

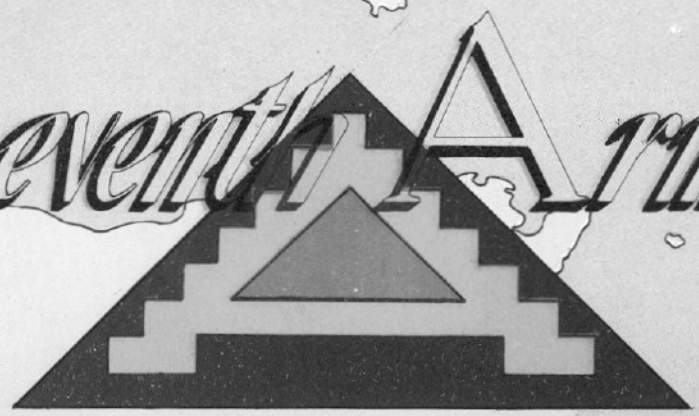
Interdiction Report

ANNEXNumber.....277.....Berlin

Period ! JAN - 31 OCT. 1944



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UNITED STATES
Seventh Army



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Authority **735017**

By **CV** NARA Date **5/11/04**

HEADQUARTERS SEVENTH ARMY
Office of the Surgeon
APO 758 US Army

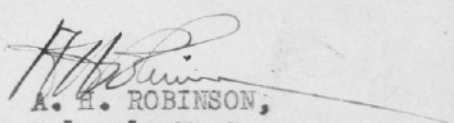
21 December 1944

SUBJECT: Historical Information.

TO : Historical Section, Headquarters Seventh Army.

Submitted herewith, Medical Section Historical Information,
covering the period 1 January 1944 to 31 October 1944, inclusive.

For the Surgeon:


A. H. ROBINSON,
Colonel, M. C.,
Executive Officer.

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Authority 440 735017

By C/J NARA Date 5/11/04

MEDICAL SECTION HISTORICAL INFORMATION
Period 1 January - 31 October 1944 (Incl)

Plans for medical support of operation "DRAGOON" during the amphibious stages and subsequent land operations were initiated by making thorough studies of intelligence reports and available plans of cities and terrain of Southern France. Reference was also made to reports and records of operations in Sicily and Italy, with special emphasis on the medical aspects. From these sources information was gleaned as to local sanitation problems, prevalent diseases, existing facilities for housing of medical installations, provisions for medical care of civilians and the types of medical units considered necessary to preserve and maintain the health of troops engaged in the operation.

PLANNING PHASE

EVACUATION: In a combined Army-Navy operation, there are certain responsibilities which must be assumed by each of the services in order that evacuation of sick and wounded personnel can be carried out in the most efficient manner. In this respect the U.S. Navy was held responsible for;

1. Medical care of all personnel of all services while embarked in U.S. Navy ships or while under treatment in U.S. Naval shore based medical units.
2. Seaward evacuation of all casualties from the assault area until the U.S. Army becomes sufficiently established ashore to treat, hold and evacuate in accordance with routine Army plans.
3. Keeping casualty evacuation records.
4. Prompt delivery and exchange of medical supplies with beach medical units.

The U.S. Army was responsible for;

1. The medical care of all personnel of all services:
 - a. Landward of the high water mark.
 - b. In U.S. Army controlled Hospital Ships.
 - c. In all U.S. Army shore based medical units.
2. Maintaining liaison with Medical Sections of Navy Beach Battalions to expedite transmission of casualty evacuation data and to facilitate keeping evacuation records.
3. Maintaining medical supply dumps at ports and hards where casualties will be disembarked.
4. Unloading of casualties at disembarkation ports and hards.
5. Notifying British and French authorities concerned when British and French casualties are listed in the evacuation reports from evacuation ships.

