CHAPTER 4

DIVISION-LEVEL HEALTH SERVICE SUPPORT

Section I. DIVISION SUPPORT COMMAND

4-1. Mission

a. The DISCOM provides division-level CSS to all assigned and attached elements of the division. The DISCOM can, on a very limited basis, furnish CSS to nondivisional units in the division area.

b. The DISCOM commander is the principal CSS operator of the division and exercises command authority over organic units of the support command. The division G4 has coordinating staff responsibility for logistic planning he develops division-level plans, policies, and priorities. The relationship between the division G4 and the DISCOM commander must be close because of the similarities of interests. The G4's planning role does not relieve the DISCOM commander of his responsibility; he must advise the division staff during the formulation of plans, estimates, policies, and priorities.

c. The G3, G4, and the DISCOM commander normally locate the DISCOM elements in the DSA and the BSAs. The FSBs of the heavy divisions or the forward area support teams (FASTs) of the light divisions are positioned in the BSAs to best support committed brigades. The remaining DISCOM elements are located in the DSA to provide area support to divisional units in the division rear area and backup support to the FSBs/FASTs. Elements of the FSB/FAST may be forward of the BSA and other DISCOM units (MSB and light division equivalents) may have elements in the BSA.

4-2. Division Support Command Combat Service Support

The DISCOM provides the following CSS:

- Support of Class I (to include water purification, and limited distribution), II, III, IV, VI, VII, VIII, and IX supplies.
- Ammunition transfer points (ATPs) within the division.
- Intermediate direct support maintenance (IDSM) and limited backup unit maintenance support for all common and missile materiel organic to the division, and aviation intermediate maintenance (AVIM) support for all aviation materiel.
- Materiel management for the division.
- Surface transport for personnel, supplies, and equipment to accomplish division logistic and administrative missions, to include supplemental ground transportation to support emergency requirements.
- Supervision and coordination of DISCOM transportation operations.
- Automatic data processing (ADP) support for division logistic activities.
- Materiel collection and classification facilities.
- A limited capability to carry reserve supplies.
- CSS information and advice to the division commander and his staff, except for construction.
- Division-level and unit-level HSS on an area basis. This includes medical staff services, intradivision evacuation of patients, and unit-level maintenance of medical equipment.
- Planning, coordinating, and conducting rear operations within its assigned areas of responsibility.
- Request, store, and distribute unclassified maps.
- Interface and coordination with allied units.

4-3. The Supported Units

a. The maneuver units and their CS are the major focus of logistics support operations. In the combat battalion TF area, there are CS units performing many functions–FA, engineers, military intelligence units, and signal teams. There are more CS units in the brigade area; for example, air defense elements and FARPs for division and corps helicopters. Also, there may be more maneuver and CS formations in the division rear area.

b. All organizations require food, clothing, water, and the other essentials for human sustainment. Most require ammunition and fuel, as well as maintenance support. All require medical and personnel service support.

c. When fighting as part of a joint force or as part of a combined force, Army organizations will frequently support other services or allied forces. This support may range from petroleum distribution to emergency distribution of ammunition to allied artillery units.

4-4. Support Areas

The BSAs and DSAs are normally located toward the rear of the units they support (see Figure 4-1). If lateral and rear boundaries have not been defined, the support area is located as defined by the commander in coordination with higher and adjacent commands.

a. Brigade.

(1) The BSA is that portion of the brigade rear occupied by the brigade trains. When the battalion trains are echeloned, the BSA is the area occupied by the brigade trains and the battalion field trains. The BSA is generally located between the DSA and the battalion area; to provide protection against enemy indirect fire weapons, it is located approximately 25-30 kilometers behind the FLOT.

(2) Site location considerations for the BSA are the same as those for the battalion support area. A brigade does not have organic logistics support elements to support the battalion. Logistics support elements, located in the BSA, are from the FSB and selected COSCOM resources as required. The FSB coordinates brigade logistics support with the brigade S4.

b. Division.

(1) The DSA is that portion of the division rear occupied by the DISCOM CP and organic and attached units. This area may also contain CS units and COSCOM elements operating in support of divisions. The division rear CP will normally collocate with the DISCOM CP to facilitate coordination, share area communication assets, and draw life support and security.

(2) The DSA is normally located between the division rear boundary and the BSA and adjacent to air-landing facilities and the MSR. The precise location is contingent on—

- Tactical plans.
- The location of COSCOM logistics support installations and the MSR.
- Terrain in the area of operations.
- Security considerations.
- Accessibility to lines of communications.

(3) All DISCOM units within the DSA are displaced when necessary to maintain continuous support to the division. The DISCOM commander recommends to the division rear CP the new locations and movement of DISCOM elements in the DSA: All DISCOM units must be capable of moving every 1 to 3 days.

(4) The DISCOM is organized to provide, within prescribed strength limitations, the most effective and responsive support to tactical units. To provide responsive support to the tactical commander, logistics, personnel, and HSS must be effectively organized and positioned where it is required. The DISCOM headquarters, along with the DMMC and the DMOC, ensures the best position of logistics support elements operating in the division area.

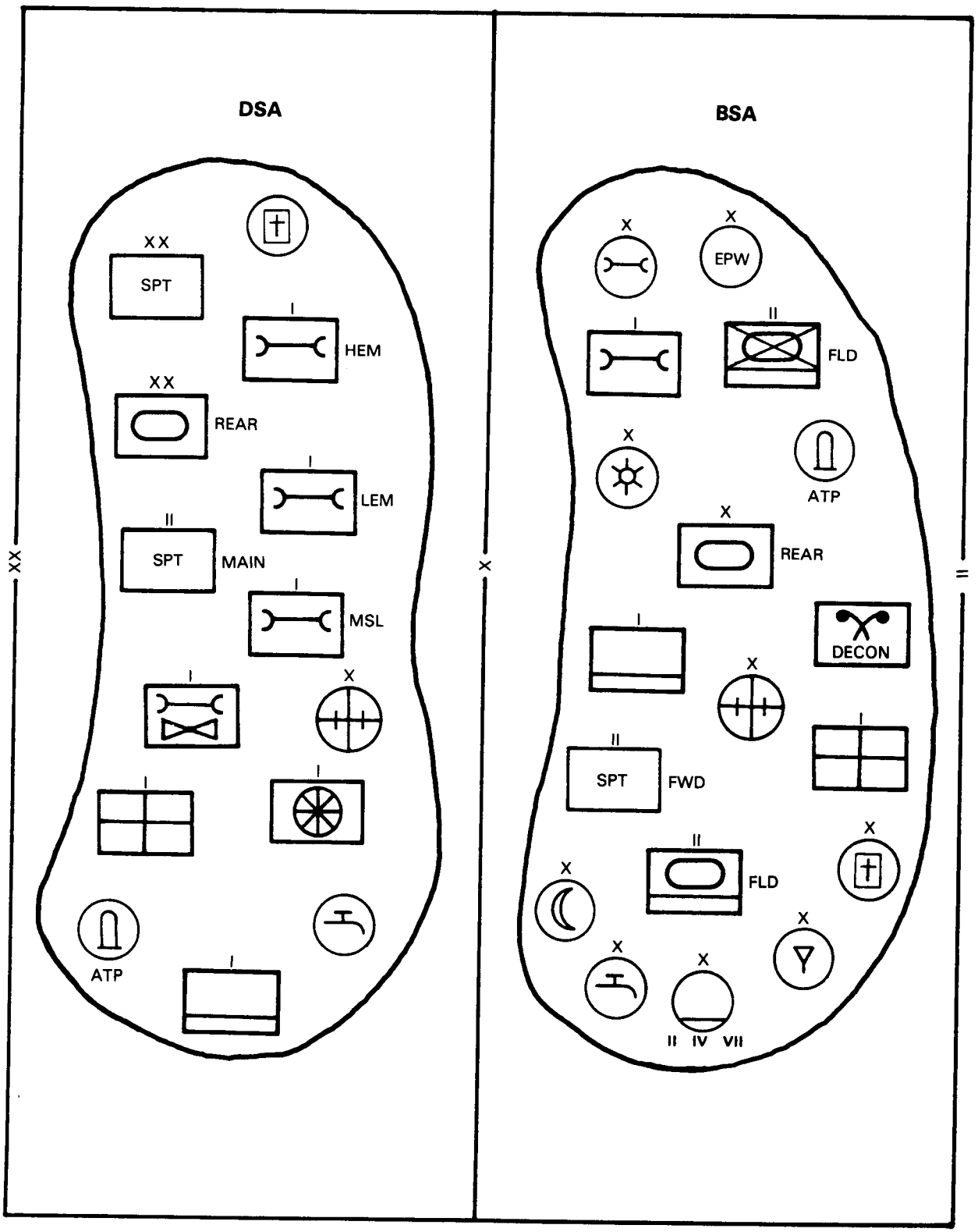


Figure 4-1. DISCOM units deployed throughout the DSA and BSA.

4-5. Division Support Command Headquarters and Headquarters Company

a. The DISCOM headquarters commands and controls organic and attached units of the DISCOM. It supervises and controls all logistical support and HSS operations within the division. It advises the division commander and staff concerning supply, maintenance, HSS, transportation, and field services functions in the division.

b. The headquarters company is responsible for providing administrative, supply, maintenance, and food service support for the company, DMMC, and DMOC. It provides administrative, food service, and water support to the divisional aviation maintenance company (AMCO). Supply, maintenance, and food service support is also rendered to the collocated division rear CP.

4-6. The Division Materiel Management Center

The DMMC is the primary logistics managing element in the division. The center receives policy and operational guidance from the DISCOM commander; it advises the commander on materiel (supply and maintenance, less medical) management. Activities include—

- Determining supply requirements.
- Ordering and directing the distribution of supplies received by the division (except Class VIII).
- Developing and supervising the division authorized stockage lists and the prescribed load lists.
- Maintaining the division property book and Army equipment status reporting data.
- Operating an integrated division maintenance management information program. The DMMC maintains maintenance status to include problems; maintenance requirements; and unit materiel readiness in the division.

4-7. Main Support Battalion

The MSB is organic to the heavy division DISCOM and is commanded by the MSB commander. The battalion provides division-level logistics support, HSS to divisional units located in the DSA, and reinforcing support to the FSBs.

4-8. Forward Support Battalions

The FSBs are organic to the heavy division DISCOM. These units provide division-level logistics support for the brigade and other division units located in the BSAs.

4-9. Deployment of Division Support Command Elements

The mission is the basic consideration in the location of CSS units and their facilities. Maintenance, supply, medical companies, and other service support units must be far enough forward to be responsive to the supported units. Maintenance, for instance, takes place not only in the BSA but wherever the weapon system is located, if possible. Mechanics and mobile equipment must be there to fix or replace components of the weapon systems. Additional considerations are enemy capability and their proximity to logistics support activities and other potential targets.

Section II. DIVISION SUPPORT COMMAND COMMAND AND CONTROL

4-10. Command and Control

command and control is the process through which the activities of military forces are directed, coordinated, and controlled to accomplish the mission. For the DISCOM commander, the C^2 function is a major challenge; his units are dispersed over a large area of the battlefield. The C^2 process enables commanders to confirm the availability of logistics support resources; and institute accurate control procedures that ensure support is provided in the right quantities, to the right places, at the right times.

4-11. Organization

The division usually consists of six major subordinate commands: three maneuver brigades, a combat aviation brigade, the division artillery, and a DISCOM. To accomplish the logistics support mission, DISCOM units are deployed throughout the DSA and BSA. The organization of the DISCOMs is shown in Figures 4-2, 4-3, and 4-4.

4-12. Headquarters and Headquarters Company Relationships

a. Relationships used by the HHC and its staff are part of the C^2 process. The HHC operates C^2 functions through relationships that include–

- Higher organizations.
- Lateral organizations.
- Subordinate organizations.

b. The DISCOM commander's higher organizational relationship are with the division commander and staff. Lateral relationships are with the brigades and the DIVARTY. Subordinate relationships are with the MSB, FSB, AMCO, DMOC, and DMMC.

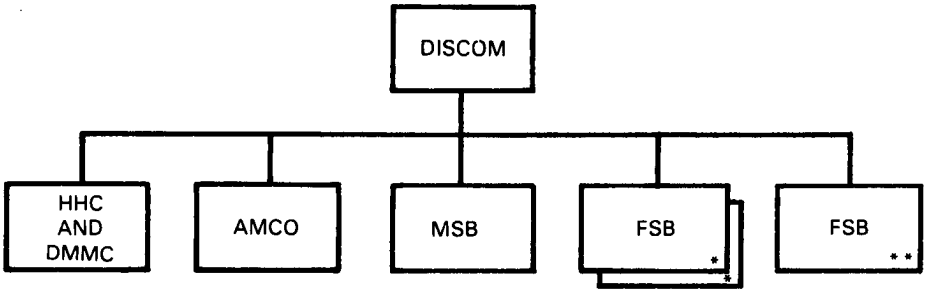


Figure 4-2. Organization of the DISCOM armored division.

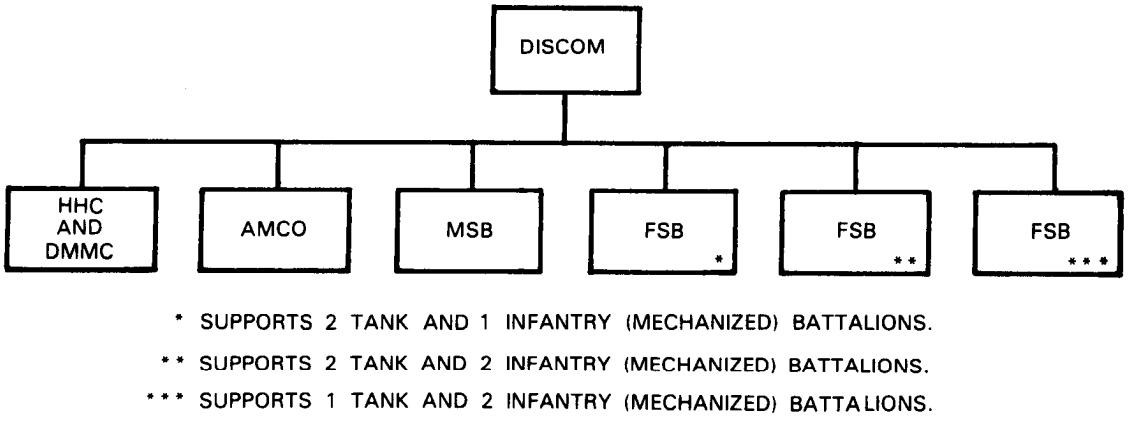


Figure 4-3. Organization of the DISCOM infantry (mechanized) division.

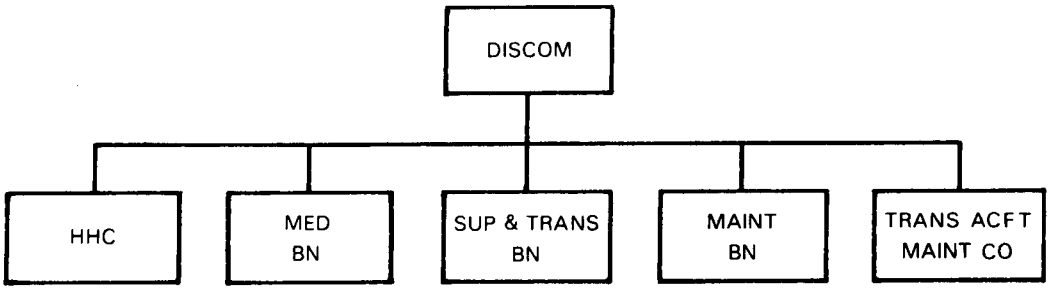


Figure 4-4. Organization of the DISCOM infantry (light) division.

Section III. DIVISION-LEVEL HEALTH SERVICE SUPPORT ARMORED AND MECHANIZED INFANTRY DIVISION

4-13. Structure

a. Division-level HSS (Echelon II) is provided to all divisional elements by the DISCOM support battalions medical companies. This level of care stabilizes the wounded soldier and evacuates him to the appropriate corps hospital. Additionally, they provide Echelon I care on an area basis to all units that do not have organic medical resources. Division-level HSS may be referred to as prehospital care. The medical companies are assigned to respective support battalions and are under the C^2 of the battalion commander; however, the DMOC retains technical control over all DISCOM medical assets.

b. Echelon II care is provided to divisional elements operating in brigade areas by medical companies in the FSBs. Normally, one FSB is assigned to support a committed brigade. The FSMC is usually located in the vicinity of other FSB elements in the BSA. The commanders of the FSMCs are also dual-hatted as brigade surgeons for the respective brigades.

c. The main support medical company (MSMC) of the MSB provides Echelon I and Echelon II care to all divisional elements operating in the DSA. The company operates and locates in the vicinity of other MSB elements in the DSA. The MSMC contains the centralized divisional PVNTMED, mental health, optometry services, and Class VIII supply assets. Currently, the division medical supply office (DMSO) is a MSMC asset. Elements of the MSMC provide limited reinforcement, reconstitution, and augmentation to FSMCs operating in the BSA.

