

## IV. THE REST OF THE STORY

By mid-April, the war was all but over for the XVI Corps, if not for the 1st Medical Group. On 12 April, the 2d Armored Division of the XIX Corps established a bridgehead over the Elbe River, followed a day later with a second bridgehead by the 83d Infantry Division. In the XVI Corps, Duisburg was taken on 13 April, and by the 14th, the corps had eliminated all resistance in its zone of the Ruhr pocket. On the 17th, the Ruhr pocket was completely eliminated as the First Army cleared its zone of the pocket. While the XIII and XIX Corps continued to clear their zones, the XVI Corps turned its attention to occupation duties. On 30 April, the XIX Corps' 113th Cavalry Group made contact with Russian forces advancing toward the Elbe. Finally, on 7 May 1945, the Germans surrendered to the Allied High Command. The war in Europe would end on 8 May 1945.<sup>151</sup>

The 1st Medical Group's mission changed in the month of April from that of providing third-echelon medical support to the XVI Corps to "supervising and operating hospitals for PWs [prisoners of war], liberated allied PWs, and for Displaced persons of allied nations."<sup>152</sup> Colonel Veigel had anticipated this mission early in his planning and had alerted his subordinate commanders to watch carefully for overrun PW camps and hospitals.<sup>153</sup> This warning paid off; on 1 April 1945, an ambulance platoon leader from the 430th Medical Battalion reported that the 35th Infantry Division had overrun a German general hospital. The 430th Medical Battalion's S2 and S3 investigated the hospital and found it contained German military patients and civilian patients of several nationalities but no Allied patients.<sup>154</sup> The procedures for the control of "uncovered"\* German military hospitals, published that same day by the Ninth Army Surgeon's Office, directed that each medical group place the responsibility for all uncovered German military hospitals in its zone under the supervision of one of its subordinate medical battalion commanders.<sup>155</sup> This mission was assigned to the 430th Medical Battalion by the 1st Medical Group headquarters. At the same time, the 430th was relieved of its tactical support mission.<sup>156</sup>

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\*The term "uncovered" was used by Ninth Army's medical personnel to mean discovered.



U.S. infantrymen aboard an armored car on the way to the Elbe

Following the discovery of the first German hospital, several more were rapidly uncovered in Ahlen, Munster, "Gr. Reckum" [sic], Velen, and Coesfeld. These uncovered hospitals operated a

total of 5,409 beds; the battalion operated an additional 700 beds in a hospital for displaced persons in Recklinghausen. To supervise the operation of the hospitals, the battalion used portions of the 415th, 462d, and 481st Medical Collecting Companies and the 666th Medical Clearing Company; the displaced persons hospital was operated by the 95th Medical Gas Treatment Battalion, which had been placed under the operational control of the 430th Medical Battalion.<sup>157</sup>

When the Ruhr pocket was reduced in mid-April, the tactical medical support mission for the 1st Medical Group came to an end. The group and its subordinate elements had transported 6,063 patients between various medical facilities in the XVI Corps area,<sup>158</sup> but now, the real work of the month was beginning. All elements of the group turned their attention to the care of patients found in uncovered hospitals. By 30 April, the group was caring for 34,116 PWs, 3,294 liberated Allied PWs, and 972 German civilians—a total of 39,404 patients.<sup>159</sup> The 1st Medical Group was simultaneously reorganizing these facilities to provide an additional 11,200 beds for patients still being uncovered.<sup>160</sup>

To provide this care, the 1st Medical Group had available to it the 48th Field Hospital and three medical battalions—the 183d, 185th, and 430th.<sup>161</sup> The total strength of the group was 92 officers, 18 nurses, and 984 enlisted men. An additional 365 officers, 1,112 nurses, and 1,228 enlisted personnel were available from “not US” sources—presumably captured German military and civilian medical personnel (see figure 4).<sup>162</sup>

But what level of care do these numbers equate to? According to the group’s after-action report, if care were provided to U.S. standards, 99 semimobile (400-bed) evacuation hospitals would be required, with a total staff of 29,205. The staff available to the 1st Medical Group amounted to 13 percent of that number. Further problems were caused by the need to segregate patients into proper categories and to ensure that Allied patients were given the level of care that they required—which was often far higher than that provided by the Germans before the facilities came under the control of the U.S. Ninth Army.<sup>163</sup>

One example (perhaps, an extreme case) from the 430th Medical Battalion serves to illustrate the problems encountered by the 1st Medical Group in supporting its new mission. Stalag VI, a German PW camp holding 24,000 Russian prisoners, was uncovered in Hemer, Germany. Of the prisoners, 8,000 required hospitalization, half of them for tuberculosis. The battalion had no available hospitalization facilities, yet it needed to get the

Russians under medical supervision quickly, for they were dying at a rate in excess of sixty per day. Fortunately, the battalion had at its disposal a substantial number of German medical personnel, and the 75th Infantry Division was able to make available a former German barracks in its area which, though bomb damaged, would make an adequate hospital facility. The German staff and captured medical supplies were moved into the facility, American cots and blankets were added, and a 3,000-bed hospital was operational within 48 hours. Some PW facilities were overloaded to clear beds in several other facilities, and care was quickly provided to the Russians. The next problem the 430th Medical Battalion encountered, which was eventually resolved, was language difficulties, as it was difficult to convince the Russians that they would now be treated to American standards, if possible, rather than the level of care the Germans had provided to them in the past.<sup>164</sup>

The 1st Medical Group continued its mission throughout the month of May. The greatest problem for the group was sorting patients by nationality and status and segregating them into hospitals based on those criteria. Allied patients also had to be transported to better facilities than those in which the Germans had been treating them. By 11 May, the group had finished the sorting process, having reached a census of 48,531 patients in 149 facilities.<sup>165</sup> The 1st Medical Group found the Germans used to staff the facilities to be, in general, cooperative. Two areas were occasionally troublesome but were, for the most part, easily corrected. First, the German medical personnel tended to leave German PW patients in facilities longer than they should rather than transfer them to Allied PW camps. Second, the Germans sometimes tended not to provide as high a level of care for Allied patients as had been directed. Both of these problems were easily corrected with proper supervision.<sup>166</sup>

Supply was an additional problem. As might be expected, supplying all these facilities was a massive job, and between 15 and 27 May 1945, the 1st Medical Group distributed, among other items, 9,000 blankets; 3,000 cots; 5,000 pants, shirts, drawers, and pajamas; 110 gallons of DDT; 6,539 pounds of chlorinated lime; 57,500 pounds of laundry soap; and 17,350 rolls of toilet paper.<sup>167</sup> Class I supply was on a similar scale, and difficulties were expected in drawing rations for such large numbers.<sup>168</sup> The personnel of the group were also spread thin among the facilities. Since the Ninth Army required that an American be placed in command of each facility, the large

