

OFFICE OF THE DIVISION SURGEON
SECOND MARINE DIVISION, FME,
In the Field.

12 December 1943.

From: The Division Surgeon.
To: The Commanding General.

Subject: Preliminary Report of the Medical Department
Activities at Tarawa.

PREPARATION.

1. Personnel.

Each combat team had their full complement of medical personnel. Medical Companies "A", "B" and "C" were assigned to the Second, Sixth, and Eighth Regiments respectively. These medical companies were divided according to SOP #4-43. Company "E", 2nd Medical Battalion was embarked complete with personnel, supplies and equipment on the AP -1, to be used as a reserve Medical Company.

2. Supplies and Equipment.

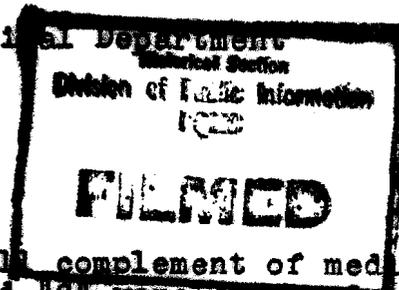
Each regiment and battalion aid station was equipped with medical Units One to Ten inclusive, plus units 14 and 15, in addition they had one Jeep ambulance, combat loaded (See SOP #4-43), with a ten day bulk supply of medical stores. The medical companies carried a thirty day bulk supply, based on an estimated twenty percent of casualties.

3. Health of the Division.

On 22 September, 1943, the average admissions for all causes in the Division were ninety per day, of these, seventy admissions were for malaria. At the time of embarkation there were 8643 men that had a history of malaria. This personnel was started on treatment of one tablet of atabrine per day on 22 September, 1943. Within three weeks, the average daily admissions for malaria was twelve. Enroute to the combat area, the number of admissions for malaria, and all other causes was comparatively low. (Exact figures are not available at this time). The number of patients held in ships sick bays on D day was negligible.

LANDING OPERATIONS.

1. Company Aid men (4 to each company) landed with their assault company except in cases where enemy gunfire caused them to disperse. Battalion and Regimental Aid Stations, each divided into two sections, landed with their respective CPs. The collecting Sections were boated in the second wave of boats, but were unable to land until the early hours of D plus 1 day. Collecting sections



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upon landing established evacuation points on the beach, and, aided in the evacuation according to plan. Transport medical sections arrived on D plus 1 day between 0800 and 1200 and aided in the evacuations according to the plan set up in SOP #4-43.

EVACUATION.

1. On D Day, because of the heavy fire from shore, a large number of casualties occurred on the reef and also from the shell-fire on the boats. These casualties were evacuated as rapidly as possible by any and all hands available, direct to the APs. Casualties started arriving on the APs at 1100 on D day and evacuation continued throughout the day, mainly by amph tracs or any other type of boat that was available. By the morning of D plus 1 day, two main points of evacuation were established and functioning smoothly. One station was established in the center of Red Beach #2, and was directed by the Regimental Surgeon and Aid Station personnel of the Second Regiment plus one collecting section of Company "A", Second Medical Battalion, and the medical section of the amph trac Battalion.

All casualties occurring in the vicinity of Red Beach #2, and those occurring on Red Beach #1 were evacuated through this station by amph tracs to the end of the pier where the medical sections from two transports, consisting of two Medical Officers and sixteen hospital corpsmen gave further treatment when necessary and transferred the casualties from the amph tracs via boats, back to the right transports. Evacuations from Red Beach #3, which was separated from Red Beach #2 by a long pier, was made via rubber boats passing along the west side of the pier to the end, where they were reboated into outgoing boats, to the transports. On D Day, casualties were evacuated from Red Beach #1 on amph tracs. From D plus 1 day, the evacuation from Red Beach #1 was made either by way of Red Beach #2, or Green Beach.

On D plus 2 day, the Sixth Regiment, landing on Green Beach, had very few casualties. This regiment, proceeding up the south side of the airstrip, evacuated to Green Beach until reaching the area directly across from Red Beach #2, then the casualties occurring from here on to the east were evacuated via Jeep ambulances and amph tracs to Red Beach #2. On D plus 3 day, evacuation was possible to the end of the pier via Jeep ambulance. On D plus 2 day, Companies "A" and "B", Second Medical Battalion were ordered ashore on Helen and Cora Islands respectively. Both of these companies established blackout surgeries and were ready for operations within twelve hours.

By the above evacuation, which was carried out according to the plan laid down in SOP 4-43, approximately 2500 casualties were evacuated during the first four days that the main combat took place. At this time it was impossible to tell the average time taken to evacuate a casualty. (Interval of time from being hit until the time of arrival on board an AP.)

