

MEDICAL DETACHMENT
630th TANK DESTROYER BATTALION
APO 408 US ARMY.

30 June 1945

SUBJECT : Period Report.
TO : The Surgeon General, Washington D.C.
THRU : Technical Channels.

A. ACTIVATION AND EARLY HISTORY

1. The 630th TANK DESTROYER BATTALION was activated the 15th Dec. 1941 at Fort Jackson, South Carolina. Personnel for this organization was obtained from the Thirtieth Infantry Division. The Medical Detachment received its basic training at Fort Jackson, S.C. and the Command then moved to Camp Hood, Texas on the 9th Sept. 1942.

2. On the 20th Nov. 1942 the Command moved to Camp Bowie, Texas where it successfully passed the Army Ground Force Tests.

3. On the 12th Jan. 1943 we again moved to Camp Blanding Florida and then to the Tennessee Maneuver Area where it supported the 79th and 81st Inf. Divisions as well as the 5th Arm'd Div.

4. On the 26th June 1943 we moved to Camp Rucker, Alabama, where other training was completed.

5. This Command received orders to move to the New York Port of Embarkation at Camp Kilmer on the 13th April 1944 and sailed from New York on the 3rd June 1944, arriving in the United Kingdom the 12th June 1944. In England we were stationed at Parkington Park where this Command was attached to the 28th Inf. Div.

6. During all of the foregoing periods different members of the Medical Detachment received training at technician schools.

7. The Detachment along with the Battalion and the 28th Inf. Div. landed on the Omaha Beach on the 24th July 1944 and received its baptism of fire at Percy, France.

8. Men of the Detachment performed their various duties without shrinking as should all good Americans.

B. OPERATIONS, MISSIONS, CHANGES AND ADAPTATIONS OF ORGANIZATIONS TO MEET VARIOUS SITUATIONS, USE OF CELLULAR UNITS.

1. Jan. 1945 found the Med. Det. severely disorganized and shorthanded as a result of the German counter-offensive in the Ardennes Sector. There we lost our Medical Officer and almost fifty percent of our personnel.

2. Due to the shortage in personnel the Aid Station was operated by three men, the S/Sgt. in command, a surgical technician and a supply corporal. All patients received immediate first aid treatment and were promptly evacuated to the nearest higher echelon medical station.

3. In Feb. 1945 two detachment members that had been severely wounded re-joined us and we received two new reinforcements. Capt. Clarence W. Waring was temporarily assigned to this organization in Feb. 1945 and requested permanent assignment as Battalion Surgeon. This assignment was formally approved in April 1945.

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4. The Battle For The Colmar Area. In this area aid men were forced to evacuate wounded over long distances over some of the most heavily mined roads in the ETO. One of the detachment aid vehicles was destroyed by an enemy mine, fortunately without injury to the aid man who continued to treat his comrades.
5. The last combat assignment of this organization was mopping up in the Ruhr Pocket during which period we suffered only light casualties.

C. PROBLEMS OF REDEPLOYMENT, TRAINING OF PERSONNEL, LITERATURE AND TRAINING AIDS

1. Due to the point system this Medical Detachment has lost over half its personnel. Replacements have been good men from General Hospitals and other units unfamiliar with Battalion Aid Station procedure and technique. New men are given rotating assignments with the aid station and with the various companies.
2. We are looking forward to further service in the Pacific Area and with this in view are instituting an educational program on tropical and oriental diseases.
3. The bulletins of the US Army Medical Department and of the ETO Office of the Surgeon have proved of great value in the operation of Aid Stations more efficiently and what to stress with regard to diseases peculiar to the Pacific Area.
4. At present a series of drawings dealing with the life cycle of the Anopheles mosquito is being prepared to aid in simplifying medical information on this subject.
5. We have also secured slides demonstrating various plasmodia of Malaria to use as instructive aids.

D. EQUIPMENT, SUPPLIES AND TRANSPORTATION

1. Present supply of transportation is adequate.
2. By using all available channels we have been able to acquire medicaments which have saved needless evacuation.
3. Throughout the European campaign this unit has always been well supplied as regards essential drugs and equipment.

E. FOOD AND MESSING, SEWAGE AND WASTE DISPOSAL, INSECT CONTROL

- Quantity of food is sufficient but due to present shortages of transportation properly balanced diets are often impossible for food such as listed in master menus does not arrive at the proper periods. At times it has been necessary to supplement the diet with Multi-Vitamin tablets.
2. All company aid men keep close check on the sanitation of the company kitchens and disposal of all waste material.
 3. Whenever possible kitchens are furnished with needed materials to protect food from contamination by insects.
 4. Throughout Europe screening of kitchens has presented a rather difficult problem since units such as ours move too rapidly for such procedures in combat, and it is only when we are in fixed positions that this problem can receive proper attention.
 5. While in the ETO all edible garbage has either been buried or given to farmers for their livestock. Other waste materials have been buried or taken to designated dumps.
 6. With the advent of summer, kitchens are screened whenever possible and fly spray is used at nights to destroy any flies which remain in the kitchen.

F. HOUSING WATER SUPPLY, BATHING FACILITIES AND LAUNDRY

1. Men are frequently warned not to drink water other than that drawn from Engineer Water Points or that which has been treated by boiling or Halazone tablets.
2. We have made full use of any available Shower Points.
3. Laundry service has been irregular but thanks to willing civilians this defect has been readily remedied.

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G. VENEREAL DISEASES CONTROL

1. Recently there has been an increase in the venereal disease rate due to the fact that alcoholic beverages are too readily obtained. The non-fraternization rulings encourage men to have contact with small town and city prostitutes.
2. As a control measure men have been encouraged, with considerable success, to report all females known to be infected. These are turned over to the local authorities for treatment.
3. Both physical and chemical prophylactics are conveniently placed with all companies so that they are readily available.
4. Frequent talks on sex hygiene are given to small groups and men are encouraged to ask questions about anything that may be troubling them on the sex problem.

H. BATTLE CASUALTIES

1. Shock therapy has been emphasized at all times in the treatment of battle casualties. Immediate control of hemorrhage and application of artificial heat has been stressed.
2. Evacuation to the nearest Collecting or Clearing Station is instituted at the earliest possible time.

I. DENTAL SERVICES

1. One of the biggest problems of the present time is that of securing proper dental service. During combat it is of necessity rather difficult to obtain but during periods such as these, when our primary mission is occupation and DP work, this should not be too difficult but such is not the case since a sufficient number of dentists and dental technicians are not available.
2. It has often been necessary to travel long distances to have even a small amount of denture work done.
3. In the States we were told that there was an excess of dentists. In the ETO the direct reverse seems to be true.

Clarence W. Waring

Clarence W. Waring
 Capt. M.C.
 Bn. Surgeon

319.1 (Surg)
 (30 June 45)

1st Ind.

HEADQUARTERS XXIII CORPS, OFFICE OF THE SURGEON, APO 103, US ARMY, 8 July 45.

TO: The Surgeon, Hq Fifteenth US Army, APO 408, U. S. Army.

J.D.G.

319.1 GNMSU
 (30 Jun 45)

2d Ind.

HEADQUARTERS FIFTEENTH US ARMY, Office of the Surgeon, APO 408, US Army. 10 JUL 1945

To: Surgeon, 12th Army Group, APO 655, US Army.

W.E.W.

