

CHAPTER 2

THE MEDICAL COMPANY

Section I. The DIVISION MEDICAL COMPANIES

2-1. General

a. The division is the largest Army fixed organization that trains and fights as a tactical team. It is organized with varying numbers and types of combat, CS, and combat service support (CSS) units. A division may be armored, mechanized infantry, light infantry, airborne, or air assault. Each type of division conducts tactical operations across the operational continuum. Divisions are the basic units of maneuver at the tactical level.

b. In all divisions, Echelon II medical care is provided by the FSMCs of the forward support battalions (FSBs) and the MSMC of the MSB. These units also provide Echelon I medical care to units without organic CHS resources. These support battalions are located in the division support command (DISCOM).

2-2. Types of Divisions

a. *Heavy Divisions.* The heavy divisions are comprised of the armored and mechanized infantry divisions. These forces provide mobile, armor-protected firepower. Because of their mobility and survivability, the heavy divisions are employed over wide areas where they are afforded long-range and flat-trajectory fire. They destroy enemy armored forces and seize and control land areas, including populations and resources.

b. *Infantry Divisions.* The infantry divisions are comprised of the light infantry, airborne, and air assault divisions.

(1) *Light infantry division.* The organization of the LID provides the flexibility to accomplish missions on a global basis on different types of terrain and against a variety of enemy forces. Its operations are conducted primarily at night or during periods of limited visibility.

(2) *Airborne division.* The airborne division is organized to be rapidly deployed anywhere in the world. It conducts airborne assaults in the enemy's rear to secure terrain or to interdict routes of resupply or enemy withdrawal.

(3) *Air assault division.* The air assault division conducts combat operations over extended distances and terrain obstacles using light infantry, aviation, CS, and CSS units. Once deployed on the ground, air assault infantry battalions fight like those of the LID; however, the task organization of organic aviation permits rapid aerial redeployment.

(4) *Additional information.* For additional information on the organization and functions of the different divisions, refer to FM 71-100.

2-3. The Division Commander and Staff

a. Command Group.

(1) *Division commander.* The division commander is responsible for everything the division does. He assigns missions, delegates authority, and provides guidance, resources, and support to accomplish the mission.

(2) *Assistant division commander.* Within a division there are two assistant division commanders. The commander prescribes their duties, responsibilities, and relationships with the staff and subordinate units. Normally, the responsibilities are broken down as operations and training (or maneuver) and support,

b. Staff

(1) *Chief of staff.* The chief of staff directs the efforts of both the coordinating and special staffs.

(2) *Staff sections.* The Assistant Chief of Staff (ACofS), G1 (Personnel), G2 (Intelligence), G3 (Operations), G4 (Logistics), and command sergeant major (CSM) function at the division level in much the same way as their counterpart staffs function at battalion and brigade level. The G5 is the civil-military operations (CMO) officer. This position is normally found only at division level or higher. A detailed discussion of the duties and responsibilities of each staff section is contained in FM 101-5.

(a) *Assistant Chief of Staff, G1 (Personnel).* The G1 is the principal staff officer for the division commander on all personnel matters. He is responsible for providing specific personnel services support to the force and managing command-wide soldiers' programs.

(b) *Assistant Chief of Staff, G2 (Intelligence).* The G2 is the principal staff officer for the commander on all military intelligence matters. The G2 acquires intelligence information and data; analyzes and evaluates the information and data; and presents the assessment or evaluation and recommendations to the commander. This information must permit the commander to see the entire battlefield (that is, deep threat, covering force area, main battle area [MBA], and rear area). (Requests for medical intelligence are processed through established intelligence channels, Medical units should request specific and detailed information on the medical threat within the AO. Refer to FM 8-10-8 for additional information.)

(c) *Assistant Chief of Staff, G-3 (Operations).* The G3 is the principal staff officer for the commander in matters concerning operations, plans, organization, and training. The nature of the operations officer's responsibilities requires a high degree of coordination with other staff members.

(d) *Assistant Chief of Staff, G-4 (Logistics).* The G4 is the principal staff officer for the commander in matters of supply, maintenance, transportation, and services. As the logistics

planner, he must maintain close and continuous coordination with the CSS commanders responsible for logistics operations and with the G3 for support of tactical operations.

(e) Assistant Chief of Staff G5 (Civil-Military Operations). The G5 is the principal staff officer for the commander in all matters concerning the civilian impact on military operations and the political, economical, and social effects of military operations on civilian personnel. He has staff responsibility for those activities embracing the relationship of the military forces, the civilian authorities, and the people in the AO.

2-4. Light-Heavy/Heavy-Light Mixes

Effective integration of light and heavy forces maximizes the capabilities of each type of force. It uses the advantages of one type to offset the limitations of the other. Not all situations are suitable for such mixes. In considering integration of light and heavy forces, planners must match the force to the METT-T planning factors. (Support to these forces is discussed in Chapter 4.)

2-5. Division Surgeon

a. The division surgeon is a special staff officer who is normally under the staff supervision of the G1. Generally, the surgeon's duties are administrative; the division commander charges him with the full responsibility for the technical control of all CHS activities in the command. The division surgeon advises the division commander on all CHS and CHS-related issues. Assisted by the DMOC, the surgeon is responsible for—

- Advising on the status of the health of the command and of occupied or friendly territory within the commander's area of responsibility.
- Reviewing all division OPLANs and contingency plans to identify potential medical hazards associated with geographical locations and climatic conditions.
- Advising on the medical effects of the environment and of NBC weapons on personnel, rations, and water.
- Determining requirements for the requisition, procurement, storage, maintenance, distribution management, and documentation for health service logistics materiel (Class VIII).
- Determining requirements for CHS personnel and making recommendations for their assignment.
- Coordinating with medical unit commanders and maneuver units' medical platoon leaders for continuous CHS.

