ANNUAL HISTORY OF 46TH MEDICAL BATTALION ARMORED

1944

GENERAL

AND

DIVISION MEDICAL SUPPLY

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The 46th Med Bn Armd of the 4th Armored Division was welcomed at unexpectedly adequate billets, in the vicinity of Trowbridge, Wilts, England, by its advance party on January 11, 1944. The billeting party had been recommended by the Commanding General of the Third Armored Division on the basis of his Division's experience. Arriving three weeks ahead of the main body, it had been able to obtain billets, have same put in order by members of the combat tried Second Armored Division, draw necessary administrative vehicles, cleaning and preserving materials, dispensary equipment, and medical supplies, and become familiar with British Supply procedure, public utilities, and customs of the people. Administrative publications were obtained, recreational facilities arranged for, location of installations determined and mapped.

Advance planning made easy and rapid the settling of the Battalion, the orientation of personnel and resumption of normal training.

All Medical Dept T/E equipment was drawn from Depots prior to arrival of the Division and issued to all units shortly after their occupation of billets. Within a matter of days, all other Division Supply Agencies drew and issued T/E equipment and supplies to units of the Division. Items not immediately available and not essential to training were subsequently issued prior to our leaving England. No aspect of training or administrative work was handicapped by lack of supplies.

As far as General Supply of the Medical Bn was concerned, no problems arose during our stay in England. However, excellent training for members of the Supply Section was afforded by reason of the distances between agencies, railheads and depots, which closely approximated those common to combat operations.

Inventory of all T/E Medical Equipment of all units was effected with the aid of mimeographed check lists (from Med Dept Catalogue) for all kits, chests, sets, etc. prepared and distributed by Div Med Supply Office. Requisitions for shortages were placed on the Depots; and on receipt of items, all sets, chest, etc were properly stocked and carefully kept in this condition.

Dispensaries were set up and operated by all units. Expendables used in their operation were drawn through Div Med Supply and chests were not depleted of sick-call requirements. On leaving England, each detachment packed its dispensary stock in a small box and carried these essential and sometimes critical items as a supplement to its No 2 Chest.

It was readily apparent to all that a thoughtful build-up of reserve expendable medical supplies in all Medical echelons was indicated. "Three day supply of expendables" is a loose, rather terrifying reference to the most essential type of supply in Combat Medical Service. Especially when one must draw these supplies from installations outside the combat zone against a fixed "authorization table".

Conservation of Medical Supplies was closely checked; and over a period of six months all available space in Medical unit vehicles was slowly and systematically packed with combat supplies. There is no doubt, that, in the early days of this Divisions active operations, many lives were saved and casualties received better treatment in our installations because of this prior planning. For, at that time, Med Depots were handicapped by the "Maintenance Unit" system of drawing their supplies. Unanticipated 'runs' on certain items could not be remedied quickly. In our experience, no critical item was ever 'out-of-stock'.

In addition to reserve carried in detachment and Medical Company vehicles, one 2½ ton truck in Div Med Supply was loaded according to a carefully planned loading list with forty-odd small boxes(2'x3'x18") containing various quantities of over one-hundred items.

While in England, we drew Medical Supplies from Depots 32 and 33, and found their personnel most cooperative and efficient. Working with them during this period, learning their procedures and becoming well aquainted with their personnel, greatly facilitated later operations on the continent. The expected difficulties of re-supply during combat never materialized, thanks to our previous relations with these Army installations during our preparation.

Not a small part of our successful Medical Supply functioning is due to assistance and cooperation obtained from both First and Third Army Medical Supply Officers. This same spirit was carried over into actual operations. We tried to be reasonable in all our requests, and prompt consideration was always given them by the Surgeon's office thru his Med Supply Officer. Unfortunately, the number of times supplies were made available on short notice or speeded up is not recorded.

The most effective training of both Med Bn and Division Supply personnel was that in conjunction with Field Problems conducted on the ranges and plains of Southern England. Battle conditions were simulated using the actual distances and involving realistic problems of re-supply.

Following these exercises, we open-mindedly established a routine supply procedure. Supply vehicles of the Hq Co, Medical Bn would deliver rations, fuel, replacement clothing and equipment of all types to the Medical Companies; daily, if necessary. This was subsequently changed.

Medical Supply offered more of a problem, due to lack of transportation and distances between units and installations. By means of daily replenishment of supplies in all echelons it was hoped that a safe level would be maintained, and periodic shortages of certain items in depots would never be felt in forward installations.

A mimeographed requisition blank (Annex 'A') was prepared and distributed by the Div Med Supply Office. This form listed thirty-six of the most commonly used items with additional space for writing-in other requirements.

A daily requisition would be prepared by each Bn Surgeon on this form by entering in the space provided the approximate number of the particular item used that day. This informal requisition would then be sent by any means available, usually next returning ambulance, to the supporting Medical Company.

The Medical Company would fill the requisitions immediately from its stock and send the supplies forward via ambulance to the Advance Ambulance Collecting Point; thence to the Bn Aid Stations. The company would submit a daily consolidated requisition to D.M.S.O., including items consumed in its operations, via next returning vehicle to the DMSO in Bn Hq area, thus replenishing its reserve.

