

responsible for the procurement, storage, break-down, and issue of all supplies for the medical battalion, and of all medical supplies for the division.

(1) *Battalion supply.* This section procures and distributes battalion supplies to include fuel, lubricants, rations, and water. The method for distribution of these items of supply varies with the situation and with the division supply policy designated (see FM 17-50). Centralized distribution to the medical companies may be made or advanced distributing points may be established at the clearing station. Rations for the battalion may be drawn from a railhead or truck head at designated times (railhead distribution). This section then performs a break-down and delivery of rations, water, fuel, and lubricants to the companies. As an alternative, the medical companies may pick up these items of supply at distribution points designated by the battalion commander. The battalion supply officer anticipates the additional ration requirements of the medical companies to feed casualties being cared for in the clearing stations.

(2) *Division medical supply.* This section procures, stores, and issues all medical supplies for the division. For procedures, see FM 17-50.

24. MEDICAL COMPANY. For details of organization, see T/O 8-77. The armored medical battalion includes three medical companies organized and equipped to be self-contained. The primary function of the medical company is to assure prompt and continuous evacuation of forward medical units, and to render medical care to casualties evacuated. Each medical company consists of a headquarters, a collecting platoon, and a clearing platoon.

a. Company headquarters. This headquarters consists of a command section; a maintenance section; and an administrative, mess, and supply section.

(1) The command section includes the company commander and key communication personnel. The company

headquarters is included in the medical battalion command (CW) and in the group medical net (FM).

(2) The maintenance section includes mechanics and a light maintenance vehicle. The administrative, mess, and supply section is responsible for the preparation of pertinent records of sick and wounded, property exchange, medical supply, and the preparation of food for both company personnel and patients. When the clearing platoon is operating, the mess section is responsible for the preparation of hot drinks for the wounded.

b. Collecting platoon. (1) This platoon consists of a platoon headquarters and two identical collecting sections. The platoon headquarters is equipped with a radio-liaison vehicle included in the group medical net (FM). It is capable of contacting all division medical units within range.

(2) This vehicle normally operates forward from the clearing platoon, contacting the aid stations and controlling and directing the ambulances of the medical company to battalion aid stations and casualty collecting points in the forward areas.

(3) Ambulances of the collecting sections operate forward from the clearing station to evacuate battalion aid stations and casualty collecting points established by the medical detachments.

(4) Constant patrol and reconnaissance of ambulance routes are the functions of the section leaders of the collecting sections to assure liaison with the medical detachments and to maintain control of the separate ambulances.

(5) Litter bearers may be employed in conjunction with vehicles for the evacuation of battalion aid stations and casualty collecting points. They may take charge of the wounded at such installations pending evacuation to free aid station personnel for movement forward. Such litter bearers become liaison agents and transmit information through ambulance drivers regarding the location of casualty collecting points and battalion aid stations and the number of

casualties remaining to be evacuated. Litter bearers may also be used to evacuate medical detachments when ambulances cannot reach the battalion aid stations or casualty collecting points, either because of enemy fire or impassable terrain. In this event, litter bearers carry or guide casualties to a point accessible to the medical company ambulances.

c. Clearing platoon. (1) *Organization.* The clearing platoon consists of a platoon headquarters and a clearing section. The platoon headquarters is transported in a vehicle equipped with a radio set included in the group medical net (FM). Included in the transportation of the clearing section are two surgical units, each of which is a specially constructed operating room inclosed in a sheet metal panel body and mounted on a 2½-ton, 6 x 6, truck chassis. (See figs. 7 and 8 and TM 9-2800 and 9-801.)



Figure 7. Surgical truck.

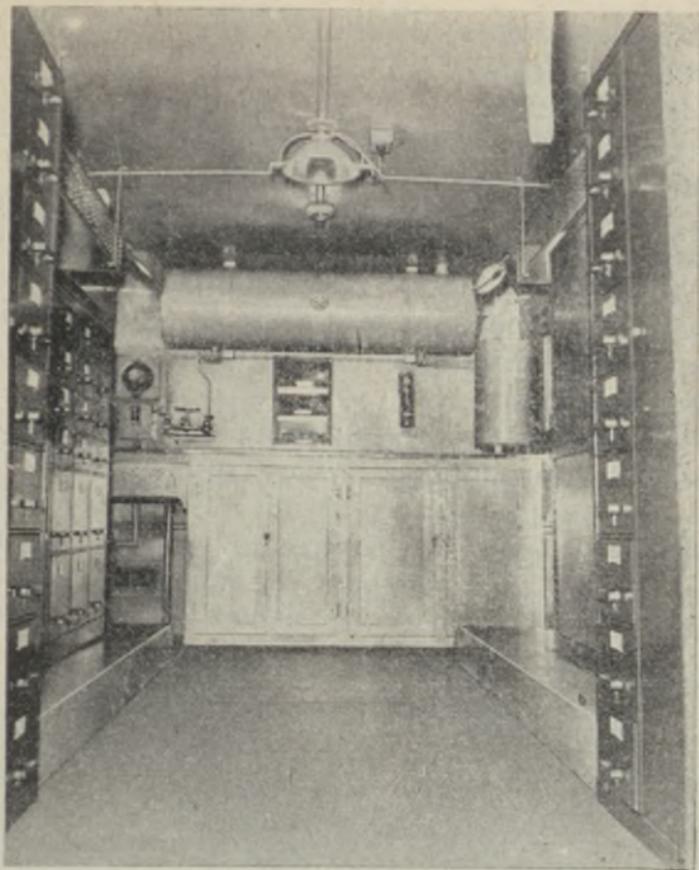


Figure 8. Interior of surgical truck.

