

CHAPTER 3

MEDICAL UNITS AND ELEMENTS OPERATING IN THE DIVISION AREA

Section I. MEDICAL BATTALION

3-1. Division Support Command Medical Battalion

The DISCOM medical battalion is found only in those divisions that are not under the MSB/FSB design. The medical battalion is currently found in airborne and air assault divisions. The DISCOM medical battalion is organized to provide Echelons I and II (division level) HSS for the division and attached corps elements on an area support basis. The airborne and air assault divisions' medical battalions contain surgical squads. The air assault division medical battalion has an organic air ambulance company. In peacetime, the medical battalion commander's position is usually filled by a Medical Service Corps (MS) officer. Upon mobilization, this position is filled by a Medical Corps (MC) officer who also serves as the division surgeon. The modular design of the medical battalions readily lends itself to augmentation, reinforcement, or reconstitution of ineffective modular units.

a. Mission. The mission of the DISCOM medical battalion headquarters is to provide C2 for HSS. The overall mission of the medical battalion is to clear the battlefield and maximize the early RTD of trained combat soldiers. Its functions are centered around prevention, evacuation, treatment, and RTD. The battalion provides Echelons I and II HSS and medical staff advice and assistance for all assigned and attached units of the division. Specific functions of the medical battalion include—

- Operating division clearing stations with limited short-term holding capability (72 hours) (40 cots for the airborne and air assault divisions).
- Providing limited surgical techniques for airborne and air assault divisions.
- Providing area support medical evacuation of patients.

Specific functions of the battalion headquarters include—

- Providing divisionwide medical supply, resupply, and biomedical equipment maintenance service (DMSO).
- Providing Echelons I and II HSS support on an area basis to units without organic medical elements.
- Providing optometry services.
- Providing sustaining and emergency dental treatment and limited preventive dentistry.
- Providing CSC mental health and limited NP services.
- Providing consultation service for patients referred from Echelon I (unit level) MTFs.
- Providing preventive medicine consultation services.
- Providing blood to Echelon II (division level) MTFs.
- Reinforcing or reconstituting Echelon I (unit level) medical elements.

NOTE

Additional functions will be discussed in Chapter 5.

b. Organization. Figure 3-1 depicts the DISCOM medical battalion in the airborne and air assault divisions. Definitive information pertaining to the DISCOM medical battalion is provided in FM 8-10.

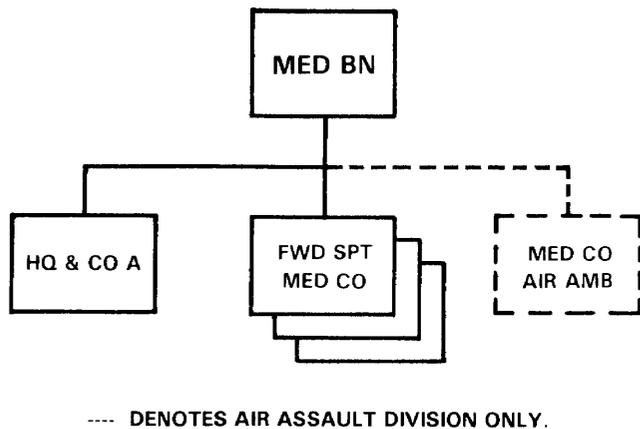


Figure 3-1. Medical battalion (airborne and air assault divisions).

3-2. Headquarters and Company A Medical Battalion

The Headquarters and Company A under the L-edition TOE in the airborne and air assault divisions are DISCOM assets. Headquarters and Company A collocates with the medical battalion headquarters which locates with the division rear element in the DSA.

a. Organization. Headquarters and Company A is similar in design to the three FSMCs which are discussed later in this chapter. Its major functional components (Figure 3-2) include a company headquarters, a treatment platoon, and an ambulance platoon. The company provides for Echelons I and II HSS functions with limited surgical capabilities in the DSA. At an authorized level of organization (Echelon I), the Headquarters and Company A is dependent upon—

- Appropriate levels of the division for religious, legal, personnel, and administrative services; clothing exchange and bath services; and graves registration. Military police provide general support for area security and damage control.
- Appropriate element levels of corps for finance, laundry, personnel, and administrative support.
- Corps assets for air and ground evacuation of patients to corps-level MTFs.

b. Capabilities. Headquarters and Company A capabilities include—

- Performing triage, initial resuscitation, stabilization, and preparation for evacuating sick, wounded, or injured patients generated in the division rear.
- Providing limited consultation service for patients referred from Echelon I (unit level) MTFs.
- Providing emergency and sustaining dental care and limited preventive dentistry.
- Providing field-level medical laboratory and radiology services commensurate with Echelon II (division level) treatment.
- Providing patient holding for up to 40 patients who will RTD within 72 hours.
- Providing medical evacuation (10 ground ambulances, wheeled vehicles assigned) on an area support basis.