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On 7 December, 1943, I saw approximately 500 casualties that had been returned to the Naval Hospital, Oahu, T.H., and after questioning many of them, I found that some of them arrived on board an AP within one hour after being hit, and others arrived as much as twelve hours after receiving their injury. (Delay in evacuation due to being in isolated areas covered by enemy gunfire). On D plus 4 day, an air evacuation officer arrived from Funi-Futi, but no air evacuation was needed at that time.

SANITATION.

1. The following sanitary measures were thoroughly indoctrinated to all personnel prior to embarkation, and frequent lectures were given again prior to landing. These measures were:-

(a) Food.

No food would be eaten except "G", "D", or "K" rations.

(b) Water.

A five day water supply which was landed in five-gallon expeditionary cans from the transports was adequate for drinking purposes. By D plus 2 day, the water distillation plant was in operation on Red Beach #2. From this and other distillation plants that were established, the water supply available was one gallon per man per day.

(c) Excreta.

Each man was required to dig a hole and cover his excreta. (All personnel complied with these instructions).

(d) Tin-can disposal.

Each person was instructed to crush and bury the tin food containers opened by him.

(e) Heads.

By D plus 4 day, two large closed heads were established between the airstrip and Red Beach #2. (20 holes each), which served the large group of personnel in this area.

(f) Summary.

That these sanitary measures were successful is testified to by the fact that none of the personnel of the Division developed a gastro-intestinal complaint during the entire operation.

CASUALTIES.

1. It is estimated that during the action on Tarawa there were approximately 1043 killed or missing in action and 2562 wounded in action of Division Personnel.

BURIAL OF THE DEAD.

1. Burial of the Marine dead in the vicinity of the Division CP on Red Beach #2, was made under the direction of the Chaplains

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of the Second and Eighth Regiments. The Chaplains of the Sixth and Tenth Regiments directed the burial of the marine dead in their respective areas after D plus 3 day. By D plus 14 day, 622 marines had been buried on Helen, of these over 75% were identified.

The identification of our own dead was established in most cases but when doubt existed dental charts were prepared, however many bodies were found with the head, face, or entire upper portions of the body destroyed, when these bodies were fingerprinted when possible, but in many cases this procedure was impossible because of the rapid decomposition of the bodies.

An unknown number of bodies were washed out to sea and not recovered. Burial of our dead continued throughout the fourteen day period of the Division activity. Many of these later recovered bodies were those that were washed ashore and others that were found sunken or burned in amphibious tanks and tanks that were on the reef.

2. A large majority of the Japanese dead were put into bomb craters near the beach and covered by the use of bulldozers. These were buried by the combat units in their designated areas. In the areas not occupied by combat units, the disposal was made by the Division malarial control unit with the assistance of working parties. Approximately 2000 Japanese dead had been buried by D plus 6 day. Block-houses that contained a large number of Japanese dead were entered and the bodies were covered with lime and the entrance closed and sealed with sand bags.

It had been anticipated that the burial of the dead would be a difficult undertaking, and the plan of putting the Japanese dead into bomb craters and covering them had been worked out by the Division prior to embarkation.

CRITICISM.

1. Evacuation.

Evacuation from the transports to the hospital ships was not carried out according to plan. The hospital ships USS SOLACE AND RELIEF were at Funi-Futi and were ordered to proceed to Abemama. Less than 100 casualties were evacuated to the SOLACE, and the RELIEF received none. Had these transports evacuated their casualties to these hospital ships, they could have had much better care while enroute to PEARL.

2. The Regimental Medical personnel and supplies were not equally divided for embarkation according to plan and as a result, two Regimental Surgeons landed with their CP Comdr., and had no other personnel or supplies accompanying them.

3. Tin-Can Disposal.

A large number of tin-cans were found thrown away without being crushed and buried as directed.

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SUGGESTIONS.

1. All amph tracs be equipped with brackets and 2" x 4" frames between the bulkheads to increase their carrying capacity to six stretchers.
2. All medical department personnel be supplied a Para-troop type medical kit.
3. Medical supplies carried by the assault troops be transported in waterproof pouches. (The type now furnished to the Atlantic Amphibious Force).
4. Medical Department Personnel be equipped with a shoulder holster for carrying pistol.
5. All water taken ashore should be salted in accordance with Bu M&S instructions. Of the two regiments that did this, there were no cases of heat exhaustion. The units that did not salt the drinking water had many cases of heat exhaustion. The salting of water should be mandatory in tropical zones.
6. Each Battalion and Regimental Aid be divided into three sections and boated in three separate amphibious tractors with basic medical supplies.
7. That in landing operations of this type three PH ships be assigned to a Division for evacuation. At least one and if possible all three PH ships be assigned as close to the beach as possible.
8. Each landing team be furnished with one landing craft which will be used solely to evacuate casualties that occur off shore, two hospital corpsmen from the Pioneer Section in each boat.

F. R. MOORE