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- Submitting to higher headquarters those medical issues requiring research and development.
- Recommending use of captured Class VIII supplies in support of enemy prisoners of war (EPW) and other recipients.
- Advising on medical intelligence requirements.
- Providing recommendations on the allocation and redistribution of AMEDD personnel, health service logistics, and CHS assets during regeneration activities.
- Advising commanders about the PVNTMED and CSC aspects of regeneration.
- Advising commanders on the effects of accumulated radiation exposure, possible delayed effects from exposure to chemical and biological agents, and use of pretreatments.
- Planning and coordinating the following CHS operations:
 - Collection, treatment, and evacuation of sick, injured, and wounded personnel.
 - Dental services (in coordination with the dental surgeon).
 - Veterinary food inspection, animal care, and veterinary PVNTMED activities of the command.
 - Professional support in subordinate units.
 - Preventive medicine services (in coordination with the division PVNTMED officer).
 - Medical laboratory support.
 - Combat stress control (in coordination with the division psychiatrist).
 - Health service logistics, to include blood management.
 - Humanitarian assistance and disaster relief operations.
 - Combat health support aspects of rear operations.
 - Preparation and processing of required reports, to include the command health report.

b. An in-depth discussion of the duties and responsibilities of the division surgeon is contained in FM 8-10-5.

2-6. Division Support Command

a. Mission.

(1) The DISCOM provides division-level logistics and Echelons I (unit level) and II (division level) CHS to all organic elements of the division and, in certain cases, to nondivisional units in the division area.

(2) The DISCOM commander is the principal CSS operator of the division and exercises command authority over organic units. The division G4 has the coordinating staff responsibility for logistics planning. He develops division-level plans, policies, and priorities. The relationship between the division G4 and the DISCOM commander must be close due to the similarities in interests. The G4's planning role does not relieve the DISCOM commander of his responsibilities. The commander provides planning guidance during the formulation of plans, estimates, policies, and priorities.

(3) The G3, G4, and the DISCOM commander usually locate the DISCOM elements in the DSA and BSAs. The FSBs of the heavy and 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 corps and divisional units in the division rear area and backup support for the FSBs. Elements of the FSB may be forward of the BSA, and other DISCOM units, such as the MSB, may have elements in the BSA.

b. Combat Service Support. The DISCOM provides the following CSS:

- Support of Classes I (to include water purification and limited distribution), II, III, IV, VI, VII, VIII, and IX supplies.
- Ammunition transfer points (ATPs) within the BSA.
- Reinforcing maintenance support 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 elements.
- Materiel management for the division.
- Surface transport for personnel, supplies, and equipment to accomplish division logistics and administrative missions, to include supplemental ground transportation to support emergency requirements.
- Supervision and coordination for DISCOM transportation assets.
- Automatic data processing (ADP) support for division logistics activities.
- Materiel collection and classification facilities.

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- Limited capability to carry reserve supplies.
- Combat service support information and advice to the division commander and his staff, except for construction.
- Echelons I and II CHS on an area basis. This includes medical staff services, intradivision evacuation of patients, Class VIII supply and resupply, and unit-level maintenance of medical equipment.
- Rear area operations planning considerations.
- Unclassified maps (requesting, storing, and distributing).
- Interface and coordination with the other services and allied units.

2-7. Division Medical Operations Center

a. The mission of the DMOC, under the technical supervision of the division surgeon, is to plan, coordinate, and synchronize CHS. This includes—

- Emergency medical treatment.
- Advanced trauma management.
- Emergency and sustaining dental treatment.
- Preventive dentistry.
- Limited radiological services.
- Limited medical laboratory services.
- Neuropsychiatric consultation and CSC.
- Preventive medicine.
- Limited optometry services.
- Medical evacuation support (air and ground ambulance).
- Class VIII resupply.
- Medical maintenance.

- Allocation of medical resources.
- Medical augmentation support.
- Patient-holding capability.
- Blood management.

b. The DMOC is responsible for synchronizing CHS operations so that maximum use of organic division medical units and corps medical elements under operational control (OPCON) or attachment is achieved. It is also responsible for coordinating DS and GS relationships of medical units operating in the division AO.

c. Figure 2-1 depicts the DMOC. (For additional information on the organization, operation, and functions of the DMOC, refer to FM 8-10-3.)

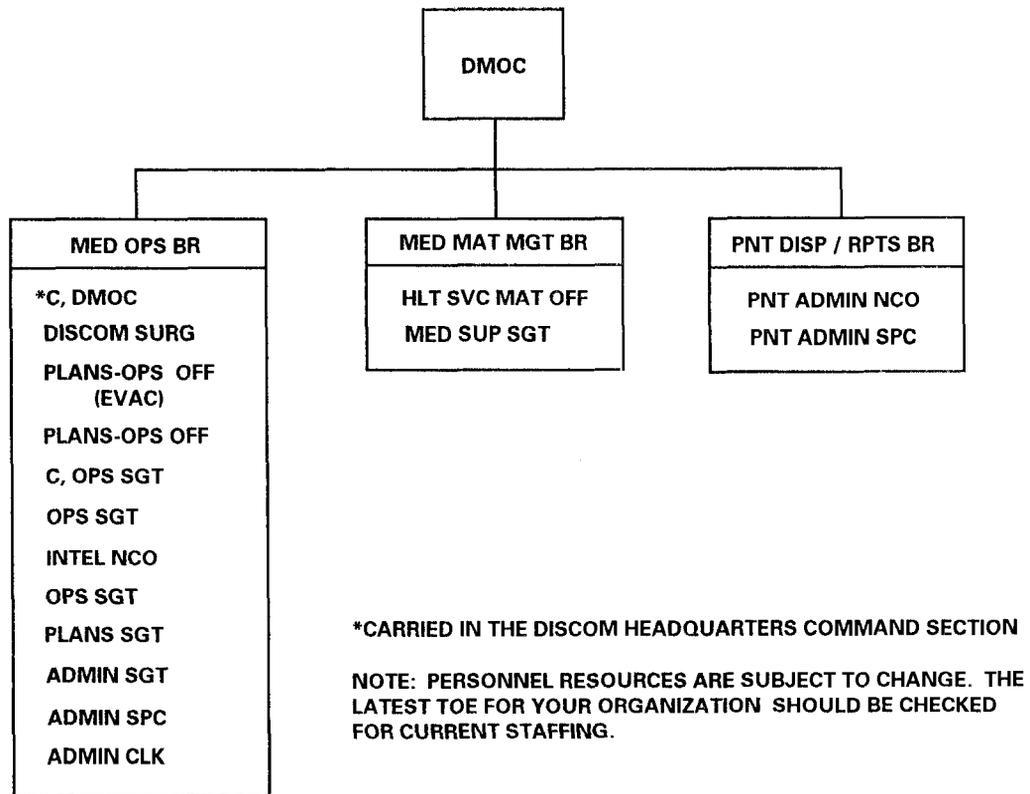


Figure 2-1. Division medical operations center.

