### ANNEX OBOE BEACH PARTY PLAN

- 1. This plan is prepared to be applicable in the preferred and alternate plans of attack.
- 2. The Beach Party will not land but will be prepared to do so when ordered. When landed they will releive the MIFFLIN Beach Party on Yellow Beach TWO under the preferred plan and on White Beach ONE under the alternate plan. Full beach party equipment will be landed including a portable public address system. The medical section will be guided by the Medical Plan, Annex QUEEN, this order.
- 3. Upon landing members and equipment will be stationed in accordance with doctrine and provide especially for:
  - (a) Complete communications facilities.

(b) Adequate security measures.

(c) Control of boat traffic in the vicinity of the beach.

(d) Landing and retracting of boats.

(e) Proper and speedy unloading of boats.

(f) Casualty evacuation area.

- (g) Evacuation of easualties to evacuation control IST (H) 930 opposite beach.
- (h) Return of cargo nets and life belts to ship.
- (i) Assistance in executing smoke plan.
- (j) Salvaging of broached boats.
- 4. Communications system shall consist of one TBX radio guarding the administrative net (2530 KC); SCR 610, radio guarding the boat control net (35.9 MC); and SCR 536 for lateral beach communications guarding on frequency 5500 KC; eight inch multipurpose signal light and semaphore flags for visual messages.

Radios will be set up at a site at or near the Command Post affording the maximum of protection from attack but not so as to impair their effectiveness or be difficult to reach by authorized persons.

Signal light shall be so placed, if practicable, to be capable of sending messages laterally to adjoining beaches and to boats close off shore.

- 5. Casualties when prepared by the medical section will be moved out to beach evacuation area when ordered by the Beachmaster for removal to casualty distribution ship (LST(H) 930) by ambulance boats provided. Such evacuation area shall be marked with the VICTOR flag displayed. Casualties occuring among naval personnel shall be reported as provided in paragraph 8 hereof and whether immediate replacements are needed.
- 6. Smoke if ordered will be produced by the Shore Party Commander with the Beach Party assisting if needed.

T-O-P S-E-C-R-E-T

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ANNEX OBOE BEACH PARTY PLAN

- 7. Hydrographic data shall be gathered and observations made which shall be recorded on forms provided and forwarded in accordance with paragraph 8 hereof.
  - 8. Reports shall be prepared and forwarded daily as indicated:

Report	Time	To
Hydrographic Report	0600, 1000, 1400, 1800	Division Beachmaster
Naval Personnel Casualties Report	1700	Division Commander
All Casualties on the Beach	0730, 1500	Division Beachmaster

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# ANNEX QUEEN MEDICAL PLAN

INFORMATION

- (a) For the purpose of evacuation, wounded are classified as follows:

  RED All seriously wounded patients and those requiring over

  two (2) months hospitalization.
  - BLUE Those patients requiring over two (2) weeks treatment but less than two (2) months.
  - WHITE- Those patients who should be able to return to duty within two weeks. These should remain at the objective.
- (b) The hospital ships U.S.S. RELIEF and BOUNTIFUL will be available for casualty evacuation. One will be at the objective from DOG plus One Day and one at SAIPAN on DOG plus one Day for calling forward.
- (c) The Hospital Ship, U.S.S. RELIEF will be available in the area from DQG plus ONE DAY to receive the more seriously wounded including severe eye, intracranial, kidney and other injuries requiring special treatment which cannot be readily carried out on the transports.
- (d) There are 1500 beds available on SAIPAN and 3500 beds available on GUAM for the reception of casualties, and ships will initially transfer all patients ashore at those positions for further evacuation or treatment by Commander forward area.
- (e) Prisoner of War casualties will be evacuated to the U.S.S. CECIL and U.S.S. BAYFIELD.
- (f) Civilian casualties will be evacuated from the area on the U.S.S. CECIL and U.S.S. BAYFIELD.
- (g) An eye surgeon and psychiatrist are available on each TransRon Flagship. Severe eye injuries and mental cases should be transferred to these or to hospital ships if feasible.
- (h) The average number of casualties that can be handled by ships of the Force are as follows:

SHIP	STRETCHER	AMBULATORY
APA	150	325
AKA	15	50
AP	70	150
<b>ÀPH</b>	200	400
AH RELIEF	400	200
AH BOUNTIFUL	400	200
LSV	150	250
LST(H)	100	200

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#### ANNEX QUEEN MEDICAL PLAN

- (i) The loading rate of battle casualties who have not been given definitive care should, if practicable, not exceed one third of these total capacities in one day.
- (j) The LST 930 has been especially equipped as an evacuation Control Ship and will take station after discharging LVT's in the LST Area at H plus 30 directly centering on Yellow Beaches, 300 yards to seaward of ComTransDiv 45 control vessel. Evacuation Control LST's are readily distinguishable by a large white "H" amidships on both sides, an oversize VICTOR FLAG, flashing green light at night and their position 1200 yards inshore of LST Formation in the area. The Evacuation control LST's will have a 3 x 12 ponton barge along-side to serve as transfer and loading station.
- (k) All casualties occurring on YELLOW Beaches will be sent to the Evacuation Control Ship LST 930 for disposition.
- (1) The LSV OZARK has been especially equipped with personnel and suppli to assist the Evacuation Control LST's during absence of the transpofrom the transport area.
- (m) It is not anticipated that casualties will be evacuated to the transports at night. However, all transports remaining in the area must be prepared to receive emergencies.
- (n) It is the wish of the Medical Department of this ship that no boat bearing casualties will be turned away from the U.S.S. LOWNDES at anytime of the day or night except under extreme circumstances.
- (o) Insofar as practicable all WHITE casualties will be retained at the objective and returned to duty ashore when ready for same, or when facilities are available for their care. Returning WHITE Casualties to facilities ashore or men to duty shall be accomplished only after arrangements have been made with the Landing Force prior to each transfer.

## MEDICAL SERVICES

- (a) Landing forces will supply medical services up to a point at which casualties reach the medical section of the Beach Party, and will be responsible for the immediate treatment and transportation of casualties to the Beach Party for evacuation. Beach Party Medical Units will be responsible for medical treatment of Beach Party personnel, casualties occurring in the landing boats, and for the evacuation of all easualties to the Evacuation Control LST's serving their beaches.
- (b) Essentials of treatment rendered will be recorded on the emergency tag.
- (c) Troops will provide medical services on shore and evacuation by air to the Mariannas, as required by instructions issued by the

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#### ANNEX QUEEN MEDICAL PLAN

Commanding General of the Landing Force. Naval vessels will provide medical services for troops and Naval personnel as follows:

- (1) For their own personnel and embarked troops, assisted by troop medical personnel when such are embarked.
- (2) Beach Party emergency treatment and evacuation from shore to ships.
- (3) Evacuation from the objective to the Mariannas by AH's and APA's.
- (d) Medical service on board ships and operation of Beach Medical Parties are covered by the Transport Doctrine.

# MEDICAL LOGISTICS

- (a) Each ship is considered self supporting. In event of shortage make request to nearest ship for supplies and notify Task Force Commander.
- (b) The Beach Party Medical Unit will land 40 litter units and 1/3 of their splints and 40 Kapok life jackets. Litter Units and life jackets will be exchanged with each stretcher patient received aboard.
- (c) The Senior Medical Officer aboard the Evacuation Control LST 930 under direction of Commander TransDiv 45 will act as Evacuation Control officer for Yellow Beaches to screen casualties and distibute them equally amoung available transports and hospital ships. All boats LVT's or DUKW's which evacuate wounded from Yellow beaches will proceed to Evacuation Control LST 930. Casualties arriving in LVT's or DUKW's will be transferred to LCVP's. Casualties arriving in LCVP's who are unable to stand the boat trip to transports or hospital ships will be transferred to the LST for treatment until such time as conditions warrant further transfer. All others will remain in the boats and be sent to transports or hospital ships designated by the Evacuation Control officer. It is essential that boats carrying wounded be divided among transports, as designated by Commander Transport Division 45, in such manner as to prevent long periods of waiting before embarkation.
- (d) Evacuation from the beaches during early assault may be by any craft designated by the Beachmaster. After the ambulance boats report the Beachmaster will always retain one of them off each beach for the reception and transfer of casualties on call. Ambulance boats will fly VICTOR flag for identification.