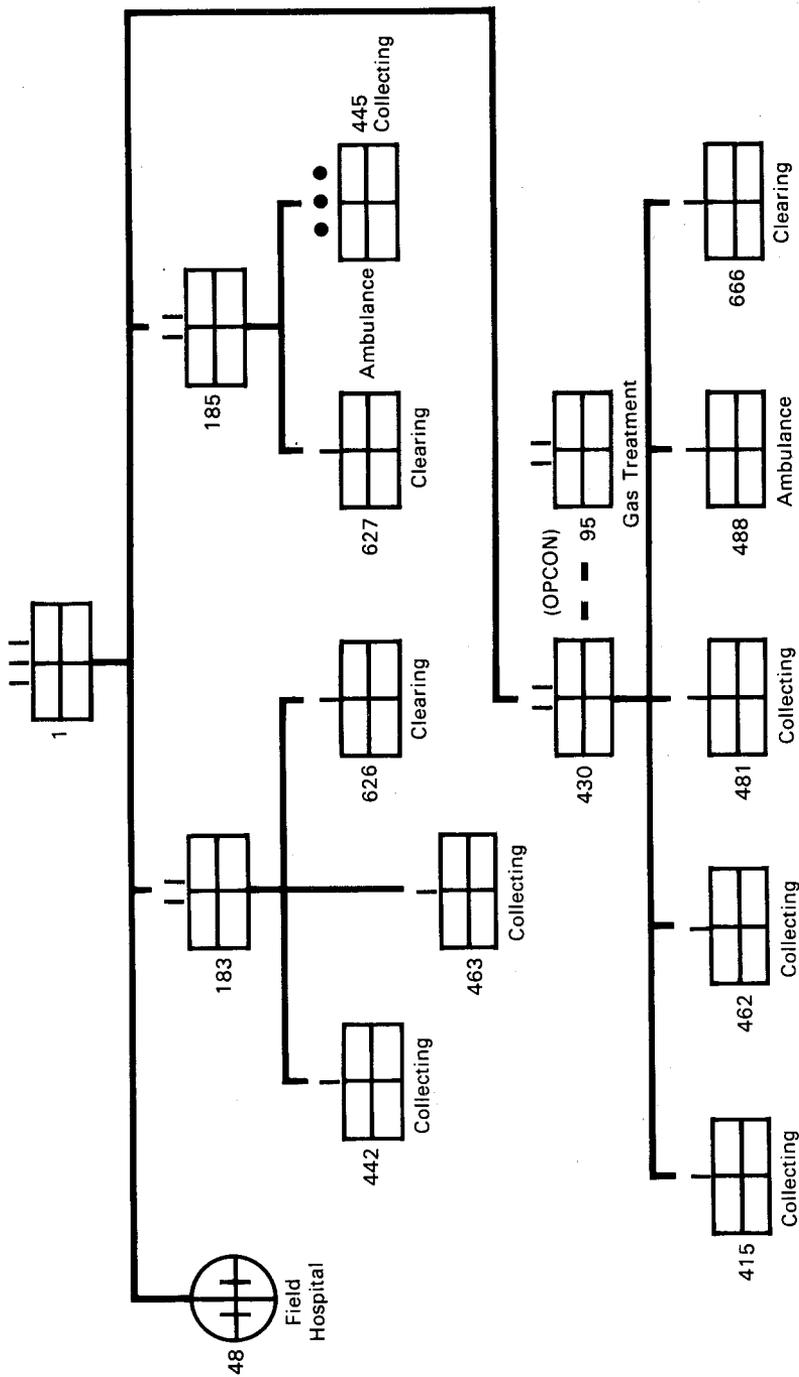
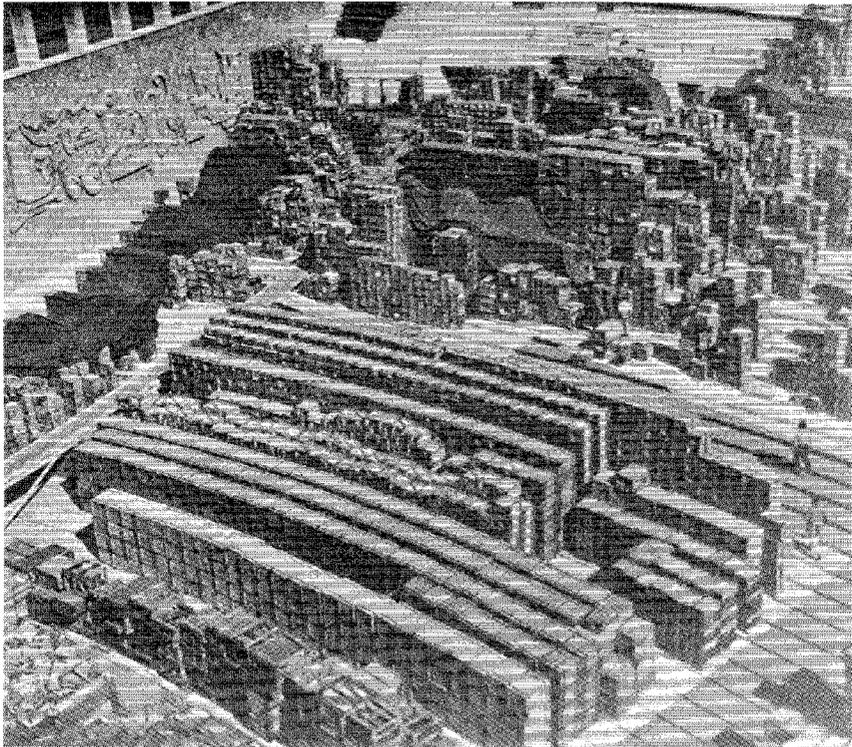


Figure 4. Task organization, 1st Medical Group, 1 May 1945



The Medical corps stockpiled supplies in huge concentrations during World War II (example, Naples Medical Center)

number of facilities in relation to the group's strength sometimes meant that a private or junior noncommissioned officer would be placed in "command" of some of the smaller facilities, often as the only American present.<sup>169</sup>

While the war with Germany had come to an end, the war with Japan had not. Plans had been prepared for the redeployment of medical units from Europe to the Pacific following the German surrender. These plans were now accelerated, and some units scheduled to redeploy up to three months after the German capitulation redeployed as early as 10 June 1945—barely one month after the surrender.<sup>170</sup> Fortunately, the 1st Medical Group headquarters had more than the forty-eight hours' notice that some of its units had to redeploy.

On 24 May 1945, the 1st Medical Group was informed that the XVI Corps sector would be turned over to the British as part of the agreement covering zones of occupation.<sup>171</sup> On 28

May, the group headquarters was relieved of its attachments, entered an inactive status, and began to prepare for overseas movement.<sup>172</sup> By that date, the group's patient census had declined from its high of 48,531 to 36,000.<sup>173</sup> On 7 June, the group headquarters, accompanied by the 472d, 488th, and 489th Motor Ambulance Companies, departed for Camp Twenty Grand, a redeployment staging area outside the port of Le Havre, France,<sup>174</sup> arriving there on 11 June.<sup>175</sup> Staging at Camp Twenty Grand, the group boarded the Army transport *Sea Owl* (a liberty ship much like the countless others sailing the globe at that time) at noon on 17 June.<sup>176</sup> On the 18th, they left the ship, which could not sail due to engine problems (noted the war diary, "Morale: rather low").<sup>177</sup> Four days later, the group again boarded the *Sea Owl*, and this time they successfully left port ("Morale: excellent").<sup>178</sup>

Eight days later, the detachment arrived at Camp Shanks, New York, where it was assigned to the Second Army.<sup>179</sup> While



Courtesy of Harry L. Gans (Col., USA, ret.)

Members of Headquarters Detachment, 1st Medical Group: left to right in front row—Cpl. J. I. Kitchens, Pfc. Hartman, Cpl. Altman, Pfc. Dambra, Sgt. Malcolm D. Blankenship, Cpl. Arbruster, and Cpl. Driesel; second row—Pfc. Garner, Sgt. Jack Cole, Cpl. Elmer Harelson, Capt. Harry L. Gans, Cpl. Cohen, Sgt. Leance, M. Sgt. John H. Conley, and Cpl. Barrett; third row—Pfc. Carr, Sgt. Brown, Cpl. Hosick, Pfc. Puckett, and Pfc. Baumunk; back row (alone)—Cpl. Audrey Hysell (picture taken outside the monastery in Heerlen, Holland, 25 February 1945, where the group was billeted)

the executive officer, Lieutenant Colonel Dupre, and the personnel sergeant, Staff Sergeant Blankenship, went to Fort Benning, Georgia, to prepare for the reception of the rest of the headquarters,<sup>180</sup> the rest of the headquarters went on thirty days' leave before reporting to Fort Benning for preparation for shipment to the Pacific.<sup>181</sup> But while they were on leave, the situation in the Pacific changed much faster than expected. After the dropping of atomic bombs on Hiroshima and Nagasaki and the entry of Russia into the war, Japan surrendered. The headquarters finally reassembled on 16 August and continued their preparations for redeployment.<sup>182</sup> Finally, on 1 September 1945, the movement-alert notification for the 1st Medical Group was canceled.<sup>183</sup> The war was indeed over at last.