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In considering the responsibilities of the Navy, it was necessary for the Army evacuation officer to determine the feasibility of using certain types of craft available. In coordinating plans with the Navy it was decided that the most suitable ships for evacuation purposes, other than hospital ships, were APA's, XAP's and LST's. These ships were to be used only in case of emergency even though they were adequately equipped to handle patients. As it was not expected to have port facilities available in the early stages of the landing operations, methods for transporting patients from the shore to the evacuation ships had to be considered. Plans were made to use LCT's and DUKW's as water ambulances but it was found that DUKW's would not be satisfactory as hospital ships were not equipped with the gear necessary to hoist them to the sally port so that the patients could be unloaded. Another disadvantage was, that in the event of rough weather it would be too dangerous to the welfare of the patient.

Navy personnel who were to be responsible for keeping casualty evacuation records were made familiar with the type information that was desired by the Army. Names, serial numbers and organizations of patients being evacuated were to be listed and turned in to the Commanding Officer, Detachment of Patients, Adjutant General's Section, Hq Seventh Army. Plans were also made to notify Detachment of Patients in case any ship transporting patients was lost.

Preparations were made to furnish the Navy with the necessary items of supply, such as, blankets and litters, to affect property exchange at the evacuation points.

In view of the expected numbers of casualties to be evacuated in the early phases of operations and the limited bed space that would be available, it was decided to evacuate all patients except those that could not be moved due to severity of wounds. There was to be no sorting of patients according to nationality, ie: American, British and French were all to be evacuated to Naples until D / 7. At this time French were to be sent to Oran and others to Naples. The same policy was to apply to POW's. This plan was to continue in force until suitable hospital facilities would be available in France.

The changes in plans for the operation necessitated many revisions in estimated requirements for the number of hospital ships that would be needed. When the final plans were drawn up, twelve (12) hospital ships were allotted. These were to be under control of AFHQ, moving as requested by the Army Surgeon.

The plan for movement of the ships to France was as follows:

The vessels were to operate out of a pool at Corsica, evacuate patients to the Zone of Communications (Italy or Africa) and return to Corsica to wait for further orders. Two ships were to be in the Target Area at dawn of D / 1 and thereafter to arrive in the area on automatic of one ship each day until D / 10. After D / 10, the ships were to be called for by the Army Commander as they were needed.

Loading of the hospital ship in the Target Area was to be completed before sunset. In the event they were not loaded to seventy-five (75) percent capacity at that time, the ship was to be sailed out of the area and return at dawn of the next day to complete loading.

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Preparations were made for air evacuation which was planned to begin about D + 7 as it was not contemplated that a suitable airfield would be secured before that time. In order that enough planes would be available to handle patients, a request was submitted to MATAF to allot the Army a total of seventy (70) aircraft for this purpose. Tentative plans were made for one of the Medical Clearing Companies to act as an air holding unit at the airfield. As this unit would have to be gotten from one of the Clearing Companies of the Medical Battalions assigned to Army, it was necessary to wait until the operation began in order to determine which company could be spared.

The Army Rail Transportation Section was contacted regarding facilities which could be made available to make up a hospital train. Arrangements were made whereby, the Medical Department would provide medical personnel and equipment and Rail Transportation would furnish rolling stock, make the necessary alterations and operate the train. It was assumed that trains captured in France could be utilized for this purpose.

Until such time as train service could be started all overland evacuation would be by motor ambulance, augmented by other suitable military vehicles, if the need arose.

As the final plans became firm, the Medical Battalions (Sep) and attached Clearing and Collecting Companies necessary to support the three divisions engaged in the assault, were attached to their respective divisions for final training and participation in the operation.

