

APPENDIX H

COMBAT STRESS CONTROL SERVICES-MEDICAL FORCE 2000

H-1. Medical Force 2000 Units

Under Medical Force 2000, TOE 08-620H00M, Team OM, psychiatric service, will be replaced with two new units:

- Medical company, CSC, TOE 08-467L000.
- Medical detachment, CSC, TOE 08-567LA00.

H-2. Functions of Units

Medical detachment, CSC, will routinely reinforce the organic mental health sections of divisions and separate brigades, Medical company, CSC will—

- Support the corps area.
- Provide staff and special equipment for reconditioning behind each division.
- Exercise command and control of the CSC detachments.
- Reinforce CSC detachments in the divisions when the caseload requires.

H-3. Organization of Units

A description of the CSC organization follows:

a. Medical Company, CSC.

(1) *Mission.* The mission of the medical company, CSC, is to provide combat stress casualty prevention, treatment, and management on an area basis.

(2) *Assignment.* The medical company, CSC, is assigned to a MEDCOM or medical brigade, TOE 08-422L100. It may be further attached to medical group, TOE 08-432L000.

(3) *Capabilities.* This unit provides—

- Planning and staff advice to command and control headquarters regarding the stressors affecting the troops such as combat intensity and sleep deprivation; their mental readiness, morale, cohesion, morals, and spiritual welfare; and the potential for and status of treatment of battle fatigue and other neuro-psychiatric and alcohol or drug abuse casualties.

- A preventive section (with psychiatrists, social work officers, and enlisted) that may divide into six 4-person CSC preventive (CSCP) teams, each providing consultation, neuropsychiatric triage, reconstitution support, and medical supervision and return to duty coordination for restoration and reconditioning programs.

- A restoration section (with psychiatric nurses, clinical psychologists, occupational therapy officers, plus enlisted) that may divide into four 11-person CSC restoration (CSCR) teams, each providing stabilization and restoration or reconditioning for up to 50 battle fatigue casualties, plus consultation, reconstitution support, and neuropsychiatric triage support.

(4) *Employment of teams.* The CSCP and CSCR teams may be employed separately, but more commonly are combined into task-organized sections to staff restoration or reconditioning facilities.

(5) *Mobility.* The CSC teams are 100-percent mobile and can provide austere shelter, heat tray packs, and water for field hygiene for limited numbers of battle fatigue casualties. These teams depend on the units to which they are attached for logistical and communications support. Large restoration or reconditioning centers require augmentation with patient holding assets.

(6) *Basis of allocation.* A company is allocated to the corps on the basis of one medical company, CSC, per two divisions for high-intensity

conflict and one per four or five divisions for mid-intensity conflict. The headquarters section of the medical company, CSC, usually collocates with its higher medical headquarters or with the HSC of an evacuation battalion or ASMB which provides staff coordination, communication, and logistical support. Depending on availability and phase of conflict, a CSC company or elements thereof may also be assigned to the COMMZ.

b. Medical Detachment, CSC.

(1) *Mission.* The mission of the medical detachment, CSC, is to provide forward combat stress casualty prevention, treatment, and RTD.

(2) *Assignment.* This unit is assigned to a medical brigade. It may be attached to a medical group or to a medical company, CSC, TOE 08-467 L000. It is routinely attached to the MSB or medical battalion of a division, under operational control of the DMHS.

(3) *Capabilities.* At full strength, this unit provides—

- Planning and staff advice to command and control headquarters regarding the stressors affecting the troops such as combat intensity and sleep deprivation; their mental readiness, morale, cohesion, morals, and spiritual welfare; and the potential for and status of treatment of battle fatigue and other neuropsychiatric casualties including substance abuse casualties.

- A preventive section that divides into three CSCP teams; each provides

consultation, combat neuropsychiatric triage, reconstitution support, and medical supervision and RTD coordination for restoration in a BSA.

- One CSCR team that provides stabilization, restoration, and reconditioning for up to 50 battle fatigue casualties, plus consultation, reconstitution support, and combat neuropsychiatric triage support, usually in the DSA.

(4) *Basis of allocation.*

(a) One medical detachment, CSC, is allocated per division.

(b) One medical detachment, CSC, is allocated per two to three separate brigade-sized forces not otherwise provided CSC support.

H-4. Mental Health Section in the Area Support Medical Battalion

The ASMB (Appendix I) includes a mental health section which is similar to the division mental health section discussed in paragraph 12-6 except that it does not have a psychologist assigned. It provides area mental health/CSC support in the corps area and the COMMZ.

H-5. Command and Control

Command and control for Medical Force 2000 CSC/mental health activities will be coordinated by small mental health staff or consultant sections in the MEDCOM, medical brigade (corps and COMMZ), and medical group headquarters.