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# ANNEX QUEEN MEDICAL PLAN

- (e) Evacuation Control LST 930 will remain on station during the assault phase for screening and treating casualties, and for controlling casualty evacuation to ships until relieved by the Attack Force Commander. When so relieved, the Evacuation Control Officer and his assistant and two recorders, with records of evacuation, shall land on YELLOW Beaches and continue assigning casualties evacuated from beaches direct to ships. The Attack Force Commander will notify TransRon and TransDiv Commanders and Beachmasters when the shift of evacuation control is made.
- (f) Commander Trans Div 45 will keep the Evacuation Control Officer informed at all times as to which ships are available for the reception of casualties. He will also notify the Evacuation Control Officer of those ships to be withdrawn from the evacuation list one hour prior to their departure. The Mdeical Duty Officer on Evacuation Control LST 930 will arrange for the LST Officer-of-the-Deck to keep an up-to-date record of locations of assigned transport and hospital ships for evacuation so as to give proper directions to coxswains of ambulance boats as to locations of ships assigned by the Evacuation Control Officer. They will also keep records of the location of ambulance boats.
- (g) ComTransDiv 45 will send two LCVP's equipped with tarpaulin, struts for litter loading, water canteens, life jackets, and one hospital corpsman to Evacuation Control LST 930 to act as ambulance boats after assault troops have landed. These boats will also be equipped with NAN receiving equipment, and the crews in its use; shore party will provide NAN transmitters, type to be designated. Two LCVP's of the Evacuation Control LST 930 will also act as ambulance boats and be equipped as above. The ambulance boats will be under the control of the Evacuation Control officer and the Beachmaster. They will be maintained by the Evacuation Cont LST 930. Farent ships will furnish reliefs when necessary.
- (h) Medical Beach Party resupply units in waterproof bags shall be kept available on board ship for use of the Beach Party.

(i) Emergency Medical Supplies for ships of the Force are available and may be obtained at the following places:

U.S. NAVAL Medical Supply Depot Pearl Harbor
U.S. NAVAL Medical Storehouse #1 Numea

U.S. NAVAL Medical Storehouse #1 Numea
U.S. NAVAL Medical Storehouse #6 Manus

U.S. NAVAL Medical Storehouse #11 Espiritu Santo

U.S. NAVAL Medical Storehouse #13 Quam

U.S. NAVAL Medical Facilities Guadalcanal

Supply Barges of Servicon TEN in the forward areas.

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# ANNEX QUEEN MEDICAL PLAN

## EVACUATION OF CASUALTIES

- (a) The evacuation of all casualties will be under the supervision of the Transport Group Commanders.
- (b) Casualties occurring in the boats will be retained in the boats.
- (c) All casualties from YELLOW Beaches will be directed to the Evacuation Control LST 930 where they will be screened and redistributed equitably among transports and hospital ships.
- (d) Kapok life jackets will be placed on stretcher cases when possible, before evacuation from the beaches.
- (e) Beach Party Medical Officers will keep a running log of all patient: received, in order that they may be able at anytime to furnish information as to the type and number of casualties on hand.
- (f) Casualties should not be strapped to the stretchers while in transit from the beach to the ship. They should, however, be strapped for the unloading, if the litter sling method is used, or if the patient is unconscious or irrational.

CASUALTY REPORTS

(Casualty reports will be made in accordance with Section 7, Chapter

XXXVIII of the Transport Doctrine).