The set-up of the Medical Battalions was as follows:

ALPHA BEACH (3rd Div)	DELTA BEACH (45th Div)	CAMEL BEACH (36th Div)
Hq & Hq Det 52d Med Bn	Hq & Hq Det 58th Med Bn	Hq & Hq Det 56th Med Bn
376th Med Coll Co	388th Med Coll Co	885th Med Coll Co
377th Med Coll Co	389th Med Coll Co	886th Med Coll Co
378th Med Coll Co	390th Med Coll Co	887th Med Coll Co
682nd Med Clrg Co	514th Med Clrg Co	891st Med Clrg Co
616th Med Clrg Co	616th Med Clrg Co	638th Med Clrg Co
(Hq & 1st Plt)	(2nd Plt)	(1st Plt)

The commanding officers of the Medical Battalions were designated as Beach Group Surgeons of the beach on which they were to work. It was their responsibility to set up Clearing Stations in protected areas near the beach for care and evacuation of patients in their area. It was planned that each Beach Group Medical Battalion would operate independently until the three beaches were fused and the Beach Control Group Surgeon was in a position to coordinate the activities of all three. It was estimated that this policy could be adopted about D + 3. At this time, it was also planned to evacuate all casualties from the center beach. The Beach Group Surgeons were notified of the number and patient capacities of APA's, XAPA's and AKA's that would be available for evacuation on D-Day, and which of these would be off their respective beach.

In order to maintain an efficient chain of evacuation as the combat troops moved forward, two other Medical Battalions were scheduled to arrive in the area on later phases. These were to take over the duties at the beach while the others moved forward with the Army.

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HOSPITALIZATION: The provisions for hospitalization were subject to constant changes in the number of troops to be used in the amphibious stages of the operation and the land operations to follow. As the troop build-up figures became stabilized, it was possible to estimate required number of beds and make plans for the hospital needs. The following chart shows the medical support for the Divisions in addition to the Medical Battalions (Sep):

3rd Inf Div	45th Inf Div	36th Inf Div
10th Field Hosp (2 Units)	10th Field Hosp (1 Unit)	11th Field Hosp (2 Units)
5 Gen Surg Teams	11th Field Hosp (1 Unit)	3 Gen Surg Teams
1 Orthopedic Team	4 Gen Surg Teams	1 Neuro Surg Team
1 Thoracic Team	1 Maxillo-Facial Team	1 Thoracic Surg Team
1 Maxillo-Facial Team	2 Dental Pros. Teams	1 Shock Team
1 Neuro-Surg Team	1 Shock Team	1 Orthopedic Team
1 Shock Team	1 Orthopedic Team	

The Field Hospitals, augmented by personnel of the surgical groups as listed, were to accompany the assault troops, land as quickly as possible on D-Day and set up and operate in conjunction with the Divisional Clearing Station.

During the period D / 1 to D / 4, if possible, three (3) Evacuation Hospitals Semi-Mobile (400 Bed) were to be put ashore to provide facilities for further surgical treatment and means of holding patients who were expected to recover in a short period of time. The hospitals were to work in back of the divisions as follows:

3rd Inf Div	45th Inf Div	36th Inf Div
95th Evac Hosp	93rd Evac Hosp	11th Evac Hosp

Evacuation Hospitals (750 Bed) were scheduled to arrive on later phases, approximately D / 10, to augment the 400 bed units.

The hospital schedule was so arranged as to have the following number of beds available for both French and American Forces by D / 10:

3 US Divisions	4 French Divisions
1 Army Hq (US)	2 French Corps
1 Corps (US)	
2 Field Hospitals	3 Field Hospitals
3 Evacuation Hospitals (400 Bed)	4 Evacuation Hospitals (400 Bed)
3 Evacuation Hospitals (750 Bed)	2 Evacuation Hospitals (750 Bed)

Assuming that four (4) of the seven (7) 400 bed Evacs would be set up, equaling 1600 beds and five (5) of the 750 bed Evacs, with a capacity of 3750 beds, plus five (5) Field Hospitals which can comfortably accomodate 1000 patients, (1/2 normal capacity) there would be approximately 6,350 beds available.

