

CHAPTER 3

CORPS AND COMMUNICATIONS ZONE MEDICAL
EVACUATION UNITS

Section I. MEDICAL EVACUATION BATTALION

3-1. General

The headquarters and headquarters detachment (HHD), medical evacuation battalion, serves as the central manager of ground and air evacuation assets within the corps and COMMZ.

3-2. Assignment

a. The medical evacuation battalion is assigned to the medical command (MEDCOM) in the COMMZ or to the medical brigade in the corps. It is normally further assigned to a medical group for command and control.

b. Air and ground ambulance companies assigned to the MEDCOM or medical brigade are attached to the medical evacuation battalion for command and control.

c. The basis of allocation is one medical evacuation battalion per a combination of three to seven of the following units:

- Medical companies, air ambulance.
- Medical companies, ground ambulance.
- Medical detachments, air ambulance.

3-3. Mission and Capabilities

a. The mission of the medical evacuation battalion is to provide command and control of air and ground medical evacuation units within the TO. It tactically locates in the area where it can best control subordinate air and ground ambulance companies/detachments.

b. The medical evacuation battalion is designed to focus on command and control, planning, patient evacuation, subordinate unit

support, and vehicle management. Specific capabilities are—

- Command and control, planning and supervision of operations and training, and administration of a combination of air and ground ambulance companies and detachments.

- Staff and technical supervision of aviation operations, safety, standardization, and aviation unit maintenance (AVUM)-level maintenance within the attached air ambulance companies and detachments.

- Coordination of medical evacuation operations and communications functions.

- Coordination of logistics and service support to attached units.

- Aviation medicine and unit-level HSS.

c. This unit is dependent upon appropriate elements of the corps or theater army for—

- Personnel service support.
- Hospitalization.
- Mortuary services.
- Bath and clothing exchange.
- Communications security (COMSEC) equipment maintenance.
- Military police support.

3-4. Organization and Functions

a. Medical Evacuation Battalion (Figure 3-1). The HHD, medical evacuation battalion, is organized into a—

- Battalion headquarters section.
- S1 (Adjutant [U.S. Army]) section.
- S2/S3 (Intelligence Officer [U.S. Army] and Operations and Training Officer [U.S. Army]) section.
- S4 (Supply Officer [U.S. Army]) section.
- Detachment headquarters and treatment team.

b. Battalion Headquarters Section. This section provides command and control of the assigned and attached air and ground ambulance companies.

- The assigned and attached subordinate companies are under the command and control of the battalion. The battalion commander is also responsible for the training of individual soldier skills.

- The executive officer primarily directs, supervises, and coordinates the work of the staff.

- The S2/S3 is the principle staff assistant to the commander on all military intelligence matters, organization, training, operations, and planning.

- The battalion surgeon advises the commander on the health of the command. (A flight surgeon is required to provide aviation medicine expertise for assigned and attached air ambulance units.)

- The S1 is primarily responsible for planning and coordinating personnel service support for the battalion.

- The S4 is responsible for planning and coordinating logistics support.

- The flight safety technician exercises staff supervision over technical and flight