4-14. Division Surgeon

The division surgeon is the division commander's principal staff advisor on HSS aspects affecting the command. The surgeon is a special staff officer and functions under the general supervision of the G1. However, the surgeon has direct access to the division commander and his staff regarding HSS matters. The division surgeon also assumes technical control over all nondivisional medical units attached to the division. In coordination with the division G1, G3, and the DMOC, he develops medical plans, policies, programs, and procedures for the division commander. The duties and responsibilities of the division surgeon are outlined in FMs 8-10-5 and 101-5.

4-15. Division Medical Operations Center

The DMOC is a major staff section of the DISCOM HHC (Figure 4-5). The staff of the DMOC manages divisional medical assets and—

- Develops and maintains the medical troop basis, revising as required, to ensure task organization for mission accomplishment.

- Monitors medical training programs and provides information to the division surgeon.

- Coordinates and directs patient evacuation from division-level medical facilities to corps-level medical facilities.

- In coordination with the division surgeon and DISCOM S3, allocates division medical and corps augmentation assets to the division as required by the tactical situation.

- Coordinates (through the DISCOM S1) with the G1 for AMEDD personnel assignments and replacements.

- Coordinates and prioritizes medical logistics and logistical aspects of blood management for the division.

- Plans and coordinates division medical support to civil-military and inter-operability operations.

- Coordinates and manages disposition of captured medical material.

- Plans and coordinates, in coordination with the division surgeon, the PVNTMED and division mental health/combat stress missions.

- Coordinates and manages medical equipment maintenance programs for the division.

- Coordinates medical intelligence activities to include collection, limited processing, and dissemination.

- Plans and conducts HSS aspects of rear operations.

- Maintains contact with medical companies via FM or AM voice radio.

NOTE

For specific functions of the DMOC, SSS FM 8-10-3.

4-16. The Forward Support Medical Company

The FSMC of the FSB provides Echelon II HSS to those battalions with organic medical platoons. These companies provide both Echelon I and Echelon II HSS on an area basis to units without organic medical support operating in the BSAs. The FSMC establishes its treatment facility (clearing station) in the BSA, normally 15-20 kilometers from the FEBA.

4-17. Mission

The FSMC performs the following functions:

- Treatment of patients with minor diseases and illnesses, triage of mass casualties, advanced trauma management, and preparation of patients incapable of returning to duty for further evacuation.

- Ground evacuation for patients from battalion aid stations to the FSMC.

- Emergency dental care.

- Emergency medical resupply to units in the BSA.

- Medical laboratory and radiology services commensurate with division-level treatment.

- Outpatient consultation services for patients referred from Echelon I MTFs.

- Patient holding for up to 40 patients able to return to duty within 72 hours.

- Limited reconstitution, reinforcement, and augmentation to supported medical platoons.

- Echelon I HSS on an area basis to units - without organic medical support.

- Tailgate medicine.

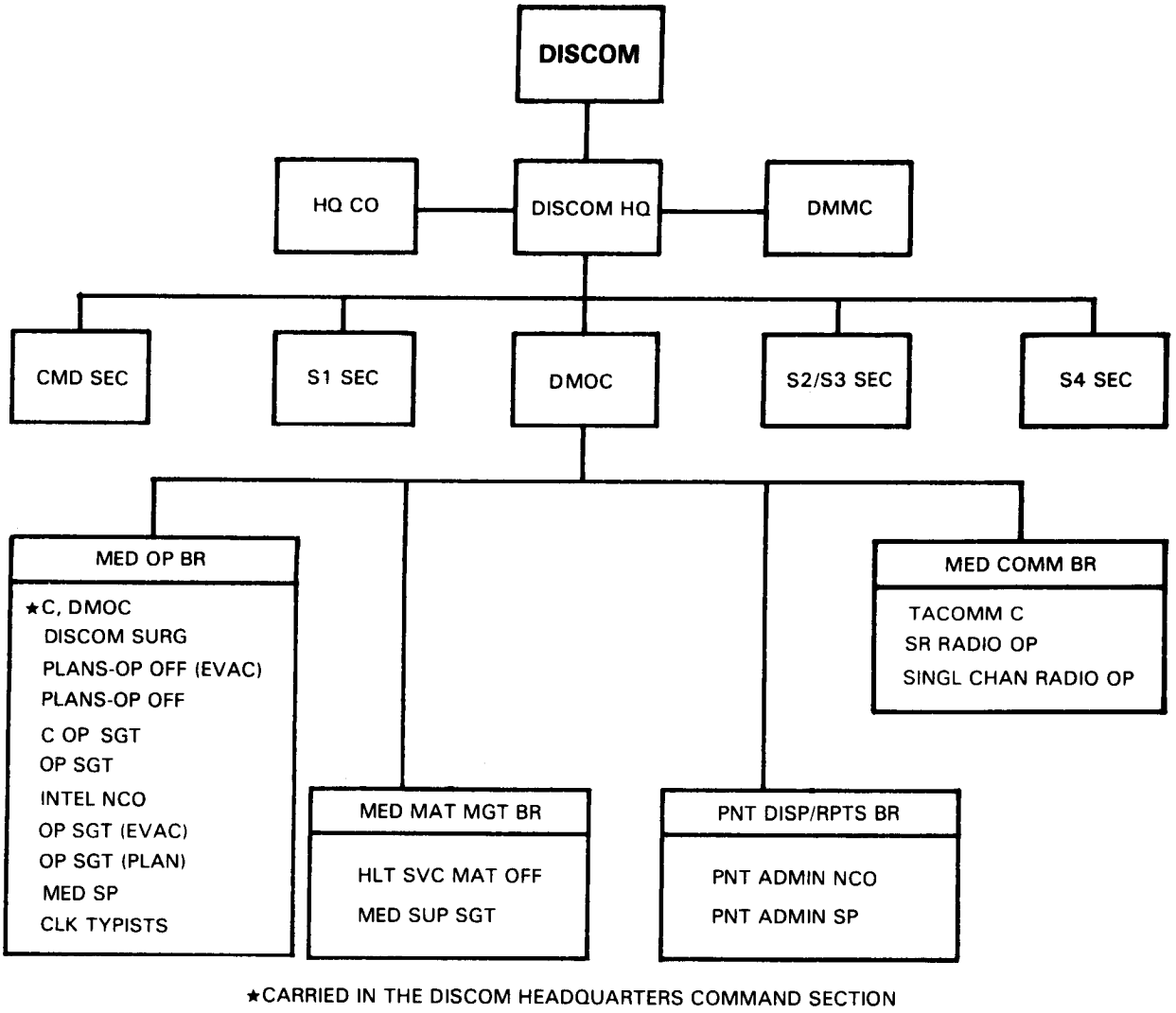


Figure 4-5. DISCOM HHC, DMMC, and DMOC.

4-18. Organization

The FSMC plays a vital role in manning the force by providing division- and unit-level HSS to all units operating in the supported brigade area on an area basis. As shown in Figure 4-6, the company consists of a company headquarters, treatment platoon, and ambulance platoon.

a. Company Headquarters. The company headquarters provides C^2 of the company and attached medical units. It provides administration, general and medical supply, NBC defensive operations, and communications support. The headquarters is organized into command, supply, operations and communication, dining facility, and motor pool elements. The medical company commander, a physician, also serves as the brigade surgeon, As such, he must keep the brigade commander informed on the medical aspects of brigade operations and the health of the command. He regularly attends brigade staff meetings to obtain information to facilitate medical planning. Specific duties of the medical company commander include—

- Assuring implementation of the HSS section of the division SOP.
- Determining the allocation of HSS resources within the brigade.
- Supervising the technical training of medical personnel in the brigade area.
- Determining procedures, techniques, and limitations in the conduct of routine medical care, EMT, and ATM.
- Monitoring requests for aeromedical evacuation from supported units.
- Informing the division surgeon and the DMOC of the brigade's HSS situation.
- Supervising activities of subordinate battalion surgeons.
- Assuming technical supervision of all PAs organic to subordinate units in the absence of their assigned physicians.

During peacetime, a Medical Service Corps officer serves as company commander. He performs all of the nonphysician duties of the commander.

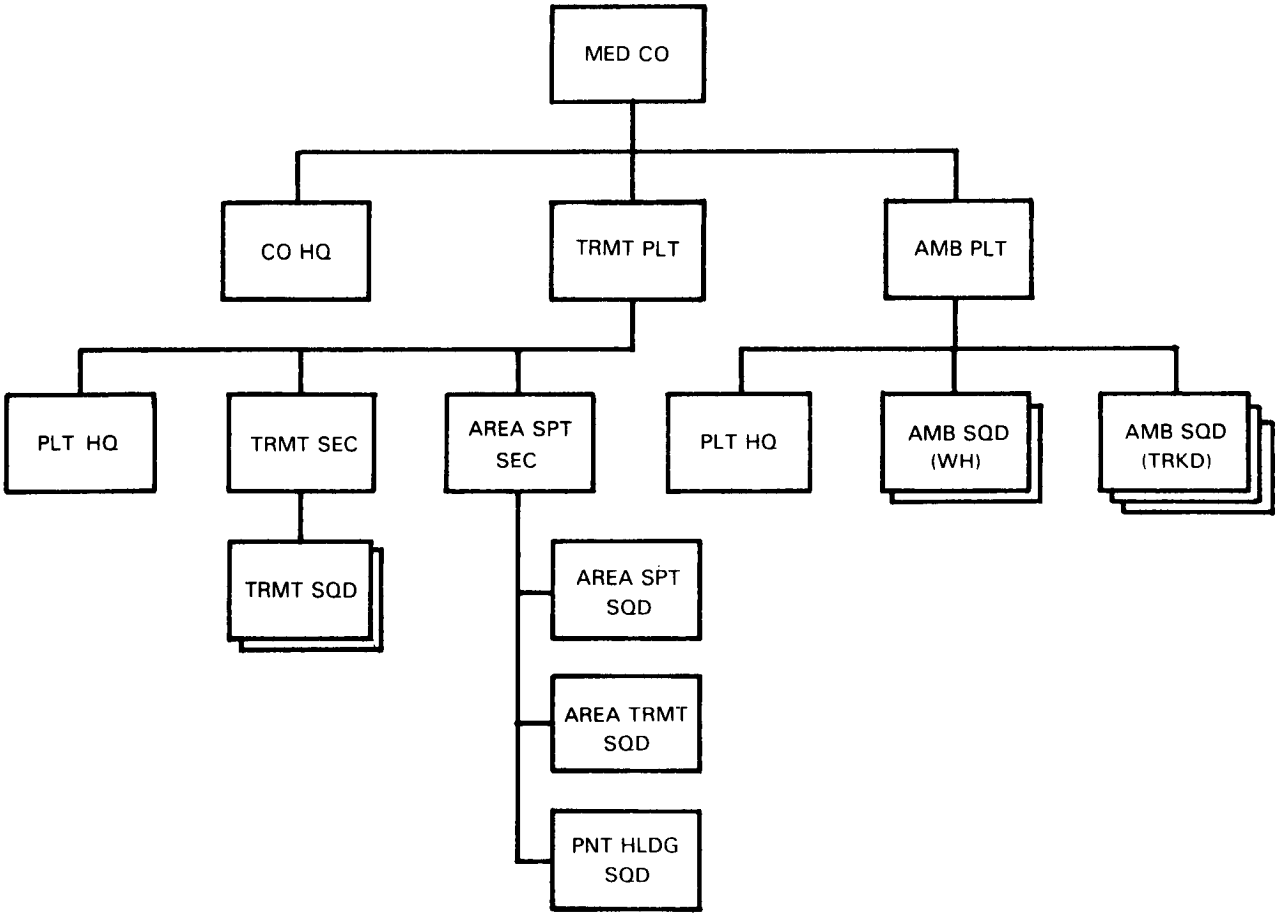


Figure 4-6. Medical company (heavy).

b. Treatment Platoon

(1) The treatment platoon operates the DCS in the BSA. It receives, triages, treats, and determines disposition of patients. The platoon consists of a platoon headquarters, an area support section, and a treatment section.

(2) The platoon headquarters is the C^2 element of the platoon. It determines and directs the disposition of patients and coordinates their further evacuation.

(3) The area support section operates the DCS. It consists of an area support treatment squad, an area support squad, and a patient-holding squad. These elements operate as a single medical unit and are not normally used to reinforce or reconstitute other units. The area support treatment squad is the base treatment element of the DCS. The squad consists of two teams which provide troop clinic services and ATM. When the DCS moves, one of the treatment teams along with elements of the holding squad serve as a jump element. They set up the new clearing station while remaining elements close out operations at the old site. The area support squad consists of the dental and diagnostic support elements of the DCS. The patient-holding squad operates a 40-bed facility for patients awaiting evacuation or expected to be returned to duty within 72 hours. The medical company has a temporary surgical capability when augmented by a corps-level surgical detachment.

(4) The treatment section consists of two treatment squads. Each squad employs treatment vehicles with medical equipment sets—two trauma sets and two general sick call sets. These squads provide troop clinic services and ATM. This section is oriented toward augmenting or reinforcing supported units medical elements and alleviating mass casualty situations. Each squad may be split into two treatment teams. (Remember, a treatment team consists of a physician or PA, an EMT NCO, and two medical specialists.) In exceptional situations, the medical company may deploy a treatment team forward to support a BAS.

c. Ambulance Platoon. The ambulance platoon performs ground evacuation from battalion aid stations to the DCS. It has a platoon headquarters and five ambulance squads–two with wheeled ambulances and three with tracked ambulances. The headquarters provides C^2 and plans for the employment of the platoon. It coordinates support with the medical platoons of the supported maneuver battalions; plans ambulance routes; and establishes ambulance exchange points (AXPs) for ground and air ambulances as required, Each squad splits into two ambulance teams and provides evacuation from forward areas. Normally, a tracked ambulance team or squad is positioned with each supported battalion.

4-19. Operations

a. Plans. Planning for medical operations within the brigade area is done by the medical company commander and support operations section of the FSB. The company XO is the principal assistant to the company commander for the employment of the company. The basic considerations which influence the employment of medical assets within the brigade are—

- The brigade commander's plan.
- The anticipated patient load.
- Expected areas of casualty density.
- Medical treatment and evacuation resources available.

On the basis of these factors, planners determine the employment of ambulances, evacuation routes, AXP locations, and employment of the treatment teams. Coordination and communication between the medical company cornmander and the maneuver battalion medical platoon leaders are essential in developing an effective HSS plan. The medical company commander will consider all input provided by medical platoon leaders. The medical platoon leaders must become thoroughly familiar with the medical company commander's plan. The importance of medical platoon leader-medical company commander communications cannot be overemphasized.

b. Division Clearing Station Operations.

(1) Elements. The DCS in the BSA is operated by the medical company treatment

platoon. In addition, a team from the MSB medical company PVNTMED section and a behavioral science NCO from the MSB company mental health section may operate from the DCS. Also, operating at the DCS are other elements of the FSMC treatment section not deployed forward. During static situations, ambulance teams may be stationed at the DCS to provide routine sick call runs; also to provide emergency standby support to units operating in and around the BSA.

(2) Functions. The functions performed at the DCS are those discussed for the area support section of the treatment platoon. Seriously ill or wounded patients arriving at the DCS are given necessary treatment and stabilized for movement. Patients with minor injuries and illnesses are treated within the capability of the attending medical and dental personnel. These patients may be held for up to 72 hours for continued treatment or observation, returned to duty, or evacuated to a corps MTF. Other functions of the DCS include—

- Providing consultation, clinical laboratory, and x-ray diagnostics for unit physicians and PAs.

- Recording all patients seen or treated at the DCS and notifying the brigade S1 and XOs/first sergeants of supported CS and CSS units.

- Verifying the information contained on the field medical card of all patients.

- Monitoring patients when necessary for NBC contamination before medical treatment.

- Ensuring NBC patients are properly handled.

(3) Area support. In addition to providing division-level support for units in the brigade area, the DCS provides unit-level support to units in the BSA on an area basis.

(4) Preventive medicine. A PVNTMED team from the division PVNTMED section of the MSB ensures that PVNTMED measures are implemented to protect against food-, water-, and arthropod-borne diseases and environmental injuries (such as heat and cold). Specifically, the team—

- Performs environmental health surveys and inspections.

- Monitors water production and distribution within the brigade area.

- Investigates incidents of food-, water-, arthropod-borne, zoonotic, and other communicable diseases.

- Helps train unit field sanitation teams.

- Assists in identification/evaluation of NBC contamination in water supplies.

The team emphasizes preemptive action. In past conflicts, more soldiers have been rendered ineffective from DNBI than from combat wounds, The team cannot wait until problems appear to take action. Unit commanders and leaders must plan for and enforce field hygiene and sanitation procedures (FMs 21-10 and 21-10-1).

