

CHAPTER 2

THE ARMORED CAVALRY

Section I. ARMORED CAVALRY REGIMENT

2-1. Organization

The armored cavalry regiment (ACR) is used by the corps commander as a reconnaissance and security force; it is strong enough to engage in decisive combat to help achieve his overall goal of destroying the enemy's cohesion and will to fight. The ACR is the self-contained force around which the 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.

2-2. Organization for Combat-Armored Cavalry Regiment

The ACR provides the economy-of-force structure upon which to build the covering force organization (Figure 2-1). The ACR is augmented by other corps and division assets as required. Assets well-suited to reinforce the ACR are ADA, FA, engineers, attack helicopters, and tactical aircraft. The covering force makes maximum use of these assets because of their range; their ability to be applied quickly to relieve stress; and their ability to apply additional pressure as the battlefield situation

dictates. Armor-heavy maneuver battalions from the division may also augment the covering force; however, the combat power available for the MBA must not be diluted.

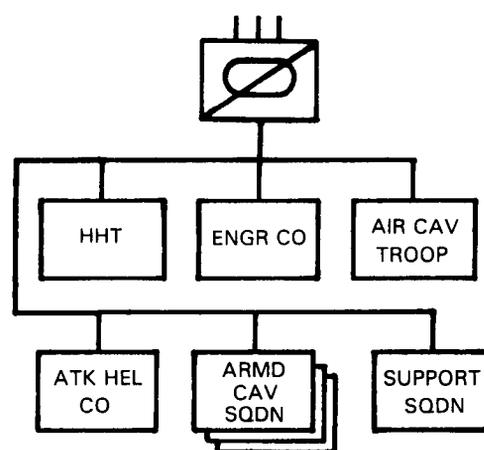


Figure 2-1. Armored cavalry regiment.

Section II. REGIMENTAL ARMORED CAVALRY SQUADRON

2-3. Organization-Regimental Armored Cavalry Squadron

The **regimental** armored cavalry squadron contains a HHT, three armored cavalry troops, an armored company, and a self-propelled 155-mm howitzer battery (Figure 2-2). The squadron usually functions as part of its parent regiment, but may operate separately.

2-4. Organization for Combat

a. The regimental squadron may be reinforced with maneuver, CS, and CSS units as is the regiment. It is usually reinforced by units one organizational size lower than provided a regiment. Whereas the regiment is reinforced with one or more maneuver battalions or TFs, a squadron normally receives a company or team.

b. The squadron usually functions as part of its parent regiment, but may be attached to another regiment, a brigade, or higher headquarters. The squadron's mission and location in relation to its parent regiment are the determining factors. It may be used as organized or it may be reinforced.

c. The squadron can conduct reconnaissance missions; security missions; offensive or defensive missions as an economy force. It can attack autonomously, or can supplement the attack of other maneuver forces. Its mobility and firepower suit it for exploitation and pursuit missions. In the defense the cavalry, with its combined arms organization through troop level, is well-suited as an economy-of-force element to delay over extended frontages; to defend secondary avenues of approach; or to fight beside divisional

units from battle positions (BP) as part of the regiment. Its organic systems provide long-range antiarmor engagement capability. Its tactical mobility facilitates rapid lateral or in-depth

movement on multiple routes. Further, these capabilities make the cavalry a potent counterattack force.

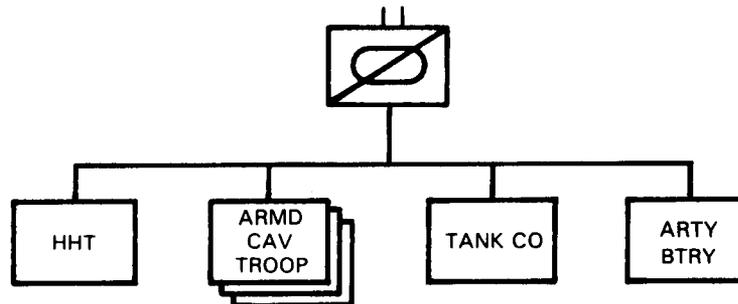


Figure 2-2. Regimental cavalry squadron.

Section III. ARMORED CAVALRY REGIMENT MEDICAL COMPANY DIVISION-LEVEL HEALTH SERVICE SUPPORT

2-5. Mission

The mission of the ACR medical company is to provide division-level health service support (HSS) within the ACR. This HSS includes medical staff advice and assistance, and unit-level HSS on an area basis to all assigned and attached elements operating in the regiment area (Figure 2-3).

2-6. Capabilities

This unit provides—

a. Command and control of attached medical elements, to include medical planning medical policies; support operations, as well as coordinating movement of patients within and out of the regiment area.

b. Advice to the regiment commander and support squadron commander on the health of the command and medical matters affecting the regiment.

c. Coordination for corps-level medical support operations within the regiment.

d. Development, preparation, and coordination of the medical portion of the regiment plans and policies.

