

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH CAPT (ret.) WAYNE HANSON, MC, USN

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21 MAY 1997
TELEPHONIC INTERVIEW

OFFICE OF MEDICAL HISTORY
BUREAU OF MEDICINE AND SURGERY
WASHINGTON, DC

Telephone interview with CAPT Wayne Hanson, MC, USN (Ret.), surgeon aboard USS Solace.

I want to ask you where you're from.

I was born and grew up on a farm outside Chico, CA, a small town in the Sacramento Valley.

When did you decide that you wanted to be a physician?

I think it was a decision which came along gradually through high school and college. In high school I was interested in mechanical things probably as a result of my farmer background but I also took all the basic science courses and mathematics that were offered. In college I again took science courses and soon became an assistant in the Biological Science laboratory. I think that did it.

When did you decide to join the Navy?

My stepfather and an uncle were civilian employees at Mare Island Naval Shipyard and so I had an association with the Navy. When graduated from medical school it was 1941 and the war had been going on for 2 years or more. The U.S. was involved in supplying the British forces and it was rather obvious that sooner or later we were going to be involved. As a result I had applied for an internship in the Navy in 1940 but because I wore glasses and had a minor hearing deficit I was not accepted. A year later the physical bars had been lowered a little and on reapplication I was accepted. I reported for active duty in July 1941. It was always a humorous note to me that the first page in my health record ended with the note "Rejected."

When you came into the Navy as a physician, was there any additional medical training that you got?

Not at the time of reporting for active duty. This was a time of rapid increase in the size of the U.S. military and staff officers were expected to get their sort of training at their duty station. Fortunately, in the spring of 1942 I was ordered to the U.S. Naval Medical School in Bethesda for about 3 months where I learned about independent duty, how to order supplies, some tropical medicine, emergency medical care, and some of the intricacies of running a medical department. We were also exposed to naval customs and traditions. Of a class of about 50 medical officers there were only two of us who were regular Navy. The other man was a lieutenant who was being reassigned to recruiting duty. Upon completion of our

course, most of the group went to flight school or naval aviation commands. As far as I knew I was the only one to receive orders to a ship.

Did you get orders to the *Solace* right away?

No. I went from medical school to a destroyer, the USS *Lardner* (DD-487). She was a new ship, a Bristol type destroyer, just being commissioned at the Brooklyn Navy Yard. I reported aboard her some time in late June.

Where did the ship go?

We trained in the Atlantic coastal waters and then went to the Caribbean, through the Panama Canal, and joined a convoy of combat ships headed for the South Pacific. The Solomon campaign had just started and we were to augment the U.S. forces there. We were involved in several of the battles associated with Guadalcanal and were with the USS *Wasp* when she was torpedoed and sunk. I requested training in urology as my next duty and in November 1943 was transferred to Naval Hospital, San Diego.

Was it after you finished urology that you were assigned to the *Solace*?

Yes, although I had hardly an introduction to urology by that time. But I did have 6 months of rather intensive training under Dr. John B. Weir who in civilian life was the Chief of Urology at the University of Wisconsin Medical School. I was very apprehensive about these orders to the *Solace* as "the" urologist but it turned out that the general surgeons aboard the *Solace* were all highly qualified and what they really needed was someone with cystoscopic skills and the ability to care for some of the genito-urologic injuries.

What were your impressions seeing that beautiful white ship for the first time?

Frankly, it was a feeling of great relief. I had been in transit for 2 months on four different ships and went aboard from a small landing craft off Guam on the second day of our invasion of that island. And inasmuch as the *Solace* was there to take care of casualties, I became a working member of the crew in very short order. But I must admit that she was a very beautiful graceful ship and, painted white with big red crosses on her hull, stood out from every other ship in the anchorage.

She had originally been built for the cruise trade to the Bahamas and the Caribbean and she had a flat bottom. Thus she rolled

moderately but also pitched. The operating rooms were forward under the bridge and at times at sea it was like operating in an elevator.

In the conversion of the *Solace* to a hospital ship the main stairway had been left intact. It was in a vertical space that went from quarterdeck to the top deck and on each deck started in the middle of the ship, went about two-thirds of the way to the next deck, and then split into two portions, one to port and one to starboard to the next deck. I don't think anyone ever called it a ladder. It was too impressive and it was a lifesaver in moving stretchers up to the wards.

But she was an elegant ship. Her raked stacks gave her a jaunty appearance and her lines were all soft. I doubt that there has ever been a Navy ship like her in any navy.

You had an operating room. Did you act as a surgeon?