3-3. Forward Support Medical Company

The FSMC is organic to the medical battalion. There are three FSMCs assigned to each medical battalion and one FSMC assigned to each FSB. Each FSMC supports a maneuver brigade and conducts medical support operations from the BSA. When the FSMC is deployed forward in the BSA as an element of the FAST, it is under the operational control of the FASCO. The FSMC also provides Echelons (Levels) I and II area medical support to division and corps support elements operating within the brigade area.

a. Organization. The FSMC is organized (Figure 3-3) into a company headquarters, a treatment platoon, and an ambulance platoon. It is dependent on the supported brigade for security and tactical movement. It is also dependent upon the FAST for food service and maintenance support when deployed as an element of the FAST (see Chapter 4, Section II). The FSMC usually deploys with its division clearing station in the BSA; however, the organic treatment squads have the capability of operating independently of the medical company for a limited period of time as the tactical situation permits.

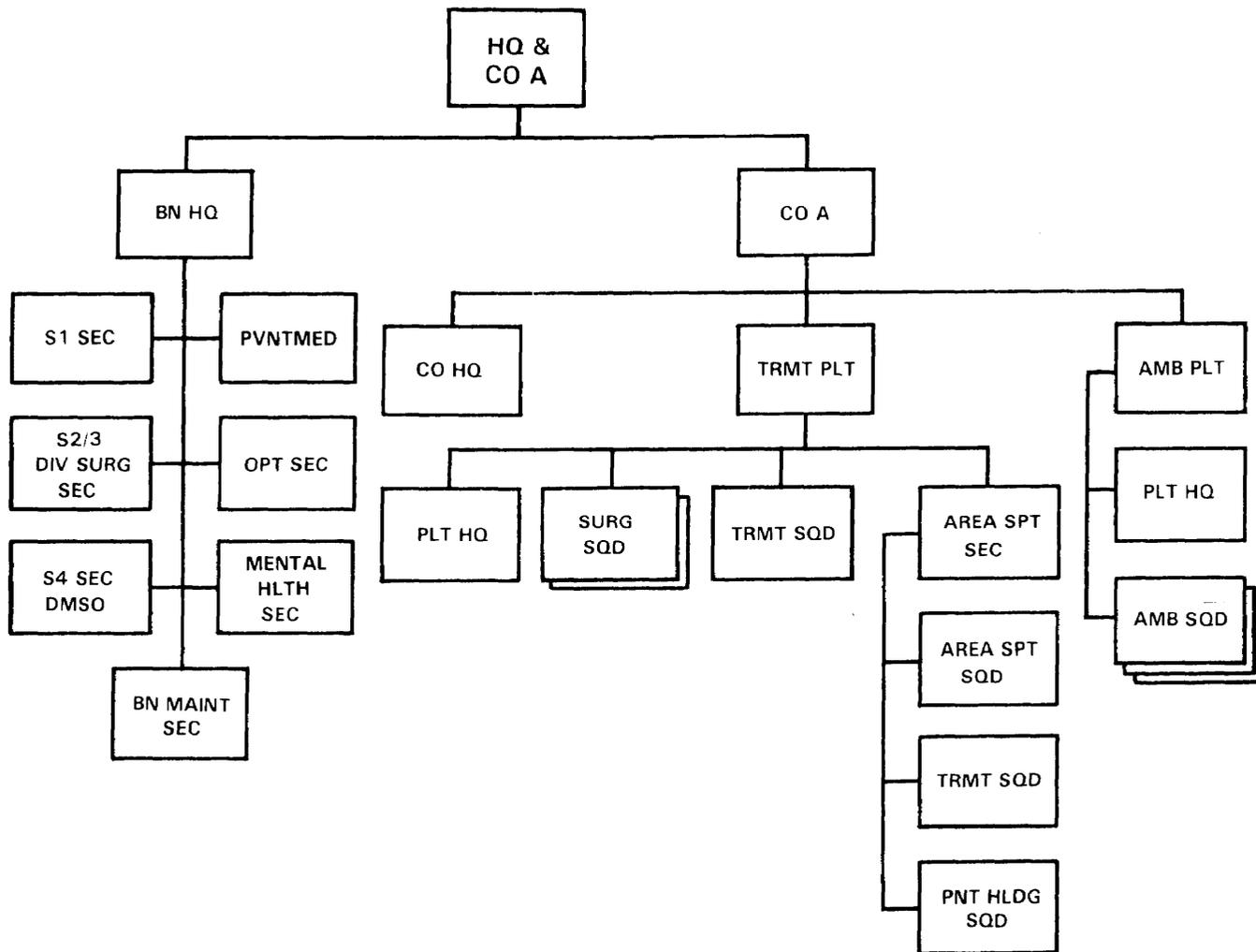


Figure 3-2. Headquarters and Company A, medical battalion, air assault division.

b. Capabilities. The FSMC provides—

- Treatment of patients with minor disease, triage of mass casualties, initial resuscitation and stabilization, ATM, and preparation of sick, wounded, or injured NRTD patients for evacuation.
- Medical evacuation on an area support basis and from BAS to supporting MTF (10 ground ambulance, wheeled vehicles assigned).
- Emergency and sustaining dental treatment.
- Class VIII resupply to units operating in the maneuver brigade AO.

