



# **TLC Showcase**

## LIZ COWARD

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#### **Introduction to Blood and Bandages**

I always describe *Blood and Bandages* as a blog that got out of hand.

The original intention was to feature William Earl, a nursing orderly in the Royal Army Medical Corps, in a post for Remembrance Sunday. All that changed when I met him. William was 94 years old, (he's now 101). He introduced himself as a D-Day Dodger who still hated General Mark Clark for what he did at Anzio. I was stunned and intrigued.

Within 30 minutes of our first interview, I realised that I was listening to a unique story about the front line medical men who followed their designated brigades into battle to treat and evacuate the wounded. Working under the auspices of the Geneva Convention, they were classified as non-combatants whose duty was to help all the injured and bury the dead. William had seen action in North Africa and Italy at places such as Salerno, Anzio and the Gothic Line. He had never risen beyond the rank of private but his story was still fascinating and deserved to heard.

My background was in screenwriting and I am not a military historian, so for the next six years I researched intensely. I spent weeks at the National Archives reading the war diaries of Williams' field ambulance, its sister field ambulance, the reports from the Queen's and the 56th (London) Division. During that time I developed an unexpected sense of obligation towards the men of whom I was reading and decided to tell their story as well as William's.

I chose to adopt an interview style of writing, similar to that in *The Last Fighting Tommy*. I wrote countless drafts trying to find the right balance between context and personal recollection. It was complicated by a moving love story that ran like a seam through the whole tale. As that was the book's emotional heart it had to be weaved in amongst the battles. By 2015, I had taken the book as far as I could. I had heard TLC speak at an event and decided to invest in a manuscript assessment.

Karl French was given my latest draft to review and he produced a 14-page report giving me both encouragement and advice on how I should proceed. He pointed out the book's strengths and weaknesses and suggested what I should do to help the story reach its full potential. He singled out one chapter to which the other nine should aspire. I tweaked that chapter, wrote a pitch document and a story synopsis, and took it to the London Book Fair in 2016. I had three meetings and was offered a contract with Sabrestorm Publishing there and then.

Over the next seven months, I re-wrote *Blood and Bandages* in accordance with Karl's advice and it was finally handed to the publisher in November last year. He is thrilled with it and the book will be launched this April.

### Blood and Bandages, by Liz Coward

Jerusalem was not too far away so Frank and I hitched a lift and visited the city and some other holy places. It was also Mary's birthday so I hoped that she'd got the letter I'd written en route.

My own dearest beloved Mary,

Last year my darling, I was able to be with you on your birthday, but this year I am hundreds of miles away from you... and longing to be with you on your 22<sup>nd</sup> birthday... I am always thinking of you my beloved, every minute that passes, but on the 31<sup>st</sup> you will be in my heart and thoughts more than ever, darling. How wonderful it would be if I could spend the day by your side, yet it has to be otherwise; I could not get a card for you out here, so I am sending one of my own on another air graph...with the earnest prayer that next year we shall be together in our own home...

Yours alone, always and forever, your ever loving husband.

The next day, they rejoined the convoy and on 22<sup>nd</sup> April the 214<sup>th</sup> finally arrived at Hergla, twenty miles from the front line.

By the time the Black Cats joined the Eighth Army, 'the Boches were nicely boxed up in the north-eastern corner with a line running from Bizerta round through Medjezel-Beb to the coast to Enfidaville.' Enfidaville itself had been captured on 19<sup>th</sup> April but strong resistance had been encountered on the outskirts. Within 24 hours of their arrival, the Queen's were ordered to advance towards the front line to help eliminate the opposition.

Consequently, three of A company's sections, including William and Frank's, were instructed to follow and set up a casualty collecting post (CCP), four miles south of Enfidaville.

We followed the Queen's wherever they went.

Hence, on 23<sup>rd</sup> April 1942, William finally went into action.

We clambered onto the lorries and travelled alongside our ambulances at the rear of the convoy. We hung back because if we got too close to the infantry, we could get caught up in enemy fire. Enfidaville's distant woodlands stood out on the hot dry savanna plain. Limestone mountains and hills lay to the north, salt marshes to the south-west and the gulf of Hammamet to the east. Nearby, Takrouna village had, after bitter fighting, just been won by the Allies and the dead were still being recovered when the 214<sup>th</sup> advanced.

As we trundled along the dirt track, we wondered what was going to happen and how we would react when we went into action. Would we cower away? Would we be afraid? Would we be cowards? Would we risk our lives? None of us knew what we would do. The speculation faded as the sound of the guns got louder and we came within range of the enemy's artillery.

Reinforcements were an obvious enemy target, so as we got closer to the action the Queen's started to spread out and we slowed down. The Axis forces opened fire the moment they spotted our troops and the advance stopped. When we looked out from under the flaps we were horrified to see that three or four of our ambulances had gone ahead and had got mixed up with the infantry. We looked on helplessly as we saw our ambulances get caught in the middle of the shelling zone. We later learned that when the firing had started, one of our comrades had been so scared that he had frozen to the spot. A shell detonated beside his ambulance and shrapnel tore through its' skin straight into his body. He was killed outright. It was very sobering to know that before we'd even gone into action, one of ours had been killed.