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

f. Triage, initial resuscitation/stabilization, and preparation for further evacuation of sick, wounded, battle fatigued, or injured patients generated in the regiment rear area.

g. Ground evacuation for patients from Echelon I (unit-level) treatment squads to Echelon II (regiment/division-level) medical treatment facilities (MTFs).

h. Treatment squads, for limited periods of time, to provide support to forces involved in rear battle combat operations or performing reconstitution/reinforcement operations as appropriate. Regiment (division)-level HSS will be reduced during periods when the treatment squad(s) is used to reconstitute/reinforce appropriate units.

i. Division-level medical supply, medical equipment maintenance repair parts, and medical equipment maintenance support to regiment and attached units on an area basis. The regiment medical supply section (RMSS) maintains a 5-day stock of emergency PUSH packages and individual medical items. Normal resupply of medical units (for example, medical platoons/sections) will occur every

five days with PUSH packages until the corps medical supply, optical and maintenance unit (MEDSOM) or medical logistics (MEDLOG) battalion is established.

j. Emergency dental care to include treatment of maxillofacial injuries, sustaining dental care designed to prevent or intercept potential dental emergencies, and limited preventive dentistry.

k. Laboratory and radiology services commensurate with the regiment (division)-level of medical treatment.

l. Patient holding for up to 40 patients awaiting evacuation or who will return to duty within 72 hours.

m. Outpatient consultation services for patients referred from unit level HSS facilities.

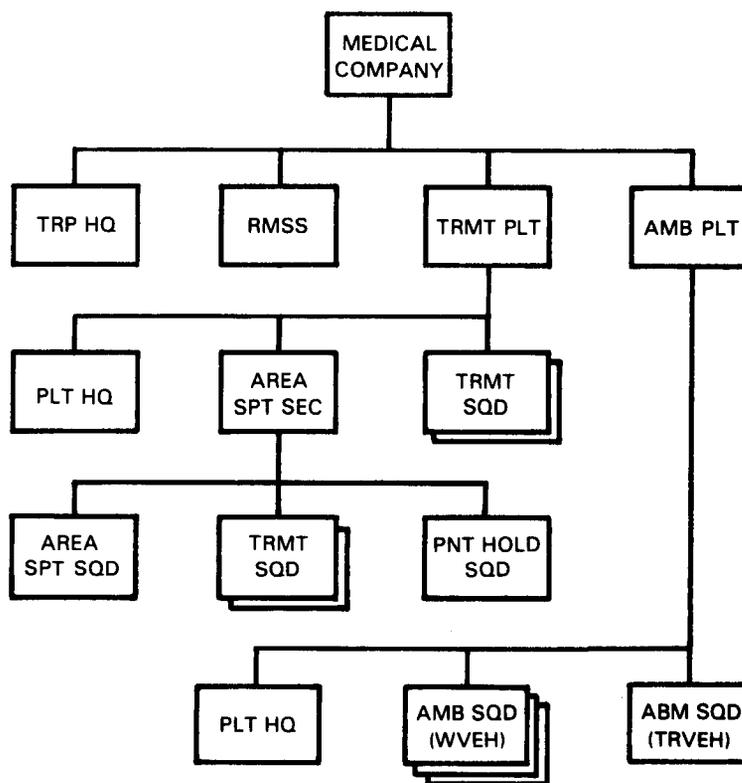


Figure 2-3. Medical company/support squadron, ACR.

Section IV. SQUADRON (UNIT) LEVEL HEALTH SERVICE SUPPORT ARMORED CAVALRY SQUADRON

2-7. Medical Platoon

a. The medical platoon sorts, treats, and evacuates the sick and wounded. It stocks medical supplies for the squadron and provides all Class VIII support. It also performs organizational maintenance and evacuation for all squadron medical equipment. The medical platoon is led by

the squadron surgeon. He is assisted by a Medical Service Corps lieutenant and a warrant officer (WO) physicians' assistant (PA). The squadron surgeon is supervised by the S1. He must understand the scheme of maneuver and the planned disposition of the units to support the operation. See Figure 2-4 for the organizational staffing of the squadron medical platoon.

b. Aidmen attached to troops give emergency medical treatment and ensure that patients who must be evacuated are prepared and promptly moved. While the troop can establish an aid post, it primarily sorts casualties and evacuates injured personnel.

c. An armored ambulance from the medical platoon evacuation section normally evacuates patients requiring further treatment to the squadron medical aid station.

2-8. Employment

a. The squadron aid station is located as far forward as possible, normally with the squadron combat trains. It should be in an area providing cover and concealment and near concealed helicopter landing areas. The squadron aid station is supervised by a physician and a PA. Here, triage is performed so that the most seriously wounded are cared for first.

b. The platoon has a M577 command post carrier, which serves as the aid station. Other platoon vehicles include two M35A2 cargo trucks, a M998 HMMWV, and eight M113 ambulances. The treatment squad may operate as two treatment teams; however, doing so requires one team to use the HMMWV. A common configuration places one treatment team with the M577 in the combat trains as the primary aid station. The other team operates near the forward area rearm and refuel point (FARRP).

c. The medical platoon leader of an armored cavalry squadron has perhaps the most difficult job a medical platoon leader can have. He must support a unit which is by nature faster, more autonomous, and more audacious than any divisional unit. To effectively meet this challenge requires initiative and flexibility. Prestablished medical support concepts which work for other units may not always be effective in a cavalry unit. What follows are a number of general guidelines. The key lies in tailoring these concepts and developing new ones. The goal is to develop the best system for each specific unit and each anticipated tactical situation.