- (a) Casualty reports from the Beach Party Medical Officer will be made by dispatch to Commander TransDiv 45 at 0730 and 1500 daily and at any other time when requested so long as the transports remain in the combat area. Reports shall give number of stretcher casualties, total casualties, and dead on the Beach at time of report. (Example - Stretcher 5 x Total 10 x Dead 2 x 0730)
- (b) Casualty reports from the U.S.S. LOWNDES to Commander TransDiv 45 will be made at 0730 and 1500 daily by flag hoist so long as the transport remains in the combat area. These reports shall be as follows:

W - For bed casualties

X - For non evacuables

Y - For total on board

Z - For dead on board (not previously reported).

Example: W10; X2; Y35; Z2;

(c) Report of casualties to personnel of ships and units other than the Landing Force will be made at 1800 daily in conformity with Amphibious Force Pacific Fleet Circular Letter AL 31 dated 25 October 1944.

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# ANNEX QUEEN MEDICAL PLAN

(d) Ships returning casualties to hospitals in the Mariannas or in rear areas, will, security permitting, furnish information in accordance with Article 3862 Section 7, of the Transport Doctrine to the appropriate agencies. (The medical officer will furnish this information to the Commanding Officer).

Appropriate agencies are:

(a) Mariannas - ComFwdAreaCentPac. Info CTF51 & CTF53

(b) Oahu - Com 14. Info: CTF 51 & CTF 53

(c) South Pacific - ComSoPac Info: CTF 51 & CTF 53.

#### CARE OF THE DEAD

- (a) All deaths occurring on the beach, whether our own, allied or enemy will remain ashore for identification and burial by the Graves Registration Service of the Landing Force in accordance with CinCPac Serial 2042 dated 2 April 1944.
- (b) The dead aboard ship at sea will be buried at sea in accordance with instructions contained in Articles 333 and 335 Navy Regulations 1920 if retention aboard for burial ashore is not possible.
- (c) The bodies of casualties dying aboard ship will be returned to the Beach for burial, if feasible. It will be the responsibility of the Senior Medical Officer.of the ship to obtain all information necessary for completion of NavMed Form N and dispatches of those dying aboard ship.
- (d) Transfer of bodies to the Beach for burial shall be accomplished only after arrangements have been made with the Beachmaster prior to each transfer.

## PREVENTIVE MEDICAL MEASURES

- (a) Amoebic and bacillary dysentery are endemic ashore, due to the use of night soil as fertilizer on gardens. No fruits or vegetables shall be used from these areas at this time. All water must be chlorinated while in these areas. (Cincpac and CinCPOA serial 2690 dated 30 April 1944. Subject: Special Food and Water precautions Advanced Bases Central Pacific Areas).
- (b) All compartments of the ship which may harbor mosquitoes and flies shall be sprayed with insecticide immediately on departure from ports in forward areas and just prior to entering ports of embarkation. Supplies of Freon-Aerosol insecticide bombs are aboard this vessel.
- (c) All prisoners of war and civilians shall have all hairy portions of body shaved as soon as possible after being brought aboard ship. They must be required to bathe and their clothing shall be sterilized and washed before using again. Ships designated as prisoner of war ships will draw special stocks of clothing for prisoners as separately directed. Other ships will use available clothing material.

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#### ANNEX QUEEN MEDICAL PLAN

(d) In addition to the routine immunizations Beach Parties, Boat Pools, shore base personnel, and all personnel of the Force Subsisting ashore during the operation will be immunized against cholera, typhus and plague.