For two years, we'd been meticulously drilled on how to respond when we were under fire. We'd practiced with the Queen's firing blanks at us while our sergeant majors screamed, 'GET DOWN! LAY DOWN!' However, after that first encounter with the Axis troops, we suddenly realised that being well trained and well disciplined was one thing, but being able to react correctly when our brains were screaming at us to freeze or fly, was quite another. In fact, some of the men caught up in the bombardment suffered a bit of shell shock.

That first foray towards the front line affected quite a lot of us because we saw what being in action really meant. It meant that we were on our own and if we made the slightest mistake we could be killed instantly. No amount of training could prepare us for that.

In light of the attack, A company was ordered to set up the casualty collecting post, (in essence a forward advanced dressing station), two miles further back.

When we went forward again, the mood in the lorry had changed. All we thought about was keeping together, helping one another and looking after each other so that we had a greater chance of survival. We drew to a halt at our new location and disembarked. Our sergeant split us up into groups of four. Some set up in nearby ditches and wadis. As always, Frank and I were together and we dug a trench amongst the trees with our short handled spades, one of our most essential pieces of kit.

Our casualty collecting post, (CCP), was the closest medical unit to the fighting. Further in front of us were the 169<sup>th</sup> brigade's own regimental aid posts, (RAPs), which were run by a regimental doctor.

When the fighting started, the regimental stretcher bearers, (RSBs) picked up the injured and tried to get them back to the RAPs. They left them there and went back for more while the regimental doctor examined them. He gave them basic first aid and kept them warm. If he had time he'd administer morphine or apply a tourniquet. We then went forward to evacuate the wounded back to our casualty collecting post so that the RAPs didn't get clogged up. If the CCP was closer than the regimental aid post, the regimental stretcher bearers would bring the casualties straight to us and we'd treat them with basic first aid with the supplies we carried in our satchels. When there was a rapid advance, the RSBs would leave the wounded behind for us to collect as they were infantrymen who had to follow their own unit.

We never knew what type of injuries we would encounter. Sometimes, we would find a soldier screaming in agony because half his leg had been blown off. Other times, we'd attempt to carry a man but when we grabbed his arms, one of them would come off in our hands. Some men were so badly injured all we could do was make them comfortable and leave them to die. It was grim, but this was what I'd been trained to do and I felt that if I couldn't do that, then I shouldn't be doing this work. Of course, a big part of our job was to hide our feelings. It would have been unforgivably cruel to show shock, horror, pity or revulsion in front of the injured, especially those who had cried with relief when we arrived. But there was one thing that really turned me over, trying to remove the tank crews from brewed up (blown up) tanks.

The men in the Tank Corps had the worst job of all. The tanks carried their own shells and the men virtually sat on top of them, so when one got hit, the shells exploded underneath them and the tanks went up in flames. Sometimes the man in the turret would get blown out and he'd be ok, but inside was different. Their own cavalry field ambulances generally looked after them but if one wasn't in the area, we would go in and get them. We didn't rush. There was no need, because the injuries sustained by those caught inside the tank were always fatal. We could do nothing to help these burned men, half men really, and the sight of those poor souls was nasty, really, nasty.

It was different with the infantry. Their injuries were often less cruel so they had more chance of survival. We fought hard to save them and the quicker we could get them back to the advanced dressing station (ADS) and main dressing station (MDS), the greater the chance they had.

Light ambulances shuttled between the casualty collecting post and the main ADS. If ambulances were not available the nursing orderlies had been trained to improvise. Stretchers, blankets, doors, coats, and firemen's lifts were all duly used to carry the injured.

We had to be very fit and very strong because we had to be able to transport conscious or unconscious men, their full kit and rifle, under our own steam. If we had started to carry a man back when it was quiet we couldn't suddenly drop him and take cover if the shelling started up again. We just had to keep going and hope for the best. If we were empty-handed when the shelling started we could drop down and dig a trench as quickly as possible. That's why we always carried a small shovel with our satchel. Self-preservation was drilled into us for if we were killed or injured, who would collect the wounded?

Not only that, 'Medical Officers and men of the RAMC are highly trained technical personnel, and, especially during the later stages of a war, were extremely difficult to replace.' Therefore, if a field ambulance lost too many orderlies, its' ability to collect, evacuate and treat the wounded would be compromised. This would fatally damage the brigade's operational capability, (not to mention morale), so the entire infantry brigade would be withdrawn from the line until its' field ambulance was reinforced.

One thing that we didn't expect was the long periods of waiting. We thought that we'd be working constantly during a battle but sometimes we'd be waiting two or three hours for the shelling to die down before we could go back out to do our job. It was incredibly stressful just staring at each other in a trench thinking, am I going to be killed or injured by the next shell? To calm my nerves I'd get out my little cardboard chess set and Frank and I would play a game while we waited. That

helped a lot because we'd focus on the next move, not the next shell, and after a few games we'd forget about everything else. In fact, once we were in the middle of a game when we heard a thud nearby. We thought, "Cor! That was a bit close," but just carried on playing. When the shelling stopped we peeked over the top and there was an unexploded shell about a yard away. We leapt out of that trench and sprinted off as fast as our legs could carry us.

