

Lazarett (The Hospital)

by Lewis M. Bloom, G-2

Lewis Bloom was the Enemy Order of Battle Officer assigned to the G-2 section in 100th Division Headquarters. He was trained at the Military Intelligence Training Center at Camp Ritchie, MD, where among other things, he was immersed in the culture of the German military, to be able to understand Germans and anticipate their actions.

Before coming to the 100th, he served with the 28th Infantry Division in Normandy and Northern France, then served with HQ, SHAEF. After the war, Lew stayed in the Army Reserve in a variety of positions, including Order of Battle Officer and Battalion Commander. Recalled briefly to active duty during the Berlin Blockade and the Cuban Missile Crisis in 1961-62, Lew retired from the Army Reserve in 1977 after 34 years of service. In his civilian career, he was as a marketing executive in the textile business.

Here it is 2001 and an event that occurred at the very end of the war in Germany returns to mind again and again. I have noted stories of many WWII incidents but, until now, felt constrained about telling this one. The impact it had on me was quite complex, even a little disturbing.

The 100th Infantry Division was moving at a rapid pace into the eastern part of our sector in Baden-Württemberg. A stop occurred in a small village. Division Headquarters assembled itself and the G-2 Section set up shop. As the Division's assigned Order of Battle Analyst, I proceeded to the team's space and began to unload our gear. The Assistant Chief of Staff, Intelligence, Lt. Col. Paul S. Reinecke, shortly came by and advised me to prepare to leave the next morning to investigate a *Wehrmacht Lazarett* (hospital) about 10 to 15 miles east of our forward positions. The colonel would lead the "task force" which would include the assistant division surgeon (a dentist) and assistants; a chaplain; me; an interrogator; perhaps a few other officers in charge of a section of armed infantry riding in jeeps; a reconnaissance section with armored vehicles and some ½-ton trucks. The Colonel and I rode in the armored vehicle.

The rationale for this activity rested in an unusual development. Resisting divisional German Army units were in disarray and offering only minimal resistance by very small, dedicated *Kampfgruppen* [combat groups]. There were large gaps between major enemy combat units. A German Army Medical Corps officer from the *Wehrmacht Lazarett* slipped through one of the gaps, surrendered to one of our units, and requested to convey a formal message from the colonel commanding the *Lazarett* to our commanding general.

Essentially, the message was that his hospital had about 2500-3000 military patients, mostly bedridden, many with serious wounds, and a few fanatical walking wounded who were planning to sneak weapons onto the hospital grounds for the purpose of organizing a *Kampfgruppe*, later to deploy it nearby to harass the invading American troops. The hospital, in the minds of these fanatics, was the only structure where arms could be collected without being observed and harassed by the ever-present fighter bombers that would shoot up any moving object or suspicious area. The exception to such danger was the hospital; its Red Cross markings were off limits to the Army Air Forces.

Further, the hospital was almost out of such medical supplies as alcohol, bandages, anesthetics, food, and other necessities. General Burrell was urged to send troops to neutralize the area, provide needed supplies, including medical personnel, and to evacuate those wounded able to be moved.

He decided to move on the request, putting Lt. Col. Reinecke in charge of the next morning's task force. We all "saddled up" after breakfast and took off. The ride was eventless except for the beautiful spring scenery that appeared to me not unlike the expansive meadows of central New Jersey.

We approached the hospital, noting the unusual architectural layout. The central capitoline structure had five (I believe) extending wings as in a five-point star. The entrance, between two wings, was broad enough to hold a few of our armored vehicles; the others remained at the edge.

We entered and were met by the German Army Medical Colonel and a small staff. The amenities completed, we began to walk upstairs to the headquarters when we were interrupted by a few unarmed noisy and obstreperous group of young, slightly wounded, officers shouting obscenities at their colonel and us. Our people pulled pistols immediately and made for the rebels. I grabbed one, shoved the barrel of my pistol into his back. He yelled in pain and fell down. The group was quelled in minutes and taken away by our accompanying infantry troops. We proceeded to the colonel's office to discuss the problem and possible solutions.