2-8. Forward Support Medical Company

a. *Mission.* The FSMC provides Echelon II medical care to those battalions with organic medical platoons. This company provides both Echelons I and II medical treatment on an area basis to units without organic CHS assets operating in BSAs. The FSMC establishes its treatment facility (division clearing station) in the BSA.

b. *Functions.* The FSMC performs the following functions:

- Treatment of patients with DNBI and BF, triage of mass casualties, ATM, initial resuscitation and stabilization, and preparation of patients incapable of returning to duty for further evacuation.

FSMC.

- Ground evacuation for patients from BASS and designated collecting points to the

- Emergency and sustaining dental care.
- Emergency medical resupply to units in the brigade area,
- Unit-level medical maintenance.
- Medical laboratory and radiology services commensurate with division-level treatment.

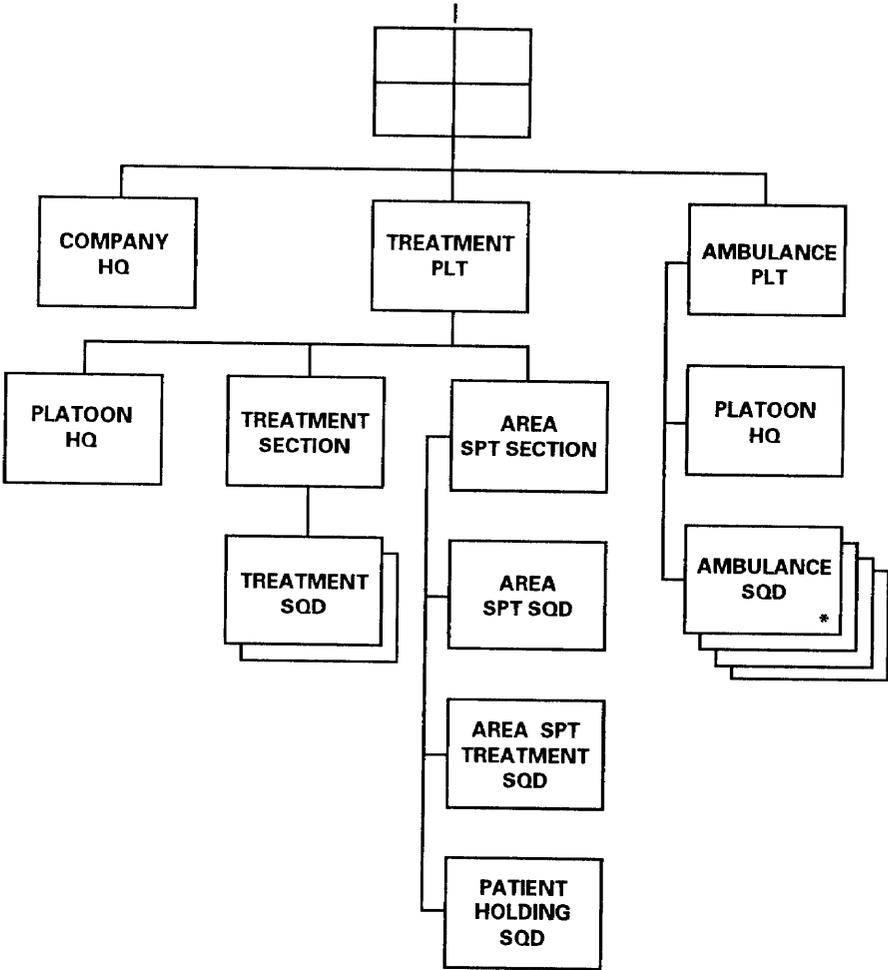
- Outpatient consultation services for patients referred from Echelon I MTFs.
- Patient holding for up to 40 patients (20 patients in the LID) able to RTD within 72 hours.

- Limited reinforcement and augmentation to supported medical platoons.
- Regeneration of supported medical platoons.
- Coordination with the battalion S1 (Adjutant) for required religious support (unit ministry team [UMT]).

c. *Organization.* The FSMC plays a vital role in manning the force by providing division- and unit-level CHS to all units operating in the supported brigade area. As shown in Figure 2-2, the company consists of a company headquarters, treatment platoon, and ambulance platoon.

(1) *Company headquarters.* The company headquarters (Table 2-1) provides command and control (C²) of the company and attached medical units. It also provides administration, general and medical supply, NBC defensive operations, and communications support. In the multifunctional battalions, food service support and unit maintenance are consolidated at the battalion level. Further, patients requiring a modified diet are evacuated to a CSH where both patient

rations (Medical B Rations) and personnel trained in modified diet preparation (MOS 91M) are available. The headquarters may be organized into command, supply, operations and communications, dining facility, and motor pool elements.



* DETERMINED BY TYPE OF PARENT UNIT

Figure 2-2. Forward support medical company.

(a) *Forward support medical company commander.* The commander, a physician, also serves as the brigade surgeon and keeps the brigade commander informed on the CHS aspects of brigade operations and the health of the command. (For additional information on the duties and responsibilities of the brigade surgeon, refer to paragraph 2-9 and FM 8-10-5.) He regularly attends brigade staff meetings to obtain information to facilitate medical planning. Specific duties of the FSMC commander include—

- Ensuring implementation of the CHS section of the TSOP.
- Determining the allocation of CHS resources within the brigade.
- Supervising the technical training of medical personnel and combat lifesavers in the BSA.
- Determining procedures, techniques, and limitations in the conduct of routine medical care, EMT, and ATM.
- Monitoring requests for medical evacuation from supported units, situations.
- Informing the division surgeon and the DMOC of the brigade's CHS situations.
- Supervising the activities of subordinate battalion surgeons,
- Assuming technical supervision of all PAs and medical section NCOs organic to subordinate units in the absence of their assigned physician.
- Monitoring the health of the command and advising the commander of measures to counter DNBI.
- Providing the CHS estimate and medical threat input for inclusion in the commander's estimate.
- Supervising all planning activities to ensure such planning is synchronized laterally and vertically.

(b) *Health services administration assistant.* The health services administration assistant (also referred to as the medical operations officer) serves as the company executive officer. He is the principal assistant to the commander in the employment of the company assets. The medical operations officer ensures liaison with the battalion staff and the other supported organizational staffs when deemed appropriate by the FSB commander. He also supervises and coordinates the security, planning, tactical operations, communications, operations security (OPSEC), logistics, and training functions of the company.