- Limited 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 40 patients who will be able to RTD within 72 hours.
- Food service support for patients and assigned personnel (airborne and air assault divisions).
- Reinforcement or reconstitution of BASs.

Additional information pertaining to the FSMC may be found in FM 8-10.

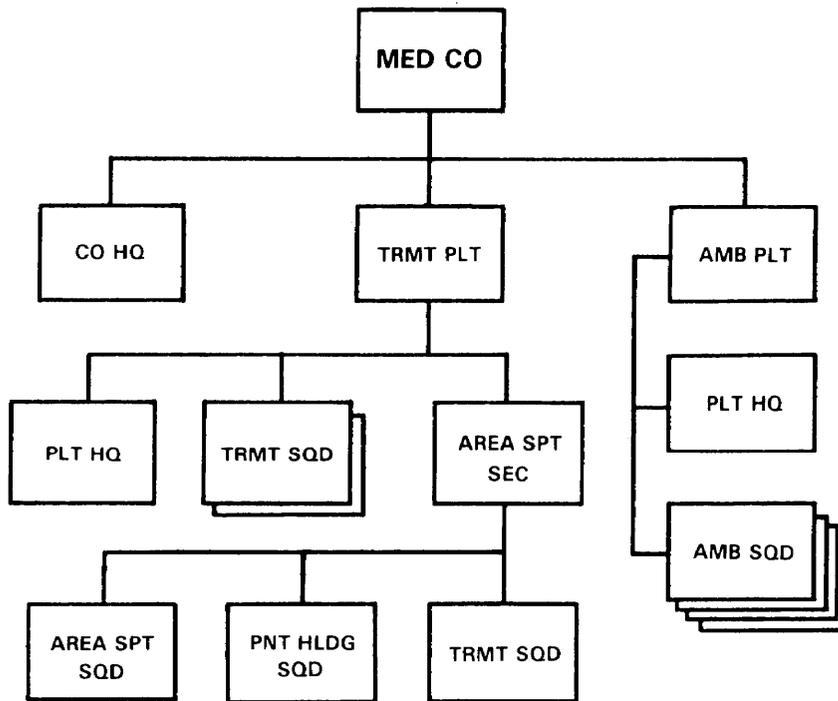


Figure 3-3. Forward support medical company.

Section II. DIVISION MEDICAL ELEMENTS UNDER THE MAIN/FORWARD SUPPORT BATTALION DESIGN

3-4. Division Medical Operations Center

The DMOCs are found in heavy arid light divisions organized and operating under the MSB/FSB design and are a DISCOM headquarters element. Under this design, Echelon II (division level) HSS is coordinated and provided by the DISCOM medical elements which include—

- Division medical operations center, DISCOM HHC—located in the DSA.
- Medical company, MSB—located in the DSA.
- Medical company, FSB—located in the BSA.

a. Mission. The DMOC is responsible for advising and assisting the DISCOM commander

and staff in determining requirements for HSS. In coordination with the division surgeon and appropriate elements of the division coordinating staff group, it is responsible for assisting the division surgeon with planning, coordinating, monitoring, and ensuring HSS to the division. It is responsible for synchronizing HSS operations to achieve maximum use of division and corps medical elements under OPCON or attachment. Specific functions of the DMOC include—

- Planning and ensuring that Echelon II HSS for the division is provided IAW current doctrine.
- Developing and maintaining the division medical troop list, revising as required, to ensure task organization for fission accomplishment.