But things were not quite over for the group yet. As members of the headquarters were discharged or transferred to other organizations, the headquarters shrank rapidly in size. On 16 October 1945, Captain Harry L. Gans assumed command of the group from Colonel Veigel. Captain Gans had served throughout the war as the group's assistant S4 and headquarters detachment commander and now commanded the remaining three officers and ten enlisted men of the headquarters.<sup>184</sup> On 8 November 1945, the First Army published orders announcing that the group would be inactivated on 12 November 1945.<sup>185</sup> The oldest active color-bearing unit in the Army Medical Department would soon be no more.

On the morning of the 12th, Captain Gans reported to his headquarters. There, he proceeded to file his last morning report and packed the group colors for shipment to the Army's flag repository in Indianapolis. Then, he transferred himself to the 488th Motor Ambulance Company, where he assumed command. There was no inactivation ceremony, for there was no one left in the unit, and in Captain Gans' words, "there was no senior headquarters interested in what happened to the Group."<sup>186</sup>

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## V. CONCLUSIONS

The eight months that the 1st Medical Group spent in combat in the European theater in 1944 and 1945 were a learning experience for the officers and men of the headquarters. Although the group had been functioning together as a team for longer than many of their subordinate units had been in existence, and although they had frequently participated in field exercises prior to deployment that allowed the staff to practice the skills necessary for them to operate in support of combat operations, they still experienced several surprises. First, they learned that medical command and control units must maintain their mobility at all times. The 1st Medical Group, supporting two different corps predominantly composed of light infantry, relocated nine times in the period between 23 February—when the Ninth Army launched its assault crossing of the Roer—and 9 April.<sup>187</sup> But this does not tell the entire story of their movements, as there was a two-week lull in the battle for northern Germany as the Ninth Army prepared for its assault crossing of the Rhine. Rather, they moved five times in the twelve days between 27 February and 11 March 1945—an average of one movement every two to five days.<sup>188</sup>

Second, they found that the bed status of a facility (the percentage of available beds filled) was not as important as the length of surgical backlog at the facility (the time between the arrival of a patient at a medical treatment facility and the time he entered the operating room for surgical treatment) when deciding where patients should be sent for treatment.<sup>189</sup>

Additionally, a standard method of reporting surgical backlog within the hospitals of its command was necessary to ensure an accurate portrayal of the backlog throughout the command. Because the flow of patients was best controlled at the source—the divisional medical treatment facilities—close coordination had to be established between the group and those facilities. That ensured that patients being evacuated from the divisions would be transported to the facilities where they would receive the most rapid treatment and that ebbs and flows in casualty flow could be anticipated by the group headquarters.

Third, the staff of the 1st Medical Group learned from experience that when supporting divisions in combat, the identification of specific hospitals to support specific divisions only led

to “confusion, misunderstanding, and delay”<sup>190</sup> in the treatment of casualties. Rather, Colonel Veigel felt that he should have control over where casualties were sent in his support area. Because he controlled the evacuation assets to move patients to, from, and between hospitals and because he had the staff and assets to keep track of the ongoing battle so as to best be able to predict future areas of patient density, he could best ensure that patients were sent to facilities that were best able to treat the patient in the shortest amount of time.

The most significant conclusion is that the key to successful health-services support operations—as exemplified by the performance of the 1st Medical Group in the campaign under study—is flexibility. This element of medical support is mentioned repeatedly in the materials used in this research. It is further reflected in the after-action reports of the 31st Medical Group, also a part of the Ninth Army, and the 68th Medical Group, a part of the First Army.<sup>191</sup> While basic operational principles were based on those for the employment of the medical regiment, in actual practice, there were probably as many different concepts for the employment of medical groups as there were medical group commanders.\* Whether we use the World War II term “flexibility” or the AirLand Battle test of “agility,” the key to successful health-services support operations on the battlefield is the ability to quickly make the best use of available assets to support a rapidly changing tactical situation.<sup>192</sup>

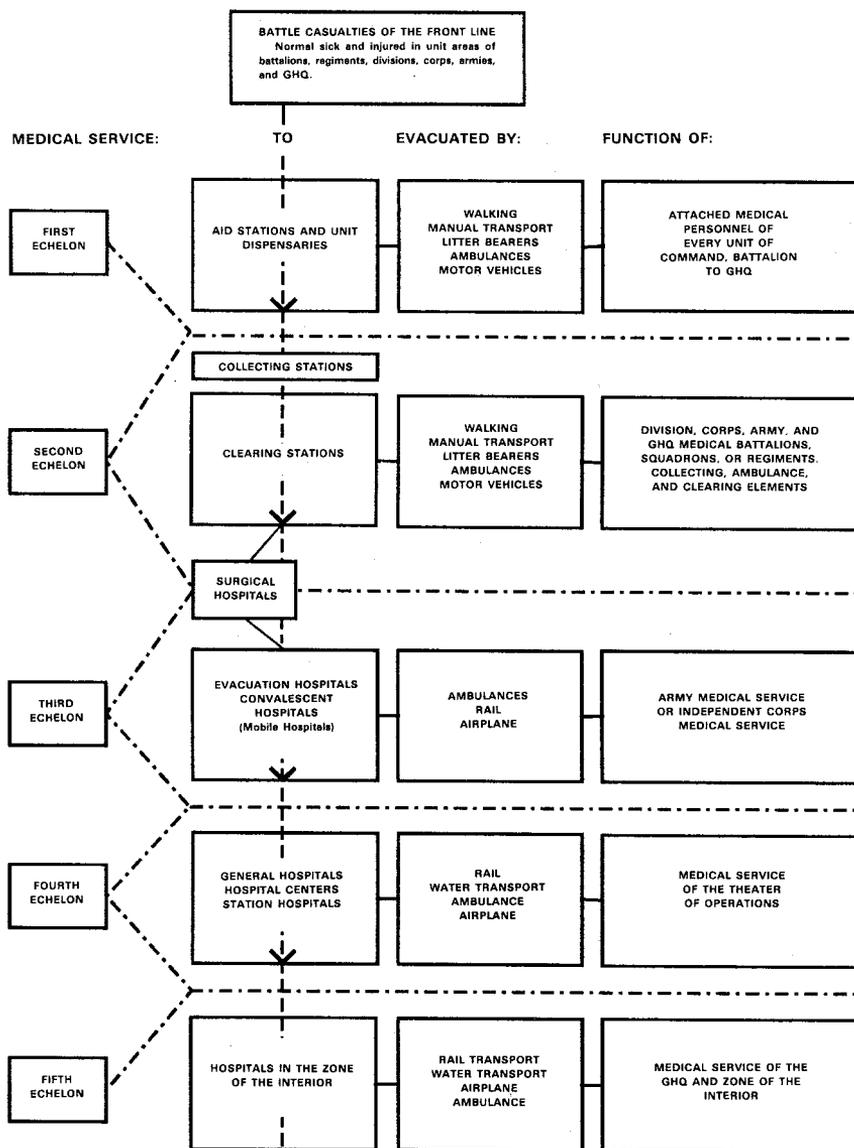
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\*No field manual detailing the use of the medical group in combat was published until after the start of the Korean War.