(5) Mental health. A member of the MSB mental health section functions as the brigade combat stress control coordinator. As such, he advises the brigade surgeon on mental health considerations. He keeps abreast of the tactical situation and plans for battle fatigue/neuropsychiatric (BF/NP) care when maneuver units are pulled back for rest and recuperation. At the DCS, he assists in patient triage and ensures BF/NP patients are handled properly. Treatment of battle fatigue follows these guidelines.

- Mild cases are given a brief respite of 1 to 6 hours of comfort and reassurance and are return to their units.

- Moderate cases may be assigned work at a logistics facility in the BSA for 1 to 2 days. During this time, however, they must be under medical supervision; the medical company remains responsible for such services as feeding these patients. Moderate cases may also be held at the holding facility, but separated from other patients, if space is available.

- Severe cases may be held in the DCS holding facility for up to 48 hours if behavior is not too disruptive. The combat stress control

company (CSCC) provides guidance to DCS personnel on treating BF/NP patients (see FM 8-51). It also helps the attending physician coordinate RTD of patients fit to perform their duties.

- Severe cases beyond the ability of the DCS to manage are evacuated to the MSB DCS or a corps hospital as conditions permit. Physical restraints are used during transport when necessary.

(6) Patient weapon and ammunition. The patient's individual weapon and ammunition should be retained by his unit. If weapons or ammunition arrive at the DCS, they are collected and given to the brigade S4 or the supported CS/CSS unit's designated representative, or they are disposed of according to command SOP.

c. Evacuation.

(1) Team locations. Evacuation from the BASS is normally provided by the FSMC ambulance platoon and a forward air ambulance team of the supporting corps air ambulance company. These assets also support other units in the brigade area on an area basis. Typically, one team from the ambulance platoon is field sited at each BAS. The other ambulances of the platoon are located at AXPs, designated patient collecting points, or at the DCS.

(2) Air ambulance. An air ambulance team of the corps air ambulance company may be field sited at the BSA. The team leader is involved with planning on employment of air evacuation assets; and obtaining airspace management information. He coordinates aviation support requirements and airspace C^2 matters with the brigade S3 (air). The team evacuates urgent patients from as far forward as the tactical situation will allow aviation assets to operate to the BSA/DSA DCS.

(3) Alternate evacuation modes. If medical company evacuation assets are overwhelmed, additional assets may be requested from MSMC or the corps through the DMOC. Another alternative is the use of nonmedical air or ground transportation assets. This support is normally coordinated by the company XO with the FSB S3 section. When possible, nonmedical assets are augmented with medical personnel and supplies to provide en route care.

(4) Ambulance shuttle system. To keep tracked ambulances from having to spend too much time evacuating patients to the BSA, an ambulance shuttle system may be setup between the DCS and BASs. Such a system uses ambulance exchange points (AXPs). AXPs are positions where patients are exchanged from one ambulance to another usually from tracked ambulances to wheeled ambulances. AXPs are normally preplanned and moved often. Use of AXPs allows ambulances to return to their supporting positions more rapidly. This is desirable since the crews are more familiar with the roads and the tactical situation near their bases of operations.

(5) Arnbulance relay points. Another form of ambulance shuttle system involves the use of ambulance loading points and relay points. In this system, ambulances are stationed at loading points ready to receive patients. Ambulances are also stationed at relay points ready to replace ambulances leaving loading points to evacuate patients. Control points may also be used at crossroads or junctions to direct empty ambulances from relay points to loading points.

4-20. Classs VIII Supply

Medical supplies, equipment, and repair parts are provided through medical logistics channels. Unit- and division-level medical elements carry a 5-day stockage of medical supplies. During combat operations, the FSB medical company receives preconfigured medical supply packages from the DMSO. As medical units consume their initial issue, they request resupply from the next higher medical element. Medical supplies will normally be backhauled to the BAS using FSMC ambulances. During combat, a PUSH resupply system should be used. This system is preplanned between the medical platoon and medical company and provides planned amounts of supplies to the BAS at planned intervals without a supply request. The PUSH resupply system should be planned and coordinated before combat operations begin. The medical platoon leader must ensure that his resupply needs are known by the supporting FSMC, the DMSO, and the DMOC.

4-21. The Main Support Medical Company

The MSMC provides unit- and division-level HSS, on an area basis, to units operating in the DSA that are not otherwise provided this support. The medical company is organized with a company headquarters, an ambulance platoon, a treatment platoon, a PVNTMED section, an optometry section, a mental health section, and a division medical supply section. See Figure 4-7.

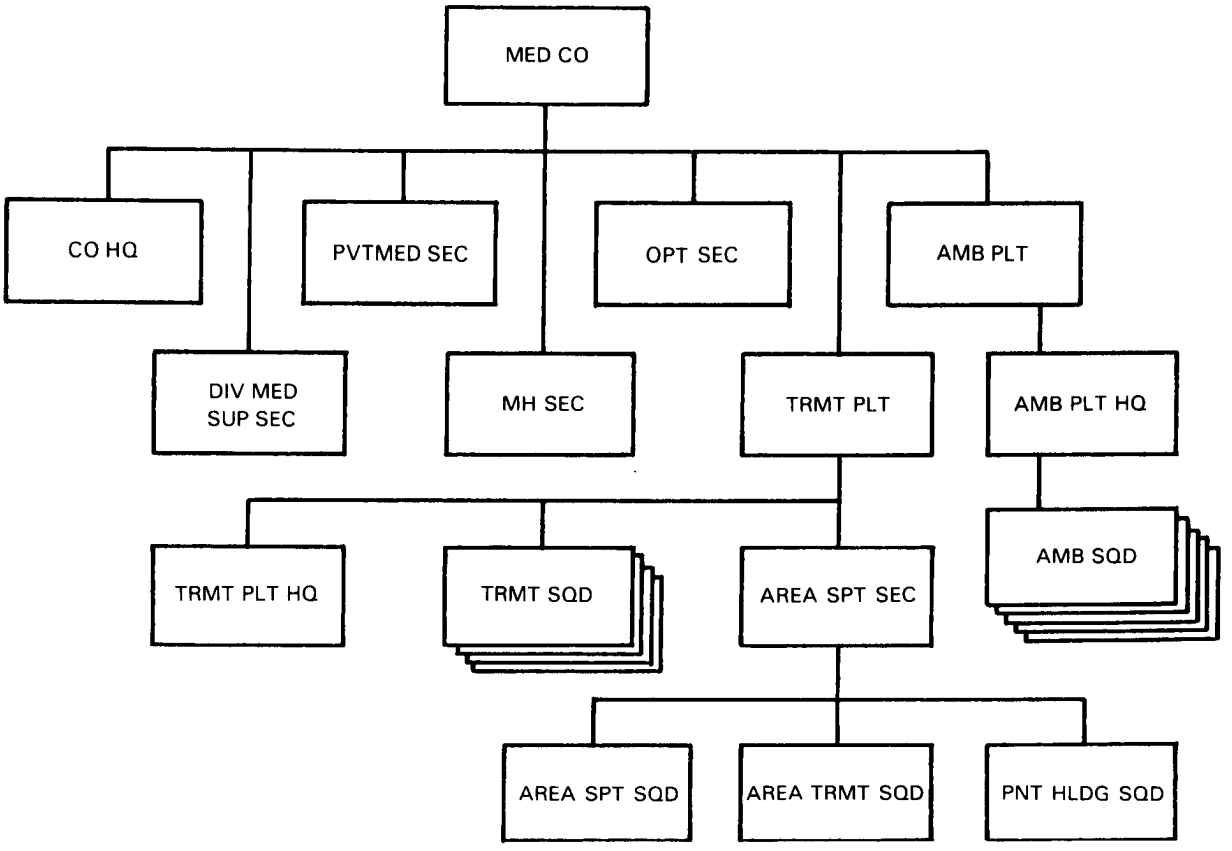


Figure 4-7. Typical organization of main support medical company.

4-22. Capabilities

The MSMC provides—

- Facilities for receiving and sorting patients.
- Facilities for providing medical treatment for all classes of patients in the division rear area and those evacuated from medical companies in the brigade area.
- Ground ambulance evacuation from medical companies, unit-level medical treatment elements, and other units operating in the division rear area which do not have organic ambulances.

- Emergency dental care, preventive dentistry, and consultation services.
- Emergency psychiatric treatment and mental health consultation services.
- Division-level medical resupply support; supervision of medical equipment maintenance and medical equipment repair parts support to all division and attached medical units.
- A patient-holding facility of 40 cots for patients who do not require hospital treatment and who are expected to be returned to duty within 72 hours.
- Limited laboratory, pharmacy, and radiology services.
- Unit-level HSS to units operating in the DSA that are not otherwise provided this support.
- Preventive medicine surveillance, inspections, and consultation service.
- Optometric support limited to eye examinations, spectacle frame assembly using presurfaced single-vision lenses, and repair services.
- Limited reconstitution, reinforcement, and augmentation to FSMCs.

4-23. Operations

The MSMC is located in the DSA.

a Treatment. The treatment platoon performs triage and provides medical treatment within its capabilities. It returns patients to duty, transfers them to the holding platoon, or arranges for their evacuation to a combat zone hospital.

b. Holding. The holding platoon has a 40-cot holding capability. This capability is used only if the battle environment is conducive to holding patients at this level and the patient can be returned to duty within 72 hours.

c. Evacuation. Medical evacuation is provided for patients by the ambulance platoon of the MSMC. This platoon evacuates patients, on an area basis, from unit-level treatment facilities and other units within the DSA to the treatment platoon. It may provide ground ambulance evacuation of patients from the FSMC to the MSMC. Since MSMC evacuation assets are limited, corps ground ambulances are positioned to assist in FSB to MSB evacuations. Ambulances may bypass the MSMC and evacuate patients directly from the FSMC to a corps hospital. Air and ground evacuation from the DCSs to corps hospitals is provided by the corps medical brigade/group.

d. Supply. A 5-day level of medical supplies is maintained by unit- and division-level medical elements. Battalion aid stations submit routine medical supply requests to the DMSO. Emergency requisitions are submitted to the supporting medical company; these requests are filled or are forwarded to the DMSO. Requests are filled by the DMSO and shipped to the requestor, or are requested from the supporting corps MEDSOM/MEDLOG battalion. Shipment of medical supplies forward is coordinated with the movement control officer or accomplished by backhaul of returning ground and air ambulances.

e. Maintenance. Medical maintenance support is provided by the medical equipment repairer assigned to the medical company. Higher-level medical maintenance support is provided by the corps MEDSOM/MEDLOG battalion. Single-vision lens optical fabrication support is provided by the medical company, Multivision lens fabrication support is provided by the corps MEDSOM/MEDLOG battalion.

4-24. Organization

a. Company Headquarters. The company headquarters provides C of the MSMC and attached units. The headquarters consists of a command element, supply element, motor pool element, and food service element. The company headquarters is staffed with a company commander, a medical operations officer, a first sergeant, and a unit clerk.

(1) Company commander. The company commander (a physician) plans, directs, and supervises the operations and employment of the company. He is responsible for training, discipline, billeting, and security of the company.

(2) Medical operations officer. The medical operations officer coordinates the functions of the company and assists the commander in company operations. He coordinates the functions of the company. During peacetime, a medical operations officer commands the company.

b. Ambulance Platoon. The ambulance platoon is staffed with a platoon leader, platoon sergeant, aid/evacuation NCO, and ambulance aid/drivers. The ambulance platoon employs five ambulance squads, with only wheeled ambulances. The ambulance platoon may provide reinforcements or replacements for ambulances of FSB medical companies.

c. Treatment Platoon. The treatment platoon consists of a platoon headquarters, a treatment section, and an area support section.

(1) Platoon headquarters. This office provides C^2 of the treatment platoon; it provides communications operations for the company. It determines and directs disposition of patients received from the brigade area. The platoon headquarters coordinates patient evacuation as required. It is staffed with a platoon leader, a medical operations officer, a platoon sergeant, patient administration specialists, a single channel radio operator, and a tactical communications system operator/mechanic.

(2) Treatment section. The treatment section of the MSMC employs four treatment squads (eight teams) instead of the two squads found in the FSMC. The personnel structure of each treatment squad is the same as is found in the FSMC and BAS treatment squads.

(3) Area support section. The capabilities and personnel structure of the MSMC area support section are identical to those of the FSMC area support section.

d. Optometry Section. The optometry section provides optometric services, to include routine eye examinations and refractions; fabricates presurfaced, singlevision lenses; and provides optical repair services. It is staffed with an optometrist, an optical laboratory specialist, and an eye specialist.

e. Mental Health Section. The mental health section provides division-wide mental health services to minimize preventable mental health problems and associated personnel losses to the division. It is staffed with a psychiatrist, a psychologist, a social worker, and behavioral science specialists.

f. Preventive Medicine Section. This section provides PVNTMED services to the division to include environmental health surveillance, inspections, and consultation services. It is staffed with a PVNTMED officer, an environmental science officer, a PVNTMED NCO, a PVNTMED sergeant, and PVNTMED specialists.

(1) Preventive medicine officer. The PVNTMED officer plans and directs the division PVNTMED program and supervises the activities of the PVNTMED section.

(2) Environmental science officer. This officer plans, manages, and supervises the identification and evaluation of environmental health conditions.

(3) Preventive medicine enlisted personnel. The PVNTMED enlisted personnel perform environmental health surveys, inspections, and laboratory procedures, They conduct food-, water-, and arthropod-borne, zoonotic, and other communicable disease investigations. They also conduct training for unit field sanitation teams.

g. Division Medical Supply Section. This section maintains a 5-day stockage level of division-level medical supplies. Requests for medical supplies from the FSMCs and BASS are filled or forwarded to the supporting corps MEDSOM/MEDLOG battalion. This section provides maintenance on medical equipment in the DSA. It is staffed with a health services materiel officer, a medical supply supervisor, a medical equipment repairer, advanced, a pharmacy NCO, and medical supply specialists.

(1) Health service materiel officer. The HSMO supervises and controls medical supplies and medical equipment maintenance support to units in the division.

(2) Medical equipment repairer, advanced. This specialist performs periodic scheduled services and repairs on all types of medical equipment. He supervises medical equipment repair functions.

Section IV. DIVISION LEVEL HEALTH SERVICE SUPPORT LIGHT INFANTRY, AIRBORNE, AND AIR ASSAULT DIVISION

4-25. General

Division-level health service is concerned primarily with evacuating and treating patients from unit-level MTF. It provides unit- and division-level HSS (including tailgate medicine) on an area basis to units without organic medical support. Through provisions of division-level HSS, patients are returned to duty; held for further treatment if they can be returned to duty within 72 hours; or evacuated to a corps level medical treatment facility. This support is provided in the DSA and BSA by the DISCOM's medical battalion.

4-26. Organization

a. The DISCOM medical battalion is organized to provide division-level HSS for the entire division. The battalion provides unit-level medical support on an area basis for assigned and attached units operating within the division's area of operations, The medical battalion (Figure 4-8) is modular in design and consists of a headquarters and support company (HSC) and three FSMCs.

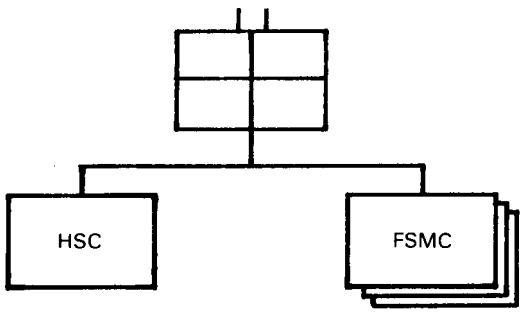


Figure 4-8. Medical Battalion, Division Support Command, Infantry Division (Light).

b. The division is oriented primarily to defeating light enemy forces in a LIC, while retaining utility for employment in other scenarios. The medical battalion is designed to be employed in LIC environments. However, the modular design readily lends itself to quick-fix augmentation. With sufficient additional organizational support, medical ground evacuation, and medical treatment modules, the battalion can support the division employed in other scenarios.

4-27. Mission

The mission of the medical battalion is to maximize the RTD rate and to conserve the human component of the division's weapons system. Its functions are centered around three basic principles: treat and RTD, treat and hold (up to 72 hours), and treat and evacuate. The battalion provides division-level HSS; medical staff advice and assistance and unit-level HSS for all assigned and attached units of the division. Specific functions of the battalion include the following

- Operates DCSs with limited holding capability.
- Provides ground ambulance evacuation of patients from unit-level treatment stations.
- Provides division-wide medical supply and medical equipment maintenance service.
- Provides unit-level HSS on an area basis to units without organic medical elements.
- Provides limited optometry services.
- Provides emergency dental service.
- Provides limited neuropsychiatric service and consultation service for patients referred from unit-level medical treatment elements.

- Provides PVNTMED service.

- Reinforces/reconstitutes unit-level HSS elements to include medical supervision for PAs without assigned supervisory physician(s).