With an increase in troop strength by D / 15, there would be two more 750 bed Evacs available, making a total of 7,850 beds. With the changes to be expected by D / 20, a schedule of available beds was planned as follows:

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Field Hospitals-----	5-----	Totalling	1,000	Beds
400 Bed Evacs-----	7-----	"	2,800	"
750 Bed Evacs-----	7-----	"	5,250	"
Convalescent Hosp----	1-----	"	1,500	"
General Hosp-----	2-----	"	3,500	"
Station Hosp-----	1-----	"	500	"
			<u>14,550</u>	"

Thus, the number of available beds ashore, would accomodate approximately 6% of the command.

Insofar as possible, the French hospitals were equipped with American material and staffed by French personnel. The officers were trained in the use of the equipment and they in turn, instructed other personnel of the hospital.

All the Field and Evacuation Hospitals selected for the operation were authorized to draw excess equipment to allow for 20% expansion in case necessity dictated. In addition to this, they were allowed other excess equipment on a temporary loan basis, this to be carried along in case of emergency.

Arrangements were made with the Army Transportation Section to Furnish trucks for combat loading of all hospital equipment so that they would be able to go from the boat directly to the site that had been chosen for them.

Arrangements for building materials to be used for fixed medical installations in the event that suitable buildings would not be available, were submitted to the Engineers.

All units were instructed to notify this headquarters of all captured enemy medical installations, giving information as to location, size, staff of medical personnel and number of patients so that such installations could be utilized to provide medical care for POW patients.

To provide laundry service for the hospitals, Quartermaster Laundry Units were to be attached to the hospitals at the ratio of 1 Unit for each 750 Bed Evacuation Hospital and 1 Unit for two (2) 400 Bed Evacuation Hospitals.

MEDICAL SUPPLY: Planning for the provision of medical supplies and equipment necessary to support the troops involved in the operation was begun as quickly as the first tentative troop list was obtained. Throughout the planning stages, plans were revised in accordance with changing numbers of troops and characteristics of the operation.

The basic plan, as in other operations of similar nature, required that a certain amount of medical supplies and equipment be set up for the assault forces to be carried in with them. In additon it was necessary to provide supplies to build up required levels of supply in the combat zone.

This was accomplished by submitting a basic requisition to SOS NATOUSA, requesting enough supplies to cover the first thirty day period of the operating and at the same time a second requisition was submitted to cover the second thirty day period. After sixty days, supplies would be shipped on automatic schedule from the United States directly to France.

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Supplies requested for the first period were broken down into six phases, each phase covering a five day period in accordance with the convoy plan.

Each sub-task force commander was furnished with sufficient amounts to provide seven (7) days maintenance for his troops, these to be carried along in the initial landings. On reaching shore, the Beach Group Surgeon was responsible for setting up dumps in protected areas where these supplies could be consolidated and prepared for issue.

Preparations were made to make a pre-issue of certain supplies to the assault troops as an individual reserve. These items were, Atabrine, Quinine, Prophylactic Mechanical and Motion Sickness Preventive Capsules. The Base Medical Depots were to hold these items and issue them to the sub-task force commanders or their representative, who would be responsible for distribution to the troops.

Through lessons learned in other operations, precautions were taken to make certain that fragile supplies would be well packed and as far as possible, supplies were to be boxed so as to be one man loads, not to exceed seventy (70) pounds in weight, size to be approximately 18 x 24 x 36 inches, waterproofed and strapped in order to stand rough handling over the beaches.

Security cargo, such as narcotics, whisky and gold, were to receive special handling and be stored separately from other cargo and in custody of the ships cargo security officer.

All boxes were to be clearly marked so they would be delivered to the proper place, lists of contents to be attached to the outside of the box, weights and cubage to be stamped on the outside of the box to facilitate stowage on ships and checking tonnages being unloaded at the beaches. Master packing lists were placed in the hands of the Beach Group Surgeons so that they would know what and how much supplies they were to get and on what ships the supplies would be.