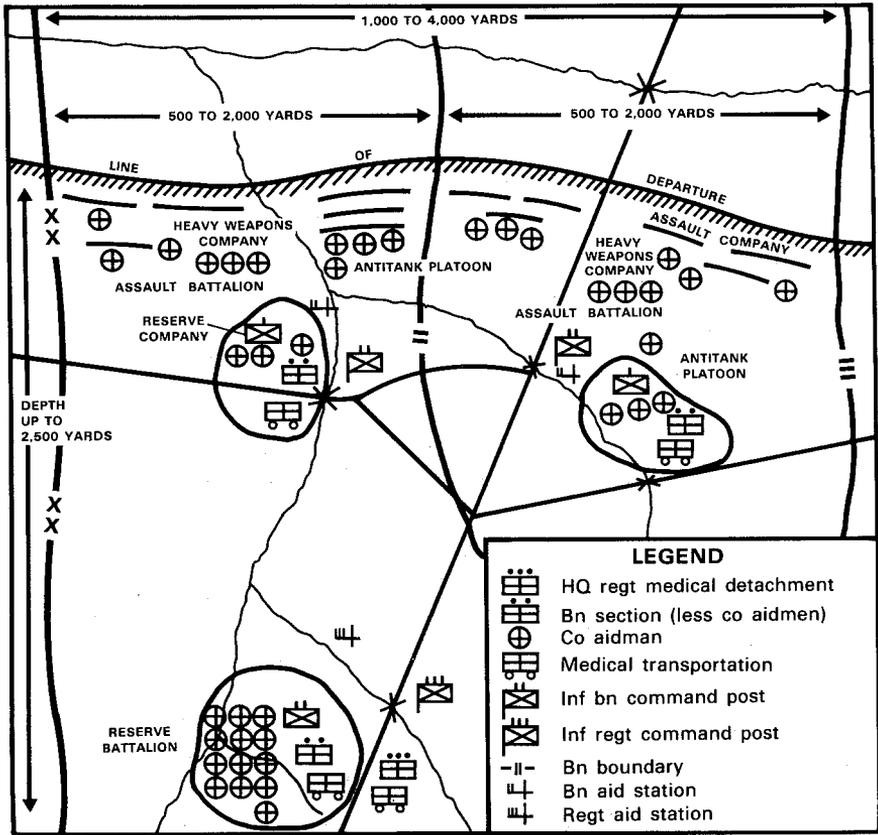
# APPENDIX

## Chain of Casualty Evacuation



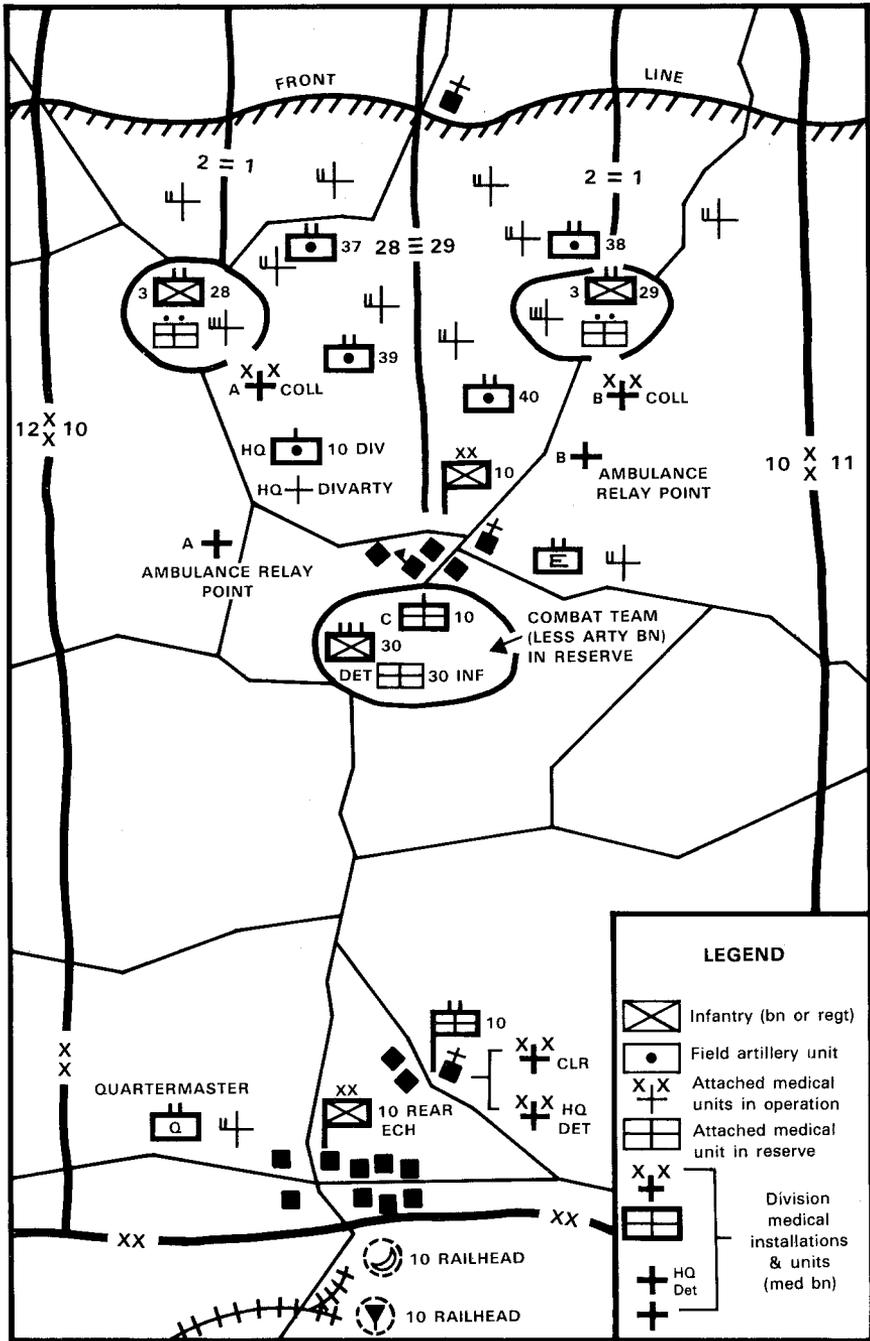
Source: The Medical Manual (Harrisburg, PA: The Military Service Publishing Company, 1942).

Figure 1. Classification of field medical service by echelons (schematic)



Source: The Medical Manual (Harrisburg, PA: The Military Service Publishing Company, 1942).

Figure 2. Deployment of an infantry regiment for attack, showing frontages, depth, and positions of the regimental medical detachment



Source: The Medical Manual (Harrisburg, PA: The Military Service Publishing Company, 1942).

