

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH CAPT (ret.) WAYNE ERDBRINK

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TELEPHONIC INTERVIEW

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Telephone interview with CAPT Wayne Erdbrink, MC, USN (Ret.), flight surgeon with Air Group 15 aboard USS Antietam (CV-36), Korea, 1952.

Where are you from originally?

Ohio--middle America. I was born in a little town 100 miles east on the river from Cincinnati.

When did you decide you wanted to be a physician?

I was born in 1923. In the late '30s, my mother slipped in the kitchen and broke her hip. The GP who had taught me to play tennis immobilized her; we put her in the funeral home ambulance, and took her to Maysville, KY, to be x-rayed. She healed beautifully. That was the inspiration.

So that's when you decided.

Yes.

Where did you go to medical school?

In Cincinnati.

Somewhere along the line, you decided to join the Navy. How did that happen?

My father was a World War I veteran and was in France as part of the Ohio National Guard. Somewhere along the line, I got attracted to the Navy. I joined the Naval Reserve to keep from being drafted in 1942.

Where was your first assignment?

I went to medical school as an apprentice seaman in the V-12 (S) Program.

What did the "S" designate?

I'm not sure. For dental school and medical school, the Army had the ASTP Program and the Navy, the V-12, a specialized program for physicians.

Did you actually serve during the war or were you still in school?

I was still in school on active duty when the war ended as V-12 (S).

I talked with some physicians who went through the V-12 Program, and they told me that when the war ended and they demobilized, they were sent home. Then, suddenly, in 1950, everything changed. Was it the same for you?

I had decided to go and intern in the Navy and applied for USN. So I was ahead of the game on that. All my classmates were called back to active duty around 1950.

Where did you intern?

At the Naval Hospital in Philadelphia.

You became interested in becoming a flight surgeon at some point. How did that all happen?

When I was an intern, a friend of mine from Tennessee and I were amazed at the number of residents who were running around with wings. We inquired and learned about aviation medicine. We both applied and were sent to Pensacola, FL, for training.

What was the training like for a flight surgeon?

It was incredible for someone fresh out of medical school and internship. We learned about eye, ear, nose, and throat, cardiology, and psychiatry. We also learned about the centrifuge and the low-pressure chamber. It was a real eye-opener. My other classmates at Pensacola were reserve medical officers, so when they finished the academic program, they went back to their reserve naval air stations locally to go ahead with some flight training. We, who were regulars, stayed and went through the primary training, and soloed the basic trainer (SNJ) at Whiting Field.

What kind of aircraft did you solo in?

It was a single engine prop with a tail wheel so the hood, engine, and cowling were right up in front of you. When you taxied, you had to go right to left, left to right, etc.

So you couldn't see directly ahead of you very well.

Not at all except when you were in straight and level flight.

As a young man, had you ever been interested in aviation or was this something that suddenly came upon you when you decided to become a flight surgeon?

For my friend and I, it was the realization that--here were these guys who were more senior officers who were in specialty training and had all this background in WWII on carriers in the Pacific.

So you graduated from flight training and the flight surgery program at Pensacola. Where were you assigned?

Luckily, I was assigned to the chief of psychiatry who knew about this billet, and told me to apply for it. I had two Navy transport squadrons on the Berlin Airlift in Frankfurt am Main, Germany. That was my first duty out of school in 1949.

What do you recall about taking part in that operation?

That was another incredible thing. These four-engine transports (R5Ds) were landing at Tempelhoff in Berlin every minute around the clock for almost 18 months. The reason the two Navy squadrons were there was because the Air Force couldn't come up with the number of four-engine transports (R5Ds). One of my squadrons (VR-6) came from Guam to Germany. The other (VR-8) came from Barber's Point, Hawaii, to Germany. I happened to be attached to VR-6 permanently. I remember sending my car to Bremerhaven. I flew to Germany, but picked it up a month or so later.