Supplies for the French were handled in like manner except that in marking, the Tri-Color was to appear on the outside of the box in order that those supplies could be easily segregated when being unloaded and be delivered directly to the French Medical Dump.

Certain amounts of medical supplies were set aside for Civil Affairs use and were distinctly marked so they could be kept apart from military supplies. These were to be delivered to the American medical dumps and held there until called for by a representative of Civil Affairs Office who would be notified when and where the supplies would be available.

The bulk of supplies for the sub-task forces were contained in Beach Medical Maintenance Units, which have a balanced stock of medical items to maintain 5000 troops for a thirty (30) day period and were especially designed for this type operation. These units were set up in amounts in accordance with the number of troops to be used in the operation, with additional critical items as a safeguard against any unforeseen developments. These items included, blood plasma; morphine syrettes; crinolin; plaster of paris; plaster of paris bandage; sulfaguanadine tablets;

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paregoric; litters; blankets; dressings; oxygen; wadding sheet; first aid kits; and rubber tubing.

Provisions were made for hospital ships to carry medical supplies to the Target Area whenever possible.

In order to establish and operate medical dumps at the beaches, advance detachments of the Army Medical Depot Company were to accompany the assault troops and be prepared to disembark as soon as the beaches were cleared. Other detachments of the Depot Co were to land and move forward with the troops and set up supply points in strategic areas, staying as close as possible to the front lines so that medical supplies would be readily available for the advancing units.

The dumps at the beaches were ^{to} receive all supplies being unloaded from the ships, prepare them for delivery to the forward areas and make issues to the troops in rear areas. This procedure was to continue in force until the Base Section was prepared to take over these duties at the beach.

Arrangements were made for medical units to draw necessary equipment to make up Table of Equipment shortages and any authorized excess items such as, tentage, cots, blankets, pajamas, generators, trailers and field ranges.

Plans were made for a Mobile Optical Unit and a Portable Dental Laboratory Unit to arrive at later stages of the campaign and to accompany the Medical Depot so that type of service rendered by each would be readily available in the forward areas.

SANITATION & HEALTH: In general, the sanitary conditions and health problems in France were considered to be comparable to that of Italy or Sicily with the exception of the prevalence of malaria. In order to cope with this situation it was necessary to impress upon the minds of all troops, the importance of individual methods of protection against disease and infection. Commanding officers were responsible for protecting and maintaining the health of all troops under their command. To assist them in this matter, organization and unit surgeons assigned to commands as staff officers were to be consulted for professional advice in all matters pertaining to disease prevention and sanitation.

Particular emphasis was placed on the control of the following diseases:

1. **Malaria:** Long considered a major health factor in warfare, special attention was paid to preventive measures and treatment. Although it was assumed that malaria in France would not be a problem such as encountered in other operations, Atabrine suppressive therapy was to be initiated at least ten days prior to D-Day and was to continue until instructions to the contrary were issued by the Army Surgeon.

The dosage prescribed was 0.1 gram daily. Provisions were made for all troops to be furnished with individual units of insect repellant and instructed in the proper methods of use. Whenever possible, mosquito bars headnets were to be used until otherwise ordered.

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Malarial survey and control units were to be responsible for locating malarious areas and instituting control measures that could not be covered by individual units.

2. Diarrhea & Dysentary: All units were notified that mess sanitation must be enforced, particularly as to mess kit cleaning, frequent inspection of food handlers, fly-control measures, waste disposal and preparation of raw vegetables purchased locally. During the early phases of the operation, troops were instructed that food must be consumed from the original containers until proper facilities were available for washing mess gear.

All water used in France was to be considered non-potable, regardless of source, unless purified by Engineer Water Supply Units, chlorinated in lyster bags or individually with the use of Halazone Tablets. In combat operations or wherever conditions would not permit more suitable facilities, straddle trenches were to be used for human waste disposal.