- Planning and coordinating HSS operations of DISCOM organic medical assets and/or attached corps assets to include reinforcement or reconstitution.
- Prioritizing the reallocation of organic and corps medical augmentation assets to the division as required by the tactical situation, in coordination with the DISCOM Operations and training Officer (S3).
- Ensuring that division standing operating procedures (SOPS), plans, and policies for HSS are prepared and executed.
- Monitoring medical training in the division and providing information to the division surgeon.
- Advising and assisting the medical company commander and battalion-level medical platoon or section leaders on all HSS issues with emphasis on an optimal “go-to-war” posture.
- Planning, coordinating, and prioritizing medical logistics and the logistical aspect of blood management.
- Coordinating and directing medical evacuation from division-level MTFs to corps-level MTFs through the medical brigade/group medical regulating officer (MRO) and operations officer.
- Coordinating the evacuation of enemy prisoner of war (EPW) casualties.
- Coordinating and managing the disposition of captured medical materiel.
- Planning, prioritizing, and coordinating preventive medicine missions, in coordination with the division preventive medicine officer.
- Planning, prioritizing, and coordinating CSC measures, in coordination with the division psychiatrist.
- Prioritizing and coordinating dental support, in coordination with the division dental surgeon.

NOTE

The division surgeon exercises technical control of all medical activities within the division. The DMOC coordinates HSS IAW technical parameters established by the division surgeon. The DMOC, therefore, coordinates division HSS with the division surgeon and other appropriate elements of the division coordinating staff group IAW FM 101-5 and the division’s HSS SOP. All responsibilities and organizational relationships described in this manual should be understood in light of the above doctrinal statements. Exceptions to the statements will be specifically stated when applicable.

b. Organization. Figure 3-4 depicts the typical organization and staffing of the DMOC. The DMOC consists of a medical operations branch, a medical materiel management branch, a patient disposition/reports branch, and a medical communications branch. Additional information pertaining to the DISCOM headquarters and the DMOC is found in FMs 8-10-3 and 63-22.