How many other flight surgeons were assigned to that squadron, or were you it?

I was it. I relieved a guy who came from Guam with his squadron. He later became an admiral--Richard Nauman. He was quite a character.

Your duties as a flight surgeon were to take care of the flight crews. What would a typical day have been like for you in Germany?

The headquarters and operations for my two squadrons were out at the airbase in Frankfurt. My barracks area for the troops was in downtown Frankfurt. We had taken over a Wehrmacht barracks, and I had the Wehrmacht medical officer's sick bay. That's where I held sick call. The Army had taken over, totally intact, a Wehrmacht hospital in Frankfurt, and that was the 97th Army General Hospital. I used to volunteer for OD duties just to keep my fingers into what was going on.

Every Army patient or whoever was a patient in that hospital on penicillin--all their urines were collected and shipped over to the university hospital each day, and the penicillin was recrystallized for the University of Frankfurt's clinical use.

How long were you in Germany?

Eight months.

So you were there thru 1949?

Yes. Since my squadron (VR-6) originally came from Guam, it went back to Westover Air Force Base in western Massachusetts. The other squadron which had come from Barber's Point went back to Barber's Point. We became part of MATS (Military Air Transport Service). We got all the coal dust out of our R5Ds and installed passenger seats. Our mission was a daily departure from Westover back to Germany for either VIPs or dependents.

I had interviewed a Navy flight nurse who was on the run taking casualties back from Japan. She mentioned the R5Ds and the fact that they still had coal dust in them from the Berlin Airlift.

That's interesting. On our missions, we flew to Newfoundland to refuel, then on to the Azores, where there was a crew rest, and then another crew would take our plane on into Frankfurt am Main. It was good duty because you got lots of flight time. All the pilots flew two to four of these trips a month. It took almost 6 days to make a round trip.

The Korean War broke out in June of 1950. Were you still on that run at that time?

Yes. You heard about "Uncle Louie" Johnson, who was Secretary of Defense at that time under President Truman. He cut a lot of funds so a lot of our reserve pilots had to either revert to the lower ranks--some of them even to chiefs--if they wanted to stay on active duty. Some reserves had to go home. My squadron was breaking up from the old people I knew. Being young, stupid, and unmarried, I went to the Bureau [BUMED] and asked to get a Marine air group for Korea.

They told me "Sorry, there aren't any Marines, but you can have this reserve outfit that's going to begin forming up in Alameda, California." So I came to California to the Alameda Naval Air Station, and we formed Air Group 15, which was all reserves.

I know there were a bunch of reserve squadrons back East that went West and took part in that. Were you then assigned to *Antietam*?

The carrier was already there, and all the indoctrination, preflight, and carrier landings qualifications and gunnery were all accomplished either locally or. . . We had one carrier qual down in San Diego. I remember that all the pilots were up to date on their histories and physicals, but all the enlisted people weren't. The senior medical officer of the air station and I then did histories and physicals on every sailor in the air group. Believe it or not, the dental department at the air station went over this entire population and did corrective treatments or programmed something that could be done electively on the carrier. It was incredible what they did.

And all this happened in a very short period.

Yes. In a matter of 5 months.

This all happened in '51?

Yes. Then we deployed on the *Antietam* for Hawaii for CINCPAC inspection. That carrier had an all-reserve crew. They had a

four-striper in command, and the exec, the air boss, and the chief engineer were all regulars, but the rest of the officers and crewmembers were all reserve.

My air group staff--about six people--were all regulars. Our CAG (commander air group), the administrator, the supply officer, the flight operations officer, the disbursing officer, and the medical officer were all regulars. Otherwise, we had four reserve squadrons, two jet squadrons from New York State, one dive bomber squadron from Illinois, and one Corsair fighter squadron from Denver, Colorado.

The F9F Panthers were from New York?

Yes. Two squadrons, VF-831 and VF-837.