*Table 2-1. Organization and Staffing of Company Headquarters,
Forward Support Medical Company*

COMPANY HEADQUARTERS	
(Command Element)	
Company Commander/Brigade Surgeon	
Health Services Administration Assistant/Executive Officer	
First Sergeant	
Unit Clerk/Switchboard Operator	
(Supply Element)	(Operations Element)
Unit Supply Sergeant	NBC Operations NCO
*Medical Equipment Repairer	Senior Radio Operator
Medical Supply Specialist	Single Channel Radio Operator
Armorer	Operator/Mechanic, Tactical Communications Systems

*Not present in the heavy divisions.

(c) 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 (except in the heavy divisions), a medical supply specialist, and an armorer.

(d) Operations element. This element plans, coordinates, and trains NBC defense functions; operates the company wire communications net; serves as the net control station (NCS) for the company operations nets; and performs unit-level maintenance on all FSMC communications-electronics (C-E) equipment.

(e) Additional information. For additional information on communications, refer to paragraph 3-5.

(2) Treatment platoon. The treatment platoon (Table 2-2) receives, triages, treats, and determines the disposition of patients. The platoon provides for ATM, general medicine, and general dentistry. The platoon consists of a platoon headquarters, an area support section, and a treatment section. For communications, the platoon employs seven tactical radios and operates its own NCS. It is deployed in the FSMC wire communications net.

Table 2-2. Organization and Staffing of a Forward Support Medical Company Treatment Platoon

TREATMENT PLATOON		
PLATOON HEADQUARTERS		
*Platoon Leader Health Services Administration Assistant Platoon Sergeant Patient Administration Specialist/Radio Operator/Driver		
TREATMENT SECTION		AREA SUPPORT SECTION
Treatment Squads (1st Squad)		Area Support Treatment Squad
Field Surgeon	"A"	*Field Surgeon
Physician Assistant	"B"	EMT NCO
EMT NCO	"A"	Medical Specialist
EMT NCO	"B"	Medical Specialist/Radio
Medical Sergeant	"B"	Operator/Driver
Medical Specialist	"A"	
Medical Specialist/Radio		Area Support Squad
Operator/Driver	"A"	
Medical Specialist/Radio		Dental Officer
Operator/Driver	"B"	Dental Specialist
		Medical Laboratory Specialist
		X-ray Specialist
Treatment Squad (2d Squad)		
Field Surgeon	"A"	
Physician Assistant	"B"	Patient-Holding Squad
EMT NCO	"A"	
EMT NCO	"B"	Wardmaster
Medical Sergeant	"B"	Practical Nurse
Medical Specialist	"A"	Medical Specialist, Nursing
Medical Specialist/Radio		Assistant/Power Generator
Operator/Driver	"A"	Operator/5-Ton Truck Driver
Medical Specialist/Radio		
Operator/Driver	"B"	Medical Specialist, Nursing
		Assistant/Power Generator
		Operator/5-Ton Truck Driver

LEGEND:
 "A" --Alpha Team
 "B" --Bravo Team
 * Serves as platoon leader and field surgeon of the area support section.

(a) *Platoon headquarters.* The treatment platoon headquarters is the C² element of the platoon. It determines and directs the disposition of patients and coordinates for their further evacuation. For communications, this element uses the FSMC wire net and employs a frequency modulation (FM) tactical radio mounted in its assigned vehicle.

1. *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 squad and directs the activities of the clearing station.

2. *Health services administration assistant.* The health services administration assistant is the platoon operations officer. He is the primary assistant to the platoon leader for tactical operations, OPSEC, communications, administration, organizational training, supply, transportation, and patient regulating and evacuation.

3. *Platoon sergeant.* The platoon sergeant assists the platoon leader and the health services administration assistant in accomplishing their duties. He assists in the management of both the technical and tactical operations of the platoon. The platoon sergeant provides guidance and training to the assigned enlisted personnel.

4. *Patient administration specialist.* The patient administration (PAD) specialist is responsible for patient accountability and status reporting. This function includes initiating the DD Form 1380 (US Field Medical Cards [FMCs]) on patients seen and treated or held in the clearing station; preparing and maintaining the Daily Disposition Log (DDL); and preparing and transmitting the Patient Summary Report (PSR) and the Patient Evacuation and Mortality Report (PE&MR). (For additional information on these reports, refer to Appendix F.) The PAD specialist also maintains the individual field medical record in accordance with AR 40-66 (Appendix I). The PAD specialist drives and maintains the high-mobility multipurpose wheeled vehicle (HMMWV) assigned to the platoon headquarters. He, along with the medical specialist in the area support section, operates the treatment platoon's FM radio NCS.

(b) *Area support section.* The area support section operates the division clearing station. It consists of an area support treatment squad, an area support squad, and a patient-holding squad. These three elements operate as a single treatment unit and provide Echelons I and II medical support for units operating in the BSA. Elements of this section are not normally used to reinforce or reconstitute Echelon I units. Further, they normally are not used on area damage control teams.

1. *Area support squad.* The area support squad is comprised of the dental and diagnostic support elements of the division clearing station. The dental element provides emergency dental care to include treatment of minor maxillofacial injuries, sustaining dental care designed to prevent or intercept potential dental emergencies, and limited preventive dentistry and consultation services. The diagnostic element comprises a medical laboratory and field x-ray capability. Medical laboratory services in Echelon II MTFs are adequate to the echelon of care and the necessity to maintain unit mobility. To augment area medical support efforts within the division,

these specialists have the capability to collect diagnostic samples and transfer them to higher echelon medical laboratories for analyses. The area support squad consists of the following personnel:

- *Dental officer.* The dentist examines, diagnoses, treats, and prescribes treatment for diseases, abnormalities, and defects of teeth and their supporting structures. He also serves as the brigade dental surgeon. Further, this officer (in his alternate wartime role) triages and performs ATM, supervises the activities of the area support squad, and monitors all dental activities within his AO.

- *Dental specialist.* This specialist assists the dental officer in the examination and treatment of the teeth and the oral region. He also performs dental x-rays and maintains the dental MES.

- *Medical laboratory specialist.* The medical laboratory specialist performs clinical laboratory and blood banking procedures to aid the physicians, PAs, and paraprofessionals in the diagnosis, treatment, and prevention of diseases. (Additional information on the procedures available at this level is contained in Appendix H.)