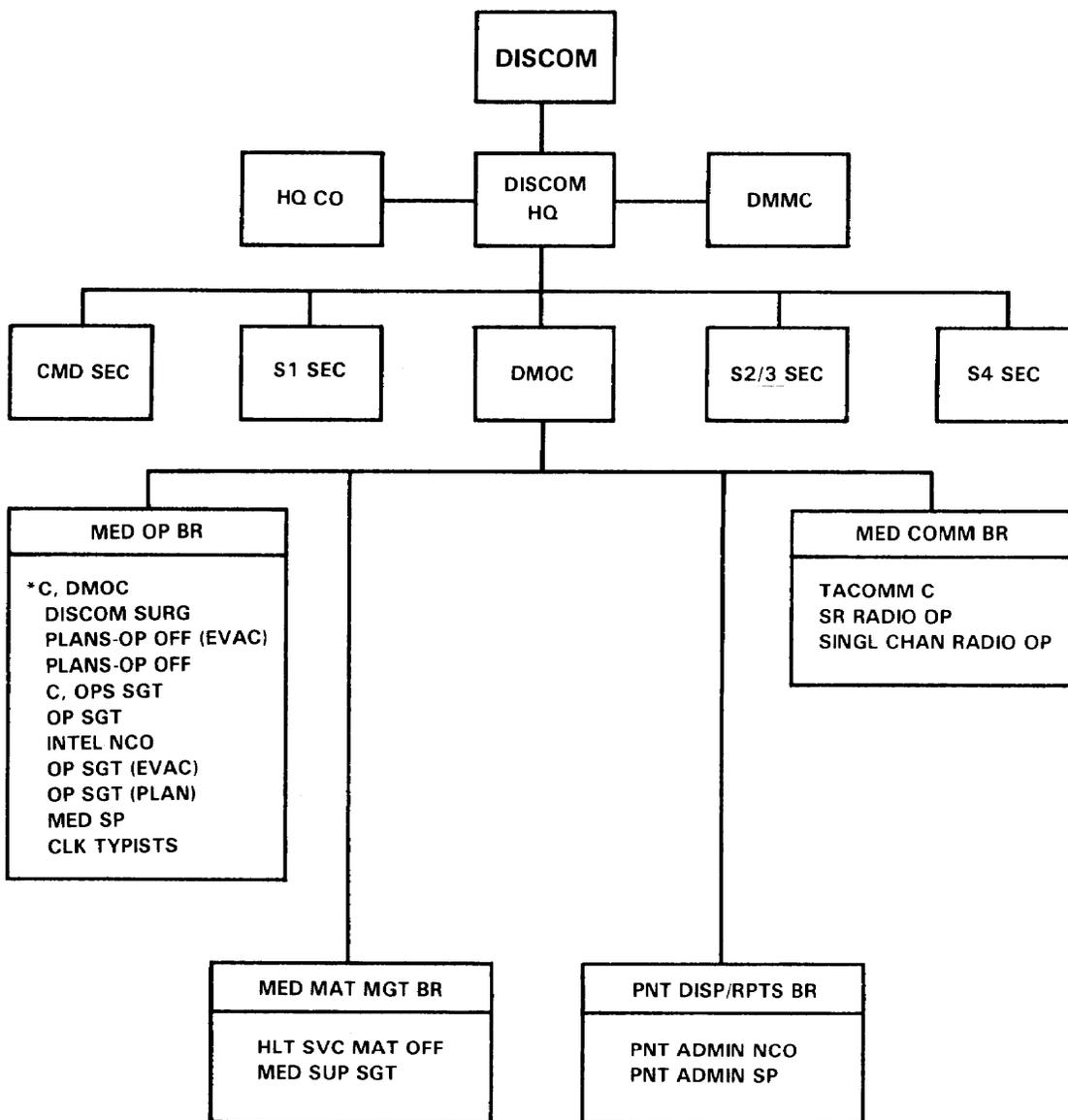
3-5. Medical Company, Main Support Battalion (Heavy and Light Divisions)

The medical company, MSB, provides unit- and division-level HSS and medical staff advice and assistance on an area basis to units operating in the DSA that are not otherwise provided that support. The medical company and the DMOC coordinate HSS operations through medical channels. Health service support plans developed by the DMOC and approved by the DISCOM commander are forwarded to the MSB headquarters for execution. Additional information pertaining to the medical company, MSB, is found in FMs 8-10, 8-10-3, and 63-21.

a. Organization. The medical company is organized with a company headquarters, an ambulance platoon, a treatment platoon, a DMSO,

and preventive medicine, mental health, and optometry sections. Figure 3-5 shows the

organizational structure of the medical company, MSB (heavy and light divisions).



* CARRIED IN THE DISCOM HEADQUARTERS COMMAND SECTION

Figure 3-4. Division medical operations center.

b. Capabilities. The medical company, MSB—

- Performs triage, initial resuscitation, stabilization, and preparation of sick, wounded, or injured patients for evacuation.

- Provides consultation service for patients referred from unit-level MTFs.

- Performs emergency and sustaining dental care and limited preventive dentistry.

- Provides blood.
- Provides limited medical laboratory and radiology services commensurate with division-level treatment.
- Provides medical evacuation (10 ground ambulances, all wheeled vehicles assigned) on an area support basis.
- Provides CSC and mental health services to include diagnosis, treatment, and disposition of NP disorders and disease cases.
- Provides policy and guidance for the prevention, diagnosis, management, and RTD of combat stress related casualties.
- Provides preventive medicine and environmental health training, surveillance, inspections, and consultation for division units.
- Provides optometry support limited to eye examinations, spectacle frame assembly using presurfaced single-vision lenses, and repair services for assigned and attached units of the division.
- Provides patient holding for up to 40 patients (heavy division) and 20 patients (light division) who will be able to RTD within 72 hours.
- Provides Class VIII resupply and medical maintenance.
- Provides reinforcement or reconstitution of FSMCs.