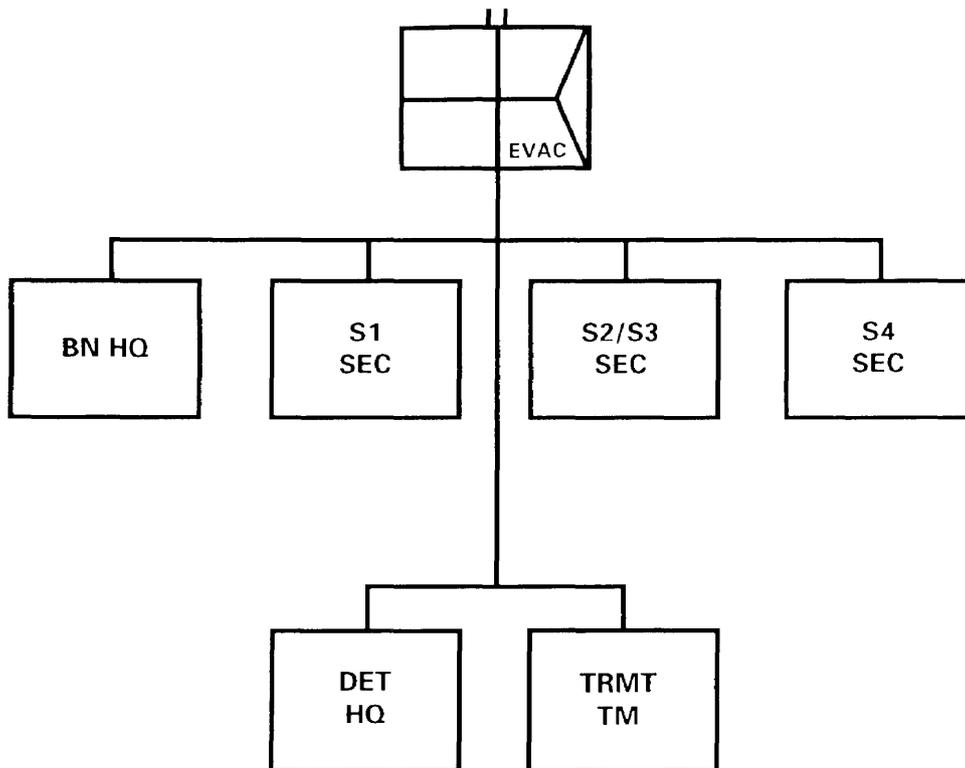


Figure 3-1. Medical evacuation battalion.

aspects of administration, training, and safety within subordinate aviation units.

- The vehicle driver operates and maintains the battalion commander's vehicle and radio.

- The command sergeant major, as the senior NCO, assists the commander with enlisted personnel matters.

c. S1 Section. This section assists the S1 in the execution of his duties.

- The personnel staff noncommissioned officer (PSNCO) is responsible for the operational and technical supervision of personnel and administrative duties to include—

- Strength accounting, casualty reporting, and replacement operations.

- Personnel actions.

- Forms management.

- Other personnel and administrative service functions.

- The clerk-typist types reports and correspondence, files documents, and performs other administrative duties.

- The legal specialist supports the commander and provides the administrative support required to maintain good order and discipline. Legal support includes the preparation of documents to dispose of disciplinary infractions through nonjudicial (Article 15, Uniform Code of Military Justice), judicial (courts-martial), and administrative (investigations under Army Regulation [AR] 15-6 or other regulatory guidance) procedures.

d. S2/S3 Section. The S2/S3 section assists the operations and intelligence officer in the execution of his duties. It is capable of sustained 24-hour operations.

- The medical operations officer is responsible for staying abreast of the tactical situation and determining future medical evacua-

tion support requirements. He coordinates with the medical group headquarters and the supported division medical operations centers (DMOCs). He assists the S3 in planning and monitoring medical evacuation support, helps coordinate command post (CP) operations, and keeps subordinate units apprised of the tactical situation.

- The flight operations officer maintains the status of the air evacuation units, plans for their employment, and assigns missions to subordinate air ambulance companies or detachments. He also serves as the battalion airspace coordination officer. In this capacity, he is responsible for coordinating with the corps Army airspace command and control (A²C²) element and each supported divisional A²C² element.

- The operations sergeant assists the S3 in planning and monitoring medical evacuation support. He maintains the availability status of ground evacuation units and assigns missions to subordinate ground ambulance companies. As a senior NCO, he supervises subordinates in the execution of their assigned duties.

- The flight operations sergeant assists the flight operations officer.

- The NBC NCO is responsible for NBC training, advising the commander on NBC defensive measures, plotting and reporting NBC hazard areas, and supervising subordinate unit NBC personnel.

- The intelligence NCO assists the S3 and medical operations officer in planning future medical evacuation support operations by analyzing opposing force and friendly intelligence and determining future force movements. He coordinates with the medical group headquarters and supported DMOCs to determine future requirements. He also coordinates with the movement control center (MCC) for main supply route (MSR) and vehicle routing information. He monitors intelligence traffic, provides medical intelligence reports, and prepares orders and overlays for subordinate ambulance companies, as required.

- The tactical communications (TACOMM) chief supervises the operations of the

communications nets (medical group, subordinate ambulance companies, and supported DMOC).

- The flight operations specialist assists the flight operations officer and sergeant, as well as prepares reports and maintains records.

- The radio operators, the TACOMM systems operator, and the mechanic operate radio equipment for communications with the medical group, subordinate ambulance companies, and supported units on a 24-hour basis. Additionally, the TACOMM systems operator performs unit-level maintenance on all HHD communications equipment.

- The combat signaler lays the battalion headquarters internal wire net and ties into the corps wire system at designated drops. In conjunction with the switchboard operator, he operates the battalion switchboard for internal communications. He also accesses the corps system for external communications.

e. S4 Section. The S4 section assists the S4 officer in the execution of his duties.

- The health services materiel officer plans, coordinates, and supervises the requisitioning, receipt, storage, issue, and accounting for all classes of supply. He coordinates for services for subordinate units. He also monitors and keeps the commander informed on all matters pertaining to maintenance on assigned aircraft, ground vehicles, and medical equipment. He serves as the interface with the supporting medical battalion, logistics (forward/rear) (formerly the medical supply, optical, and maintenance [MEDSOM] battalion) for medical nonexpensible and durable item supply transactions.