- *X-ray specialist.* This specialist performs routine clinical x-ray procedures to aid physicians, PAs, and paraprofessionals in the diagnosis and treatment of patient conditions. He interprets physician's orders, applies radiation and electrical protective measures, operates and maintains fixed and portable x-ray equipment, and takes x-rays of the extremities, chest, trunk, and skull. He assembles x-ray film and performs automatic radiographic film processing (darkroom) procedures. The x-ray specialist also maintains the x-ray film file for patients remaining within the division, or arranges for films to accompany those patients evacuated out of the division. Further, he operates and maintains the assigned power generator.

2. *Patient-holding squad.* The patient-holding squad operates the holding facility of the division clearing station. The primary function of this 40-cot (20 cots in the LID) holding facility is to provide nursing care for patients awaiting evacuation and for those patients being held for DNBI, to include BF and minor NP patients that are expected to RTD within 72 hours. However, the division commander, on the advice of the command surgeon, may extend this holding period up to 96 hours under certain battlefield conditions.

- *Wardmaster.* This NCO supervises patient-holding operations and carries out doctors' orders. He performs preventive and therapeutic nursing procedures and EMT; provides technical guidance and training to assigned personnel; and plans and executes the disestablishment, movement, establishment, and operations of the holding facility.

- *Practical nurse.* The practical nurse assists the wardmaster in accomplishing his duties. He performs preventive and therapeutic nursing procedures and EMT procedures. He also provides technical guidance to the assigned medical specialists.

- *Medical specialists/nursing assistants.* These nursing assistants perform EMT procedures, routine nursing care procedures, and operate and maintain the assigned vehicles.

3. *Area support treatment squad.* The area support treatment squad is the base medical treatment element of the division clearing station. It provides troop clinic-type services and ATM. This squad, in coordination with the DMSO, may also provide limited emergency medical resupply of supported medical units operating in the BSA. The primary care physician of this squad is also the treatment platoon leader.

- *Field surgeon.* He diagnoses, treats, and prescribes courses of treatment for patients. As the treatment platoon leader, he directs the activities of the division clearing station.

- *Emergency medical treatment noncommissioned officer.* This NCO performs EMT procedures, assists the medical and dental officers, and supervises the activities of the assigned medical specialists.

- *Medical specialists.* These specialists assist in routine sick call procedures and perform EMT. They also operate and maintain assigned signal equipment and vehicle.

(c) *Treatment section.* The treatment section 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 maneuver battalion medical platoon. Each squad has the capability to operate as separate treatment teams (A and B) for a limited period of time. These squads provide sick call operations, EMT, and ATM. The field surgeon plans and supervises the activities of the treatment squad. He examines, treats, and prescribes courses of treatment in the care of patients; provides ATM for the seriously injured or wounded; and supervises the care and treatment provided patients by other members of his squad. Each squad employs two trauma and two sick call MESs (one of each type per treatment team), two vehicles, and two tactical radios (FM voice). Initially, these squads are located with the area support section to provide expanded capability for the division clearing station. Their primary role, however, is to provide augmentation to maneuver battalion medical platoons. These squads/teams are routinely placed OPCON to supported maneuver battalions. They are normally attached to the battalion medical platoon under the OPCON of the battalion surgeon.

1. *Field surgeon.* He examines, diagnoses, treats, and prescribes courses of treatment for patients. This officer also directs the activities of the division clearing station.

2. *Physician assistant.* This officer performs general technical health care and administrative duties. He is ATM qualified and works under the clinical supervision of the field surgeon. He treats patients, and when the division clearing station must operate in a jump configuration or split team mode, he leads the "B" team.

3. *Emergency medical treatment noncommissioned officer.* This NCO performs EMT procedures, assists the medical and dental officers, and supervises the activities of assigned medical specialists. He also maintains MESs and secures and maintains medical supplies and blood products. This NCO assists in establishing and disestablishing the MTF.

4. *Medical specialists.* These specialists assist in routine sick call procedures and perform EMT. They also operate and maintain FM radios and maintain their assigned vehicle.

(3) *Ambulance platoon.* The ambulance platoon performs ground evacuation from BASS in the forward areas to the division clearing station in the BSA. The FSMC ambulance platoon is staffed as depicted in Table 2-3. The ambulance platoon comprises a platoon headquarters, four ambulance squads in a LID (or five in a heavy division, or three in the air assault division), one control vehicle, and ambulances (eight HMMWV in a LID or six HMMWV and four M113s in a heavy division). The platoon leader directs the platoon and plans for its employment.

(a) *Platoon leader.* This officer (health services administration assistant) commands the platoon and plans for its employment. He establishes and maintains contact with supported BASS; makes route reconnaissance; develops and issues strip maps; and establishes ambulance exchange points (AXPs) for both ground and air ambulances, as required.

(b) *Platoon sergeant.* This NCO assists the platoon leader in planning and employing platoon assets. He provides direct supervision and training of enlisted personnel to include operator maintenance.

(c) *Aide/evacuation noncommissioned officers.* These NCOs supervise ambulance squads and serve as ambulance squad leaders. They perform EMT procedures and evacuate patients while providing medical care en route. They also operate and maintain the assigned radios.

(d) *Aide/evacuation specialists.* These specialists serve as team leaders, perform EMT necessary to prepare patients for movement, and provide for their continued care en route. They also operate and maintain their assigned radios.

(e) *Medical specialists/ambulance drivers.* These individuals perform EMT, operate vehicles to evacuate patients, and perform preventive maintenance on ambulances and associated equipment.

2-9. Brigade Surgeon

a. The FSMC commander is dual hatted as the brigade surgeon (except for the aviation brigade). His duties and responsibilities as the brigade surgeon include, but are not limited to—

- Ensuring the implementation of the CHS section of the division TSOP.
- Determining the allocation of CHS resources within the brigade.
- Supervising the technical training of medical personnel and the combat lifesaver program within the brigade.