Figure 3. Medical support of infantry division in combat (schematic)



## NOTES

1. U.S. Department of the Army, FM 90-13, *River Crossing Operations* (Washington, DC, 1986), 1-1.
2. Lorraine, Montdidier-Noyon, Picardy, Aisne-Marne, St. Mihiel, and Meuse-Argonne. War Department General Order 24, 10 June 1922, 8. For a more detailed account of the activities of the 1st Sanitary Train in World War I, see Society of the First Division, *History of the First Division During the World War 1917-1919* (Philadelphia, PA: The John C. Winston Company, 1922); and Charles Lynch, Joseph H. Ford, and Frank W. Weed, *The Medical Department of the United States Army in the World War*, volume VIII, *Field Operations* (Washington, DC: U.S. Government Printing Office, 1925).
3. *History of the First Medical Regiment*, compiled February 1941 (hereafter cited as *History*), unit historical files, 1st Medical Group, Fort Hood, Texas, 12-13.
4. John B. Coates, Jr., "Thirty-One Hundred Miles with the First Medical Regiment," *Military Surgeon* 88 (1941):587-97.
5. *History*, note 3, 13.
6. Kent Roberts Greenfield, Robert R. Palmer, and Bell I. Wiley, *The Army Ground Forces—The Organization of Ground Combat Troops* (Washington, DC: Historical Division, United States Army, 1947), 351-73.
7. AG 321-Med (12 Aug 43), OB-GNGCT-M (Washington, DC: Organizational History Branch, U.S. Army Center of Military History, 14 August 1943). The separate companies resulting from the reorganization were the 407th through 412th Collecting Companies (Separate) and the 603d and 604th Clearing Companies (Separate). Additionally, the 605th Clearing Company (Separate) was activated from the assets of the 603d and 604th Clearing Companies, and the headquarters and headquarters detachments of the 163d and 164th Medical Battalions (Separate) were activated from the assets of the regimental headquarters and service company.
8. *Interview with Maj. Gen. William E. Shambora, USA (Ret), formerly Surgeon, Ninth U.S. Army, Regarding His Experiences in the European Theater of Operations—8 October 1962, Present: Maj. Gen. William E. Shambora, USA (Ret); Maj. Gen. Alvin L. Gorby; Col. John Boyd Coates, Jr., MC; Dr. Charles M. Wiltse* (hereafter cited as *Shambora Interview*), 13-18. This interview was conducted by the Army Medical Department Historical Unit as background for a yet to be published operational history of medical support in the European Theater of Operations in World War II. A copy is located in the Oral Histories Collection, U.S. Army Military History Institute, Carlisle Barracks, Pennsylvania.
9. Historical Documentation Card, William E. Shambora (Washington, DC: Special Histories Branch, U.S. Army Center of Military History).
10. Roderick M. Engbert, "A Concise Biography of Major General Paul R. Hawley." This biography was prepared by the Army Medical Department

Historical Unit in March 1966, Paul R. Hawley Papers, U.S. Army Military History Institute, Carlisle Barracks, Pennsylvania.

11. *History of the 1st Medical Group from 23 September 1944* (hereafter cited as *History from 23 Sep 44*), National Archives (NA), Records Group (RG) 407 (Records of the Office of the Adjutant General, 1917- ), entry 427, box 21662, in Washington National Records Center (WNRC), 2.
12. *Annual Report—Medical Department Activities, 1st Medical Group, 1944*, 21 January 1945 (hereafter cited as *Annual Report—1944*), unit historical files, 1st Medical Group, Fort Hood, Texas, 3.
13. Harry L. Gans (Col., MSC, USA, ret.), letter to author, 16 January 1989 (hereafter cited as Gans letter), 2.
14. *History from 23 Sep 44*, 8.
15. *Ibid.*, 16.
16. *Ibid.*, 20.
17. *Ibid.*, 21.
18. *Annual Report—1944*, 4.
19. Jonathan Letterman, *Medical Recollections of the Army of the Potomac* (New York: D. Appleton and Company, 1866), 162—70.
20. *Military Medical Manual*, 6th Edition, revised October 1944 (Harrisburg, PA: Military Services Publishing Company, 1945) (hereafter cited as *Military Medical Manual*), 545—46.
21. *Ibid.*, 562.
22. *Ibid.*, 561—62.
23. *Ibid.*, 567—68.
24. *Journal, Surgeon's Section, Headquarters, Ninth U.S. Army*, William E. Shambora Papers, U.S. Army Military History Institute, Carlisle Barracks, Pennsylvania (hereafter cited as *Surgeon's Journal*). Numerous entries in the journal discuss the dental officer shortage in the Ninth Army and the subsequent organization of mobile dental teams as a partial solution to the problem. The originals of about one-third of the journals are located in the Special Histories Branch, U.S. Army Center of Military History, Washington, DC, and carbon copies of all journals, less enclosures, are located in the Shambora Papers at Carlisle Barracks.
25. *Military Medical Manual*, 546—47.
26. *Ibid.*, 583—86.
27. *Ibid.*, 601—2.
28. *Ibid.*, 614—17.
29. *Headquarters, Ninth U.S. Army Periodic Report of Medical Department Activities, 1945 1st Semi Annual* (hereafter cited as *Surgeon's Report, 1945*), NA, RG 112 (Records of the Office of the Surgeon General [Army]), entry 54a, box 338, WNRC, section I, 3.

30. *Military Medical Manual*, 807. The separate medical clearing company was composed of 13 officers and 112 enlisted men organized into a company headquarters and 2 identical clearing platoons.
31. *Ibid.*, 806. The separate medical collecting company was composed of 5 officers and 105 enlisted men organized into a company headquarters, a litter-bearer platoon, an ambulance platoon with 10 ambulances, and a collecting-station platoon.
32. *Ibid.*, 822. The separate motor ambulance company was composed of four officers (all from the Medical Administrative Corps) and eighty-nine enlisted men, organized into a company headquarters and three ambulance platoons, each with ten ambulances, providing a total of thirty ambulances for the company.
33. *Ibid.*, 804.
34. *Ibid.*, 805.
35. *Ibid.*, 633. The 750-bed evacuation hospital—with 47 commissioned officers, 52 nurses, a dietitian, a warrant officer, and 308 enlisted men—was designed to fulfill several missions, among them to

Provide, as near to the front as practicable, facilities for major medical and surgical procedures in the care and treatment of all casualties.

Provide facilities for the concentration of evacuees in such numbers and at such locations that mass evacuation by common carrier can be undertaken economically.

Provide opportunity and facilities for the beginning of definitive treatment as early as practicable.

Continue the sorting of casualties, under conditions more favorable for observation, and to remove from the chain of evacuation such as are, or soon will be, fit for duty.

Prepare evacuees for extended evacuation to general hospitals at some distance to the rear.

Nurses held "equivalent ranks" to officers until June 1944 when they were commissioned. Tables of organization listed them separately from officers and were not corrected to reflect their commissioned status until after the end of the war. The wartime usage is used throughout this paper.

36. *Ibid.*, 844.
37. *Ibid.*, 632—33.
38. *Ibid.*, 617—18.
39. *Ibid.*, 644—45. The field hospital was staffed with 22 commissioned officers, 18 nurses, and 227 enlisted men organized into a headquarters with 4 commissioned officers, 3 nurses, and 19 enlisted men; it also included 3 identical hospital units, each with 6 commissioned officers, 5 nurses, and 67 enlisted men.
40. *Shambora Interview*, 51—55. To put the staffing of the field hospital's hospital unit in perspective, the table of organization for the currently

fielded mobile army surgical hospital provides 41 nurses and 16 Medical Corps officers to staff 60 beds—against the 5 Medical Corps officers and 5 nurses used to staff the 100 beds of the hospital unit of the World War II field hospital.