4-28. Command and Technical Relationships

The medical battalion commander exercises C^2 over the battalion, and operational control over corps medical units attached to the division. As division surgeon, he exercises technical supervision over all HSS elements of the division.

a. The HSC commander exercises C^2 over all elements assigned to his company, less operational control of the battalion headquarters element.

b. The FSMC commander exercises C^2 over all elements of the FSMC. As brigade surgeon, he exercises technical supervision over all HSS elements of the brigade.

c. The commander exercises C^2 over subordinate elements. He makes all fundamental decisions in his area of responsibility. When tactically feasible, he consults with subordinate commanders before making decisions.

d. The medical battalion staff provides the commander with timely information, it prepares, analyzes, estimates, and recommends courses of actions. The staff translates the commander's decisions into instructions and orders, issues the orders, and supervises their execution. Staff members resolve problems and make recommendations within their functional areas based on the commander's guidance/SOP. The commander, however, identifies goals, announces the goals and takes the initiative. Once the commander decides what must be done, the staff supports the decision and ensures that it is carried out.

e. Medical company commanders are working physicians. They command their company from a location where they can best access and influence the HSS operation. These commanders use verbal orders, radio and wire communications between themselves, their platoon leaders, and supported elements.

f. The medical battalion is under the C^2 of the DISCOM commander. The medical battalion commander (division surgeon) is the primary medical staff officer of the DISCOM. The battalion's S2/S3 assumes the planning and operations functions that have traditionally been associated with the division surgeon's section. The medical battalion commander, his staff, and subordinate commanders employ direct channels of communications on technical matters.

g. The commander of the support company provides technical advice to supported units in the DSA. Commanders of FSMCs provide technical advice to respective brigade commanders and serve as brigade surgeons.

h. A request for HSS flows from the requesting unit to the supporting medical company, and from medical companies to the medical battalion S2/S3 section.

4-29. Communications

For rapid response to changing threats, the HSS system employs AM/FM voice and data link communications, together with automatic data processing and line communications to the maximum extent available. These systems are required for the effective control of medical units, patient evacuation, and medical regulating.

4-30. Medical Battalion Command/Operations Net

Communications are essential for gathering data, planning operations, and supervising mission performance. Effective management depends on communications to keep abreast of changing situations and HSS requirements. The medical battalion headquarters and its companies depend on both AM and FM radios and area communications systems to conduct operations. The medical battalion commard/operations FM radio net is shown in Figure 4-9. Stations in this net are discussed below. The battalion headquarters and support medical company's wire net is shown in Figure 4-10.

a. Station A. This station is the S2/S3 operations center which acts as the net control

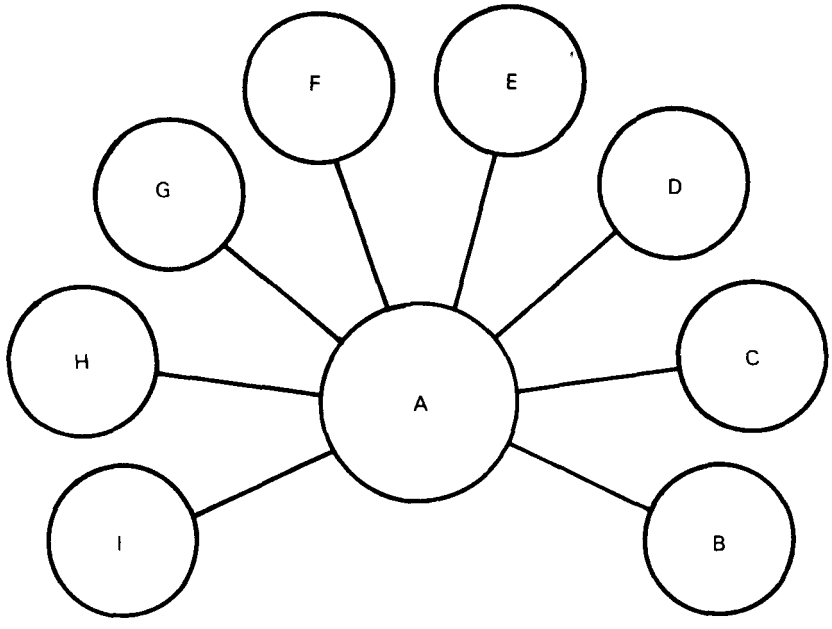
station. The S3 uses this station to control the entire operations of the medical battalion on a routine basis.

b. Station B. This station is the commander's communications means for C^2, and for division surgeon's traffic with division headquarters.

c. Station C. This station is the S2 / S3 officer's means of controlling battalion operations while traveling.

d. Stations D, E, F, G and H. These stations are used by the battalion commander and his staff to maintain contact with subordinate companies.

e. Station I. This station is used by the division PVNTMED officer.



A. MEDICAL BATTALION OPERATIONS (NCS)

B. BN CDR

C. S2/S3 (MOBILE)

D. BN XO

E. CDR, SPT CO

F. CDR, FSMC "A"

G. CDR, FSMC "B"

H. CDR, FSMC "C"

I. PVNTMED OFF

Figure 4-9. Command/operations net

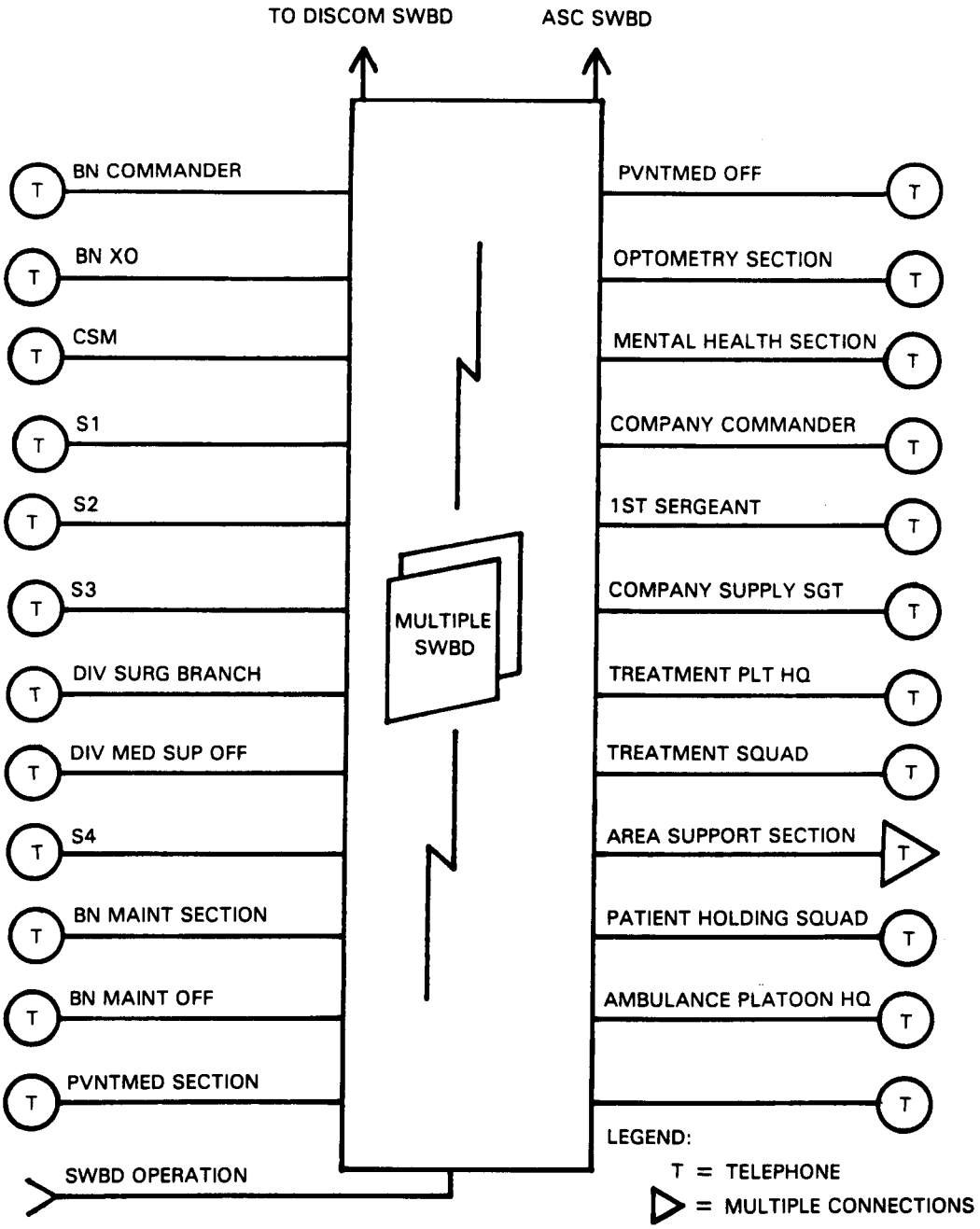


Figure 4-10. Headquarters and support company wire net.

4-31. Long-Range Communications

The medical battalion employs long-range communications systems to facilitate patient management, air and ground evacuation, and medical regulating within and out of the division. These systems include the Tactical Army Combat Service Support (CSS) Computer System (TACCS), the wire telecommunications systems, and a high frequency (AM) radio system with voice and data-link capability. The supporting corps medical brigade/group and the battalion are linked by these systems. The medical battalion's high frequency AM radio net is shown in Figure 4-11.

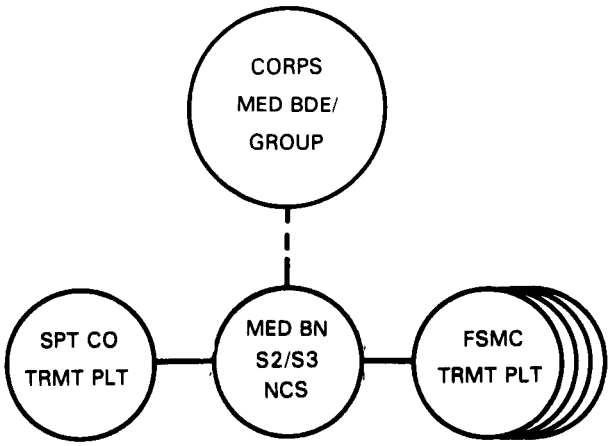


Figure 4-11. Medical battalion AM net.

4-32. Support Company Communications

The Support Company employs AM and FM radios. These radios are used to maintain an information link for C^2; to provide information on patient evacuation and to maintain the command net. The FM short-range radio nets are used for C^2 within the company and for communication with supported units. The high frequency radio (long-range) net is required for medical regulating and aeromedical evacuation coordination. The Support Company's radio net is shown in Figure 4-12. Its wire net is shown along with the battalion headquarters in Figure 4-10.

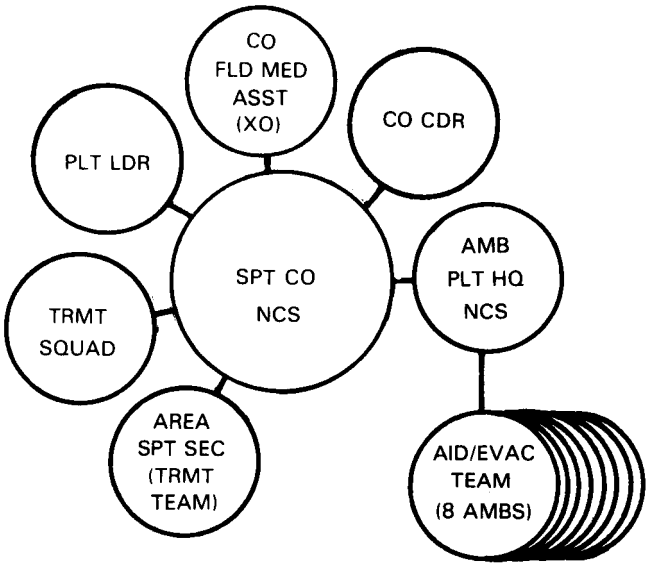


Figure 4-12. Support company tactical radio net (FM).

4-33. Forward Support Medical Company Communications

The three FSMCs have identical TOEs. Each FSMC employs AM and FM radios. Communication requirements for the FSMC are similar to those of the headquarters support medical company. Additionally, the FSMC is required to establish and maintain tactical communications with forward HSS elements of the maneuver brigade it supports. The FSMC radio and wire nets are shown in Figures 4-13 and 4-14.

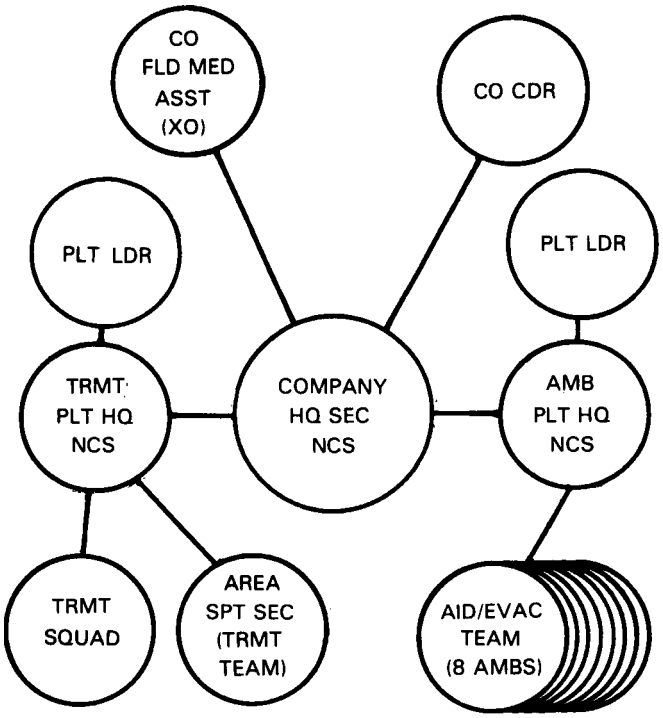


Figure 4-13. Forward support medical company tactical radio nets (FM).

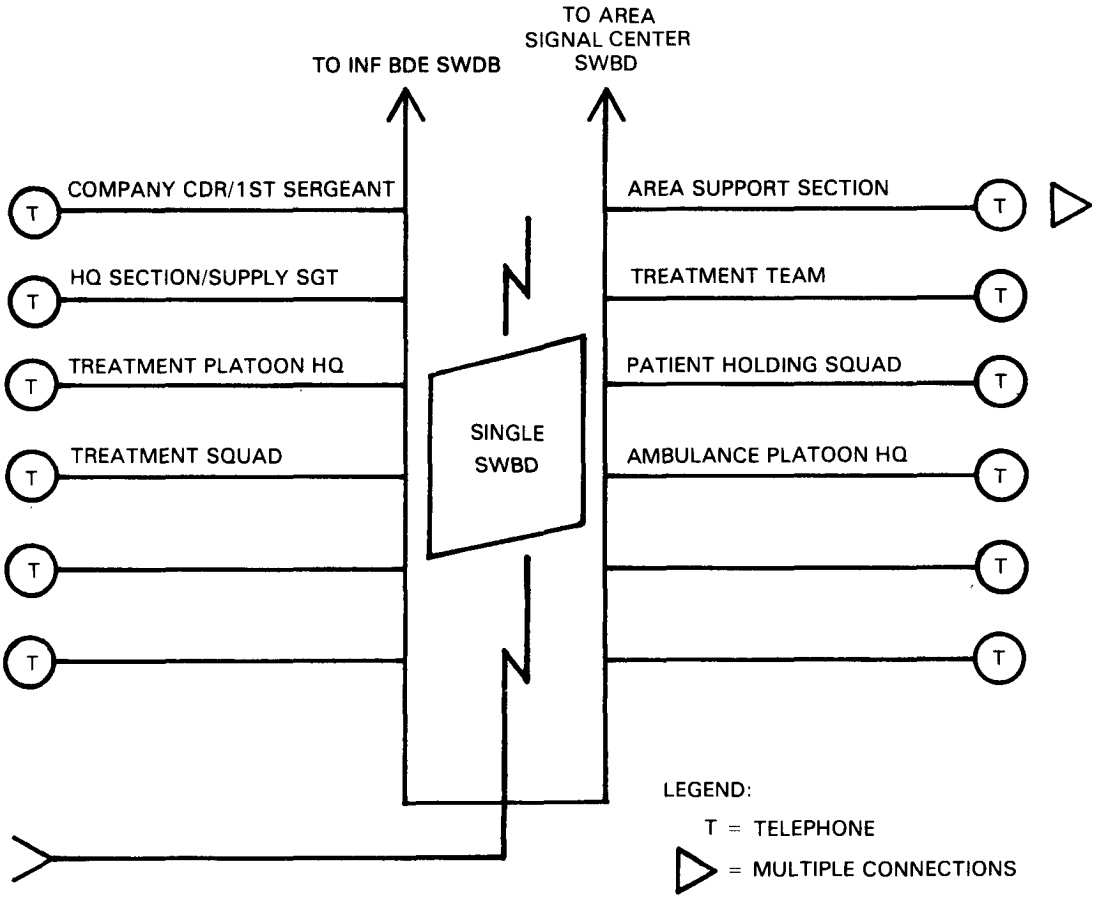


Figure 4-14. Forward support medical company wire net.