First and foremost, it was agreed, was to determine how many men and women (nurses) were in the hospital; the condition of the patients; and an inventory of needed medical and nonmedical supplies. It was agreed that all members, patients and otherwise, would be inventoried and their clothing marked with colored chalk; those capable of being moved, in one color, and who would remain, in another. Our medical personnel, assisted by German Army nurses and their medical personnel, plunged into each of the wings where the wards were, to determine who could not be moved and who was to be evacuated to a US hospital or other facility.

I walked around the wings, sometimes with the medical personnel, to determine if there were any items of military intelligence that might useful for my work. Aside from such things as morale, I was able to put together a structure of enemy unit identifications and their military condition that I used to compare with what I had accumulated.

There were later interesting surprises. As the Germans say about many things, the aphorism "*alles in Ordnung*" ["everything in order"] applied to the hospital. It was "spit and polish" without the shine, but it was very obvious that much-needed things were missing. There was a nauseating odor everywhere, and there was no germicide to destroy it. Bandages were unclean, and there were none to replace them. There were many more deficiencies, even to a medically-untrained eye. The wounded troops were from *Das Heer* (the Army), *Marine Küstenartillerie* (Naval Coast Artillery crews who manned railroad guns); there were no SS personnel, but, lo and behold, there were a goodly number of *Afrika Korps* wounded—though these seemed to be in fairly good condition. The day wore on while our people made their rounds, marked off those for the evacuation, categorized needed supplies, and so on.

Near dusk, Lt. Col. Reinecke called me aside to tell me the great news: American personnel were to leave shortly and present a thorough report, including the recommendation that a number of trucks from a transportation unit would arrive shortly after dawn the next day to evacuate the movable sick and wounded prisoners. Made sense! The next statement from the Colonel was that I—alone—would remain behind to organize all those who would be moved. Speechless was the order of the moment. Before I could muster all the reasons, or some of them, as to the hazards of such an order—not an easy thing to tell your chief—Reinecke was off and running, as was everyone else.

Fifty-five years is a long memory stretch, but knowing this G-2, he made sure there was a recon car with radio communication to Division Headquarters plus some infantry outside the hospital's periphery. I had to think fast, get my brain organized, and come out with some plan which would not only secure my neck, but make the next morning's move smooth and efficient.

The German Medical Colonel understood my predicament. He moved me up about two flights to his private quarters. They were impressive! I recall two large living room/sitting room accommodations—the smaller one possessing something like a bar—and both with pleasing nonmilitary decor. The larger room opened to an outside veranda that encompassed, if memory serves me, at least 180 degrees around the central capital-like dome, possibly 360 degrees. There was one entrance/ exit leading to the downstairs central rotunda. It was this singular entrance that posed the opening phase of a gripping period.

Let me add that the colonel spoke English very well. He acted with great civility, told me about the many medical conferences he attended in the US, also touching upon the problems he had with this hospital. It seemed that no sooner than when we had settled down in the apartment, we were interrupted by a heavy knock on the door and the entry of a medical *Feldwebel* [tech sergeant] who announced that the "guard" was in place.

The Colonel and I moved to the open door and what I saw took me aback. There, next to the door and down about two landings, were a squad of *Afrika Korps Soldaten* [soldiers] armed with ax handles. Upon

seeing us both, they snapped to attention, the senior reporting to the Colonel the oft-repeated phrase of “*Alles in Ordnung!*” I learned that, as a group, they stood up to the previously-mentioned insurrectionists, agreed that the hospital should come under American control, and volunteered to protect the Colonel (I guess me, too) from anyone who interfered with the process at hand. It was obvious that there was more brewing amongst these people than met the unknowing eye of a first lieutenant like me. If any fireworks were in the offing before the evacuation, my meager arsenal of a tommy gun plus .45-caliber pistol plus the guards’ ax handles was enough for only a very meager defense against about 1500 reasonably capable soldier-patients. There were a great many abandoned arms outside the hospital compound. It didn’t take much imagination to assess my predicament.