41. *Military Medical Manual*, 641—45.
42. *Ibid.*, 637—41.
43. *Ibid.*, 547.
44. Clarence McKittrick Smith, *The Medical Department: Hospitalization and Evacuation, Zone of the Interior* (Washington, DC: Office of the Chief of Military History, Department of the Army, 1956), 304—13.
45. *Military Medical Manual*, 547.
46. U.S. War Department, FM 8-10, *Medical Service of Field Units* (Washington, DC, 28 March 1942) (hereafter cited as FM 8-10), 2. While this manual predates the reorganization that replaced medical regiments with groups (and hence does not discuss their employment), it was not superseded by a revised edition until 1951.
47. Spurgeon Neel, *Medical Support of the U.S. Army in Vietnam, 1965—1970* (Washington, DC: Department of the Army, 1973), 331.
48. *Surgeon's Journal*, which notes dates and general contents of the meetings.
49. *After Action Report, XIII Corps Surgeon, February 1945*, NA, RG 407, entry 427, WNRC. This is a journal similar to the one above, which again lists attendees and contents of meetings. Colonel Schamber had served in the 1st Medical Regiment in 1938 and 1939.
50. XVI Corps Surgeon After Action Report 0001 1 March 1945 to 2400 31 March 1945, NA, RG 407, entry 427, WNRC. This is another staff journal describing the same type of meetings as the ones above.
51. *Conquer: The Story of Ninth Army 1943—1945* (Washington, DC: Infantry Journal Press, 1947) (hereafter cited as *Conquer*), 117—19.
52. Charles B. MacDonald, *The Last Offensive* (Washington, DC: U.S. Army Center of Military History, 1973) (hereafter cited as *Offensive*), 70.
53. *Conquer*, 161—63.
54. *Offensive*, 81—83.
55. Thomas R. Stone, "1630 Comes Early on the Roer," *Military Review* 53 (October 1973):3—21. A somewhat different version of this article appears as chapter 4 of Dr. Stone's Ph.D. dissertation.
56. *Conquer*, 162.
57. *Shambora Interview*, 24—32. Colonel Shambora relates that in December 1944, the Ninth Army chief of staff asked him to move one of Shambora's hospitals out of a casern in Bastogne to make room for a corps headquarters. He told the chief of staff that he felt that a hospital should have priority due to its special requirements, and the chief agreed. Shortly afterward, he was asked to report to General Simpson, who asked him if he would move the hospital. Shambora said "no," so Simpson asked him

to see if he could find another suitable location. Shambora looked and was able to find an acceptable, if inferior, site to the one the hospital was already in—both in physical facilities and proximity to the front. (Shambora, incidentally, had his jeep stolen in the process.) Shambora did not like the site as well, but if Simpson told him to move, he would move. Then, Shambora said:

At this time I think that the important thing that general Simpson told me, which subsequently stuck throughout the rest of the European war was that, "Bill," he said, "from now on you have first choice on any building within the whole Army area and nobody else has first choice—no matter who or what kind of building it is. Your hospitals will get first choice." "Well," I said, "that's fine."

In the end, all worked out for the best, for two days after the hospital moved, on 16 December, the Germans bombed the casern heavily, and the hospital, which was transferred to the First Army at the start of the Battle of the Bulge, ended up being ideally sited to support the First Army during the attack and subsequent counteroffensive without having to displace.

58. William H. Simpson, "Rehearsal for the Rhine," *Military Review* 25 (October 1945):20—28 (hereafter cited as "Rehearsal").
59. *After Action Report, 1st Medical Group, From 1200A 25 November to 2400A 30 November 1944* (hereafter cited as *AAR, Nov 1944*), unit historical files, 1st Medical Group, Fort Hood, Texas, 1.
60. "Death Notice of Lester P. Veigel," *Journal of the American Medical Association* 170 (29 August 1959):2, 219.
61. Louis Veigel, telephone interview with author, 31 July 1989. Louis Veigel is the late Colonel Veigel's brother.
62. General Order 12, 1st Medical Regiment, 7 August 1943, NA, RG 407, entry 427, box 21763, WNRC. After the war, Colonel Veigel transferred to the U.S. Air Force. He died of a heart attack in 1959 while serving as Surgeon of the Western Defense Command; he was fifty-four at the time of his death.
63. Biographical Sketches, 1st Medical Group, NA, RG 407, entry 427, box 21662, WNRC. This file consists of short, one-paragraph biographical sketches of the officers (except, unfortunately, Colonel Veigel) assigned to the headquarters of the 1st Medical Group Army Medical Group at the end of 1944.
64. *Ibid.* In the author's experience, this appears to be a prerequisite for assignment as the S3 of the 1st Medical Group. After the war, Major Prideaux returned to Portland and the banking business, eventually becoming a vice chairman of U.S. Bancorp.
65. *History from 23 Sep 44*, 11—12.
66. Biographical Data Card, John D. Dupre, Special Histories Branch, U.S. Center of Military History, Washington, DC.
67. *Report of Medical Operations, 1st Medical Group*, 1 January 1944, NA, RG 112, entry 54a, box 42, WNRC, 2—3.

68. *After Action Report, 1st Medical Group, From 0001A 1 January 1945 to 2400A 31 January 1945, 5 February 1945* (hereafter cited as *AAR, Jan 1945*), Special Histories Branch, U.S. Army Center of Military History, Washington, DC, 2.
69. *After Action Report, 1st Medical Group, From 0001A 1 December 1944 to 2400A 31 December 1944, 5 January 1945* (hereafter cited as *AAR, Dec 1944*), unit historical files, 1st Medical Group, Fort Hood, Texas, 2.
70. *AAR, Nov 1944, 2.*
71. *AAR, Jan 1945, 1.*
72. *Annual Report—1944, 4.*
73. "Informal Diary," in *War Diary, 1st Medical Regiment/1st Medical Group, 10 March 1942—June 1945*, NA, RG 407, entry 427, box 21762, WNRC (hereafter cited as *War Diary*). This is a two-page narrative of "a few points of interest" in January 1945. The diary itself was a book required whenever a unit was engaged in combat or field training, and it and its two companion volumes in the National Archives give a moderately detailed account of the activities of the 1st Medical Regiment and 1st Medical Group from 1922 to 1945. A microfilm copy of the diaries is in the author's possession.
74. *Annual Report—1944, 12.*
75. "Informal Diary," in *War Diary*. Unfortunately, the mattresses were infested with mice, which caused quite a nuisance for three weeks, until one member of the detachment managed to obtain some mousetraps while picking up the unit's beer ration.
76. *Annual Report—1944, 11—12.*
77. *War Diary*. Several instances of bombardment are noted in the diary.
78. *Report of Activities, 1st Medical Group, 1945—1st Semi-annual, 5 June 1945* (hereafter cited as *Report of Activities, 1945*), Special Histories Branch, U.S. Army Center of Military History, Washington, DC, 3. While all medical units were required to make annual reports to the Office of the Surgeon General, the Surgeon of the European Theater of Operations, Major General Paul R. Hawley (himself a former commander of the 1st Medical Regiment) directed that all medical units in the European theater would prepare semiannual reports using the same format as they had used on the annual reports before they redeployed to the United States or the Pacific theater. Since many units failed to prepare annual historical reports when they were inactivated following the surrender of Japan, this move ensured that much historical information was saved that might otherwise have been lost.
79. *After Action Report, 1st Medical Group, From 0001A 1 February 1945 to 2400A 28 February 1945, 9 March 1945* (hereafter cited as *AAR, Feb 1945*), Special Histories Branch, U.S. Army Center of Military History, Washington, DC, 1. Interestingly, the U.S. Third Army required similar reports from units prior to their deployment for southwest Asia following Operation Desert Storm.
80. *Surgeon's Report, 1945, part III, 9.*