- The aviation maintenance technician—

- Provides technical expertise to subordinate air ambulance companies.

- Supervises the battalion aircraft maintenance program.

- Ensures quality control.

- Establishes maintenance priorities.

- Maintains aircraft readiness status.

- Coordinates for aviation intermediate maintenance (AVIM) support for subordinate units.

- The unit maintenance technician—

- Provides technical expertise to subordinate companies.

- Supervises the battalion maintenance program (less aircraft and cryptography equipment).

- Ensures quality control.

- Establishes maintenance priorities.

- Coordinates for direct support maintenance for subordinate units.

- Maintains vehicle readiness status.

- The supply sergeant assists the S4 in planning and coordinating matters pertaining to supply, maintenance, movements, services, and miscellaneous logistics support of the battalion.

- The medical supply specialist assists the health services materiel officer plan and coordinate medical resupply support.

- The two supply specialists perform administrative duties such as typing, filing, and report preparation.

f. Detachment Headquarters Section. The detachment headquarters section provides command, control, administration, and logistics support for assigned personnel.

- The detachment commander and detachment first sergeant perform normal company command and control functions.

- The supply sergeant (armorers) performs company supply and armament functions.
- The food service sergeant, first cook, and cook operate the field food service for organic and attached units collocated with the headquarters.
- The maintenance supervisor, vehicle mechanic, generator repairman, and equipment records and parts specialist provide organizational maintenance for the assigned vehicles, trailers, and generators.
- The unit clerk performs administrative duties normally accomplished in the

battalion personnel administration center (PAC). The medical evacuation battalion is organized without a PAC because of the diverse locations of its assigned and attached units.

g. Treatment Team. The treatment team provides unit-level HSS to assigned and attached elements collocated with the detachment headquarters and to adjacent units on an area support basis. The physician is a flight surgeon and provides staff assistance to the battalion commander on all matters pertaining to aviation medicine. The flight surgeon provides care and treatment for all assigned and attached aircrew members. This physician is dual-hatted as the battalion surgeon.

Section II. MEDICAL COMPANY, GROUND AMBULANCE

3-5. General

The HSS system to sustain the US Army in war is a continuum of increasing levels of care extending from the FLOT through the CONUS base. Patients must be moved through the system quickly to maintain their physiology and prevent needless loss of life or function. Ground ambulances serve as one of the primary means of evacuating patients from the battlefield.

3-6. Assignment

a. The medical company, ground ambulance, is normally assigned or attached to a medical evacuation battalion, HHD, for command and control.

b. The basis of allocation within the CZ is one per division supported, and within the COMMZ, one per two divisions within the theater.

3-7. Mission, Capabilities, and Limitations

a. The mission of the medical company, ground ambulance, is to provide ground evacuation within the TO. The medical company, ground ambulance, is employed in both the corps and COMMZ. It is tactically located where it can best control its assets and execute its patient evacuation mission.

b. The unit capabilities are—

- A single-lift capability for evacuation of 160 litter patients, or 320 ambulatory patients.
- Medical evacuation from division medical companies to CZ hospitals.
- Medical evacuation from the ASMC to supporting hospitals.
- Augmentation of division medical company evacuation assets.
- Augmentation of covering force and deep operations medical evacuation assets.
- Movement of patients between hospitals or aeromedical staging facilities (ASFs), mobile aeromedical staging facilities (MASFs), railheads, seaports, and hospitals in both the corps and COMMZ.
- Area evacuation support beyond the capabilities of the ASMB.
- Emergency movement of medical personnel and supplies.

c. Effective operation of this unit is dependent upon viable communications systems for

command and control and adequate road networks. Employment in severe arctic or primitive jungle conditions seriously impairs the capabilities of the ground ambulance company.

d. This unit is dependent upon appropriate elements of the corps, COMMZ, or theater army for—