The more my situation sank in, the more I recognized that I had to move into the next phase with great speed both to put things in motion for the evacuation and also to keep things in movement to avoid an inactivity that could breed defiance. Maybe here were some rebels that we didn’t apprehend. I couldn’t roam the wings of the hospital after dark without a strong escort and I had not such desire to. Our troops were gone and the *Afrika Korps* guards were too few and, so it seemed to me, itching to use those ax handles. I was First Lieutenant Bloom in charge of this piece of geography but, make no bones about it, they were in charge of me. The trick was to make them perceive only the former. I asked the Colonel for two things.

First, to round up all walking patients of field rank or higher into his quarters; second to provide me with the senior enlisted man in the hospital, ambulatory or unwounded.

The first to arrive was the senior *Feldwebel*, a short bulldog of a man with a scarred face. He could have been cast for a Hollywood movie. The “Hitler salute,” thank goodness, was not given. His salute was not unlike the kind we used. His verbal “*zum Befehl!*” was preceded by the litany of rank and unit designation (my inner thought was that he should have included the German word for prisoner, *Gefangener*). With my best military German, aided by the Colonel, I ordered him to go into the wings and choose the senior *Feldwebel* for each and then bring them into the apartment for further orders.

In less than one half hour, the five senior wing NCOs plus the senior *Feldwebel* reported, each saluted (one almost gave the *Heil Hitler* salute, but quickly relented). Each one gave the customary report about themselves. I even remember heel clicking. All this was almost unreal, yet somehow fell into the mold of all the military intelligence training that the Army lavished on me. I was not uncomfortable; this was all an extension of what I was trained for and what I was now practicing. Again, with the Colonel’s discerning manner and with my reasonably good military German, these NCOs were ordered to organize their wing into units of 23, each to fill the rear of a 2½-ton truck for evacuation. Officers were to be loosely kept near the entrance for placement in a special truck set aside for them. Loading would probably begin shortly after dawn. It was made clear that the most senior of the group—the “bulldog” was in charge of this organizing effort and that all questions were to be referred to him. He, in turn, was to refer them to me as well as to report the progress of the procedure. They were then dismissed to carry out the order. They saluted and filed out “by the book.”

In retrospect, organizing the wings was relatively easy. While the above little drama was playing out, the field grade officers (majors to colonels) were slowly making their way to the apartment. They placed themselves in the rear of the very large living room, discreetly chatting amongst themselves and closely noting how I handled the matter with the NCOs. Our interaction was formal and polite with conversation limited to the problems in the hospital. They sipped Bois gin and other liquors from a small liquor locker at the far end of the room and concentrated there.

One *Oberst* [colonel] kept moving toward the medical Colonel and me. He must have been wounded by shrapnel. His right arm extended horizontally from his body, fingers spread on a wire support that extended to his chest and somehow reinforced on his body frame. He seemed desirous to engage in conversation with me, speaking in a mixed German and English which I found easy to understand. We seemed to hit it off and I felt no apprehension. His opening gambit was to tell me about his educational visits to the US, especially to key battlefields of the Civil War. This signaled the fact that he was a professional officer of the pre-Nazi era *Reichswehr* [the army of the Weimar Republic].

Somehow, the medical Colonel mentioned his name; there had been no formal name introductions to this point. It was a revelation to me since I had been tracking the *Kampfgruppe* named after him for some time. He obviously was an expert in his business, a superb organizer, canny and tough. Perhaps it was my imagination, but I read hints in his comments that he had some knowledge of our G-2 Section and even of my position—only a guess. He was interested in my educational background, especially military training. The response to his query called for a yes or no answer. When I gave an affirmative reply, he assumed that I was a graduate of a military academy. I misinterpreted his question but made no effort to clarify my CMTC, ROTC, and OCS background—the situation did not call for lengthy explanations.