4-34. Battalion Headquarters Element Organization and Functions

a. The battalion headquarters is a major functional element organized under the HSC (Figure 4-15). For mutual administrative and logistical support, it is collocated with the support company element in the DSA (with division trains). The battalion headquarters is comprised of the following subelements:

(1) Command Section.

(2) S1 Section.

(3) S2/S3 Section.

(4) S4 Section and Division Medical Supply Office.

(5) Preventive Medicine Section.

(6) Optometry Section.

(7) Mental Health Section.

(8) Battalion Maintenance Section.

b. This headquarters provides C^2 for subordinate units; staff functions for the medical battalion; special staff functions for the division; and HSS for all divisional units. It provides administrative and logistical support for the battalion and plans for its employment. This headquarters provides C^2 or OPCON for attached nondivisional medical elements. Staff functions and relationships specified for battalion level organization in Chapter 4 of FM 101-5 are applicable to the medical battalion headquarters.

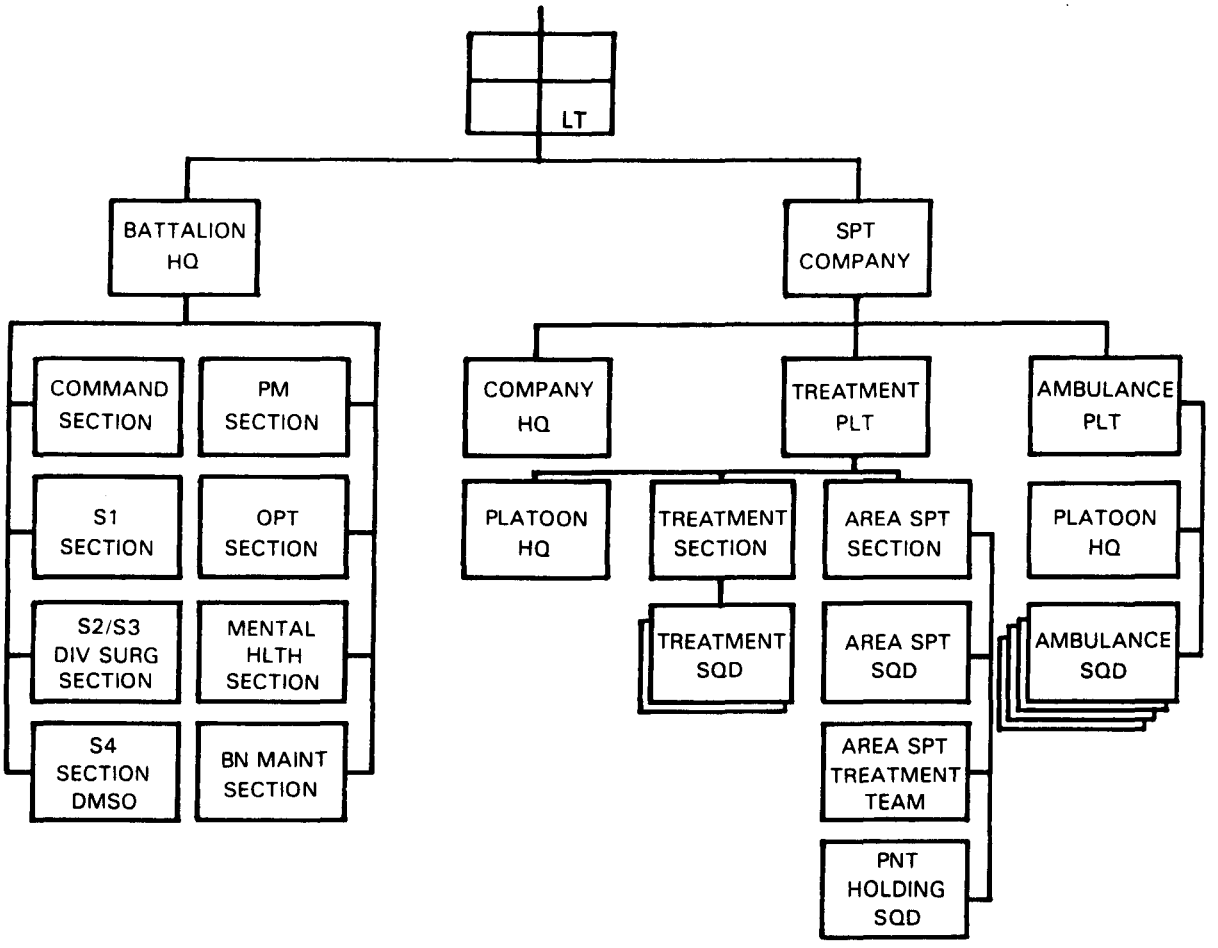


Figure 4-15. Headquarters and support company, medical battalion, light infantry division.

NOTE

To avoid degrading the battalion's support to organic units, provisions must be made for additional logistics support to attached nonmedical elements.

4-35. Command Section

The battalion command section (Figure 4-16) consists of the battalion commander and his immediate staff. These personnel supervise functions of the battalion headquarters elements.

Command Section

Bn Cdr*
Bn XO
Bn S1
Bn S2/S3
Bn S4
CSM
Vehicle Driver

***Also Division Surgeon**

Figure 4-16. Medical battalion command section.

a. Battalion Commander. The battalion commander plans, directs, and supervises battalion

activities; he prescribes policy, procedures, mission, and standards. His duties and responsibilities as the division surgeon are discussed in FM 8-10-5.

b. Battallion Executive Officer. The XO is the principal assistant to the battalion commander. He supervises and coordinates the functions of the battalion staff; and directs the rear battle defense program. The XO is also the battalion's materiel readiness officer.

c. Battalion S1. The S1 advises the commander on administrative and personnel matters. He develops and issues instructions for submission of records and reports. The S1 also authenticates and supervises the preparation and distribution of orders and instructions (other than operations orders).

d. Battalion S2/S3. The S2/S3 is the operations, intelligence, and training officer. This officer advises and assists the battalion commander in planning and coordinating battalion operations. He supervises planning, operations,, security, NBC, intelligence, communications and training activities of the battalion. He also authenticates and supervises the preparation and distribution of operations orders.

e. *Battalion S4.* The S4 directs the logistical activities of the battalion; he advises and assists the battalion commander in logistic matters. He coordinates with the S3 in planning and implementing damage control measures. The duties and functions of the S4 are discussed in detail in FM 10-14-2.

f. Command Sergeant Major. The CSM is the battalion commander's principal enlisted assistant. He maintains liaison between the commander and first sergeants of subordinate units. The CSM advises and assists noncommissioned officers in accomplishing their assigned missions. He assists the commander in the inspection of subordinate units and other activities commensurate with his position.

4-36. Battalion S1 Section

The S1 section (Figure 4-17) assists the commander and staff in administrative and personnel matters. The activities of this section includes the supervision of correspondence, personnel liaison, mail distribution, and dissemination of command information. The S1 section uses the battalion administration AM radio network and TACCS to communicate with FSMCs and corps-level HSS elements.

S1 Section

Battalion S1*
Personnel Staff NCO
P&A Specialist
Legal Clerk
Clerk Typist

***Located in Command Section**

Figure 4-17. Typical battalion S1 section organization.

4-37. Battalion S2/S3 and Division Surgeon Section

The S2/S3/ division surgeon section (Figure 4-18) performs two functions. It serves as the main operations planning element for the battalion; also as the staff HSS planning and operations element for the division. This section is responsible for—

a. Formulating battalion plans.

b. Publishing battalion operations order.

c. Maintaining communications with and monitoring movement of battalion units.

d. Providing rear area security and damage control for HSS elements.

e. Training battalion units.

f. Supervising and gathering medical intelligence.

g. Planning for division-level HSS.

S2/S3 & Div Surg Section

Bn S2/S3 1/

Plans & Op Br	Div Surg's Br	Comm Br
Fld Med Asst (Asst S2/S3)	*Div PVNTMED Off 2/	Tactical Comm Ch
Bn Op Sgt	Div Den Surg 3/	Sr Radio Opr
Plans Sgt	Div Psychiatrist 4/	Cbt Signaler/SWBD Opr
Intel & Scty Sgt	Div Hlth Svc Mat Off 5/	Single Chan Radio Opr
NBC Staff NCO	Med Staff NCO	Tac Comm Sys Opr/Mech
	Pt Admin Sp	

1 / Located in the command section
* Serves as Asst Div Surg
2 / Located in preventive medicine section
3 / Located in Support Company's area support section
4 / Located in mental health section
5 / Located in S4/DMSO

Figure 4-18. Organization the battalion S2/S3 and division surgeon section.

4-38. Plans and Operations Branch

a. The plans and operations branch (Figure 4-18) of the battalion S2/S3 is responsible for—

- Planning and coordinating intelligence and security matters.
- Processing, interpreting, and disseminating information pertaining to the effects of METT-T and civilian population on the battalion's mission.
- Supervising the collection and disposition of medical intelligence,
- Disseminating technical intelligence.
- Developing plans, policies, programs, and procedures pertaining to the medical battalion's operations and functions.
- Planning, supervising, and inspecting the tactical and technical training of subordinate units.
- Planning and coordinating the augmentation or reconstitution of medical battalion units.
- Coordinating and providing current operational information to supporting corps HSS elements operating within the division.
- Planning, coordinating, and supervising the battalion's support of civil-military operations, psychological and unconventional warfare operations.
- Regulating (informal) patients within and out of the division.
- Planning and supervising defense against nuclear, biological, and chemical attack air defense; and unconventional and psychological warfare operations.
- Preparing the rear operations defense plan for the battalion headquarters and support company's immediate area of (base cluster). See FM 90-14.

- Advising the medical battalion commander and staff on all aspects of the activities discussed above.

NOTE

This branch supervises the execution of the rear operations defense plan under the direction of the battalion XO.

b. The field medical assistant (assistant S2/S3) in the battalion S2/S3 and the division surgeon's staff element coordinates all functions pertaining to health service plans, organization, operations, intelligence, and training.

4-39. Division Surgeon Branch

This branch focuses on the division surgeon's functions, It is assisted by the plans and operations branch and the battalion S1. The staff officers (Figure 4-12) who provide for the functions of the division surgeon's branch manage other major activities within the battalion. These officers (division PVNTMED officer, division dental surgeon, division psychiatrist, and health services materiel officer) may act for the surgeon in matters pertaining to their area of expertise. This branch acts independently of the S2/S3 and is responsible to the surgeon for—

- Preparing the HSS portion of the division staff estimate.
- Preparing the HSS annex to the division OPLAN, and preparing of the HSS annex to the division SOP.
- Coordinating and planning division-wide HSS.
- Preparing and coordinating MEDSOM/MEDLOG plans.
- Coordinating with division staff officers (and corps medical staff officers as required) on–
- Controlling critical HSS items of equipment and supplies.
- Preparing AMEDD personnel assignments; medical logistical support; medical records and reports; and augmentation and reconstitution of divisional HSS elements.

a. Division Preventive Medicine Officer. The division PVNTMED officer serves as the assistant division surgeon. He is located with the division PVNTMED section.

b. Division Dental Surgeon. The division dental surgeon serves as the special staff advisor to the division surgeon for all matters pertaining to dental support and planning. This officer also manages the area support squad of the support company he is located with that element. He provides emergency dental care and supervises other dental personnel in performing their duties.

c. Division Psychiatrist. The division psychiatrist is located with the division mental health section. His staff duties and responsibilities are discussed in FM 8-51.

d. Division Health Services Materiel Officer. The division HSMO has staff responsibility for planning and managing of medical materiel and supplies for the division. He is located with the S4 section/DMSO.

4-40. Communications Branch

a. Functions. The communications branch (Figure 4-18) develops, executes, and supervises the battalion signal communications SOP. This branch—

- Secures, maintains, and issues the command's Security Operations Instructions (S0I) booklet to battalion users.
- Implements the DISCOM signal communications SOP.
- Assures communications systems interface between the battalion and higher headquarters, and between the battalion and its subordinate units.

- Operates the battalion switchboard and control stations for the battalion's command/operations (FM voice) net and the administrative/logistical (AM voice) net.

- Provides for technical training to battalion users of communication-electronics (CE) equipment.

b. Tactical Communications Chief. The tactical communications chief serves as the signal advisor for the battalion. He is the principal advisor to the commander and the battalion S2/S3 in CE matters. The chief supervises the communication branch he advises on selecting a site for the battalion command post. He also works with the DISCOM communications officer to ensure integration of the battalion's communications systems.

4-41. Battalion S4 Section/Division Medical Supply Office

The S4 section and DMSO is comprised of two separate functional elements which are shown in Figure 4-19.

S4 SECTION/DMSO

Bn S4 Off*

S4 Element	Division Med Supply Ofc
Bn Supply Sgt	Hlth Svc Mat Off
Supply Sp	Med Supply Sgt
	Pharmacy NCO
	Med Eq Repairer, Advanced
	Med Eq Repairer
	Med Supply SP/Stock Issue
	Med Supply Sp/Stock Control

*Located in the command section

Figure 4-19. Typical S4 section/DMSO organization.

4-42. S4 Element

This office is responsible for planning, coordinating, and supervising unit-level general supply and services functions of the battalion. It is assisted by personnel in the DMSO. The S4 element also–

- Determines logistic requirements, maintains a property book, and provides general supply support to assigned and attached units of the battalion.

- Requisitions and issues general classes of supplies and equipment for units of the battalion.

- Assists in preparing plans for area damage control.

4-43. Division Medical Supply Office

This office is organized to provide Class VIII supply and unit-level medical equipment maintenance for the division. The functions of the DMSO include development and maintenance of prescribed loads of medical supplies; management of the medical quality control program and supervision of unit (organizational) medical maintenance support. This office also monitors the division medical assemblage management program and coordinates LOG PLAN requirements for preconfigured Class VIII packages.

4-44. Medical Supply Operations

a. Medical supplies, equipment, and repair parts are provided through medical logistics channels. The HSMO manages Class VIII supplies and equipment to include medical maintenance and repair services for the division.

b. Two days of medical supplies are stocked by unit- and division-level medical treatment elements. Five days of medical supplies are maintained by the DMSO. During the initial deployment phase, each FSMC will receive a medical resupply preconfigured PUSH package every 48 hours until elements of the corps MEDSOM/MEDLOG battalion are established.

c. During deployment, lodgment, and early buildup phases, medical units will operate from planned prescribed loads and from existing pre-positioned war reserve stockpiles identified in LOGPLANS. Also, as defined in LOGPLANS, initial resupply efforts may consist of preconfigured medical supply packages tailored to meet specific mission requirements. Resupply by preconfigured packages will be direct to the division until replenishment line item requisitioning is established with the supporting MEDSOM/MEDLOG battalion. Resupply by preconfigured packages is intended to provide support during the initial phase; continuation on an exception basis may be dictated by operational needs. Planning must be coordinated with the supporting MEDSOM/MEDLOG battalion.

d. Requests for medical materiel flow from divisional supported elements to the DMSO (Figure 4-20). The DMSO issues from stock on hand or forwards the requisition to the corps MEDSOM/MEDLOG battalion, using the division TACCS as required. Shipment of medical material from the DSA to users in the forward area is by the backhaul method or coordinated with the movement control office (MCO).