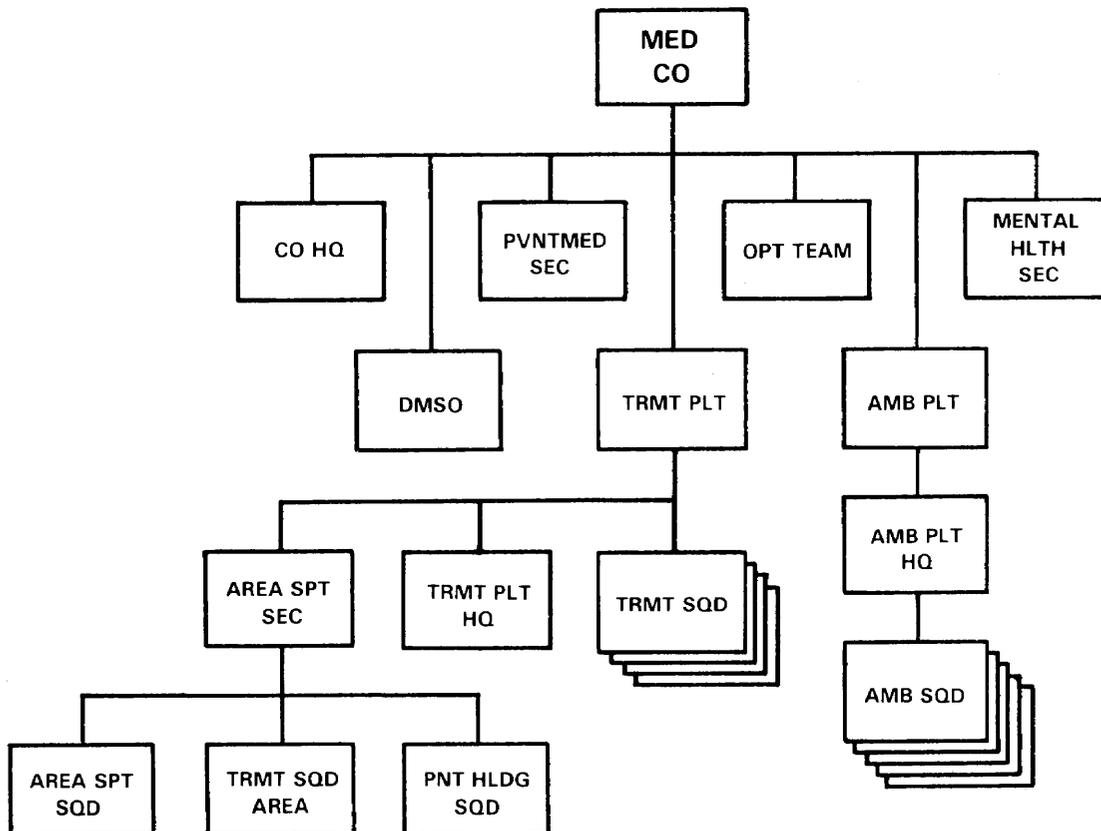


Figure 3-5. Medical company, MSB (heavy and light divisions).

3-6. Medical Company, Forward Support Battalion (Heavy and Light Divisions)

The medical company, FSB, provides HSS at Echelons (Levels) I and II for the supported brigade and area medical support for the BSA. The medical company, FSB, commander (dual-hatted as the brigade surgeon) is the principal manager of HSS assets assigned or attached to the brigade. The medical company coordinates HSS operations through medical channels with the DMOC and the medical company, MSB. Any tasking of the medical company, FSB, will be accomplished through the FSB headquarters. Additional information pertaining to the medical company, FSB, is found in FMs 8-10, 8-10-3, and 63-20.

a. Organization. The medical company, FSB, is organized with a company headquarters, a treatment platoon, and an ambulance platoon. Figure 3-6 shows the medical company, FSB (heavy division) organization and Figure 3-7 shows the medical company, FSB (light division) organization.

b. Capabilities. The medical company, FSB—

- Performs triage, initial resuscitation, stabilization, and preparation of sick, wounded, or injured patients for evacuation.

- Provides consultation service for patients referred from unit-level MTFs.
- Provides emergency and sustaining dental care and limited preventive dentistry.
- Provides field-level medical laboratory and radiology services commensurate with division-level treatment.
- Provides medical evacuation for patients within the brigade AO (10 ground ambulances, 6 wheeled, and 4 track vehicles [heavy divisions] and 10 ground ambulances, wheeled vehicles [light divisions]).
- Provides patient holding for up to 40 patients (heavy division) and 20 patients (light division) who will RTD within 72 hours.
- Provides medical evacuation for patients from BASS to the MTF.
- Performs medical resupply to units in the brigade area.
- Provides blood.