Table 2-3. Organization and Staffing of a Forward Support Medical Company Ambulance Platoon

AMBULANCE PLATOON	
Platoon Headquarters	
Health Services Administration Assistant/Platoon Leader Platoon Sergeant	
Ambulance Squad (1st Squad)* Senior Aide/Evacuation NCO** Aide/Evacuation Specialist Medical Specialist/Ambulance Driver	Ambulance Squad (2d Squad)* Aide/Evacuation Specialist Medical Specialist/Ambulance Driver
Ambulance Squad (3d Squad)* Senior Aide/Evacuation NCO* Aide/Evacuation Specialist Medical Specialist/Ambulance Driver	Ambulance Squad (4th Squad)* Aide/Evacuation Specialist Medical Specialist/Ambulance Driver
Ambulance Squad (5th Squad)*** Aide/Evacuation Specialist Medical Specialist/Ambulance Driver	

NOTES:
 *2 ambulance teams
 **Supervises 2 to 3 ambulance squads
 ***Heavy division only

- Developing and monitoring the medical evacuation plan (ground and air) which supports the brigade's maneuver plan.
- Writing the CHS portion of brigade TSOP, OPLANs, and operation orders (OPORDs).
- Monitoring requests for aeromedical evacuation from supported units.
- Monitoring the health of the command and advising the commander on measures to counter the medical threat.
- Monitoring and assisting units with their mild to moderate BF cases and determining the capability to restore BFCs within the brigade's AO.
- Informing the division surgeon and the DMOC of the brigade's CHS situation.
- Supervising corps medical elements within the brigade's AO when directed.
- Exercising technical control over subordinate battalion surgeons.
- Assuming technical supervision of PAs organic to subordinate units in the absence of their assigned physicians.

- Advising PAs assigned to artillery and engineer battalions, as required.

b. An in-depth discussion of the brigade surgeon's duties and responsibilities is contained in FM 8-10-5.

2-10. Main Support Medical Company

The MSMC provides Echelons I and II medical care to units without organic CHS resources operating in the DSA. Its organization is depicted in Figure 2-3. The MSMC establishes the DSA clearing station and—

- Provides advice and guidance to the MSB commander and his staff on the health of the command and CHS activities.
- Performs triage, initial resuscitation and stabilization, and preparation for evacuation of sick, injured, and wounded personnel.
- Provides medical evacuation support on an area support basis in the DSA. (Corps ambulances are normally used to evacuate patients from the BSA; however, this mission could be assigned to the MSMC.)
- Provides treatment squads which may operate independently from the division clearing station for limited time periods.
- Provides reorganization and regeneration of FSB medical personnel and equipment, if required.
- Provides emergency and preventive dentistry care and consultation services.
- Provides emergency NP and MH support consultation services, to include CSC throughout the division.
- Performs medical resupply to division and nondivisional units on an area basis.
- Provides patient-holding capabilities of up to 40 patients who are able to RTD within 72 hours.
- Provides limited pharmacy, laboratory, and radiology (x-ray) (PLX) support.
- Accomplishes PVNTMED and environmental health surveillance, inspection, and consultation services for division units.

- Provides optometric support limited to eye examinations, spectacle frame assembly using presurfaced single-vision lenses, and repair services.
- Performs unit-level maintenance on medical equipment.

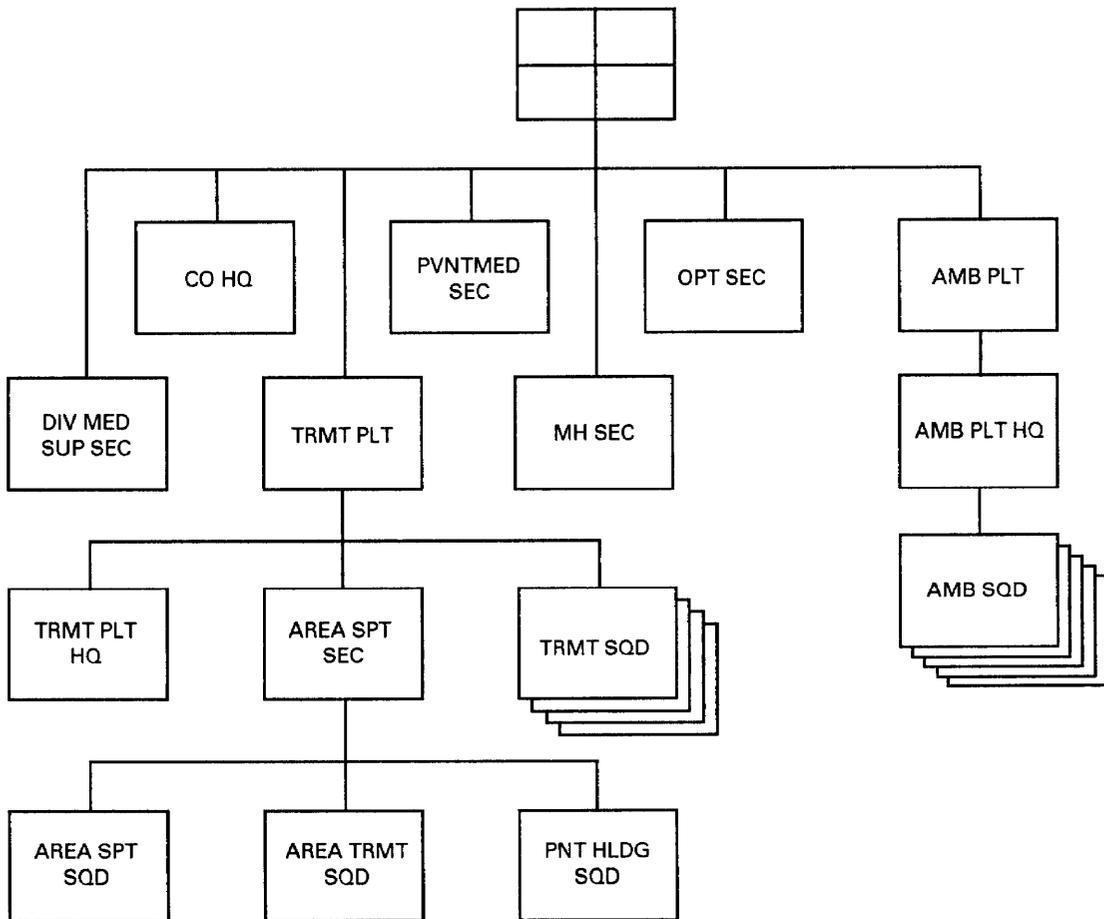


Figure 2-3. Typical organization of the main support medical company.

Section II. THE MEDICAL TROOP IN THE ARMORED CAVALRY REGIMENT

2-11. General

a. The ACR (Figure 2-4) is used by the corps commander as a reconnaissance and security force. The ACR is capable of engaging in decisive combat to help achieve the overall goal of destroying the enemy's cohesion to fight and win. The ACR is a self-contained force around which a covering force is built. Further, it provides an economy-of-force structure for use in the main battle area (MBA) for offensive and defensive operations.

b. The ACR is augmented by other corps and division assets as are required, such as field artillery (FA), air defense artillery (ADA), engineers, attack helicopters, and tactical aircraft.

c. The duties and responsibilities of the regimental surgeon are the same as those of the brigade surgeon discussed in paragraph 2-9.