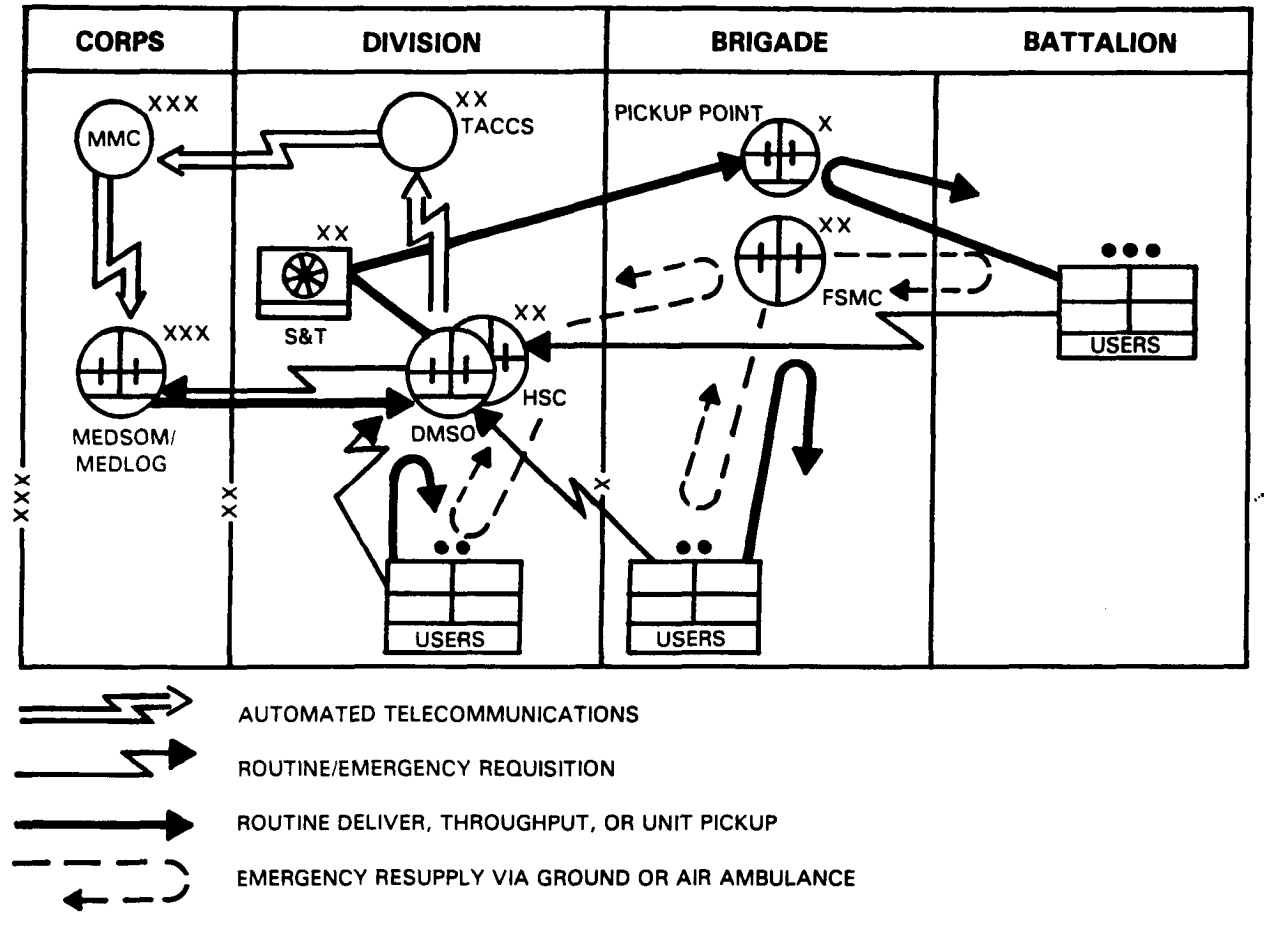


Figure 4-20. Requisition and flow of Class VIII supplies within the combat zone.

4-45. Battalion Maintenance Section

a. The battalion maintenance section (Figure 4-21) is under the staff supervision of the battalion S4. It is organized into three functional work areas:

- A management element.
- A motor vehicle repair shop.
- A power generator repair shop.

b. This section establishes the battalion motor pool and provides unit-level (organizational) maintenance and repair services for all the medical companies of the battalion. For unit maintenance operations, see FM 43-5.

BN MAINTENANCE SECTION

Section HQ	Motor Veh Repair Shop
Bn Mtr Off	Sr Mtr Veh Mech (3)
Bn Maint Sgt	LtWVeh Mech (8)
Shop Clerk	
PLL Clerk	

Power Generator Repair Shop**

Sr Pwr Gen Rep
Pwr Gen Eq Rep (3)

*2-contact team capability
**1-contact team capability

Figure 4-21. Typical maintenance section organization.

c. The battalion motor officer plans, directs, and supervises activities of the battalion maintenance section (less medical maintenance). He also—

- Keeps the battalion commander and staff informed of the maintenance situation and the operational status of equipment.
- Analyzes the maintenance situation.
- Plans and evaluates maintenance programs.
- Coordinates maintenance operations with direct support units and other units as required.
- Monitors calibration requirements and arranges for calibration support.
- Keeps the battalion materiel readiness officer informed of the operational readiness status of vehicles and power generation equipment.
- Monitors PLL operations and the Army Oil Analysis Program.
- Supervises the use of maintenance services and the training and licensing of vehicle drivers and equipment operators.
- Directs and coordinates organizational maintenance throughout the battalion.

In coordination with the Bn S3:

- Implements training and safety programs for operators and supervisors of battalion vehicles and power generating equipment.
- Inspects battalion units to ensure equipment maintenance standards; and to ensure maximum use of equipment and vehicle assets.
- Trains subordinates.

4-46. Division Preventive Medicine Section

a. Responsibilities. The PVNTMED section is responsible for supervising the command PVNTMED program (see AR 40-5), This section assists in training unit field sanitation teams. The PVNTMED section is staffed as shown in Figure 4-22. Its specific functions include, but are not limited to—

- Assisting the surgeon in preparing the staff estimate by identifying the medical threat.
- Assisting the Bn S2/S3 in determining requirements for medical intelligence collection, particularly disease prevalence.
- Conducting surveillance of divisional units to—
  - Ensure use of PVNTMED measures at all levels.
  - Identify health threats and recommend corrective action as required.
- Assisting divisional units in training PVNTMED measures against heat and cold injury, and food-, water-, and arthropod-borne diseases.

- Monitoring the immunization program.

- Monitoring the health aspects of water production, distribution and consumption.

- Monitoring disease and injury incidence to optimize early recognition of disease trends and recommending preemptive disease suppression measures.

- Conducting epidemiological investigations of disease outbreaks and recommending PVNTMED measures to minimize effect.

- Monitoring division level resupply of disease preventive supplies and equipment, including water disinfectants, pest repellents and pesticides.

- Conducting limited entomological investigations and control measures.

- Monitoring environmental/meteorological conditions; assessing their health related impact on division operations; and recommending PVNTMED measures to minimize their effects.

- Deploying PVNTMED teams in support of specific units/operations as required.

- Assisting in identification/evaluation of NBC contamination in water supplies.

Division PVNTMED Section

Div PVNTMED OFF
Env Science Off
PVNTMED NCO
PVNTMED Specialists (6)

Figure 4-22. Personnel staffing of a division preventive medicine section.

b. Division Preventive Medicine Officer. The division PVNTMED officer is responsible for the division's PVNTMED program. Based on command guidance and division requirements, he plans, directs and prioritizes the PVNTMED section's activities; serves as the principal advisor on medical threats that will be encountered by divisional units; and recommends PVNTMED measures to minimize these threats.

c. Environmental Science Officer. The environmental science officer assists the division PVNTMED officer in developing, implementing, and supervising the division PVNTMED program. He assesses potential health threats and recommends PVNTMED measures. This officer provides consultation to commanders concerning environmental sanitation advises on public health policy affecting the health of the command; and advises on public health matters during civil affairs operations, when required. He also supervises PVNTMED specialists monitoring the division's PVNTMED program to identify potential or actual health hazards.

4-47. Concept for Preventive Medicine Support

a. Basis for Preventive Medicine Support. History teaches that in past conflicts more soldiers have been noneffective due to DNBI than to battle injuries. Often the victor in battle has been the force with the healthiest troops. Consequently, PVNTMED operations are based on preemptive action; increased soldier and commander involvement; and priority to combat units. To accomplish this the PVNTMED section is deployed as teams to support, specific units/operations (for example, deployed in direct support of a brigade or battalion task force) as required. The teams will be organized based on the medical threat.

b. Predeployment Action. Before deployment much can be done to minimize DNBI. Actions include ensuring command awareness of potential medical threats and implementing PVNTMED measures; monitoring immunization status of personnel; and monitoring individual and unit's awareness of heat or cold injury, and food-, water-, and arthropod-borne diseases. Immediate effectiveness of PVNTMED measures will depend on the early arrival of PVNTMED personnel. During the initial deployment phase, PVNTMED personnel are inserted to preemptively reduce the medical threat to deploying forces; they assess its effect on follow-on forces. It is anticipated—

- That sanitation breakdowns will occur while troops are in debarkation assembly areas.

- That disease vectoring will begin as soon as forces enter the area of operations.

NOTE

To avoid health and environmental problems historically encountered by deploying troops, it is imperative that divisional preventive medicine assets be deployed in advance of the main body/forces.

c. Preemptive Action. Preventive medicine operations are characterized by preemptive action. Preventive medicine cannot wait until troops are incapacitated to take action. They must initiate action on presumptive information to reduce the medical threat. For example, mosquito populations near troop assembly areas must be suppressed without waiting for confirmation that they carry diseases; sandflies in towns along routes of march must be suppressed without waiting for the incubation of sandfly fever; and inadequate sanitation practices must be brought to the attention of responsible commanders before the first case of dysentery appears. Lack of, or delay in preemptive actions can significantly impact on the deploying force's ability to accomplish its assigned mission.

4-48. Division Optometry Section

a. Functions. The division optometry section (Figure 4-23) provides limited optomerty services, including routine eye examination and refraction; spectacle assembly using presurfaced single-vision lenses; and spectacle repair services for units organic or attached to the division.

b. Division Optometry Officer. The division optometrist performs eye examinations and treats vision disorders within his capabilities. He refers pathological vision deficiency cases to Echelon III physicians as required; he plans and directs the activities of the optometry section; and provides clinical statistical input to the division surgeon.

Div Optometry Section

Optometry OFF
Optical Lab Sp
Eye Sp

Figure 4-23. Typical division optometry section organization.

4-49. Division Mental Health Section

a. The division mental health section (DMHS) is responsible for assisting the command in controlling combat stress through prevention programs; maximizing the RTD rate with far forward care of battle fatigue casualties; and providing division-wide mental health services. The DMHS is collocated with the DCS in the DSA. When the division is garrison-based, it also assists in coordinating social support services for division personnel and their families. Functions of the DMHS include—

(1) Providing education programs and individual case consultation to unit leaders and medical personnel on. prevention, early recognition and intervention for battle fatigue (also stress fatigue in noncombat situations), substance abuse, suicidal risk, and neuropsychiatric and personality disorders.

(2) Providing technical supervision—

- For unit preventive psychiatry (combat mental witness) plans and SOPs.

- For restoration to effectiveness of moderate battle fatigue casualties.

- For the treatment and RTD of severe battle fatigue casualties.

(3) Providing direct clinical services (specialized differential diagnosis, evaluation, limited treatment and referral/disposition) to soldiers with neuropsychiatric disorders and to problematic battle fatigue cases.

(4) Maintaining contact with supported units; provides staff planning to predict battle fatigue casualties; coordinates corps mental health assets placed in direct support to treat battle-tired casualties; and assist in the rest and recuperation of battle fatigued units.

(5) Planning for and coordinating a corps-level Mental Health Program for providing up to 2 weeks observation and reconditioning therapy. This program is established in the corps support area to hold battle fatigue/neuropsychiatric patients for 14-days with the potential of returning them to the division. Patients entering this program are not counted as hospital admissions (not affected by the theater evacuation policy) until after the 14-day holding period.

(6) When the division is garrison-based, coordinating with unit commanders; supporting medical department activity (MEDDAC) social support services; and other social support services to assist soldiers in minimizing home-front stresses.

(7) Developing and conducting a comprehensive combat mental fitness program which—

- Monitors division units for low morale, AWOL, disciplinary problems, and other unhealthy factors.
- Uses intervention techniques that involve unit commanders, staff chaplains, and others in correcting unit-centered problems.
- Assists commanders to improve organizational climate and effectiveness during changes of command; unit rest and recuperation; personnel deployment/rotation between CONUS/OCONUS; and other high stress situations.

b. The division mental health section is staffed as shown in Figure 4-24. The consolidation of assigned mental health officers in the DCS emphasizes the division-wide preventive, education and treatment responsibilities of the section.

c. The division psychiatrist directs the division's mental health program. This officer is a working physician. His specific functions include—

- Establishing and operating the DMHS.
- Consulting on matters having psychiatric components. These include nuclear surety, security clearances, child and spouse abuse programs, and alcohol and drug abuse programs.
- Diagnosing, treating, rehabilitating, and disposition of neuropsychiatric and battle fatigue patients.
- Participating in the diagnosis and treatment of the wounded, ill and injured, especially those who can RTD.

NOTE

General medical duties (treatment of wounded, ill and injured) must not distract the psychiatrist from his primary neuropsychiatric duties.

- Training and consultation for unit leaders and medical personnel on identification and management of neuropsychiatric disorders.
- Providing therapy or referral for soldiers with psychiatric problems.
- Supervising and training assigned and attached mental health personnel.

Division Mental Health Section

Division Psychiatrist
Division Psychologist
Division Social Work Officer
Senior Behavioral Science NCO
Behavioral Science NCO (3)
Behavioral Science Specialist/Driver (3)

Figure 4-24. Staffing of the division mental health section.

d. The psychologist assists in the division's mental health program, especially applying the knowledge and principles of psychology to—

- Evaluating and assuring the RTD of battle fatigued soldiers.

- Conducting surveys and evaluating data to assess unit cohesion and other factors on predicting and preventing battle fatigue casualties.

- Performing neuropsychological testing to evaluate psychological problems, psychiatric and neurological disorders, and to screen unsuitable soldiers.

- Apprising unit leaders, primary care physicians, and other clinical personnel on the assessment of individual and unit mental fitness.

- Providing consultation for unit commanders and combat stress control coordinators (mental health NCOs working at brigade level) on problem cases.

- Counseling and providing therapy or referring soldiers with psychological problems.

e. The social work officer assists in the division's mental health program, especially applying the knowledge and principles of social work to—

- Evaluating battle fatigued soldiers.

- Coordinating and assuring the return of battle fatigued soldiers to duty.

- Identifying and resolving organizational and social environmental factors which interfere with combat readiness.

- Assuring support for division soldiers and their families from Army and civilian community support agencies.

- Apprising unit leaders, primary care physicians, and other clinical personnel of available social service resources.

- Providing consultation to unit commanders and to DMHS combat stress control coordinators on problem cases.

- Counseling and providing therapy or referring soldiers with psychological problems, including spouse and child abuse.

4-50. Overview of Mental Health Support

The overall effectiveness of the combat mental fitness program depends on the assignment and distribution of mental health personnel. It is essential that the medical commander promote training, including field experience and cross-training of critical clinical skills. To fill their roles, mental health personnel must be familiar with the units they support; and be known by unit leaders and organic medical personnel. This can only be achieved by intensive involvement in garrison and field training. The primary preventive role of the DMHS involves a continuum of services along the spectrum of conflict, from peacetime through low intensity to high intensity conflicts. This entire continuum must therefore be included in the DMHS's focus, training, and method of operation.

a. When the division is in garrison, the DMHS operates a Mental Health Clinic. The division psychiatrist, assisted by the psychologist, social work officer, and behavioral science specialists staff the division's mental health clinic.

b. During tactical operations, DMHS officers assure a 24-hour diagnostic and evaluation capability at the DCS located in the DSA. All patients who are evacuated because of behavioral (functional) or mental symptoms are routed to the nearest DCS.

c. For detailed information on combat stress control, battle fatigue/neuropsychiatric cases, and combat stress control organizations and functions, see FM 8-51.

Section V. SUPPORT COMPANY ELEMENT

4-51. Organization and Functions

a. The support company and battalion headquarters elements are organized under the medical battalion HSC. The HSC is dependent upon—

(1) Elements of the division for religious, legal, personnel and administrative services; clothing exchange and bath services; graves registration; support for securing and handling enemy prisoner of war (EPW) patients; security during tactical moves; and area damage control support.

(2) Elements of corps for finance, laundry, personnel and administrative support.

(3) Corps assets for air and ground evacuation of patients to corps level treatment facilities.

(4) The DISCOM headquarters and Headquarters Company for food service support.

b. The support company is similar in design to the three forward support medical companies. Its major functional components (Figure 4-14) include a company headquarters, a treatment platoon, and an ambulance platoon. The company provides unit- and division-level HSS in the DSA. It has capabilities to—

- Perform triage, initial resuscitation, stabilization, and preparation of sick, wounded, or injured patients for evacuation.
- Provide outpatient consultation services for patients referred from unit-level medical treatment facilities.
- Perform emergency dental care and limited preventive dentistry.
- Provide basic diagnostic laboratory and radiology services and patient holding.
- Provide backup support for the forward support medical companies.
- Provide ground ambulance evacuation (for patients selected to be held in the DSA and returned to duty within 72 hours) from medical companies operating in the BSAs. The company also provides ground evacuation from unit-level medical treatment facilities and nonmedical units operating in the DSA.
- Provide limited emergency medical resupply to divisional unit-level medical elements operating in the DSA.