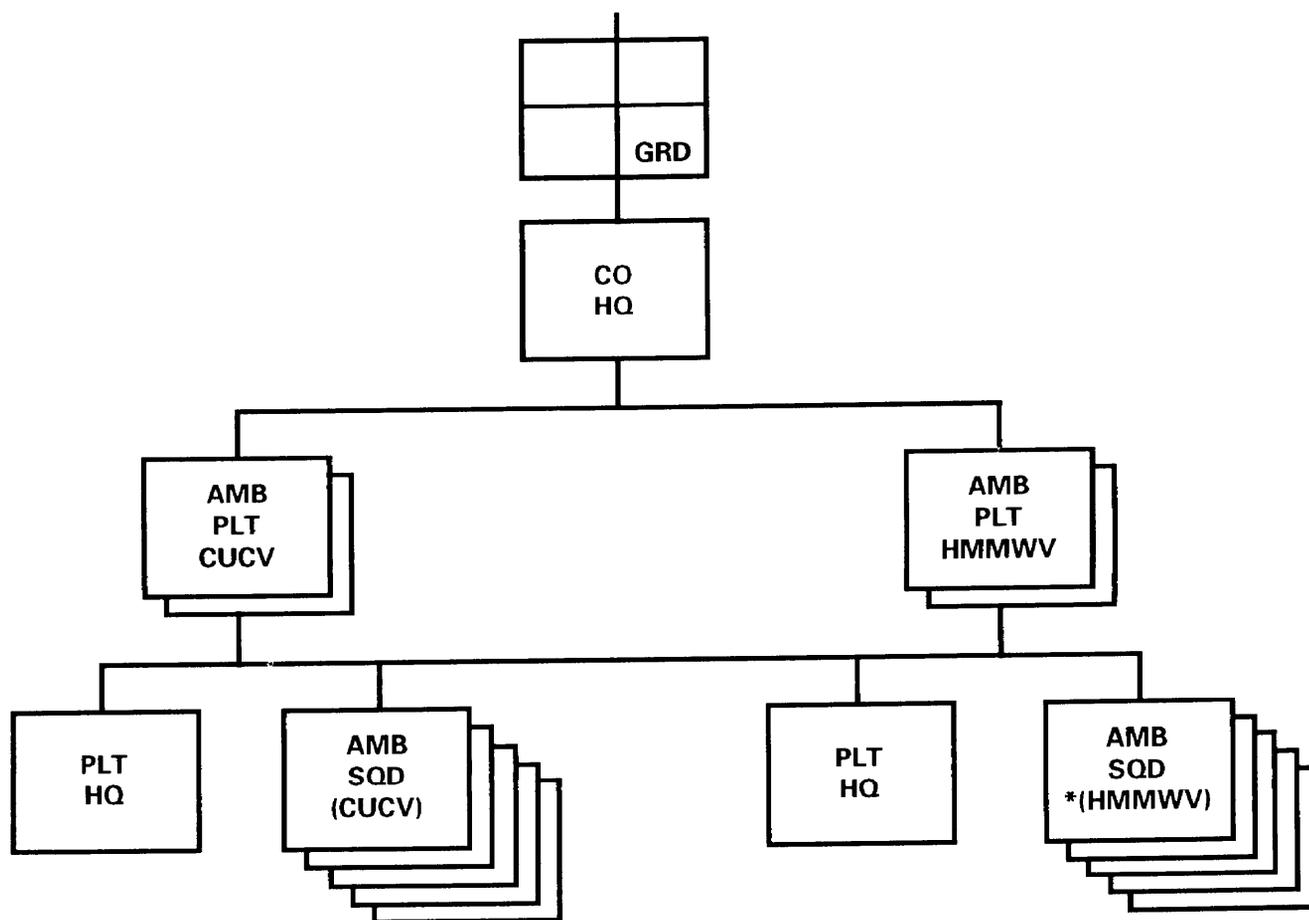
- Religious, financial, legal, personnel, and administrative services.
- Laundry and bath.
- Generator equipment maintenance.
- Health service support.

3-8. Organization and Functions

a. *Medical Company, Ground Ambulance.* The medical company, ground ambulance, is organized into a company headquarters section and four ambulance platoons. Each ambulance platoon consists of a platoon headquarters and five ambulance squads of two ambulances each (Figure 3-2).

b. *Company Headquarters.* This element provides command, control, communications, administration, and logistical support for the subordinate ambulance platoons.

- The maintenance personnel and equipment records (prescribed load list [PLL]) clerks maintain the unit vehicles and trailers.



* IN THE COMMZ, THE AMBULANCES ARE NORMALLY CUCVs.

Figure 3-2. Medical company, ground ambulance.

- The signal personnel maintain communications with the medical evacuation battalion operations section and subordinate ambulance platoons on a 24-hour basis. They also perform unit-level maintenance on communications equipment.

- The food service personnel operate the company field food service.

- The unit clerk performs personnel and administrative service functions.

- The supply sergeant and unit armorer perform company supply and armament functions. Further, they process requisitions for Class VIII supplies with the ASMB medical supply office.

- The commander and first sergeant perform company command and control functions.