Only short-term exposure to the intensity of the front line was sustainable, so one of A company's sections would spend between 24 to 48 hours at the casualty collecting post, (CCP), before being relieved by other of A company's sections and falling back to the advanced dressing station, (ADS). That section remained there for a day or two before returning to the CCP. This to-ing and fro-ing of A company's sections would continue for four to five days, until the whole of A company was relieved by B company and withdrawn to the main dressing station to rest while B company went forward and started the whole process again.

That's why we never got to know the men in B company too well because when we went back to the MDS they were going forward to replace us at the CCP and ADS.

If there were some walking wounded at the ADS near the end of our shift, we'd walk back with them to the main dressing station. If not, we'd normally get a lift in an ambulance or jeep along with the wounded. As usual, we were still within the range of the Axis artillery but 90 per cent of the time the enemy respected the Red Cross and would stop firing when they saw lots of ambulances on the move. They wouldn't stop if only one ambulance was in transit and sometimes there was so much crossfire they couldn't stop at all so we'd just have to take our chances.

Back at the MDS, we had beds for up to 200 sick and wounded. They had to be looked after and their dressings changed so although we'd gone back to rest, we weren't really resting, we just became ward orderlies.

We could never settle in though because we had to be able to follow our brigade whenever it moved. This meant that we always had to be ready to relocate our patients and pack down the MDS at any time. How much notice we got of a move depended on the circumstances. Sometimes the order came through that we were advancing the next day, but sometimes it was within two hours. Packing up your kit and transferring your patients to another MDS within that time was a challenge. Several times I had to rip Mary's photo down because I had no time to remove the drawing pin.

We'd use lorries and ambulances to move the patients and on one occasion we were preparing an ambulance when we saw three planes coming towards us. The chap with me said, "Oh look," I said, "They're Stukas! DOWN!" We hurled ourselves out of the ambulance and onto the ground just as they started firing. A piece of shrapnel nicked the back of my head, an inch higher and I would have been killed.

Despite the heavy enemy resistance around Enfidaville, the Black Cats established a slow advance. The 214<sup>th</sup> field ambulance followed the infantry in its' usual caterpillar style; the main dressing station moved up to take over the advanced dressing station's position; the ADS moved up to take over the casualty collecting post's position and the CCP advanced to create a fresh post behind the new front line.

On 26<sup>th</sup> April 1943, the 214<sup>th</sup>'s ADS moved into the old CCP and a new casualty collecting post was opened up on the Enfidaville – Bou Ficha Road, two miles north of Enfidaville. A few days later, the 167<sup>th</sup> field ambulance finally arrived from Iraq. The 167<sup>th</sup> infantry brigade joined its' sister brigade in action and the two field ambulances began to collaborate. The collecting companies worked together and the 167<sup>th</sup> inherited the 214<sup>th</sup>'s MDS when the latter advanced with the Queen's.<sup>60</sup>

While the Black Cats remained bogged down in the Enfidaville area, other Eighth Army divisions swept into the northern areas of the bridgehead taking Tunis and Bizerta on 7<sup>th</sup> and 8<sup>th</sup> May. Thus positioned, the Allies could now surround the enemy at Enfidaville.

#### **About the Writer**

Liz Coward graduated with a BA Hons in History and Classical Studies from the University of Surrey in 1987. After an unsuccessful attempt to become a personnel manager, Liz returned to study and attended the College of Law in Guildford. She entered onto the Roll of Solicitors in 1994 and practised as a Solicitor in Hampshire, London and Sussex where she specialised in licensing, (contributing to the *Publican's Handbook 3<sup>rd</sup> edition*), and employment law.



In 2001, Liz suffered a serious illness, which allowed her to reappraise her career. She briefly returned to work as a part-time lawyer in local government while also exploring her love of writing. In 2006, Liz decided to end her legal career in favour of writing and embarked on an MA in screenwriting at the London College of Communication. She qualified from there in 2008.

Since then Liz has developed a number of scripts including two short scripts which were produced and a short play which was performed in Adur Arts Live '09.

In 2013, Liz was commission by Alison Lapper MBE to co-write her contribution to the BBC Radio Two series, *'What makes us human?'*, which was broadcast on 16<sup>th</sup> October 2013 and appeared in the New Statesman.

Blood and Bandages is Liz's first book. She is a regular contributor to the Beach News and has a blog at <u>lifeon-shorehambeach.blogspot.co.uk</u>

Liz is also a director of RCAS Limited, an owner-managed company that provides flying and writing services.

Liz's hobbies include reading, jujitsu, gym and swimming and she is an active member of the local community.

Liz lives on the south coast with her husband and son.

Buy Blood and Bandages here.