4-52. Company Headquarters

The company headquarters provides C^2, billeting discipline, security, training, and administration for assigned personnel. The headquarters element of the support company must collocate with the battalion headquarters; therefore, it is austerely staffed. Technical NBC assistance and organizational maintenance support for the company's vehicles, CE and power generation equipment is provided by elements of the battalion headquarters. The company headquarters is staffed as shown in Figure 4-25. For communications, the company headquarters employs an FM tactical radio and is deployed in the battalion command/operations net (Figure 4-9). The support company's wire and radio communications nets are shown in Figure 4-13 and Figure 4-14 respectively. This element also—

- Plans, directs, and supervises unit training and security for its platoons.
- Provides general supply support and company level administration for all elements of the HSC.
- Plans and supervises rear area operations as directed by the battalion commander.

a. Company Commander. The company commander plans, directs, and supervises the operations and employment of the company. He is responsible for training, discipline, billeting, security, welfare, and tactical employment of the headquarters and support company. The commander is also a working physician in the DCS.

b. Field Medical Assistant. The field medical assistant serves as the company XO. He is the principal assistant to the commander in all matters pertaining to the tactical employment of the company. This officer supervises and coordinates the security, plans, tactical operations, communications, OPSEC, logistics, and training functions of the company.

c. First Sergeant. The first sergeant is the principal enlisted assistant to the commander. This senior NCO manages the administrative activities of the command post; supervises the activities of the supply sergeant and unit clerk maintains liaison between the commander and assigned NCOs; and provides guidance to enlisted members of the company, and represents them to the commander.

Company Headquarters

(Command Element)	(Supply Element)
Co Cdr	Unit Supply Sgt
Fld Med Asst/XO	Armorer/Driver
1st Sg	
Unit Clerk/Swb Op	

Figure 4-25. Support company headquarters organization.

4-53. Treatment Platoon

The treatment platoon operates the DCS. It receives, triages, treats, and dispositions patients based upon their medical condition. This platoon also provides professional services in the areas of minor surgery, internal medicine, general medicine, and general dentistry. In addition, it provides basic diagnostic laboratory and radiology services and patient holding. The treatment platoon (Figure 4-26) is composed of a platoon headquarters, an area support section, and a treatment section. The platoon is normally collocated with the division optometry and mental health sections. For communications, the platoon employs six tactical radios; operates the company's net control station; and is deployed in the HSC wire communications net.

4-54. Treatment Platoon Headquarters

This office is the C^2 element for the platoon. It determines and directs the disposition of patients received from the FSMCs and other supported units; it coordinates their evacuation. For communication this element employs an FM tactical radio mounted in its assigned vehicle.

a. Platoon Leader. The platoon leader directs, coordinates, and supervises platoon operations and assumes command of the company when the commander is absent. This officer is also the physician on the area support treatment team; he directs the activities of the DCS.

b. Field Medical Assistant. The field medical assistant is the platoon operations officer. He is the primary assistant to the platoon leader for the platoon operations; OPSEC; communications; administration; organizational training supply; transportation and patient regulating/evacuation.

4-55. Area Support Section

The area support section forms the DCS. It is composed of an area support treatment team, an area support squad, and a patient holding squad. These elements operate as a single treatment unit; they provide both unit- and division-level medical support for units operating in the DSA and serve as the primary MTF for patients that overflow BSA clearing stations. Elements of this section are not used to reinforce or reconstitute forward supporting medical units. Normally, they are not used on area damage control teams.

4-56. Area Support Treatment Team

a. The area support treatment team is the base medical treatment element of the DCS. It provides troop clinic type services and ATM. This team, in coordination with the DMSO, may also provide limited emergency medical resupply of supported medical units operating in the DSA. For communications, the team employs an FM tactical radio, operates the company/treatment platoon net control station, and monitors the battalion command net. The personnel staffing of this team is shown in Figure 4-26.

TREATMENT PLATOON

PLATOON HQ

Plt Ldr
Fld Med Asst
Plt Sgt
Pat Admin Sp/Rad Opr/Driver

TREATMENT SECTION

TREATMENT SQD (1st Sqd)

Op Med Off	"A"
Physicians' Asst	"B"
EMT NCO	"A"
EMT NCO	"B"
Med Sgt	"B"
Med Sp	"A"
Med Sp/Rad Opr/Drv	"A"
Med Sp/Rad Opr/Drv	"B"

TREATMENT SQD (2d Sqd)

Op Med Off	"A"
Physicians' Asst	"B"
EMT NCO	"A"
EMT NCO	"B"
Med Sgt	"B"
Med Sp	"A"
Med Sp/Rad Opr/Drv	"A"
Med Sp/Rad Opr/Drv	"B"

"A" — ALFA Team
"B" — BRAVO Team

AREA SUPPORT SECTION

AREA SPT TMT TM

Op Med Off
EMT NCO
Med Sp
Med Sp/Rad Opr/Drv

AREA SUPPORT SQUAD
Den Off
Den Sp
Med Lab Sp
X-ray Sp

PATIENT HOLDING SQD
Wardmaster
Practical Nurse
Med Sp, Nrs Asst/PwrG Op and 5-ton Trk Drv
Med Sp, Nrs Asst/PwrG Op and 5-ton Trk Drv

Figure 4-26. Organization and staffing of a support (medical) company treatment platoon.

b. The primary care physician is also the treatment platoon leader. He examines, diagnoses, treats, and prescribes courses of treatment for patients. He also directs the activities of the DCS.

4-57. Area Support Squad

a. This squad comprises the- dental and diagnostic support elements of the DCS. The dental element provides emergency dental care to include treatment of minor maxillofacial injuries; limited preventive dentistry; and dental consultation services. The diagnostic element provides basic diagnostic laboratory and radiology services. Medical laboratory specialists in both the HSC and FSMC perform laboratory tests in direct support of ATM activities. To augment area medical support efforts within the division these specialists have the capability to collect diagnostic specimens and ship

Paragraph 4-61 implements STANAG 2061.

them to higher echelon medical laboratories for aualyses. Test results may be transmitted to requesting MTFs via available computer systems [TACCS and others].

b. The dental officer (the division dental surgeon) examines, diagnoses, treats, and prescribes treatment for diseases, abnormalities, end defects of teeth and their supporting structure. As the division dental surgeon, he serves as a special staff officer to the division surgeon, he advises/oversees all dental matters, to include monitoring the state of oral health fitness within the division. He exercises technical control of division dental assets with respect to—

- Quality assurance.
- Divisional Oral Health Program.
- The dental provisions 600-8-101 (Personnel Processing).
- Treatment priorities augmentation or reconstitution of division dental assets is required.

He coordinates support from corps area support dental units through the DMOC or the S2/S3 section of the medical battalion headquarters. This officer also performs ATM procedures and supervises the activities of the area support squad.

4-58. Patient Holding Squad

The patient holding squad operates the patient holding facility of the DCS. The primary function of this 20-patient capacity activity is to provide nursing care for those patients admitted for minor injuries or illnesses (to include battle fatigue and neuropsychiatric patients) that are expected to be returned to duty within 72 hours. This facility is under the direct supervision of the DCS physician. Patients are admitted to the patient holding facility on an outpatient basis and are not counted as hospital admissions.

4-59. Treatment Section

a. The treatment section (refer to Figure 4-26) is composed of two treatment squads, designated "first" and "second" squad. These squads perform routine medical care, triage, and ATM. They are expansion elements of the DCS. The HSC treatment squads are identical to those of the FSMC and the combat battalion's (squadron's) medical platoon. These squads may be employed to reinforce or reconstitute other divisional medical elements. They may also he employed in direct support of rear area task force operations, including area damage control and mass casualty operations. Each squad has the capability to operate as two treatment teams (ALFA and BRAVO teams) for a limited period of time. Staffing for the treatment teams is shown in Figure 4-26.

b. The primary care physician plans and supervises the activities of the treatment squad examines, treats, and prescribes courses of treatment in the routine care of patients; provides ATM care for seriously injured/wounded and serves as the task force surgeon when required.

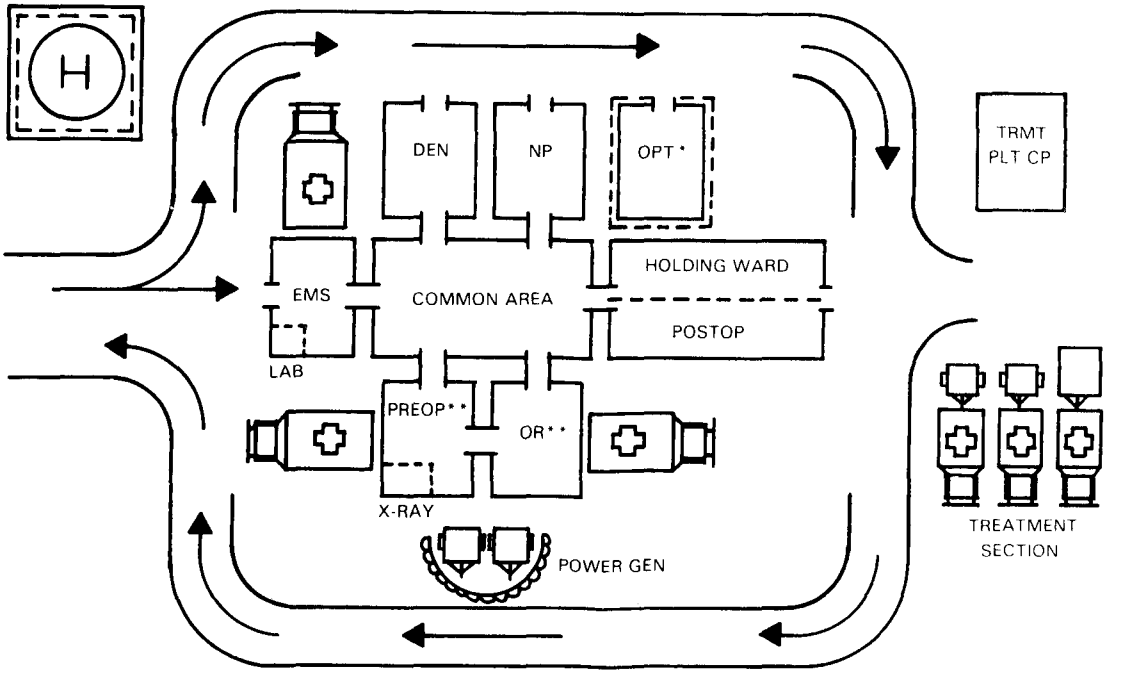
4-60. Treatment Squad Operation and Employment

Each treatment squad employs two HMMWV treatment vehicles with four medical equipment sets (MES); two trauma sets and two general sick call sets (one of each type per treatment team). The squads normally locate with the DCS and operate in tandem with the area support section. When the DCS displaces, one squad serves as the jump element and moves forward (or rearward) to establish the DCS at the new location. In support of rear operations or other special operations, one squad may be employed as a direct support element, These squads may also operate as two treatment teams and may be used to reinforce forward support medical companies. For communications, each treatment teem employs one FM tactical radio mounted in its assigned vehicle.

4-61. Division Clearing Station

Division clearing station is the generic term used in designating the division level MTF in both the BSA and DSA (STANAG 2061). This medical treatment facility is operated by the medical company's treatment platoon. In the DSA it is collocated with the division mental health and optometry sections.

The DCS provides both unit- and division-level medical support to all divisional and nondivisional units operating in the division support area. The DSA clearing station also serves as the backup for the BSA DCS. While the DSA clearing station normally receives patients from units located in the DSA, it may become necessary for the Med Bn S2/S3 to regulate patients directly from BASs to this MTF. Since the DSA clearing station is less likely to displace as frequently as a DCS in the BSAs, it is ideally suited to be augmented with a surgical capability. A suggested layout of a DCS with surgical squad capability is shown in Figure 4-27.



DEN	DENTAL CARE AREA
EMS	EMERGENCY MEDICAL SERVICE AREA
HMMWV	HIGH MOBILITY MULTI-PURPOSE WHEELED VEHICLE WITH TREATMENT SHELTER
LAB	MEDICAL LABORATORY AREA
NP	NEUROPSYCHIATRIC SERVICE AREA
OPT	OPTOMETRY SERVICE AREA
OR	OPERATING ROOM AREA
PREOP	PREOPERATIVE CARE AREA
POSTOP	POSTOPERATIVE CARE AREA
TRMT PLT CP	TREATMENT PLATOON COMMAND POST
X RAY	X RAY AREA

* LOCATED IN THE HEADQUARTERS AND SUPPORT COMPANY'S CLEARING STATION ONLY.

** AUGMENTATION (INCLUDES PERSONNEL AND EQUIPMENT).

Figure 4-27. Suggested layout of a division clearing station.

4-62. Ambulance Platoon

a. The ambulance platoon (Figure 4-28) performs ground evacuation and en route patient care for supported units in the DSA. It also evacuates patients from the BSA DCSs to the DSA DCS. This platoon may also reinforce ambulance platoons of FSMCs. The HSC ambulance platoon is identical to the FSMC ambulance platoon in TOE. It is staffed with a platoon leader, a platoon sergeant, two aid/evacuation sergeants, six aid/evacuation specialists, and eight medical specialists/ambulance drivers. The ambulance platoon comprises a platoon headquarters, four ambulance squads (or eight ambulance teams), one HMMWV control vehicle, and eight HMMWV ambulances.

b. The platoon leader leads and plans for the employment of the platoon. He establishes and maintains contact with supported FSMCs; makes route reconnaissances, develops and issues strip maps; and establishes AXPs for both ground and air ambulances as required.

AMBULANCE PLATOON

Platoon Headquarters
Plt Ldr
Plt Sgt

*2 Ambulance Teams
**Supervises 2 Ambulance Squads

Amb Sqd (1st Sqd)*
Sr Aid/Evac NCO**
Aid/Evac Sp
Med Sp/Amb Drv

Amb Sqd (2d Sqd)*
Aid/Evac Sp
Med Sp/Amb Drv

Amb Sqd (3d Sqd)*
Sr Aid/Evac NCO**
Aid/Evac Sp
Med Sp/Amb Drv

Amb Sqd 4th Sqd)*
Aid/Evac Sp
Med Sp/Amb Drv

Figure 4-28. Organization and staffing of an HSC ambulance platoon.

4-63. Ambulance Platoon Operations and Employment

The ambulance platoon headquarters normally collocates with the treatment platoon headquarters to maximize evacuation support coordination. All ambulance platoon assets may be deployed at one time. The platoon normally places one ambulance team in direct support of each FSMC and places two teams in support of units in the DSA. The remaining three teams are used for task force operations, backup support, or ambulance shuttle. Each ambulance carries an MES configured for en route patient care. For communications, the ambulance platoon employs nine vehicular mounted FM tactical radios and deploys in the HSC wire communications net. The platoon operates its own net control station and monitors the support company's operations nets. The HSC ambulance platoon's area of operations is shown in Figure 4-29.

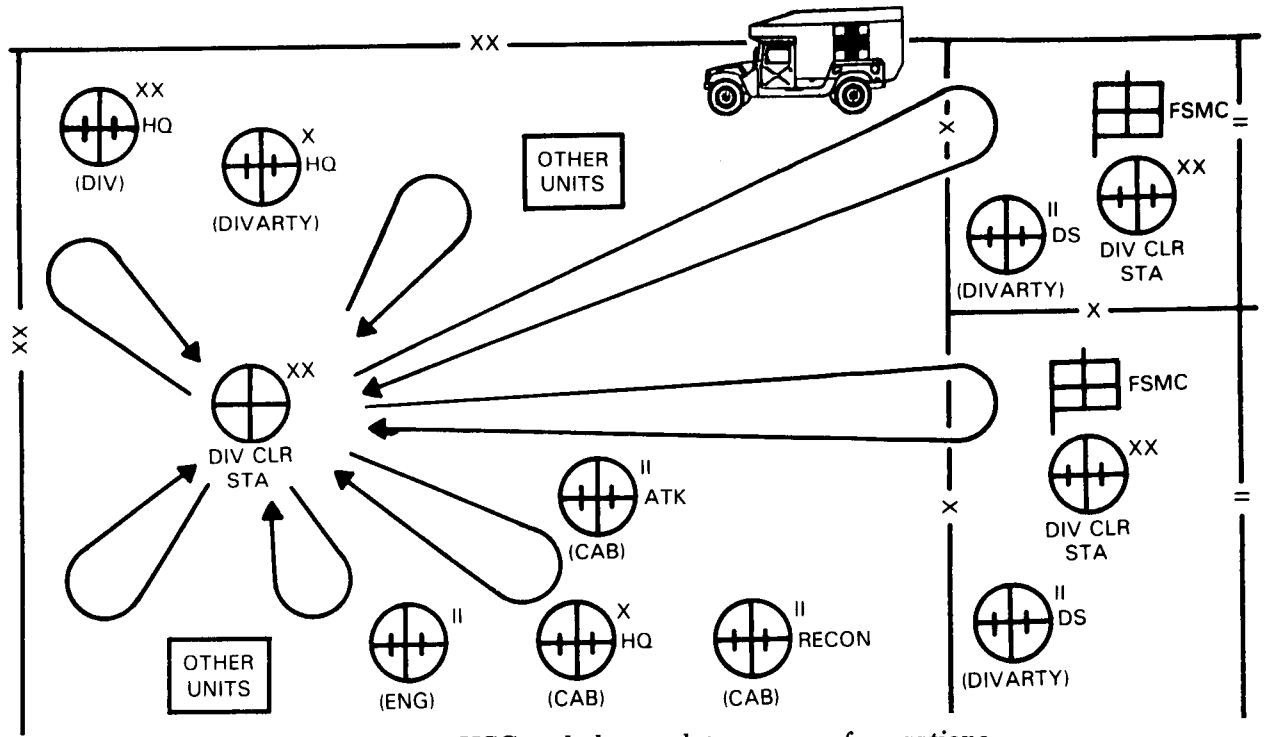


Figure 4-29. HSC ambulance platoon area of operations.