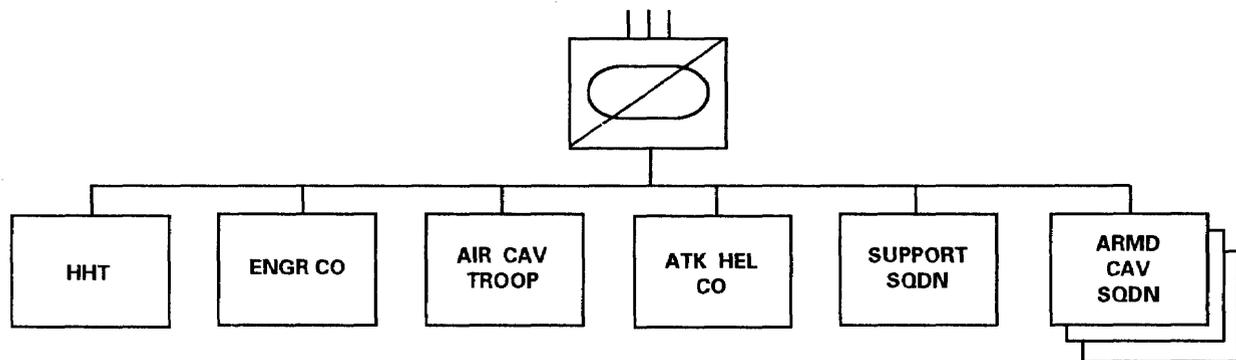


Figure 2-4. Armored cavalry regiment.

2-12. Armored Cavalry Regiment Medical Troop

a. The mission of the ACR medical troop is to provide Echelons I and II medical care within the ACR. The ACR medical troop is depicted in Figure 2-5.

b. The capabilities of this unit are to—

- Provide C² of attached medical elements (including CHS planning; policies and procedures; support operations; and medical evacuation coordination for movement of patients within and out of the regiment AO).

- Advise the regiment commander and support squadron commander on the health of the command and other CHS activities affecting the regiment.

- Develop, prepare, and coordinate the CHS portion of OPLANs and OPORDs.

- Allocate medical resources (personnel and equipment) to all assigned and attached units of the regiment.

- Perform triage, initial resuscitation and stabilization, and preparation for further evacuation of patients generated in the regiment rear area.

- Provide ground evacuation for patients from Echelon I MTFs.

- Deploy treatment squads to perform reinforcement/augmentation to maneuver squadrons' medical platoons. (These squads/teams are routinely placed OPCON to supported maneuver squadrons. They are normally attached to the squadron medical platoon under the OPCON of the squadron surgeon.)

- Provide health service logistics and medical equipment maintenance repair parts and support to the regiment on an area support basis. (The regiment medical supply section [RMSS] maintains a 5-day stock of emergency *push* packages and individual medical items. Emergency supply requests are sent to the supporting MEDLOG battalion [forward] or the nearest medical unit.)

- Provide dental support (including treatment of maxillofacial injuries; emergency dental treatment; sustaining dental care designed to prevent or intercept potential dental emergencies; and limited preventive dentistry.)

- Provide laboratory service commensurate with the regiment's Echelon II facility.

- Perform patient holding for up to 40 patients awaiting evacuation or RTD within 72 hours.

- Provide outpatient consultation services for patients referred from Echelon I MTFs.

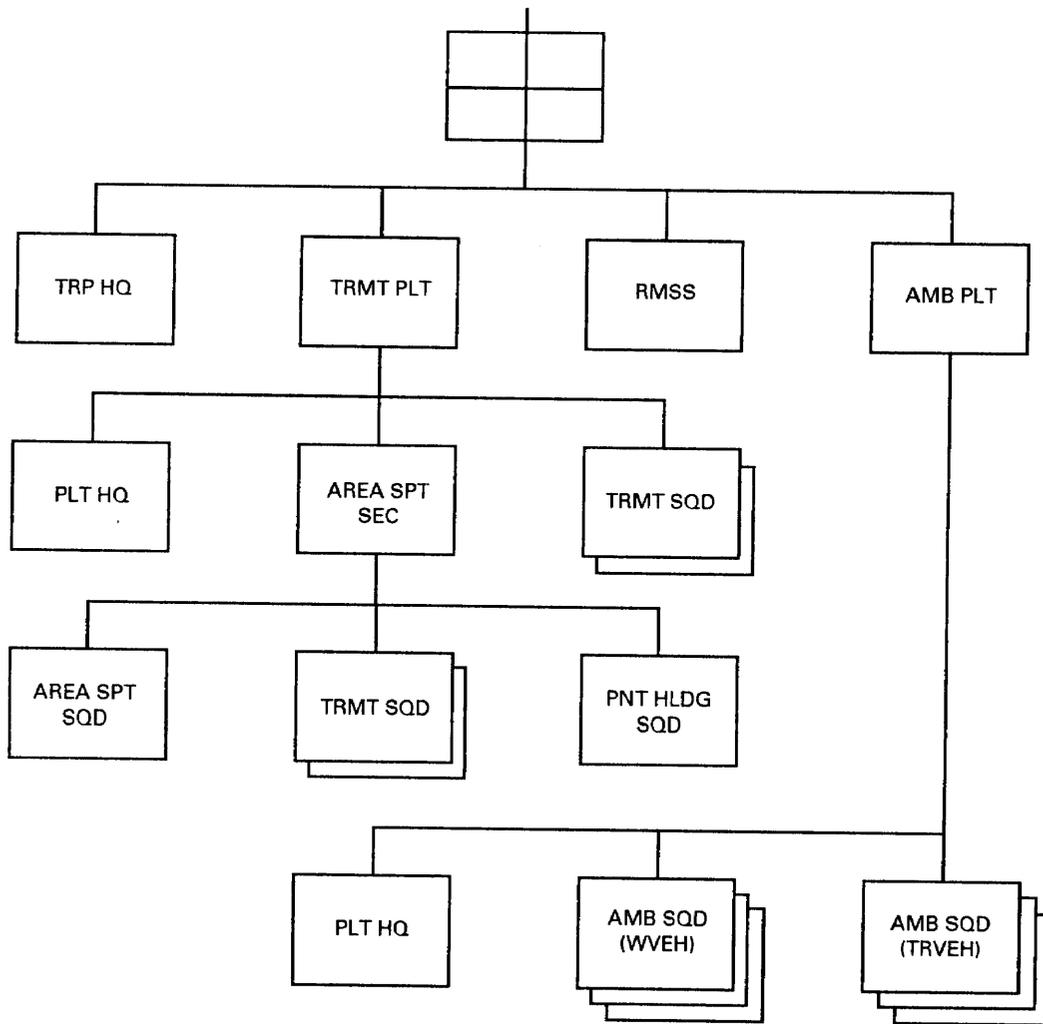


Figure 2-5. Medical troop, support squadron, armored cavalry regiment.