81. *Ibid.* Still later, a fourth medical group, the 64th, was added to the army near the end of the war.
82. *Shambora Interview*, 47—48.
83. *Conquer*, 147—51.
84. U.S. War Department, FM 8-55, *Reference Data* (Washington, DC, 5 March 1941), 21.
85. Comments on operation of the headquarters are based on entries found in the *Unit Journal, HQ 1st Medical Group*, 12 November 1944—31 May 1945 (hereafter cited as *Unit Journal*, with appropriate date of entry), NA, RG 407, entry 427, box 21660—21661, WNRC.
86. Colonel William E. Shambora, letter to Brigadier General Frederick A. Blesse, 14 April 1943. In the William E. Shambora Papers, U.S. Army Military History Institute, Carlisle Barracks, Pennsylvania. General Blesse had been Colonel Shambora's immediate predecessor as the Army Ground Forces Surgeon (as well as a former S3 of the 1st Medical Regiment); the letter gave him informal information on what had changed in the headquarters since his departure.
87. *Shambora Interview*, 37—41. Some of the other army surgeons held the same view; others (most notably Brigadier General Joseph I. Martin of the U.S. Fifth Army in Italy) did not.
88. *Conquer*, 106.
89. *Unit Journal*, assorted entries for 12 November 1944 to 31 May 1945.
90. *Ibid.*, entries for 25 November 1944 through 31 May 1945.
91. *Ibid.*, assorted entries for 1 February through 1 April 1945.
92. *AAR, Feb 1945*, 3.
93. *Ibid.*, 3.
94. *Ibid.*
95. *Ibid.*, 1. The 183d Medical Battalion was composed of the 442d and 462d Medical Collecting Companies and the 626th Medical Clearing Company, while the 430th was composed of the 415th Medical Collecting Company and the 488th and 489th Motor Ambulance Companies. The 188th Medical Battalion was composed of the 463d Medical Collecting Company and the 472d Motor Ambulance Company. For an account of the Roer River crossing at the infantry-company level, see Harold P. Leinbaugh and John D. Campbell, *The Men of Company K* (New York: William Morrow and Company, 1985).
96. *Conquer*, 169.
97. *Offensive*, 183—84.
98. "Rehearsal."
99. *Conquer*, 187—89.
100. *Offensive*, 172.

101. *Ibid.*, 173—78.
102. *Unit Journal*, entries 1—23 February 1945.
103. *AAR, Feb 1945*, 2.
104. *Ibid.*
105. *Ibid.*
106. *Period Report of Medical Department Activities, 430th Medical Battalion*, 8 June 1945 (hereafter cited as *430th Med Bn Report*), NA, RG 112, entry 54a, box 358, WNRC.
107. *Unit Journal*, entry for 23 February 1945.
108. *Ibid.*, entry for 24 February 1945.
109. *AAR, Feb 1945*, 3.
110. *430th Med Bn Report*, 4.
111. *Report of Activities, 1945*, 2.
112. *War Diary*, entries for 27 February to 4 March 1945.
113. *430th Med Bn Report*, 4.
114. *Report of Activities from 1 January 1945 to Date, 188th Medical Battalion*, 7 June 1945 (hereafter cited as *188th Med Bn Report*), NA, RG 112, entry 54a, box 357, WNRC, 3—4.
115. *Medical Department Activities Report, 1945—1st Semi-Annual, 183rd Medical Battalion* (hereafter cited as *183d Med Bn Report*), NA, RG 112, entry 54a, box 357, WNRC, 3.
116. *After Action Report, 1st Medical Group, From 0001A 1 March 1945 to 2400A 31 March 1945*, 14 April 1945 (hereafter cited as *AAR, Mar 1945*), Special Histories Branch, U.S. Army Center of Military History, Washington, DC, 2—3
117. *Ibid.*, 3.
118. *After Action Report, 183rd Medical Battalion, February 1945*, 5 March 1945, NA, RG 112, entry 54a, box 357, WNRC, 1.
119. *AAR, Mar 1945*, 1.
120. *Daily Record of Activities of Medical Section, Headquarters XIII Corps for Month of March 1945*, entry for 8 March 1945, NA, RG 407, entry 427, WNRC.
121. *Report of Activities, 1945*, 2.
122. *AAR, Mar 1945*, 2.
123. *430th Med Bn Report*, 2.
124. *History from 23 Sep 1944*, 5—10.
125. Malcolm D. Blankenship, letter to author, 4 April 1989. Mr. Blankenship worked in the S1 section of the group headquarters and ran the group message center, 5.

126. *Offensive*, 294—95.
127. *Ibid.*, 295—96.
128. *Conquer*, 226—30.
129. *Ibid.*, 230—33.
130. *Ibid.*, 219. For more on the deception plan, see also Richard W. Stewart, "Crossing the Rhine and Irrawaddy," *Military Review* 59 (August 1989): 74—83.
131. *Unit Journal*, entry for 21 March 1945.
132. *Ibid.*, entry for 24 March 1945.
133. *AAR, Mar 1945*, 1. The 188th Medical Battalion was composed of the 463d Medical Collecting Company and the 472d and 565th Motor Ambulance Companies, while the 430th Medical Battalion was composed of the 462d Medical Collecting Company and the 488th and 489th Motor Ambulance Companies. Removed from the group as part of the 183d Medical Battalion were the 415th and 442d Medical Collecting Companies and the 626th Medical Clearing Company.
134. *After Action Report*, 183rd Medical Battalion, March 1945, NA, RG 112, entry 54a, box 357, WNRC, 1.
135. *We Cross the Rhine—Germany, 24th March 1945*, Office of the XVI Corps Surgeon (hereafter cited as *We Cross the Rhine*), 9. A copy of this report is located in the Unit Histories Collection of the library of the U.S. Army Military History Institute, Carlisle Barracks, Pennsylvania.
136. *Ibid.*, 10—11.
137. *Report After Action, Ninth US Army for the Period 16—31 March 1945* (hereafter cited as *Ninth Army Report*), 2. A copy of this report is located in the Unit Histories Collection of the library of the U.S. Army Military History Institute, Carlisle Barracks, Pennsylvania.
138. *Offensive*, 208—35.
139. *Ninth Army Report*, 2—3.
140. *Ibid.*, 3.
141. *Ibid.*, 3—4.
142. *AAR, Mar 1945*, 2.
143. *We Cross the Rhine*, 29.
144. *After Action Report, 1st Medical Group, From 0001A 1 April 1945 to 2400A 30 April 1945, 5 May 1945* (hereafter cited as *AAR, Apr 1945*), files of the Special Histories Branch, U.S. Army Center of Military History, Washington, DC, 1.
145. *We Cross the Rhine*, 29—30.
146. *430th Med Bn Report*, 5.
147. *183d Med Bn Report*, 4.

148. *Unit Journal*, entries for 23 to 31 March 1945.
149. *430th Med Bn Report*, 5.
150. *Report of Activities, 1945*, 2.
151. *Conquer*, 269—305.
152. *AAR, Apr 1945*, 2.
153. *430th Med Bn Report*, 5.
154. *Ibid.*, 2—3.
155. Book Message No. 117—O & T, *Procedure for Control of Uncovered German Military Hospitals*, 1 April 1945, copy included in *Surgeon's Journal*, entry for 1 April 1945, 1.
156. *AAR, Apr 1945*, 2.
157. *Ibid.*, 2.
158. *Ibid.*, 5.
159. *Ibid.*, 3.
160. *Ibid.*
161. *Ibid.* The 183d Medical Battalion was composed of the 442d and 463d Medical Collecting Companies and the 626th Medical Clearing Company, while the 185th was composed of the 627th Medical Clearing Company and the ambulance platoon of the 445th Medical Collecting Company. The 430th Medical Battalion was composed of the 415th, 462d, and 481st Medical Collecting Companies; the 488th Motor Ambulance Company; and the 666th Medical Clearing Company.
162. *Ibid.*, 3—4.
163. *Ibid.*, 4.
164. *430th Med Bn Report*, 6—7.
165. *After Action Report, 1st Medical Group, From 0001A 1 May 1945 to 2400A 31 May 1945*, 3 June 1945 (hereafter cited as *AAR, May 1945*), files of Special Histories Branch, U.S. Army Center of Military History, Washington, DC, 2.
166. *430th Med Bn Report*, 7.
167. *AAR, May 1945*, 2.
168. *Ibid.*, 3.
169. *Shambora Interview*, 66—69.
170. *Surgeon's Report, 1945*, section I, 3.
171. *War Diary*, entry for 24 May 1945.
172. *Ibid.*, entry for 28 May 1945.
173. *AAR, May 1945*, 2.