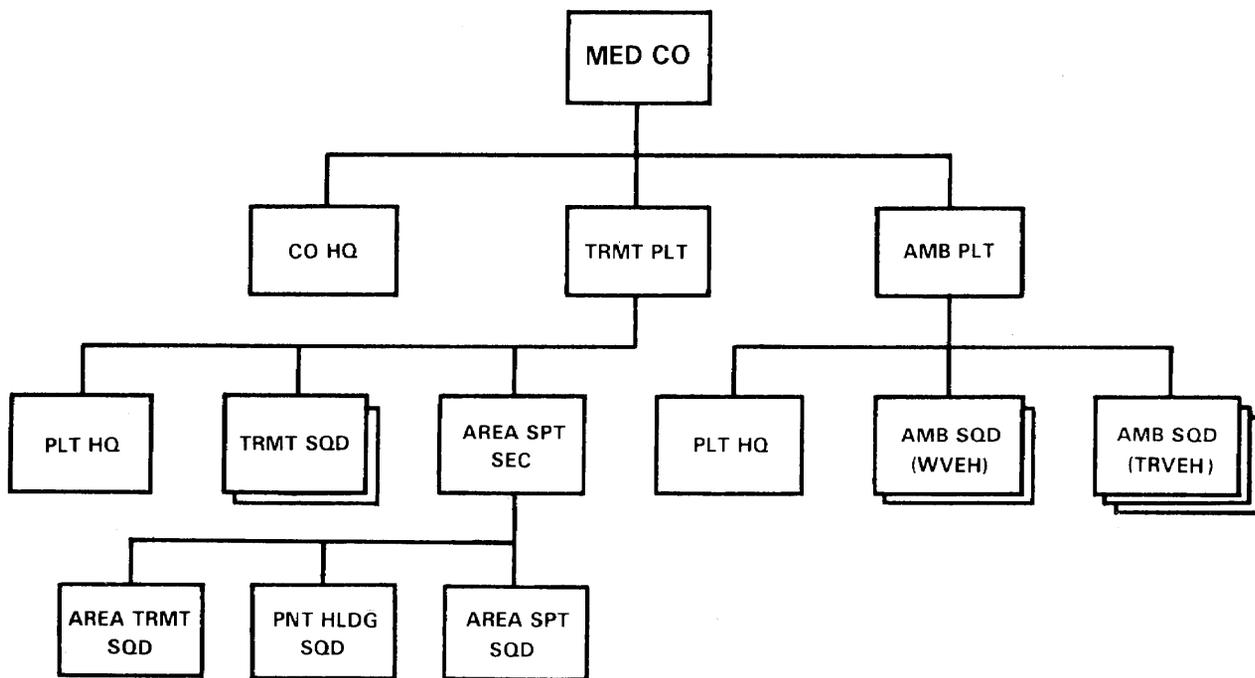


Figure 3-6. Medical company, FSB (heavy division).

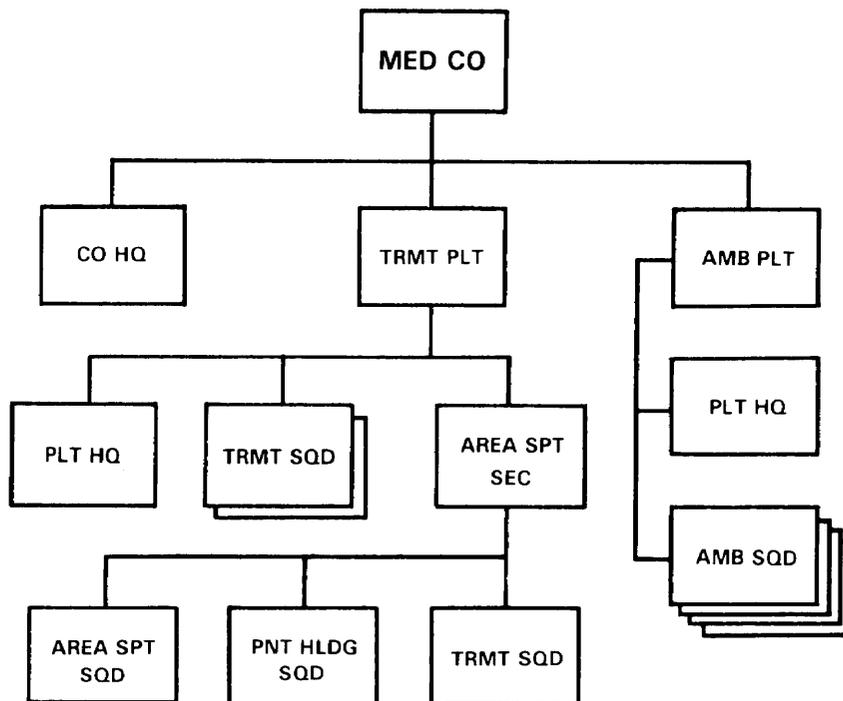


Figure 3-7. Medical company, FSB (light division).