## SUPPLY OF WHOLE BLOOD

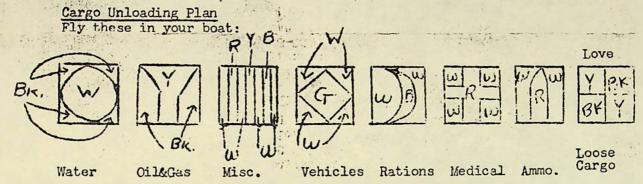
- (a) The whole blood available is Group "O" only. It is supplied in 600 cc flasks containing 480 cc of blood and 120 cc Loutit Mollison (ACD) solution. An expendable sterile transfusion set is supplied with each flask of blood. The flasks are packed in a special iced refrigeration box approximately 21x21x22 inches. When properly iced these containers will maintain a temperature of 50 degrees Farenheit or below for 24 hours. Each container holds 16 flasks of blood. When kept at 45 to 50 degrees Farenheit this blood will retain 75 percent of its original value when 21 days old.
- (b) APA's and AP's of Task Force 51.1 will draw 16 flasks of blood each from the Whole Blood Distribution Center #1 at GUAM just prior to departure for the objective.
- (c) APA's and the LSV (OZARK) in Transport Groups ABLE and BAKER and Evacuation Control LST 930 will draw 16 flasks of whole blood each from the LST 929 at SAIPAN on signal from CTF 51.
- (d) AH's will draw 96 flasks of whole blood each from the Whole Distribution Center #1 at GUAM prior to departure for the objective.
- (e) Resupply of blood for ships or Landing Force at the objective will be made on written request to LST 929.
- (f) All ships departing from the objective will transfer all blood not required on the return trip to LST 929.
- (g) LST 929 on departure from the objective or as soon as a blood bank is established ashore at the objective will transfer all excess blood to that activity.
- (h) Equipment and personnel for establishing a blood bank ashore is mounted on LST 929.
- (i) LST 929 and AH's will report at 1600 daily the number of flasks of whole blood available to CTF 51, info CTF 53.
- (j) The temporary blood distribution center will be discontinued as soon as hospitals are set up ashore and regular service established between GUAM and the objective.

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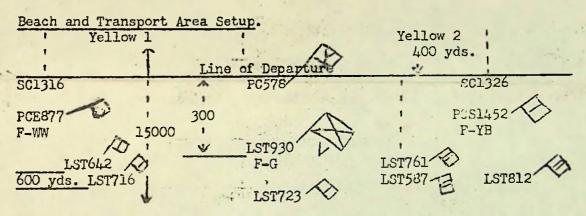
#### ANNEX NAN BOAT CREW NOTES

Air Raid Signals

Visual Radio Meaning Zebra Flag "Flash Red" Air Raid. Air Attack Probable. Pennant 2 "Flash Blue" Pennant 1 All Clear. "Flash White" Green Flag "Control Green" Do not fire on planes. "Control Yellow" Fire on any planes. Yellow Flag



Beach unloading markers are the same as cargo flags except LOVE is a dump marker.



Hinsdale (APA120) Logan(APA196) Bayfield(APA33) N S-GW C S-GGG H S-GR Pickens (APA190) Napa(APA157) Newberry (APA158) J S-GRG O S-GV/R I S-GPR Mifflin(APA207) Lowndes (APA154) Sanborn (APA193) P S-GUG Q S-GMI K S-GRYI Leo(AKA60) BelleGrove(LSD 2 Southhampton (AKA66) R S-GGR Pennant 5 L S-GG Ashland(LSD 1) S-GGW Hendry(APAll8) Ozark(LSV2) Pl S-G S F-GW P3 F-G Bladen(APA63) T F-GWR Sibley(APA206) Berrien(APA62) D F-GRR Mellette (APA156) U F-GWG E F-GRG Barrow(APA61) V F-GWW Shoshone (AKA65) Starr(AKA67) F F-GRW MULIPHEN (AKA61) X F-GGW G F-GR Artemis(AKA21) W F-GG

1. Course to beach, 326.5 Mag.; course to transports, 146.5 mag. (Correct these figures for your own compass by subtracting east, add west.)
2. If LOWNDES leaves, report to LCI(G)441. Food water, bunks on LST676&678.

3. Red light: odd, horizontal; even, vertical.

4. If you must go ashore, DESTROY THIS!