Yes. There was always need for another assistant and I was qualified to do some general surgery. During times when casualties were being brought to us and all the operating rooms were busy, all the medical officers assisted in one way or another. The psychiatrist became the admission officer on the quarterdeck, quickly evaluating each wounded person and assigning him to a ward. The Chief of Medicine became an anesthetist.

The main operating suite, as I said, was forward and made up of two operating rooms, one large enough for two operating tables in it. There was also another operating room aft in the orthopedic ward. The main suite was as well equipped as one back in the States and we had a continual supply of type O, Rh neg. blood available by air from the mainland.

What were the wards like?

The ship had originally been built with almost continuous square windows on the main deck and these had been left intact. Inside, almost all the partitions had been removed and these large open spaces were divided into wards. Deck to overhead stanchions had been put in and on each side two or three bunks were attached. Each ward could handle about 50 patients, the more seriously injured occupying the lower bunks. There was no air conditioning at that time but the windows were left open and there was good circulation of air except during blackout periods. My ward was one deck below and had only portholes, but these were always open. My treatment room lay between my ward and the quarterdeck and patients in need could be easily put in there.

What were your impressions of the medical crew?

The medical officers were all very competent and had come from active practice or university positions. I was the only regular Navy medical officer aboard. The nurses were also mostly reservists who had come from hospital staffs and were all well qualified. I can't think of a better group of professional people with whom to work. They gave as good care of their patients as they possibly could under the circumstances.

Were the corpsmen well trained?

I am not sure what percentage of the enlisted personnel had received special training because they all seemed to learn so fast that they became very effective in almost any job given them. I assume that those in the O.R., laboratory, and x-ray had had special training. But I was always impressed with the work the corpsmen did. At one of the beaches, I can't remember which, I had gone off to another part of the ship when a soldier who had had one leg completely severed just above the knee was so close to death that the admission officer had considered him dead. But someone else on the quarterdeck thought he saw the man take a breath. He was immediately taken into my treatment room and a call put out for me. When I arrived, my corpsman had oxygen and a blood transfusion already going. Within minutes the man was talking to us and proceeded to do exceptionally well. When I asked the corpsman if he could explain the man's rapid response, he replied, "Sure. I thought he had received too much morphine." And he was right.

You talked about the other physicians. You said that most of them were reservists who came from some of the best hospitals and training centers in the country. How did you find the regular line crew.

Life aboard *Solace* as on any hospital ship was sometimes a little complex because there were two separate commands aboard her--the ship's crew and the hospital staff. The line officers were a mix of regular Navy officers, temporarily commissioned enlisted personnel, and reservists. The medical officers were all reservists except for me. A few of the nurses were regular Navy and the supply officer, dental officer, and chaplain were all reservists. The male officers were all quartered on the top deck in what I always assumed were the original staterooms, although I must admit they were not very large. Most had double bunks and two men were assigned to each room. The nurses had their own area aft and their own mess.

All the male officers ate together in a large space aft of their assigned rooms, but on special occasions the nurses would be invited to join us as would the ship's captain. Everyone got along with

everyone else regardless of which command they were a part. We lived together, ate together, and, when possible, played together. It was a marvelous relationship. The ship's commanding officer, CAPT E.B. Peterson, was a very fine person and an exceptionally good ship handler. His Navy career went back to World War I.

You mentioned that you were involved in the campaign to retake Guam. What are your recollections of that campaign?

I have definite memories about Guam because it was there I reported aboard the *Solace*. But the activities of the ship were much the same in every beach head. We would arrive shortly after daybreak and either lie to or drop anchor among the other auxiliary vessels. Distances were always difficult for me at sea but I would say we stayed about 1,000 to 2,000 yards off the beach. We would take on patients until sundown when we would head out to sea for half the night and then return to be in position to take on more patients by sun up. As I remember, Guam was not such a difficult beach head for us. We could keep up with the flow of patients and they were in fairly good condition. It was not like Peleliu or Iwo Jima, or even Okinawa, which were all much worse.

How did you bring them aboard?

This was an old pleasure ship so we had a nice ladder--stairway actually--that went down and a platform at the bottom of it so that the boats could come up alongside and pass the wounded right over onto the platform and then they were brought up to the quarterdeck by corpsmen.

So, it was a floating platform?

No, it wasn't. It was just was a platform at the bottom of the gangway.

Was there some type of triage once the wounded were brought aboard?

A medical officer was there to check each patient and assign him to a ward or an area and usually this was a psychiatrist who really didn't have much to do at that point. Not like the rest of us who were actively taking care of wounded people. He would send them to whatever ward they needed. If the person were doing very poorly and essentially in shock, he would transfer him into my treatment room where we could give him blood and oxygen and take care of acute wound problems.