3. Venereal Disease: Plans were made to establish a Venereal Disease Hospital immediately after the landings. As this type hospital is not normally considered an integral part of army hospital installations it was to be entirely provisional in make-up. A tentative T/O&E was worked out and plans made to utilize personnel of one of the Medical Clearing Companies to operate the hospital.

Preparations were made for all medical units to operate individual prophylactic stations and also to establish additional stations as needed. Preparations were also made to furnish individual prophylaxis supplies for use in the event that established stations were not available in certain sectors.

Unit commanders were instructed to give frequent talks on the problems of venereal disease and whenever possible to use training films which have been found to have a very good effect on all personnel.

4. Immunization: Unit commanders were instructed to make certain that all immunizations required in this theater were completed prior to D-Day and that they be kept up to date thereafter.

NEURO-PSYCHIATRIC CASUALTIES: It was planned to use the Beach Clearing Stations to hold neuro-psychiatric battle casualties during the initial phase of the operation until such time as Division Clearing Stations would be in a position to handle them. It was intended that insofar as possible, this type patient would be held as close to the forward areas as conditions would permit.

PERSONNEL & TRAINING: In order to provide adequate care for the expected casualties in the landing operations, surgical and shock teams were drawn from the assigned General and Evacuation Hospitals to reinforce the Field and 400 bed Evacuation Hospitals. Skilled technicians from the same pool were attached to the Field Hospitals to take the place of nurses who were not scheduled to arrive in France until D + 4.

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In addition to this, it was necessary to furnish extra personnel for the First Special Service Force; this requirement was met by attaching six (6) medical officers and one (1) technician to this Force.

Forty (40) medical officers were required to care for troops while on board transports going to the Target Area and to care for any wounded personnel that might be evacuated on those same ships. All personnel were to remain with the units to which they were attached until their own units arrived and their services required there.

Before embarkation, the medical battalions were attached to the various divisions whom they were to support and went through a series of training programs and simulated battle exercises under conditions which could be expected in the actual operation.

Two of the three battalions were already veterans of several operations and were very well acquainted with conditions to be expected; the other battalion had no previous combat experience but being a well organized unit, showed excellent results in the training period.

REPORTS & RECORDS: All units concerned, were notified of the reports and records which would be required of them. Arrangements were made to provide the necessary blank forms and personnel who were responsible for making the reports were instructed in the proper method of preparing them. Emphasis was placed on the importance of prompt and proper submission of all reports during the early phases of the beach operations due to the fact that a certain amount of confusion could be expected and units tend to be a little lax regarding reports when they are engaged in combat.

In addition to the above, attention of all concerned was directed to pertinent Army Regulations, Field Manuals and Circulars, with their subsequent modifications, published by Seventh Army and higher Headquarters.

DISTRIBUTION OF WHOLE BLOOD AND PENICILLIN: In order to provide an adequate supply of whole blood during the landing operation, five hundred (500) units of six hundred ccs (600cc) each accompanied the assault troops on D-Day. The following arrangements were made for bringing the blood in:

3rd Division---Refrigeration Unit (Vehicle)

4 Boxes containing 144 units of blood.

Detachment of 6703 BTU consisting of 2 enlisted men.

45th Division---Refrigeration Unit (Large Vehicle)

8 Boxes containing 188 units of blood.

Detachment of 6703 BTU consisting of 1 officer and 1 enlisted man.

36th Division---Refrigeration Unit (Vehicle)

7 Boxes containing 168 units of blood.

Detachment of 6703 BTU consisting of 2 enlisted men.

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An additional one hundred (100) units of blood were given to the Special Service Force and small amounts were placed on some of the hospital ships.

Beginning D ^{book} 1 and continuing until full air communication was established, ~~belled~~ was to be supplied daily by aircraft from the Base BTU (Italy) to Corsica, and from there to France by PT boat and delivered to the center beach where it was to be picked up by one of the BTU Detachments for distribution as needed.

Two thousand (2000) vials of Penicillin was to be delivered daily, being handled in the same manner as whole blood.

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