It was also decided that during actual engagements, requisitions for major items of Med Dept equipment; chests, etc., would be sent by Bn Surgeons to the DMSO through the established Medical Channels, rather than through their Bn S-4's.

Mimeographed check lists, from the Medical Supply Catalogue, showing contents of kits, chest, etc were prepared and distributed to all units to be used during rest periods for checking shortages in unit medical equipment. This completed check list would constitute a requisition for shortages indicated.

These plans for Medical re-supply are still in effect after almost six months of combat. Their success has depended upon conscientious compliance with the general plan by all personnel, especially ambulance platoon leaders and drivers, through whose hands the requisitions and supplies passed daily.

Our first test came near Raids, France around 17 July 1944. The Medical Companies required a trailer, extra gas cans, and water cans. Hq Co could dispense with three trailers, which were transferred to the Co's and sixty water cans, which went twenty to each Co. Fifty additional gas cans per Co were procured and carried in the trailers. Re-supply was carried out daily on a can for can exchange when the trucks of Hq Co delivered gas, water and rations to the Co bivouacs. Medical re-supply went according to plan.

Vehicular loads were lightened here by storage of EM's duffel bags and Officers' hand bags in a warehouse requisitioned and guarded by the Division QM. They were further lightened about two months later when all camouflage nets were turned in to the Engr Supply Officer, after experience proved them unnecessary in Medical installations.

Another problem presented itself at this time. Small arms, salvage clothing and equipment taken from patients accumulated in our Clearing stations. Arrangements were made with the supporting Maint Co to pick up from Med Bn installations daily all arms and ammunition. Salvage clothing and equipment was evacuated to Bn Supply where it was sorted for serviceability and further evacuated to the Supply Agency concerned. Great quantities of clothing and all types of equipment were salvaged, cleaned, re-serviced and put back into action quickly by all Supply agencies.

Our reserve Medical Company was soon faced with the problem of replacing lost and destroyed clothing of patients before return to duty. This was solved by Bn Supply carrying a stock of individual clothing in the most common sizes. Soiled, but serviceable, patients' clothing was laundered by QM laundry platoons in the vicinity and returned to patient or placed in stock.

It was after the "breakthrough" on July 27, when our Companies followed closely the thrusts of our Combat Commands, through Normandy to Avranches and on through Brittany, that Armored warfare became a reality to us. Re-supply of the companies supporting Combat Commands, on widely separated missions behind enemy lines, could no longer be effected with the limited number of vehicles in the Hq Co, Supply Section. Armored Supply Trains passed through enemy held territory daily to the Division railheads and truckheads, but the Med Companies had no transportation to attach to these trains. The supporting Maintenance Co. in each CC agreed to draw and deliver rations to the Med Co in its Combat Command. The CC S-4's arranged for other gasoline vehicles in the Trains to carry additional gas which was brought to a dump established in the vicinity of the CC Control Point, where the Med Co could draw it on a "can for can" exchange basis; water was obtained from the Water Point established by the Engineers in each Combat Command.

Medical Supply presented no problem, as each company carried sufficient amounts to serve their needs and those of the Bn Med Detachments for several days. Emergency supplies requested by radio were carried to them by Administrative vehicles, returning Army Ambulances, ambulances of the Reserve Co, or by truck as the situation warranted. These vehicles usually were attached for protection to the Combat Command Trains.

Only one unfortunate incident occured involving a supply vehicle. This was when a truck with trailer was presumably captured with driver and the Hq Co Supply Sgt, while returning from delivering emergency Med Supplies to one Company with CC A, after their crossing of the Moselle River north of Nancy. It had gone forward under protection of a Trains column and was returning in an unarmed casualty-carrying ambulance column which was intercepted by an enemy counter-attack.

When the established MSR was safe for single unarmed vehicles, the Co's sent a 3/4 ton Weapons Carrier almost daily to the Hq Co area with laundry, salvage clothing and equipment, glasses for repair and prescription for lost glasses, requisitions for all types of supply, maintainance, spare parts etc. On its return trip it usually carried all their wants.

That the Weapons Carrier could be spared for this purpose was the greatest single factor in successful supply functioning. It was the rule rather than the exception, during most of the campaigns of France, that it was a day's trip for one truck drawing Med Supplies from Army Depots, often one-hundred or more miles to our rear, and a daily trip was usually necessary. The only other truck available was loaded with the Division's Reserve Medical Supply.

The latter truck was loaded with compactly packed boxes which had to be unloaded for easy access in every bivouac area. To get around this unnecessary handling, boxes and lumber were procurred and built as compartments into the truck on either side, leaving a narrow aisle in the center. Hinged doors were placed on the boxes to secure the supplies during movements. The bows of the truck were raised making room for a man to stand upright in the truck. Each compartment door carried a list of items and quantities stored therein, to facilitate finding the various supplies, especially by new men in the section. One locked compartment contained all narcotics. Thereafter, requisitions could be filled on a moment's notice whether Hq Co was on the road or set-up in a bivouac. A "trouble-light" was mounted in the body which was blacked-out with salvage canvas. A simple frame was built to extend from the rear of the truck and covered with a small paulin, enlarged with salvage canvas to provide protection from weather storage space for blanket set, litters, etc. during a semi-permanent bivouac. Alphabetical listing with quantities of items carried in this truck is attached as Annex "B".

