protocols and the best medical kits money can buy. Compared to our counterparts of 1944, we have it good.

² Ted Barris, Juno: Canadians at D-Day June 6, 1944.

D Day: Beaches, Battles and Germans.

In the movie *Saving Private Ryan* the Omaha beach scene, the whole battle took place in its entirety in about 22 minutes. Yes, it is Hollywood but without a doubt, the accuracy of the horror faced by all troops landing was very well described in full cinematic glory. The objectives for the Canadian troops for D day was to establish a beachhead, capture the three small seaside towns, advance ten miles inland, cut the Caen -Bayeux highway, seize the Carpiquet airport west of Caen, and form a link between the British beachheads.³ As for the invasion itself, it is fair to say that it started at 2300 on June 5th. Planes from bomber command started to soften up the landing zone and batteries at Merville, Franceville and Houlgate. The Airforce dropped bombs until 05:15; in all, 1,136 sorties, 5,268 tonnes dropped.⁴ During that time fighter command ensured the Luftwaffe wouldn't be able to harass the allied bombers and troop planes freely. At 0100 the Canadian Parachute Battalions were placed "neatly" all over Normandy, dropped on the East flank of the landing area a few hours before the assault, the soldiers who were scattered all over the place included Victoria Cross Recipient Fredrick Topham, all found their D-Day objectives. By 0530 the Navy got to work by bombarding the coastal defence targets. Guns from the HMCS Algonquin, the same ship that participated in attacking the Tirpitz. A deadly battleship and sister to the Bismarck, the Tirpitz wreaked havoc among allied ships; the Algonquin with her shallow draft could get to 1000 yards of Juno beach and feed the German defenders as much as the guns could give. To add to the artillery coverage, at 0739 the 12th, 13th, 14th and 19th Field Regiment fired a steady barrage for 30 minutes onto the beaches above the heads of the infantry approaching the shore in their Landing Crafts.⁵

³ D.W. Lane "Juno Beach"- The Canadians on D-Day

⁴ D.W. Lane "Juno Beach - The Canadians on D-Day"

⁵ D.W. Lane "Juno Beach - The Canadians on D-Day"

Finally, at 0749 June 6th the 7th and 8th Brigades began to land troops, and the ground battle for Europe was underway. The Soldiers had what could be called the deadliest run of their lives. Many of them shot, blown up or drowned as their landing craft sank before reaching the shore. Throughout the course of the day, Canadians kept landing and fighting until finally by 1400 the Canadians were all ashore and linked up with the British forces from Gold and Sword beach. Access had been blasted through the seawalls and the Canadian Army was ready to move onwards to push the advance into the critical objective of Caen and then, the heart of German occupied France.

Medics: Because even the Infantry need heroes.

It was anticipated on D-Day there would be a casualty rate of 70%⁶. Based on a combined force of Canadians and British of 70,000. The casualties were divided into three categories: non-battle, battle and drowned/sick. Our medical system was closely integrated with the British specifically the 21st Army Group therefore, Canada followed the British system. It made sense as all the allies were going to share resources during the battle. The average medic wasn't a "tactical bound behind". They stood shoulder to shoulder on the landing craft. Three Canadian Field Ambulance Units: 14, 22 and 23 Field ambulances had been attached respectively to the 7th, 8th and 9th Infantry Brigades for the initial landings⁷. The plan for the first hour or so was to remain on the beach collecting casualties, giving them first aid, and "nesting" them in the shelter of sea walls, buildings, or wherever they could, to be kept from enemy fire that still swept the beaches. Until a beachhead was established our wounded and the medic on shore made no attempt to evacuate casualties until the beachhead was secure and

⁶ W.R. Feasby Official Histories of the Canadian Medical Services, 1953 pg 263

⁷ Feasby, 221

cleared of the enemy. Our medics hung on to wounded for hours, as it turned out no casualties were evacuated to England from the beaches during the first day. All, except the most seriously wounded were moved back to the field dressing stations at Bernieres-sur-Mer and Graye-sur-Mer for the night.⁸ On June 7th, some evacuation from the beach happened via assault craft but it was



Figure 2 Wounded Canadians on Juno "nested" up against an anti-tank defense.

not an organized process although a few scattered groups did make it to ships. The main effort of evacuation took place from the beaches early on 8 June when a landing craft was made available and over 300 casualties were evacuated using "DUKWs, (A six wheeled floating car) ambulances, cars and jeeps.⁹ This was a relief to the dressing stations on the beachhead.