On carriers, you had your regular medical department staffed by the senior and junior medical officers and corpsmen. You were attached to the air group. What kind of relationship did you have with the ship's medical department?

Very cordial because we were totally separate. I had a chief and six corpsmen. We had our own small sick bay and aviation examining room on the carrier separate from the carrier's medical department. My flight and general quarters station was Repair 8, which was the after end of the island. Every morning at 0400, I was on the flight deck with two corpsmen, and we were there until the last recovery at 2200 at night.

Was your aviation sick bay contiguous to the regular sick bay or was it in a different part of the ship?

It was in a different part of the ship, where I could have quick access from Repair 8 aft of the island. The chief and corpsmen would hold aviation sick call there. If I were needed, I could duck down. We took care of the air group enlisted and officer personnel separate from the ship's sick bay.

So during air operations you were on the flight deck.

Yes. That was my air op duty station and general quarters duty station.

A good part of the time you were there, it was winter. And Korean winters were notorious for being absolutely brutal.

Korea had snow all over the place, and I forget what the water temperature was.

You talked about being up on deck all the time. Could you describe what that felt like being up there in that freezing cold

weather? How did you dress for that?

You dressed in layers. There was a chief bosun's mate--Repair 8. His crew and my crew became shipboard buddies. There was a shelter you could duck in to warm up periodically. We were at our flight duty stations either for launch or recovery. We didn't have in-flight refueling back then so the jets would only be up for 2 hours. But the props could be out 3 to 4 hours on their missions. Those were the Corsairs and AD's, the dive bombers. Otherwise, we could go below and get something to eat. But our ASW [anti-submarine warfare] was launched at 0400 every morning. And that's when everything started.

So you were up on deck at that hour.

Yes. And I was up there until 2200.

That's a pretty long day on deck.

It really was.

How did they keep the decks clear of snow and ice? I heard that the jet engines took care of some of it.

In order to launch jet aircraft, even with the catapult, which was the old steam catapult, we had to have 30 knots of wind over the deck. Most of the time when we launched aircraft, we were sailing west toward Korea. Parenthetically, you could smell Korea. It was that 30 knots of wind over the deck and the jet blasts that took care of the problem. We really didn't have snowstorms at sea at all.

Being that you had these cold weather conditions, there were special requirements. I spoke to one of the pilots from the ship. He said that they normally wore their regular flight suits but that they had an immersion suit under it that would give them some extra time if they had to ditch or go in the water. It might give them 10 extra minutes before they would succumb to the cold water. Do you remember this?

Yes. It was called a "poopie suit." It was a monstrous rubber thing, but it was external with boots and gloves. Once you got your flight suit on, and all this over it, it was bulky to get in the cockpit.

So the flight suit went over the poopie suit.

No. The poopie suit went over everything. And the parachute and other gear went over the poopie suit.

It must have pretty tough getting in the cockpit.

The Corsair pilots and the jet pilots had a helluva time.

Did you ever encounter pilots going into the drink, rescuing them, and then having to deal with hypothermia?

As I recall, we only had one incident and it was a catapult cold shot. He ejected as soon as he hit the water. With our helicopter always airborne for every takeoff and landing, he was brought out with no problems.

I wonder if it was the same fellow I talked with the other day. Was that LT Modansky?

I honestly can't remember names.

I interviewed a former pilot the other day who told me about an incident. He said that you were his doctor. He told me that he was catapulted off the deck, but it turned out that his ailerons were locked and he flew the plane right into the water and it disintegrated upon impact. They fished him out and he survived. His legs were very badly injured and he couldn't move them for several days. He said that he had ruptured all the blood vessels in his legs from the impact. He remembers that you took care of him on the ship and he eventually ended up flying again.

Now that you mention it, his name was Mo. I remember him now.

Yes. His name was Aaron Modansky.

Right.

He remembers you by name. He said, "Dr. Erbrink was my doctor."
I'll be damned.