174. *War Diary*, entry for 7 June 1945.
  175. *Ibid.*, entry for 11 June 1945.
  176. *Ibid.*, entry for 17 June 1945.
  177. *Ibid.*, entry for 18 June 1945.
  178. *Ibid.*
  179. *Ibid.*, entry for 1 July 1945.
  180. Malcolm D. Blankenship, letter to author, 4 April 1989.
  181. *War Diary*, entry for 2 July 1945.
  182. *Ibid.*, entry for 16 August 1945.
  183. *Ibid.*, entry for 1 September 1945.
  184. Gans letter, 1.
  185. General Order 29, Special Troops, U.S. First Army, 8 November 1945. There is no indication of when the group transferred from the control of the U.S. Second Army to the control of the First Army, although it most likely occurred in conjunction with the move to Fort Benning.
  186. Gans letter, 2.
  187. *Report of Activities, 1945*, 2—3.
  188. *War Diary*. See the daily entries during the time periods specified, which listed not only the movements of the group headquarters but the movements of many of the units subordinate to the group as well.
  189. *AAR, Feb 1945*, 3.
  190. *Ibid.*, 3.
  191. *War Diary*. Entries in the *War Diary* include regimental and group operations orders, administrative-logistics orders, and other documents and descriptive notes of the exercises in which the regiment and group participated prior to its deployment to Europe. *Annual Report of Medical Department Activities, Headquarters and Headquarters Detachment, 31st Medical Group, Period 1 January 1945 to 31 May 1945*, 26 June 1945, files of Special Histories Branch, U.S. Army Center of Military History, Washington, DC, 1—9; Francis P. Kintz and John Edgar, "Medical Groups (T/O 8-22) of First U.S. Army in the European Campaign," *Military Surgeon* 106 (1950): 34—40, 139—47, 187—92. Colonel Kintz served as commander and Major Edgar as adjutant of the 68th Medical Group throughout the European campaign.
  192. FM 8-10, 28 March 1942, 16; and FM 8-55, *Planning for Health Service Support* (Washington, DC: Department of the Army, February 1985), 1—2, 1—4.
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## GLOSSARY

**Ambulance control point.** The ambulance control point consisted of a soldier stationed at a crossroads or road junction where ambulances might take one of two or more directions to reach their destination. The soldier, in communications with his higher headquarters, directed ambulances to their proper destination.

**Battalion aid station.** The battalion aid station provided first-echelon medical care to soldiers of its supported battalion. It was normally located in the battalion combat trains. The battalion aid station had no patient-holding capability, and patients who could not be treated and returned to duty were evacuated by one of the divisional collecting companies to the collecting station in support of the battalion's regiment.

**Bed.** In Army Medical Department usage, a facility is equipped with "beds" if it has Army Nurse Corps officers assigned to staff its holding facilities and "cots" if it does not. Thus, a clearing company had its holding capability expressed in number of cots, while a hospital had it expressed in beds, even though the patients in both facilities might be resting on the same type of furniture.

**Division clearing station.** The division clearing station was established by the clearing company of the division's medical battalion. At the clearing station, patients were triaged or sorted, and those who required care beyond the capabilities of the clearing station were prepared for transport to third-echelon treatment facilities, while those who could be returned to duty within a relatively short time, normally a few hours, would be held until released.

**Division collecting station.** The division collecting stations were established by the collecting companies of the division, normally with one in support of each of the division's regiments. Patients were brought to the collecting station by the soldiers of the company's litter-bearer platoon. At the station, patients were examined by a Medical Corps officer, given emergency treatment if required, and then placed on ambulances of the company's ambulance platoon for transport to the division clearing station.

**Evacuation hospital.** A 750-bed facility of the field army, the evacuation hospital had the mission of providing major medical facilities for the care of all types of casualties and for preparing them for return to duty or for evacuation farther to the rear. The evacuation hospital had no mobility using organic transportation assets and was essentially a fixed facility.

**Evacuation hospital (semimobile).** A 400-bed facility with the same mission and general capabilities of the 750-bed evacuation hospital, the evacuation hospital (semimobile) was about 25 percent mobile using organic transportation. With a trained staff, the hospital could be prepared to move within ten hours after its last patient had left and could be operational within six hours after arriving at a new location.

**Field hospital.** The field hospital was a medical unit designed to establish a single 400-bed hospital or three 100-bed hospitals known as hospital units. Its mission was to provide definitive surgical and medical treatment to troops in the theater of operations where fixed facilities did not exist and where the construction of fixed facilities was undesirable.

**General hospital.** The general hospital was a 1,000-bed medical facility found in the area under the control of the Services of Supply. It was designed and staffed to provide for the return of the maximum number of soldiers to duty within the evacuation policy established for the theater.

**Medical battalion (divisional).** The divisional medical battalion was responsible for providing all second-echelon health-services support to elements of the infantry division. It was organized with a headquarters, one clearing company, and three collecting companies.

**Medical battalion (separate).** The separate medical battalion headquarters provided command and control to form three to six subordinate medical companies. It also provided maintenance and personnel-services support to its attached units by consolidating company clerks and mechanics from its subordinate companies at battalion level.

**Medical depot company.** This unit, assigned to the field army, had the mission of providing medical supply, medical-equipment maintenance, and dental-appliance fabrication and repair in support of a force of up to 125,000 soldiers.

**Motor ambulance company.** The motor ambulance company had the mission of providing patient evacuation. To perform this mission, it was equipped with thirty ambulances, organized into three platoons of ten each. The designation "motor" was used to differentiate the company from animal-drawn ambulance companies, which were still in use by the Army at the start of World War II.

**Regimental aid station.** Organized much the same as a battalion aid station, the regimental aid station provided first-echelon medical care to troops located in the regimental rear area. Using its two assigned Dental Corps officers, it also provided dental care to all soldiers of the regiment. As it provided the same level of care as the battalion aid stations in its regiment, it did not normally receive patients from the regiment's battalion aid stations.

**Surgeon.** The term "surgeon" has two meanings in Army Medical Department usage. In general usage, and on authorization documents of medical units, the term surgeon refers to a physician who has had postgraduate training in operative procedures. In nonmedical units, the term surgeon refers to the senior Medical Corps officer in the organization, who serves as a special staff officer to the commander on matters concerning health-service support. Thus, the senior officer in a hospital is the commander, but in an infantry regiment, he is the regimental surgeon.

**Surgical backlog.** The time, generally measured in hours, from when a patient arrives at a medical treatment facility until he enters the operating room for surgery. Large surgical backlogs can result in increased loss of patients' lives or reduced probability of their early return to duty.

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**Captain Donald E. Hall**

Captain Donald E. Hall is the executive officer of the Medical Field Service School, Academy of Health Sciences, U.S. Army, Fort Sam Houston, Texas. He was commissioned in 1981 after receiving a Bachelor of Science in Nuclear Engineering from the University of Michigan and entered active duty in the Medical Service Corps in 1982 after receiving a Master of Science in Nuclear Engineering from Iowa State University. Captain Hall's previous assignments include tours as a nuclear medical science and field medical support instructor at the Academy of Health Sciences; as the assistant S3 and S2/3 of the 1st Medical Group, 13th Corps Support Command, Fort Hood, Texas; and as a fellow in military medical history at the Uniformed Services University of Health Sciences, Bethesda, Maryland. A graduate of the Army Medical Department Officer Basic and Advanced Courses, the Combined Arms and Services Staff School, and the U.S. Army Command and General Staff School, his paper, "The First Medical Regiment at the Gettysburg Reunion, 1938," won first place in the 1988 Military History Writing Competition of the Center of Military History, U.S. Army. During Operation Desert Storm, Captain Hall served as the command historian, 3d Medical Command, Riyadh, Saudi Arabia.

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