

HEADQUARTERS VIII CORPS
Office of the Surgeon

APO 308, U. S. Army,
14 June 1945.

SUBJECT: Summary of Combat Operations of VIII Corps Medical Service.
THROUGH: Commanding Officer, 68 Medical Group, APO 339, U. S. Army.
TO : Surgeon, Ninth U. S. Army, APO 339, U. S. Army.

1. The corps became operational 14 June 1944, north of Carentan, France. Until 30 June 1944, the medical service for corps units (which followed the corps headquarters over Utah Beach) was provided by VII Corps. Units generally evacuated their casualties the one to four or five miles to the two evacuation hospitals then open.

2. The 169 Medical Battalion, 429 and 465 Medical Collecting Companies and the 635 Medical Clearing Company served with and rendered the organic medical service for the corps throughout operations.

3. For the Brest operation, the corps operated as an independent corps and had attached to it, in addition to the battalion named above: One medical group headquarters, two medical battalion headquarters, two medical clearing companies, three medical collecting companies, four medical ambulance companies, one field hospital, four evacuation hospitals and one advance section of a medical depot company. Evacuation (air, road and over the beach to United Kingdom) and supply (air, road, and over the beach from United Kingdom) were managed by Brittany Base Section of Communications Zone. The corps turned over to Brittany Base Section its remaining patients, supplies and troubles on departure from Brest for Belgium.

4. Tactically, the corps operations roughly can be divided into the following phases insofar as they affected the planning and operation of the medical service.

- 14 June - 25 July 44: Normandy campaign. Infantry fighting in hedgerow country. Heavy casualties, short evacuation lines, and close support by all echelons.
- 26 July - 24 Aug 44: Breakthrough at Averanches, and armored sweep across Brittany Peninsula to St Nazaire, Lorient, Brest. Clean-up by infantry and cavalry, with reduction of St Malo an infantry operation. Casualties light, evacuation lines long and at times uncertain, and close-up medical support impossible. These three conditions did not obtain during the St Malo operation.
- 25 Aug - 25 Sep 44: Reduction of heavily defended fortress

of Brest. Moderately heavy casualties, close medical support possible because of air and beach evacuation.

- 29 Sep - 15 Dec 44: Defensive or relatively inactive operation on eastern boundary of northern Luxembourg and an adjacent portion of Belgium. Lines thinly held; evacuation and supply relatively close up but distances greater than average because the low density of troops and low number of casualties did not justify the presence of a large number of supporting units. Casualties light. Trench foot high.
- 16 Dec - 25 Jan 45: Defense and withdrawal in Ardennes campaign, and during relief of encircled Bastogne garrison by III Corps. Heavy casualties; somewhat disorganized evacuation and supply. Severe winter weather greatly increased problems of adequate medical service.
- 26 Jan - 8 May 1945: Offensive operations through Ardennes section of Belgium and Luxembourg, reduction of Siegfried line and Schnee Eifel sector; assault crossing of Moselle River at two sites and capture of Coblenz; assault crossing of Rhine River at Boppard and St Goarshausen; advance to Limburg; movement of the corps, including its divisions to Aisfeld sector; advance generally east to Czechoslovakia and Mulde River line, and start of occupational duties.

5. Adequacy of present medical organization:

a. The corps medical battalion (composed of a headquarters detachment, two collecting companies and a clearing company) is proper for average corps operations. Without additional ambulance reinforcement from army it does allow the allocation of an ambulance to each engineer battalion and each artillery battalion, but the casualty rate in these organizations ordinarily did not justify the use of ambulances.

b. Field hospital platoons were not available in sufficient numbers to permit "leap frogging" when divisions moved. It is not necessary for a field hospital platoon to go into every clearing station site or vicinity, but for normal operations, one platoon per division is not quite adequate. One or two additional platoons per three-division or four-division corps in a moving situation would suffice. This applies when corps is operating the field hospital platoons. More flexibility is possible when army operates them.

c. The medical detachments of ranger battalions do not have sufficient personnel to place sufficient aid men with ranger companies.

d. Medical detachments of engineer group headquarters are not large enough to permit attaching of aid men to separate engineer companies. However, they can be furnished from the corps collecting companies.

e. The rear echelon of corps headquarters has inadequate medical service unless a medical officer is attached from the corps medical battalion. Both forward and rear echelon dispensaries take care of relatively large numbers of troops of attached corps and supporting army detachments, teams and companies. The dental service declines if the dental officer handles the medical service at the rear over long periods.

f. Cavalry group headquarters should have a surgeon and a small detachment. The group usually has a mission and sector resembling, but smaller than, that of a division, with attached engineers, artillery, tank destroyers, etc. The service has to be flexible because of the variations in the mission, strength and composition of a cavalry group which frequently is a task-force operating ahead of or to the flank of the rest of the corps. This flexibility and the necessary planning are difficult for a collecting company or clearing platoon commander hastily thrown into the relatively temporary job.

g. The corps collecting companies could function adequately with one less medical officer and one more administrative officer.

6. Recommended changes in T/E:

a. Wheeled litter carriers are excess and not used in collecting and clearing companies.

b. Clearing companies should have dental laboratory chests.

c. Field hospital platoons have and acquire too much equipment and have too little organic transportation. Five 2½-ton trucks per platoon would permit shuttling of a properly stripped-down platoon, and enable it to keep up with division clearing stations. This would not be necessary where army makes readily available the necessary transportation from other nearby medical units, but there is inherent confusion and delay when transportation from other sources has to be acquired for moves which often cannot be planned far in advance.

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