Imagine having to hang onto wounded troops plus a few hundred, all of them in pain. Eventually the hospitals and remainder of the Field Ambulances made it to shore. No. 22 Canadian Field Ambulance's main party landed about 1800 hours on the afternoon of D-Day when the battle had moved inland about 2 miles. The site chosen for an advanced dressing station, an ancestor to the

⁸ Feasby, 224

⁹ W.D., A.D.M.S., 3 Cdn Inf Div, June 1944.

Role 1, was at Beny-sur-Mer; it was ready to receive casualties by 0900 hours the morning of D Day plus one. However, the dressing station was under fire for the first 48 hrs and casualties from the staff of the dressing station were among them. The conditions were less than ideal. A preventative medicine nightmare, Bill Rawlings spoke about the camps "Most camp sites were in or adjoined apple orchards, in which apples rolled on the ground in thousands. Bodies of horses, cattle, sheep and men lay rotting and unburied over Normandy. Consequently, fly control was an impossibility. In addition, dust rolled over the area in billowing clouds, penetrating everything and probably acted as an additional source of infection."¹⁰

Kits, Haversacks and whatnots.

The modern medic at the Field Ambulances of today are issued a backpack that is compartmentalized with various tools required to provide care. In this bag is a list of consumable material that is compact and water resistant, and if you're real lucky, you're a medic in the back of an armoured vehicle with even more supplies. In 1944 medics were issued the "First Aid Haversack"¹¹ which was a simple canvas bag with brass buckles suspended from a single strap, full of the equipment to do what we do today, stop deadly bleeding. It was full of Compact Gauze, some Sulphanilamide, tins of Aspirin, a couple of tourniquets, and casualty cards and more stuffed in a bag 26 cm by 31 cm in size. Medics also had a second haversack full of just field dressings, and it was quite common for the frontline medics to try and carry more by

¹⁰ Transcript, memorial project, Bill Rawlings.

¹¹ Feasby, 29



Figure 3 A medics Haversack for treatment of battlefield wounds.

filling their pockets with as much extra kit as they could fit. To provide comfort to wounded soldiers, a third sack stuffed full of items such as candies and tins of cigarettes to keep the wounded calm and comfortable while waiting for evacuation. This was used mostly at the Casualty Collection Points called the “comfort haversack.”

In addition to the medical bags essential for the mission, medics were still required to carry their personal kit: entrenchment tools and Full Fighting Order, minus service weapons. Despite carrying extra weight they had to sprint across a wet sandy beach that was mined and covered by the infamous machine gun, the MG 48. Ernest Wood served as a medic with the Royal Canadian Army Medical Corps and in his memoirs he spoke of how they used readily made available material. As the North Shore Regiment charged the beaches in the first wave, he talked about how large his task was in caring for the wounded. He mentioned the lack of resupply and having to use imagination to treat wounded soldiers:

We weren't really equipped good enough for the first day. We had come in; it was like everything else, there was all these things that go wrong and somehow or another, they got the main supplies for us didn't come in until the next day. So we ended up patching things up the best way we could and we were called of course to tear up shirts and make splints out of anything that you had around. –Ernest Wood¹².

¹² Memorial project transcript Ernest Wood

The Red Cross worn by the medics did not exempt them from getting injured. The injuries and deaths suffered by the medical personal were in proportion to the rest of the Army. Artillery being the main killer. A medic, who participated in D-Day painted a picture of hell on earth:

“For the next half hour, we lay on our faces in the sand dressing wounds, stopping hemorrhages and splinting fractures. Constant explosions were blowing sand over us as we worked.” - Bill Rawlings

In Conclusion.

14,000 troops landed in Normandy and 574 were wounded and 362 were killed on the first day. The Normandy Campaign, lasted two and half months had a 5,020 mortally wounded casualties, from all battle elements. The medical personnel who participated in the invasion on June 6th 1944 had the impossible task to care for the wounded, but persevered nonetheless. Our successes are not measured in the military objectives, but by the soldiers we work to keep alive to reach a hospital. D Day did not stop at Normandy, throughout the entire remainder of the Second World War Medics were embedded and moved forward. The Royal Canadian Medical Service has walked on the pages of Canadian and British history for all of our supported units in the field, the air and at sea. We have shared in the hardship, the risk and the successes of the Canadian battlefields. As we move forward we must remember that it's not the differences in kit and crosses that are the defining feature for the medical service, it is the heart and soul of the medic. Unchanged in spirit we continue to deploy where ever and whenever, we have the same mission as our predecessors, we are force multipliers, problem solvers, experts in our field and most of all, we are “In arduis Fidelis.”