So, you say that Modansky's accident was the only incident you can recall?

We had two pilots downed near Wonsan. Our helicopter pulled rescued them both and brought them back to the ship. One had ditched and one bailed out.

Do you recall treating any of these people?

Other than seeing that they were in one piece. Outside of abrasions, they were both in good shape. Believe it or not, the most remarkable case was the executive officer of one of the jet squadrons from New York. After one of the R & Rs in Japan, when we were ready to re-deploy, he came down with an acute case of gout--his left great toe. I had never seen or handled a case of gout. Because the COD (carrier onboard delivery) came to the ship, I was able to get the colchicine from Japan and treated him. Medically, it was one of the greatest cases I've ever had.

Modansky thought that you might have even written a paper or something about his case. Do you recall that?

After the cruise was over, the CAG and I were so impressed with how all these reserve pilots had performed, that I eventually wrote a paper and it was published in the *Journal of Aviation Medicine*. It was called "The Reserve Aviator." It was published in 1953. It was mostly statistical about what these guys had done in the past and what they wanted to do in the future. Their safety performance was incredible.

Fight surgeons had different responsibilities from the ship's senior medical officer. You were supposed to see that the flight crews were kept healthy and in flying condition. How did you keep these guys healthy.

It was mostly psychological support. It was a family. I visited the ready rooms when they were being prepped for their missions, and I was up at the catapult with the catapult officer for every launch. Here, I was wearing a white cloth helmet and sweat shirt with a red cross on them. And everybody knew who I was. I was there when they were launched and when they landed. I was there as their psychological support both on the flight deck, in the ready rooms, and in the wardroom. It was more than hands-on medicine. From my standpoint, aviation medicine was truly camaraderie and friendship.

Generally speaking, you were dealing with a generally young and healthy population.

Yes. Except all our reserve pilots were all in their mid to late '30s. So the reserves were older than the average combat pilot for that era. Those were usually ensigns or jaygees. These guys were all lieutenants or lieutenant commanders with World War II carrier experience.

A lot of them, of course, had had experience in World War II. Right.

These guys were probably pretty damn good fliers.

Oh yes. They were real professional. They performed and had a great safety record. They also accomplished their missions.

I understand that these missions was mostly interdiction.

The external ordnance they carried were 500 pounders and 200 pounders. The jets even carried 250s on their wings plus their cannon. The ADs might carry a 1,000- or 2,000-pounder amidship.

Did you ever have to deal with pilots whose planes had been pretty badly shot up?

Only a couple. I can only remember doing two Purple Hearts. My chief and I had to look up in the BUMED manual to see what we had to do. The planes were much more shot up without pilot injury, thankfully.

It sounds like you had a pretty successful cruise. You didn't lose many pilots.

We had to get rid of my first bunkmate who was the administrative officer of the air group because he couldn't bring a Corsair aboard. We had a couple of these flight failures but otherwise it was an incredible experience.

I want to go back to LT Modansky because he was telling me in very great detail what happened to him. He mentions that when he came back aboard on the helicopter, his legs were badly injured and he had no feeling in them for several days. But they gave him a choice of either being medevaced to a hospital or remaining on the ship so he could stay with his squadron. He said that you all saw to his rehabilitation on the ship.

He was hospitalized and became the responsibility of the ship's medical department. I just visited him daily to check on his progress. He had hemorrhaging into the muscle and cutaneous injuries.

He said that even today he has circulation problems resulting from that accident.

It's amazing that he got back on flying status.

The other day I was talking to Dr. William Jasper, one of the Antietam's dentists.

I remember Dr. Jasper.

He asked me if you recalled a specific incident. You were in your quarters when a plane's cannon discharged and sent a shell right through your space, narrowly missing you. Do you remember that?