Section III. THE CORPS/COMMUNICATIONS ZONE AREA SUPPORT MEDICAL COMPANY

2-13. General

a. Echelons I and II CHS to corps and COMMZ is provided by the ASMC. This care is provided on an area basis to supported units.

b. This section provides only an overview of the unit's organization, mission, and functions. For an in-depth discussion of the ASMC and the ASMB, refer to FM 8-10-24.

2-14. Organization and Functions

- a.* The ASMC is organized as depicted in Figure 2-6.
- b.* The capabilities of the ASMC include—
- Treatment of patients with DNBI and BF.
 - Triage of mass casualties.
 - Initial resuscitation and stabilization for evacuation of patients incapable of returning to duty within 72 hours.
 - Treatment squads which are capable of operating independently of the ASMC for a limited period of time.
 - Ground evacuation of patients from units within their AO to the treatment squads of the ASMC.
 - Emergency medical supply and resupply to units operating within their assigned AO.
 - Pharmacy, laboratory, and radiology (x-ray) services commensurate with Echelon II CHS.
 - Emergency dental care, to include stabilization of maxillofacial injuries, sustaining dental care designed to prevent or intercept potential dental emergencies, and limited preventive dentistry.
 - Patient holding for up to 40 patients.

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- Outpatient consultation services for patients referred from Echelon I CHS facilities.
- Food service support to staff and patients of the ASMC and to other medical elements dependent upon the ASMC for food service support. Patients requiring a modified diet are evacuated to corps/COMMZ hospitals where both patient rations (medical B rations) and personnel trained in the preparation of modified diets (MOS 91M) are available. Refer to FM 8-10-24 and FM 8-505 for additional information.

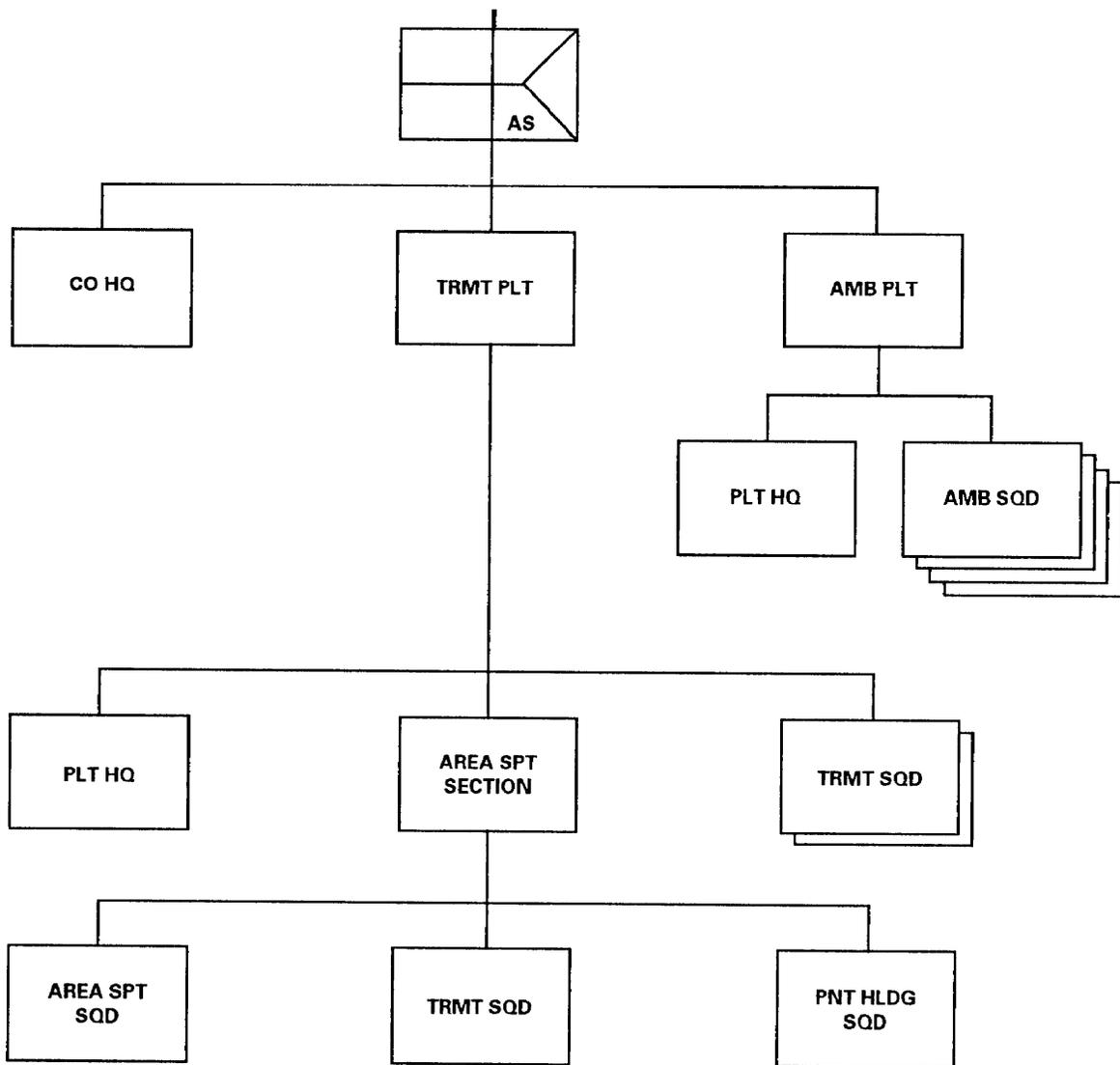


Figure 2-6. Typical organization of the area support medical company.