He probed seemingly inoffensively towards a point that I clearly saw coming. Where I was from, where my parents were from, how close to New York were Highland Park and New Brunswick, New Jersey, and so on. It led to the obvious fact that I was a Jew—without an overt mention of it. The guy would have made a brilliant lawyer, especially when up against a non-worldly first lieutenant in his early twenties. Nevertheless, the point of his inquiry was clear.

The other officers apparently were following the conversation and the points that were evolving. Time was passing. It was quite late and yet no one had any idea of snoozing off in some comfortable chair. The interest in the room was quite high. Occasionally, the senior *Feldwebel* would appear and speak to the medical Colonel. Time passed slowly. What seemed to change was a higher-pitched murmuring among the *klatsch* of wounded officers on the far side of the room. There were apparent glances in my direction from time to time, and a palpable rise in the conversational decibels, yet I detected no hostility in their demeanor. However they communicated amongst themselves, I sensed that the word of my religious background was the topic of conversation. The word *Jude* [Jew] escaped in a hushed tone. My understanding of spoken German, at that time, was quite good.

Their words focused on inner thoughts which, until now, were secretly repressed but now escaped as personal anecdotes. “There was the up-and-coming *Oberstleutnant* [lieutenant colonel] whose wife was Jewish; The Graf von So-und-so whose maternal grandfather was a prominent banker who moved in the highest of pre-war circles,” and so on. “*Mea culpa*” [“I confess,” or “I was guilty”] stood out as the night neared day.

They knew I was listening and understood. Did I not give German military commands correctly to the senior *Feldwebel*? The gulf of war separated us as well as the subtle but very real subject of who I was. This scene could only have happened at this wartime moment and in an enemy military hospital. All this went on until almost dawn.

Happily, dawn finally came. I looked around and strained my ears for the sound of the promised transportation. Fatigue—it was there, but the night’s episode generated enough adrenaline to keep me awake and effectively sharp. Anyway, I was accustomed to short periods of sleep. The welcome sound was heard and it was identifiable. I recognized the rumble of our 2½-tonners. The column was on the level road some distance from the *Lazarett*.

In a moment, the senior *Feldwehel* came rushing into the apartment to await orders. I ordered him and the medical Colonel to accompany me to the front entrance. We made our way through the *Afrika Korps* “guards” and the lined-up walking wounded and sick troops just as the truck column halted on the road circumscribing the compound.

The CO of the truck unit came barreling in his jeep to where we stood at the front entrance. Lt. Col. Reinecke, the Assistant Division Medical Officer, the Chaplain, and so on, followed in other vehicles. Everyone saluted, the moving plan was explained in detail and the evacuation was put in motion. The trucks were equally divided to each of the hospital’s wings. Deployment went smoothly and, in short order, I was advised that the vehicles were ready for loading.

With the German Medical Colonel looking on in relief, Lt. Col. Reinecke ordered the loading process to begin. This order was simultaneously passed on to the CO of the truck unit and the German military personnel; 23 men to a truck, officers to report to the hospital entrance for movement in specially designated vehicles. A few moments passed. I excused myself from the US Army group to make my way to the nearest wing. The *Soldaten* began to surge forward, each element of 23 straining to keep their prescribed distance from the element ahead.

What occurred next is deeply imprinted in my mind—a sudden outburst, a roaring chorus of human voices in a military song. In a moment, all the wings reverberated almost in unison. It was astonishing; the first words of the song “*Ich hatt’ einen Kameraden*” (“I once had a comrade”). It is an old patriotic military song about a friend lost in battle. The singing did not stop. It continued after all the trucks were loaded and the convoy moved out.

The fatigue was setting in and the chorus was disquieting, disturbing, especially after the night’s experiences. I sought some profound explanation. A nationalistic exclamation? The words were about a comrade killed in battle, about destroyed comradeship. An outburst of relief from a lost war? I did not know the answer then nor do I now. I watched and listened to the disappearing chorus and made my way back to the US Army group.

I doubt whether they were affected in the same way. The experiences in war are so many and diverse, I am sure that those who were there have little or no recall of that moment in time. They did not live through the night and the singing of the next morning.

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