(2) Each surgical unit contains an operating table with operating lights, cabinets for supplies, instruments and sterile dressings, hot water heater with boiler, a supply of cold water, a sterilizing unit and facilities for ventilation and heating. Electric power is furnished by a gasoline-operated generator. Each surgical unit includes a specially constructed blackout tent to provide additional space for the treatment of casualties. One surgical unit has in addition the necessary items of equipment to treat gas casualties. In the event of an enemy gas attack, this unit operates for the emergency treatment of systemic symptoms incident to toxic

gases and the emergency treatment of chemical burns. It is equipped to perform essential decontamination of personnel and equipment.

(3) *Functions and operation.* (a) This platoon is the nucleus of second echelon medical service in combat. The clearing station does not attempt surgical procedures better performed by specialized units of supporting medical elements. Its primary purpose is to perform emergency surgery, including amputation, to combat shock, to administer blood and plasma transfusions, tetanus toxoid, apply splints, and check dressings.

(b) Mobile medical supplies are maintained normally at this station by the division medical supply officer. Such medical supplies are intended for all medical troops in the forward area and may be delivered to them by any means available. The medical company commander is responsible that these medical supplies are moved forward with the clearing station.

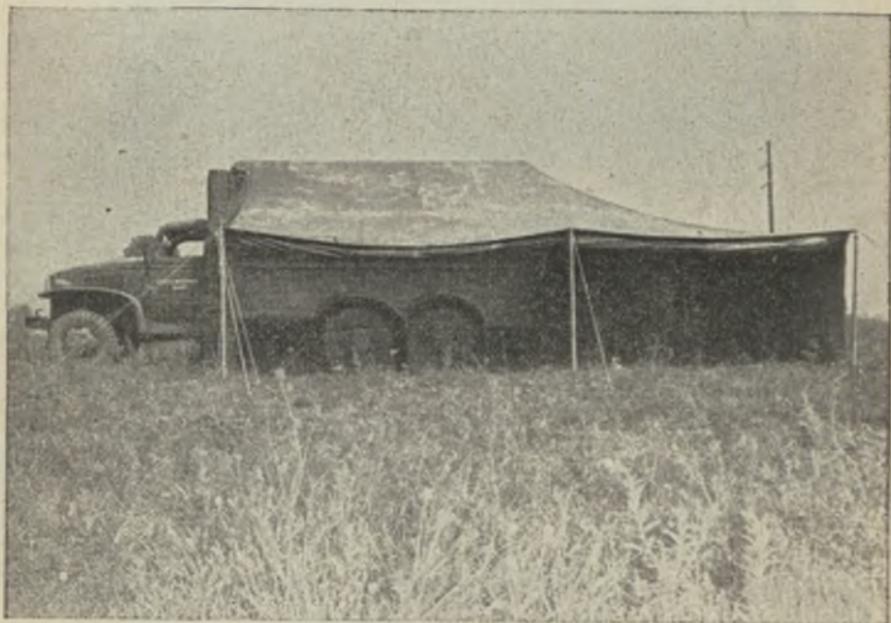


Figure 9. Surgical truck with blackout tent.

(c) Personnel of the clearing platoon headquarters records and maintains accurate data on casualties. Patients are sorted upon arrival. The slightly wounded are given necessary emergency medical treatment and returned to their units. Serious cases are prepared for further evacuation to the rear. When the station moves forward to maintain close support, one surgical unit may "leap-frog" the established station, provided the remaining unit is not needed for treatment of gas casualties (see (2) above). When the advance section is functioning in the new site, the rearmost unit upon being evacuated by the supporting higher echelon moves forward and the station is again complete.

(4) *Necessity for sorting casualties* (see FM 8-10). Prompt and accurate sorting of casualties upon their arrival at the clearing station is important. Efficiency in this function prevents confusion and assures that casualties are seg-



Figure 10. Blackout tent.

regated according to the severity and nature of their diseases or injuries.

(5) *Location and time of establishment* (see FM 8-10). The siting of clearing stations is a command decision dictated by the tactical situation. Clearing stations are located in close support of organizational medical detachments to assure prompt evacuation and treatment of casualties. Many factors are involved in the selection of its site. These include terrain, mission of the unit supported, road net, proximity to anticipated targets of enemy artillery or aircraft and the type of action anticipated, that is, attack, defense, or delaying action. Usually the clearing station is situated on the main axis of advance, consideration being given to the lines of drift of the wounded. Tactically, the best site is one which offers both cover and concealment. Emphasis is placed upon camouflage. The concealment of vehicles is important at all times. Such concealment is complete, as partial hiding invites further investigation by the enemy. Natural concealment is utilized before resorting to camouflage.

(6) The clearing station is not normally established until the course of the operation has been determined by the enemy reaction. The medical battalion commander, combat command surgeon, and supporting medical elements are always notified of any displacement or movement of the clearing station. Reconnaissance for future sites is essential prior to movement of the clearing station.

25. EVACUATION OF CLEARING STATION BY SUPPORTING MEDICAL ECHELON. An essential for the proper functioning of the clearing station is the ability to move on short notice. This capability is dependent upon whether the accumulated casualties are being promptly and continuously cleared from the clearing station by corps or army medical units. Constant liaison by the supporting medical unit is necessary to insure prompt evacuation of the clearing station. Liaison is established and maintained