Section III. ORGANIC MEDICAL ELEMENTS IN COMBAT AND COMBAT SUPPORT UNITS

3-7. Medical Platoons and Sections

The aviation brigade has a medical section assigned to the brigade HHC. This section provides medical treatment for the brigade. The flight surgeon (brigade surgeon) is the primary care physician for the brigade. Medical platoons and other sections are organic to combat and some CS battalions. Medical platoons and sections assigned to combat battalions are very similar in design in all divisions. These medical platoons are organic to the battalion HHC. The CS battalions, such as engineer, artillery, and air defense artillery battalions, have either a medical platoon or a medical section. The CS battalions are dependent upon the supporting medical company for Echelon (Level) II medical support. The medical platoon leader in a combat battalion is a physician and also serves as the battalion surgeon. The battalion surgeon is assisted by a field medical

assistant (area of concentration [AOC] 67B). During peacetime, the field medical assistant serves as the medical platoon leader. The battalion surgeon is the medical advisor to the battalion commander and his staff. The medical platoons and sections assigned to the combat and CS unit are structured to meet the HSS requirements of the parent organization. The tactical situation or changes in the mission may necessitate reinforcement or augmentation of the platoon or section.

3-8. Organization and Capabilities of the Typical Medical Platoon

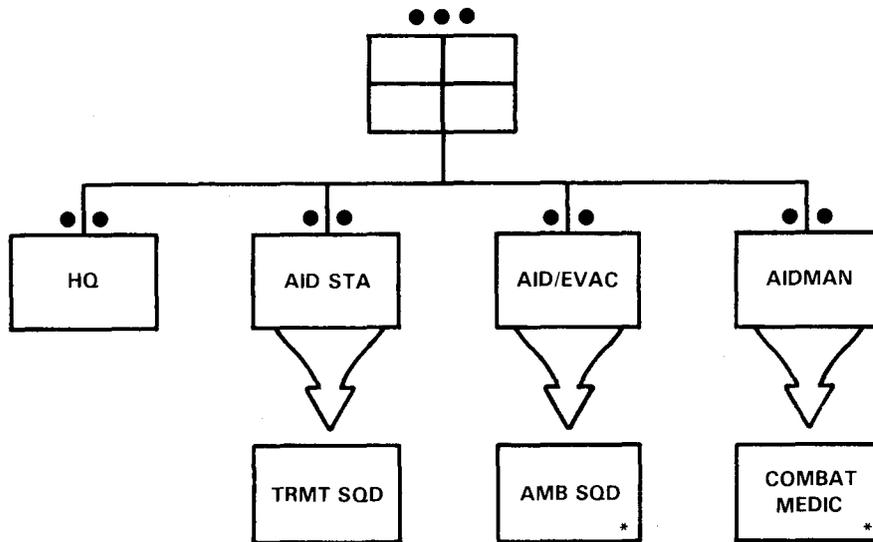
a. Organization. An example of a typical medical platoon is found in the HHC light infantry battalion. It is functionally organized with a headquarters section, a treatment squad (two

treatment teams), an ambulance section consisting of two ambulance squads (four ambulance teams), and a combat medic section. The medical platoon is organized as shown in Figure 3-8. Additional information pertaining to the organizational designs of the medical platoons and sections located within the light and heavy divisions is found in FMs 8-10 and 8-10-4.

b. Capabilities. The medical platoon provides—

- Unit-level medical support (Echelon [Level] I).

- Advanced trauma management.
- Emergency medical treatment.
- Medical evacuation.
- Routine medical care (sick call).
- Limited preventive medicine assistance.
- Unit-level stress prevention and control assistance.
- Aidmen to maneuver companies.



*NUMBER ASSIGNED DEPENDS ON TYPE BATTALION.

Figure 3-8. Medical platoon.