- **Aid station/treatment squad.** Operate a primary aid station from the M577 in the

combat trains. The physician/platoon leader should be with this team. The PA and his team should operate near the FARRP using the HMMWV for transportation.

- **Aidman section.** The aidman section of a cavalry squadron consists of eleven combat medics. One medic locates in the troop trains moving with either the troop first sergeant or executive officer; two medics per troop; two in the armored company; and two in the howitzer battalion.

- **Ambulance section.** The medical operations officer assisted by the platoon sergeant manages evacuation operations. He may locate with the aid station, or forward with the maintenance collection point/patient collecting point (MCP/PCP). One ambulance is normally positioned with each troop, four at the MCP/PCP, and one with each treatment team. Alternate configurations include—

- Two ambulances with each troop, two at the MCP/PCP, and one with each treatment team, or

- Four ambulances at the MCP/PCP and two with each troop.

There are other configurations which may be used as dictated by the factors of METT-T. Remember, medical company ambulances should be positioned with the aid station. This fluctuating support arrangement makes thorough coordination absolutely essential. The medical platoon must know who will support it during each phase of an operation. Medical company ambulances positioned forward to support the squadron are essential (a cavalry squadron will likely need more ambulance support than would an armored or infantry battalion).

- **Other considerations.** Often, it must operate a considerable distance from the regiment's main body. The squadron frequently disperses over a broad frontage. The following considerations apply:

- The medical platoon must be prepared to handle mass casualty situations. Mass casualties may occur during very mobile, fast moving situations.

- Plans for the use of nonmedical vehicles (including aircraft) are essential (FM 8-10-8).

- The cavalry medical platoon may expend supplies rapidly. Resupply plans must be SOP. (See paragraph 3-8 for resupply procedures.) Use PUSH packages.

- The relationship between the platoon and the medical company must be clearly established.

- The combat lifesaver is essential to effective medical support. The combat lifesaver will be invaluable when the squadron operates distant from its regimental support units.

- Although always a last resort, procedures for abandoning patients must be established. The squadron commander makes this determination. If patients are abandoned, some medical personnel with supplies must remain with them.

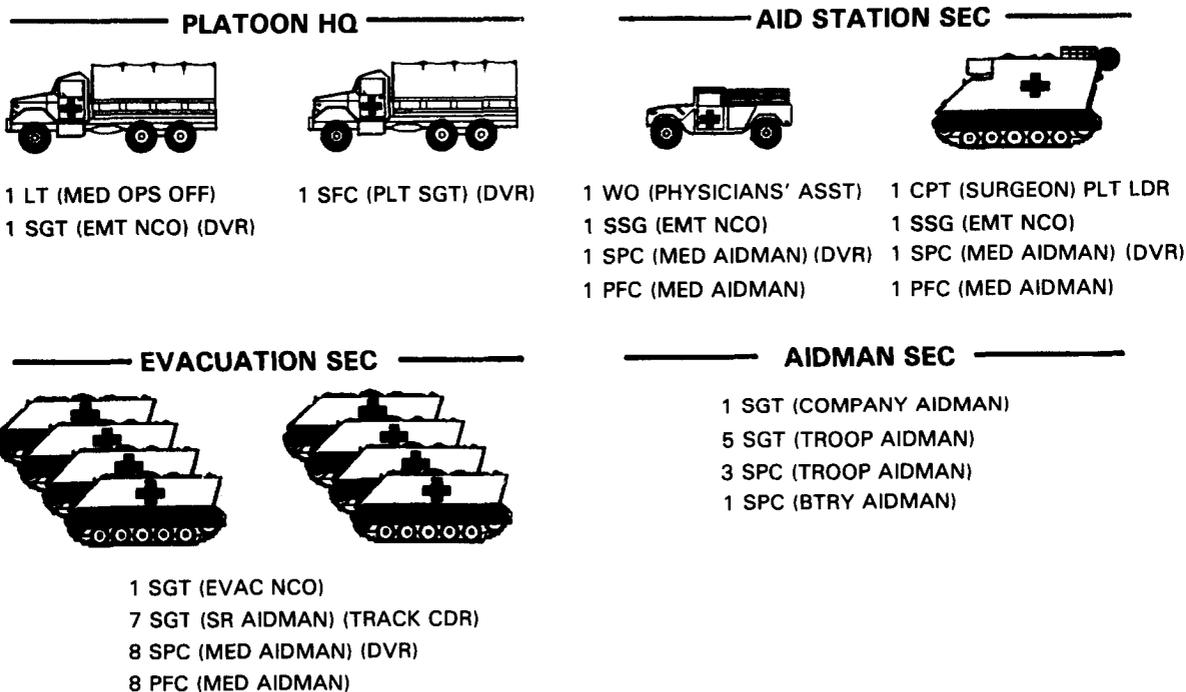


Figure 2-4. Squadron medical platoon.