What condition were these patients in who were coming aboard

from Guam?

I can't really say that those coming aboard from Guam were any different from any other but they had been wounded probably from 6 to 24 hours before. Some of them had flesh wounds or wounds that were not interfering with life at that point. But they were all in pretty good condition. On Guam the military was able to secure a large enough beach head to set up shore based medical facilities rather rapidly. Not at all like Iwo Jima where the wounded had only received dressings, morphine, and plasma.

Had many of them received a lot of care prior to the time you saw them?

Very little. They had received morphine, IV fluids, and their wounds had been dressed. By the fourth or fifth day the shore based facilities were taking care of most of the walking wounded. We only received the more serious patients.

So this was basically first aid treatment and nothing more.

Yes, but as I said before this depended on how rapidly facilities could be set up ashore.

What was your job in the shock room, mainly to stabilize these wounded and get them evacuated further down the line, or did you do a lot of definitive care?

My job was to rapidly evaluate the problem, start blood or other fluids and oxygen if necessary, and then notify the operating room or other specialist as needed. If time permitted, we would do local wound care under light pentothal anesthesia. Many of these patients were then admitted to my own ward. This was definitive care. We were the only process of evacuation. Sometimes soldiers who had actually received only minor wounds would be returned to shore for eventual return to duty. When our beds were full and another hospital ship had arrived, we would depart for a base hospital in some previously secured area. As I remember, we took the wounded from Guam to Manus Island.

Were you able to perform definitive care for these patients in the meantime?

Yes. When many of them were taken off the ship, they had been completely treated. They only needed to recuperate from their wounds. Those with head, abdominal, or chest injuries would be sent to a base hospital and treated there. Others were further evacuated back to the mainland. Remember, this was long before we had air transportation so that the evacuation process in getting them back

to the mainland took the better part of a month. Thus most patients remained at a base hospital until they could either return to duty or care for themselves on the long trip home.

Do you have any specific recollections of the Iwo Jima campaign or Okinawa, or do these battles simply reflect what you saw at Guam?

I have very vivid memories of when we were at Peleliu, which was a bitterly fought battle and Iwo Jima where again it was a bitter battle, and finally Okinawa. Iwo Jima is one that stuck with me very much because we were just unable to keep up with the number of wounded. We finally sailed with well over 700 patients and we had not taken care of all the wounded. Fortunately, there were other ships in the area who could handle the remainder.

Do you recall anything about Okinawa. Did you witness any of the kamikaze attacks?

Yes, I did see a kamikaze attack at Okinawa. One came down hitting a cruiser. There was all sorts of fire being thrown up at this plane by the ship that was hit as well as every other ship in the area and the plane went through, right down one of the forward batteries.

Did you handle some of the casualties from that cruiser?

I don't remember. We could well have. This happened on our third trip back to Okinawa.

So you were there from the very beginning, from April when the landings began.

As a matter of fact, we were there about 3 or 4 days before in a little group of islands south of Okinawa--Kerama Retto. There was a nice harbor there and we were there until a day after the Marines and soldiers landed. And then we moved up off the beach at Okinawa and began taking on casualties.

Were you able to witness the bombardment of the beach?

No. They kept us out of the immediate area until the landing force had gone ashore. We didn't see any of the preparations for the landings.

What was the routine? You would stay out at sea far enough off the beach to be protected and then you would come in in the morning. How did all that work?

We would come in and anchor and take on casualties. And then just before sundown we would pull up the anchor and go out to sea

and come back in at sun up the next morning. This was to get out of the way of the combat vessels and also keep the enemy from doing something to us. There were some beaches we came into, particularly on the second and third trip where we would stay all night. We would just drop the hook and stay there.

I know there were Geneva regulations regarding hospital ships being illuminated but I would guess you probably turned the lights off.

If we were anchored and the battle was going on, ordinarily we would be blacked out. I think when we were anchored we were always blacked out. We were only illuminated when we went out to sea.

What were your specific primary care duties? Were you acting as a urologist or a urology surgeon?

At that point it was general surgery. I was a urologist only if there were a urological problem.

How long did you remain aboard the *Solace*?

I remained aboard until the war ended. At the end of the war we began making trips back and forth between San Francisco and Hawaii mainly transporting WAVES and WAACs back to San Francisco and then taking some military dependents back to Hawaii. In November, 1945 I was transferred to the naval hospital on Treasure Island in San Francisco.