Section VI. FORWARD SUPPORT MEDICAL COMPANY

4-84. Organization and Functions

a. The FSMC has the overall mission to provide division-level HSS to all units operating in a BSA; also unit-level HSS to units without organic HSS. It is organized into a company headquarters, a treatment platoon, and an ambulance platoon (Figure 4-30).

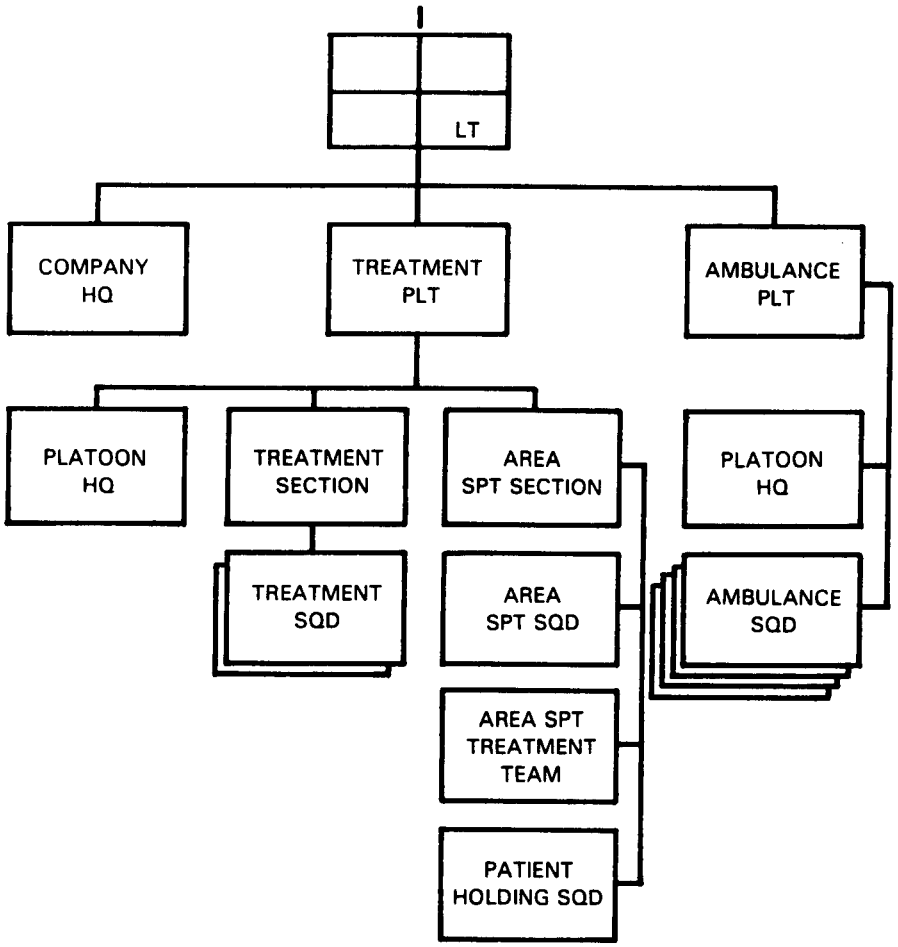


Figure 4-30. Forward support medical company, medical battalion, light infantry division.

b. The FSMC provides—

- Treatment for patients with minor diseases, triage, initial resuscitation/stabilization, ATM, and preparation for RTD or further evacuation.
- Ground evacuation for patients from BASS.
- Emergency dental care.
- Emergency medical resupply to units operating in the BSA.
- Medical laboratory and radiology services commensurate with division level treatment.
- Outpatient consultation services for patients referred from unit-level MTFs.
- Patient holding for up to 20 patients expected to RTD within 72 hours.

4-65. Operations and Employment

a. The FSMC is organic to the medical battalion and is a DISCOM asset. It is dependent upon the supported brigade for local security and tactical movement. The company is also dependent upon the DISCOM supply and transportation (S&T) battalion for food service support. The FSMC usually deploys with its DCS in the BSA; however, the organic treatment squads have the capability of operating independently of the medical company for a limited period of time.

b. Medical support requests including aeromedical evacuation, ground ambulance, emergency medical resupply, and reinforcement support are normally transmitted through the brigade to the supporting FSMC; however, such requests may be transmitted directly to the FSMC. Ambulances from the ambulance platoon evacuate patients from BASS and transport them to the FSMC clearing station. More seriously injured patients are evacuated by supporting corps air ambulances. Patients treated by the FSMC may either be RTD, held for 72 hours, or evacuated to a corps hospital. The FSMC has a holding capability of 20 patients. Minimally ill or injured patients that overflow (exceed the capacity of the holding facility) the BSA clearing station may be evacuated to the DSA clearing station by HSC ambulances. Patient evacuation from the BSA clearing station to combat zone hospitals is performed by corps ground and air ambulances.

c. Request for patient evacuation from the FSMC to corps MTFs are transmitted directly to the supporting corps air or ground evacuation unit. These requests are monitored by the medical battalion S2/S3 staff; they may intervene when necessary or upon request.

d. Two days of Class VIII supplies are stocked by all FSMC treatment elements. During the initial deployment phase the FSMC will receive a medical supply PUSH package every 48 hours. Once the corps MEDSOM/MEDLOG battalion is established, Class VIII supplies will be requested and filled by standard line item requisition.

e. Medical maintenance support is provided by the supply element of the FSMC headquarters. Backup support is provided by the medical battalion DMSO.

f. The FSMC provides a liaison representative (normally a field medical assistant) to the maneuver brigade's S2/S3 office to coordinate HSS requirements for the brigade and to stay abreast of the combat situation.

NOTE

Division and corps medical support elements (except air and ground ambulance elements) placed in direct support of a ground maneuver brigade are OPCON to the FSMC commander (brigade surgeon).

4-66. Company Headquarters

The company headquarters (Figure 4-31) is organized into a command element, supply element, and an operations and communications element. The company headquarters provides C^2 for the company and attached medical units. It also provides general and medical supply, unit-level medical maintenance, NBC operations, and CE support to organic and attached units. For communications, the company headquarters employs 3 tactical radios and a manual switchboard. See Figures 4-12 and 4-13 for FSMC radio and wire nets.

a. Command Element. The command element provides C^2, feeding, billeting, security, training, administration, and discipline of assigned personnel. This element is staffed with a company commander, a field medical assistant/executive officer, a first sergeant, and a unit clerk.

(1) *Company commander.* The company commander plans, directs, and supervises the operations and employment of the company. The commander is also responsible for training, discipline, billeting, and security of the company. This officer, a physician at the DCS, also serves as the brigade surgeon.

(2) *Field medical assistant.* The field medical assistant serves as the company XO. He is the principal assistant to the commander in the employment of company assets. The field medical assistant assures liaison with the S3 of the supported brigade and supervises the activities of the supply and operations/communications elements of the company headquarters. He also supervises and coordinates the security, planning, tactical operations, communications, OPSEC, logistics, and training functions of the company.

b. Supply Element. The supply element provides general supply and armorer support for the company. It provides emergency medical supply and routine medical equipment maintenance support for the company, and for supported medical elements in the BSA. This element is staffed with a unit supply sergeant, a medical equipment repairer, a medical supply specialist, and an armorer.

c. Operations Element. This element plans, coordinates and trains NBC defense functions. It operates the company's wire communications net (Figure 4-14); serves as NCS for the company's operation nets (AM and FM voice—Figures 4-11 and 4-12); and performs unit-level maintenance on all FSMC CE equipment. The operations element is staffed with an NBC operations NCO, a senior radio operator, a single channel radio operator, and a tactical communications systems operator/mechanic.

COMPANY HEADQUARTERS

(Command Element)
Co Cdr*
Fld Med Asst/XO
First Sgt
Unit Clerk/Swb Opr

(Supply Element)	(Operations Element)
Unit Supply Sgt	NBC Operations NCO
Med Eq Repairer	Senior Radio Opr
Med Supply Sp	Sngl Chan Radio Opr
Armorer	Tac Comm Sys Opr/Mech

*Also Brigade Surgeon

Figure 4-31. Organization and staffing of company headquarters, FSMC.

4-67. Treatment Platoon

The treatment platoon operates the DCS. It receives, triages, treats, and dispositions patients based upon their medical condition. This platoon provides for minor surgery, internal medicine, general medicine, and general dentistry. It provides basic diagnostic laboratory, radiological, and patient holding services. The treatment platoon is composed of a platoon headquarters, an area support section, and a treatment section (Figure 4-26). For communications, the platoon employs seven tactical radios and operates its own NCS (Figure 4-13). It is deployed in the FSMC's wire communications net (Figure 4-14).

4-68. Treatment Platoon Headquarters

This is the C^2 element for the platoon. It directs the disposition of patients and coordinates their evacuation. For communication this element uses the FSMC wire communications net and employs an FM tactical radio mounted in its assigned vehicle.

4-69. Area Support Section

The area support section forms the DCS. It is composed of an area support treatment team, an area support squad, and a patient holding squad. These three elements operate as a single treatment unit and provide unit- and division-level medical support for units operating in the brigade areas. Elements of this section are not used to reinforce or reconstitute Echelon I units. Normally, they are not used on area damage control teams.

4-70. Treatment Section

a. The treatment section (Figure 4-26) is composed of two treatment squads (''first" and "second" squad). These squads perform routine medical care and ATM. Each FSMC treatment squad is identical to the treatment squad of the infantry battalion medical platoon and is oriented toward reinforcing BSA medical assets. Each squad has the capability to operate as separate treatment teams (teams A and B) for a limited period of time. These squads provide troop clinic type services, ATM, and tailgate medicine. The operational medicine officer plans and supervises the activities

of the treatment squad. He examines, treats, and prescribes courses of treatment in the care of patients; provides ATM care for the seriously injured and wounded; and supervises the care and treatment provided patients by other members of his squad.

b. Each squad employs two trauma and two sick call medical equipment sets (one of each type per treatment team), two HMMWV treatment vehicles, and two tactical radios (FM voice). Initially, these squads are located with the area support section to provide an expanded capability for the DCS. But they are primarily oriented toward augmenting or reinforcing combat battalion medical platoons.

4-71. Operations and Employment of the Division Clearing Station

a. The DCS is operated by the FSMC treatment platoon. Its neuropsychiatric and PVNTMED capability is enhanced by the attachment of CSC elements from the division mental health section and a PVNTMED team from the division PVNTMED section. The FSMC may be augmented with a surgical detachment, giving its DCS a surgical capability.

b. The DCS is normally deployed in the vicinity of the brigade trains. It should not be located near targets of opportunity such as ammunition or POL distribution points or other such targets subject to enemy assault. A suggested layout of a DCS is shown in Figure 4-27. Considerations for selecting the location of this facility include—

(1) Centrally located to provide equal support to the three maneuvering battalions.

(2) Near accessible evacuation routes.

(3) Avoidance of likely enemy target areas.

(4) Near an open area suitable for landing air ambulances.

c. Seriously ill or wounded patients arriving at this facility are given necessary medical treatment and stabilized for movement. Patients reporting with minor injuries and illnesses are treated within the capability of attending medical and dental officers. Patients are either held for continued treatment and observation for up to 72 hours; evacuated to the MSMC DCS or corps hospital for further treatment, evaluation and disposition; or treated and immediately RTD. Other functions of this facility include—

- Providing consultation and limited clinical laboratory/radiology services.
- Recording all patients seen or treated at the MTF; notifying the brigade S1 and units of all patients from their organization that were processed through the facility.
- Verifying the information contained on the FMC of all patients.
- Monitoring patients when necessary, for NBC contamination prior to medical treatment (refer to FM 8-9, FM 8-285, and TM 8-215).
- Assuring the decontamination and treatment of NBC patients (refer to Appendix E).

NOTE

Patient decon is performed by a pretrained decon team. The team is composed of eight nonmedical personnel from supported units. Patient decon teams perform best when trained and exercised with the supporting medical company.

d. Evacuation from the DCS is performed by ground and air ambulances from the supporting medical brigade/group and ground ambulances from the medical battalion support company.

e. Ammunition and individual weapons (including hand grenades) belonging to patients to

be evacuated out of the division will be collected by the DCS and given to the BDE S4, CS/CSS unit's designated representative, or disposed of as established by command SOP. Patients admitted to the holding facility who are expected to RTD within 72 hours may retain their weapons; such equipment may be given to FSMC armorer for safekeeping pending the patients final disposition. Patients traveling to the division rear for routine medical consultation will retain their individual weapons and equipment.

NOTE

No weapons/ammunition or other equipment such as night vision devices, CE equipment, maps, or classified material will be evacuated out of the division. Patients entering the treatment chain will always retain their protective mask.

4-72. FSMC Ambulance Platoon

a. The FSMC ambulance platoon (Figure 4-28) performs ground evacuation from BASS in the forward areas to the DCS located in the BSA. The FSMC ambulance platoon is staffed with a platoon leader, a platoon sergeant, two aid/evacuation sergeants, six aid/evacuation specialists, and eight medical specialists/ambulance drivers. The ambulance platoon comprises a platoon headquarters, four ambulance squads (or eight ambulance teams), one HMMWV control vehicle, and eight HMMWV ambulances.

b. The platoon leader leads the platoon and plans for its employment. He establishes and maintains contact with medical platoons of supported maneuver battalions; makes route reconnaissances, develops and issues strip maps; and establishes AXPs for both ground and air ambulances as required.

4-73. Employment of the FSMC Ambulance Platoon

The FSMC ambulance platoon locates with the treatment platoon for mutual support. This platoon is mobile in its operations; all ambulances may be dispatched at any given time. Each of its ambulance teams carries a medical equipment set designed for en route patient care. For communications, the platoon employs nine tactical radios (FM voice), operates its own NCS, and is deployed in the FSMC wire communications net. Prior to start of tactical operations, the platoon establishes contact with supported medical platoons and places one or two ambulances on location with those units. During static situations, however, ambulance teams are retained at their base site to facilitate maximum coverage for all supported units. In addition to providing direct support for maneuver battalions, the ambulance platoon provides area support (routine sick call runs and emergency standby) on an on-call basis for CS units (for example, CAB, DIVARTY, and engineer units) operating within the BSA. The platoon's area of operation is shown in Figure 4-32. The procedures for medical evacuation are discussed in paragraph 4-19c.

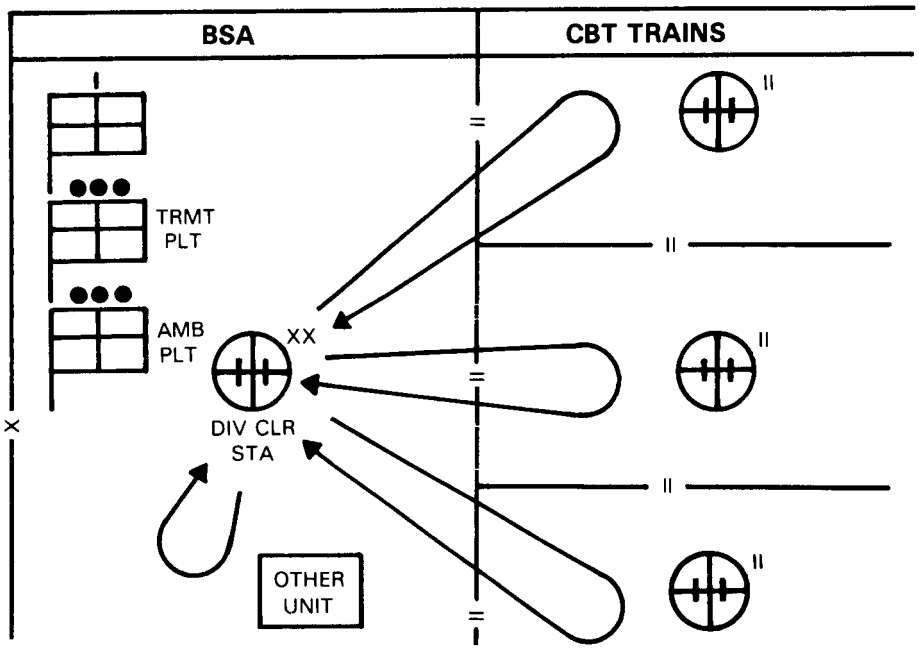


Figure 4-32. FSMC ambulance platoon area of operations.