I completely forgot about it. Yes. I shared a stateroom with a dive bomber pilot. We were forward of the hanger deck. A jet's 20mm cannon fired when they were servicing the plane and the shell went right through my bunk. It was parked on the hanger deck. I happened to be sitting there but was leaning over doing something when the shell went right past my head. I sort of heard a bang and then a "pft." And that was it. It was amazing that it did no damage to human or ship.

Since you had two medical departments on the ship, did you ever collaborate at times?

I was the amateur anesthesiologist. As part of Task Force 77, we flew combat missions with two carriers. We flew for 3 days and then refueled on the fourth day. This alternated between carriers. So we had that time period off to take on ammunition and gasoline, etc. Many of the elective things that had to be done were done on that fourth day. So I was the amateur anesthesiologist when they were doing some surgery in the medical department's OR.

They just invited you in to do that job?

Yes. We were all friendly. We all knew each other and each other's limitations. Whatever we could do to help. There was one horrendous flight deck accident when we collaborated. One of the jets dived for the deck, missed all the wires, and bounced over the 4-foot-high Davis barrier, which was made of nylon. It then hit the parked aircraft up forward. He plowed into the tail--the exhaust--of another jet. It was just as though he had flown into a tunnel. There was a chain reaction collision of aircraft. I could find one arm and fingerprinted him. Then we buried him at sea in the aircraft. I think we had six flight deck personnel who were tying down aircraft forward who were also killed. The medical department put out a call for any undertakers aboard to report to sick bay. I think there were three who reported.

What kind of plane was it?

It was a jet, one of the Panthers. The carrier suspended flight operations for the rest of the day and night.

An aircraft carrier is probably the most dangerous place anyone could be. You probably had all kinds of routine injuries to treat.

That's the amazing thing. The ordnance people and the personnel with the fuel--we had very few injuries. Everybody was really on their toes and very conscious of safety. It was amazing. Night carrier operations are a challenge to all especially.

How long were you on the ship?

The whole deployment from the time we were grouping and training at Alameda to the finish of the combat cruise was 11 months. I think we came back in May of '52.

Any other thoughts about that cruise?

From a human relations standpoint. . . One of my friends--the catapult officer--just died 2 weeks ago. You were with a group of

pilots that you went on R & R with, or you saw every day, or you listened to their complaints in the wardroom. When you were aboard ship, there were operations for 3 consecutive days, and you were up at 4 in the morning 'till 8 or 10 at night. Then you played poker with them on the third night. They were all wonderful people.

Didn't you stay in the Navy and make a career out of it?
Right.

Where did you go after serving on the *Antietam*?

I did a 3-month deployment with VP-2 out of Whidbey Island, WA, to Kwajalein, where we flew patrols before and after the first H-bomb testing in the western Pacific in October 1952. Then I went back to the Naval Hospital in Philadelphia and did a residency in ophthalmology--eye surgery. And from the late '50s until I retired in '65, I did ophthalmology. It was a great experience because I was at Tripler Army Hospital in Hawaii for 2 years. I was chief of the ophthalmology service at Oakland Naval Hospital. After that, I was back at the School of Aviation Medicine teaching future flight surgeons. I retired in '65 from the Naval Hospital in Philadelphia.

What did you do after you retired from the Navy?

I went to Wills Eye Hospital in Philadelphia. It was a 150-year-old institution. I did residency teaching there until I came out here [California].

When did you retire the second time?

Around '72. Then I went with the California State Department of Health in the Medicaid program as a medical consultant in the San Francisco Regional Office. I retired from that position in 1991.

What do you do with your time now?

I turn 80 this coming January. Managing time is a problem sometimes. My wife passed on 3 years ago, so living alone has its down side. I'm active with friends for dinner, movies, the ballet, and opera.

Do you ever get together with your old shipmates?

Yes. There were four of us who have kept in contact for 50 years. Two other pilots in Florida, and the catapult officer who just died. We've kept in contact all these years.

Thank you for spending time with me this afternoon, Dr. Erdbrink, and sharing your experiences.