Much space was wasted early in our operations by carrying litters inside trucks and trailers. The Bn Mtn Section built racks with 1" angle iron on the outside of all trailers to accomodate twenty-eight litters per trailer. Henceforth, more space was available for plasma, bandage and other essential supplies.

During rest periods, inventories were taken and complete Medical resupply was effected by all units. Usually the Med Co.'s were located near Bn Hq and Hq Co when not engaged. They were relieved of as much Administrative use of vehicles as possible by the Hq Co. Vehicles, radio sets and equipment were cleaned, checked, repaired or overhauled by the Bn Mtn Section and Radio-repairman. Shower facilities were made available either by Army QM Companies or by Civil Affairs Sections in local Civilian bath houses. Army QM Laundry Platoons were used for laundering EM's clothing. Salvage inspections were held and unserviceable items repaired or replaced; lost items replaced.

Medical laundry — towels, linen, gowns, etc. — was handled by the QM Laundry Platoon attached to the Army Medical Depot. An optical unit with the Depot provided excellent repair and replacement service on glasses.

The Medical Companies suffered from lack of adequate transportation. Experience proved that gasoline cannot be supplied by the one truck allotted to the Bn for the purpose. Long distances between Div Clr Stations and Evacuation Hospitals frequently necessitated supporting Army ambulances drawing gas from our Clr Stations. The problem was partially solved by overloading the trailer from Hq Co for the purpose from Hq Co

Solved by overloading the trailer from Hq Co

But a 2 1/2 ton truck is the correct solution

Another point, not a hardship, but worthy of mention is the "ration strength" of the Medical Company during combat. With attached Chaplains and assistants, Army Ambulance drivers, Graves Registration personnel and walking wounded in the Clearing Station at meal times, the Mess Section is called on to feed double the number for which it was set up.

Someone will ask if we ever lost a Bn Aid Station. Yes, we did lose two almost in their entirety. But, they were both completely re-supplied within twenty-four hours, from stocks in the Division Medical Supply Reserve and the Reserve Medical Company.

In connection with this, it might be stated that the following items could well be deleted from Medical Organizational Equipment authorized the Hq. Co. by T/O & E 8-76:

Chest: Drugs.....1
Field Plain.....1
Misc Supplies...1
Plasma.....1
Surgical Supplies:
"A".....1
"B".....2
Surgical Dressings box..12

In their place, a Chest No 1 and a Chest No 2 would prove valuable in event a Bn Aid Station lost it's equipment. Other equipment that should be carried in reserve follows:

Kits:
Privates.....10
N.C.O. 4
Officers..... 2

First Aid:
Motor Veh 12 Unit.....10
Gas Casualty..... 2

In our experience none of the Chests listed above for deletion have ever been used. Whereas, daily calls are received for the latter group. We carry the above amounts and seldom have to "back-order" an item.

After our first month in action, newly arrived units contacted us for assistance and recommendations. They received precisely what is contained in these notes, including mimeographed check lists, blank requisition forms discussed herein, sketches of improvisation and lists of supplies carried on all vehicles in all units. Of course, greatest benefit was derived by similar armored units; less, by Infantry units.

With the advent of winter, Medical installations were forced inside. Other than difficulty in finding adequate buildings with ample parking and Maintenance facilities, no serious problems faced us. Med Supply continued to function from our built-up truck, usually backed under a shed. Lighting was obtained in offices, and other necessary rooms by wires from our 3 KVA Generators, sometimes into the wiring system already in the bldg. City power was usually available in rear areas. Coal was obtained from Army Class III railheads and a small supply was carried on moves in boxes by each section. An additional reserve was carried in a bin built on the fuel truck.

Supply administrative directives notwithstanding, we found it advisable to maintain almost the same paper records of transactions we kept outside the combat zone. In fact, perpetual inventory was maintained on stocks of reserve medical supplies in the truck mentioned above. The

extra time involved paid dividends in ease of requisitioning and minimizing danger of running short of critical supplies.

Seasonal changes and operations against fixed positions produced types and numbers of casualties in excess of our normal expectations. We tried to anticipate these and draw the required supplies such as dressings, large and small, for small arms casualties, absorbent cotton and triangular bandages for trench foot, pharmacy items for upper respiratory diseases.

No attempt has been made in this narrative to cover in detail all the Supply problems encountered during operations, as each separate engagement presents new and different ones which must be solved on the spot with the means immediately available. We have tried to present the major difficulties of re-supply peculiar to an Armored Division, together with the general plan we have followed with gratifying results. Questions will undoubtedly arise on reading this supplement to the Division's Medical History; but the answers should be found elsewhere in the History.

It is felt that much could be learned by exchange of Histories between similar organizations, or a consolidation of same presenting the major differences in manner of operation.

FREDERICK B. LEA,
Captain, M.A.C.,
Div Med Supply O.