- The NBC NCO is responsible for NBC training and advises the commander on NBC defensive measures.

c. Ambulance Platoon Headquarters. Each of the four ambulance platoon headquarters provides command and control for five subordinate ambulance squads (10 ambulances).

(1) The platoon leader and platoon sergeant perform command and control functions in the employment of their platoon. They control the platoon on a 24-hour operational basis and make liaison visits with supported units and inspect dispatched ambulances.

(2) The vehicle driver operates and maintains the platoon leader's vehicle and operates its radio and related communications equipment.

d. Ambulance Squad. Each ambulance squad consists of two ambulances with a two-man crew.

(1) The aide/evacuation NCOs provide en route medical care and supervise ambulance drivers. As NCOs, they assist the platoon leader and platoon sergeant in accomplishing the mission. This is especially critical when platoon assets are employed over a large area, or in multiple locations.

(2) Ambulance drivers or aidmen may provide en route medical care if operating the ambulance without the presence of the aide/evacuation NCO. Further, they maintain the level of expendable Class VIII supplies in the ambulance medical equipment set (MES) by reconstituting supplies from medical companies or hospitals when they pick up or drop off patients. They are also responsible for performing operator maintenance on assigned vehicles.

(3) When employed in the CZ, the company is organized with a mix of 20 CUCV and 20 HMMWV ambulances. When employed in the COMMZ, the company normally uses all CUCV ambulances.

- Two platoons of HMMWV ambulances are stationed forward in the division to provide medical evacuation support from the division to the corps and to act as augmentation.

- Two platoons of CUCV ambulances may be employed in the corps to provide medical evacuation support for interhospital and hospital to MASF (or other embarkation points) transfers.

Section III. MEDICAL COMPANY, AIR AMBULANCE

3-9. General

The medical company, air ambulance, provide aeromedical evacuation to all categories of patient consistent with evacuation precedences and other operational considerations. Medical evacuation is effected from as far forward as possible in the tactical AO to division- and corps-level MTFs.

3-10. Assignment

a. The medical company, air ambulance, is normally assigned to the MEDCOM or medical brigade and attached to the medical evacuation battalion for command and control.

b. The basis of allocation is one unit in support of each division or equivalent force sup-

ported. Further, one unit is in general support in the corps per two division or fraction thereof; or .333 units per separate brigades or armored cavalry regiments (ACRs).

3-11. Mission and Capabilities

a. The mission of the medical company, air ambulance, is to provide—

- Aeromedical evacuation support within the TO, either direct support to the divisions or general support to the corps.

- Emergency movement of medical personnel, equipment, and supplies including whole blood, blood products, and biological.

b. Specific capabilities of this unit are to—

- Operate on a 24-hour a day basis.

- Evacuate patients based on operational capability (dependent on type of aircraft).

- *Operate fifteen air ambulances (UH-60A).* These ambulances are each capable of carrying six litter patients and one ambulatory patient, or seven ambulatory patients, or some combination thereof. Single patient lift capability is 90 litter patients, or 105 ambulatory patients, or some combination thereof. In-flight medical treatment and surveillance of patients is provided by a flight medic. OR

- *Operate fifteen air ambulances (UH-1H/V).* These ambulances are capable of carrying six litter, or nine ambulatory patients, or some combination thereof. Single patient lift capability is 90 litter, 135 ambulatory, or some combination thereof. In-flight medical treatment and patient surveillance are provided by a flight medic.

- Provide internal/external load capability for the movement of medical personnel and equipment.

- Perform AVUM on all organic aircraft and organizational maintenance on all organic avionics equipment. It also performs unit-

level maintenance on all organic equipment less medical.

- Provide air crash rescue support and forced entry, less fire suppression.

- Provide rescue of downed aircrews.

- Operate as an area support medical evacuation (MEDEVAC) section and three forward support MEDEVAC teams to provide flexibility in supporting division, brigade, or brigade task force equivalent operations.

c. This unit is dependent upon—

(1) Support elements of corps or theater army for—

- Personnel services.

- Logistics.

- Hospitalization.

- Medical supply and equipment.

- Food service support.

- Communications security equipment maintenance.

- Mortuary services.

- Military police support.

- Clothing exchange and bath.

(2) The supporting AVIM organization for aviation intermediate maintenance support.

3-12. Organization and Functions

The medical company, air ambulance (Figure 3-3), is organized into—

- Company headquarters.

- Flight operations platoon consisting of a platoon headquarters, flight operations section, and airfield service section.

- Aircraft maintenance platoon consisting of a platoon headquarters, component repair section, and maintenance section.

- Air ambulance platoon consisting of a platoon headquarters, area support MEDEVAC section, and three forward support MEDEVAC teams.

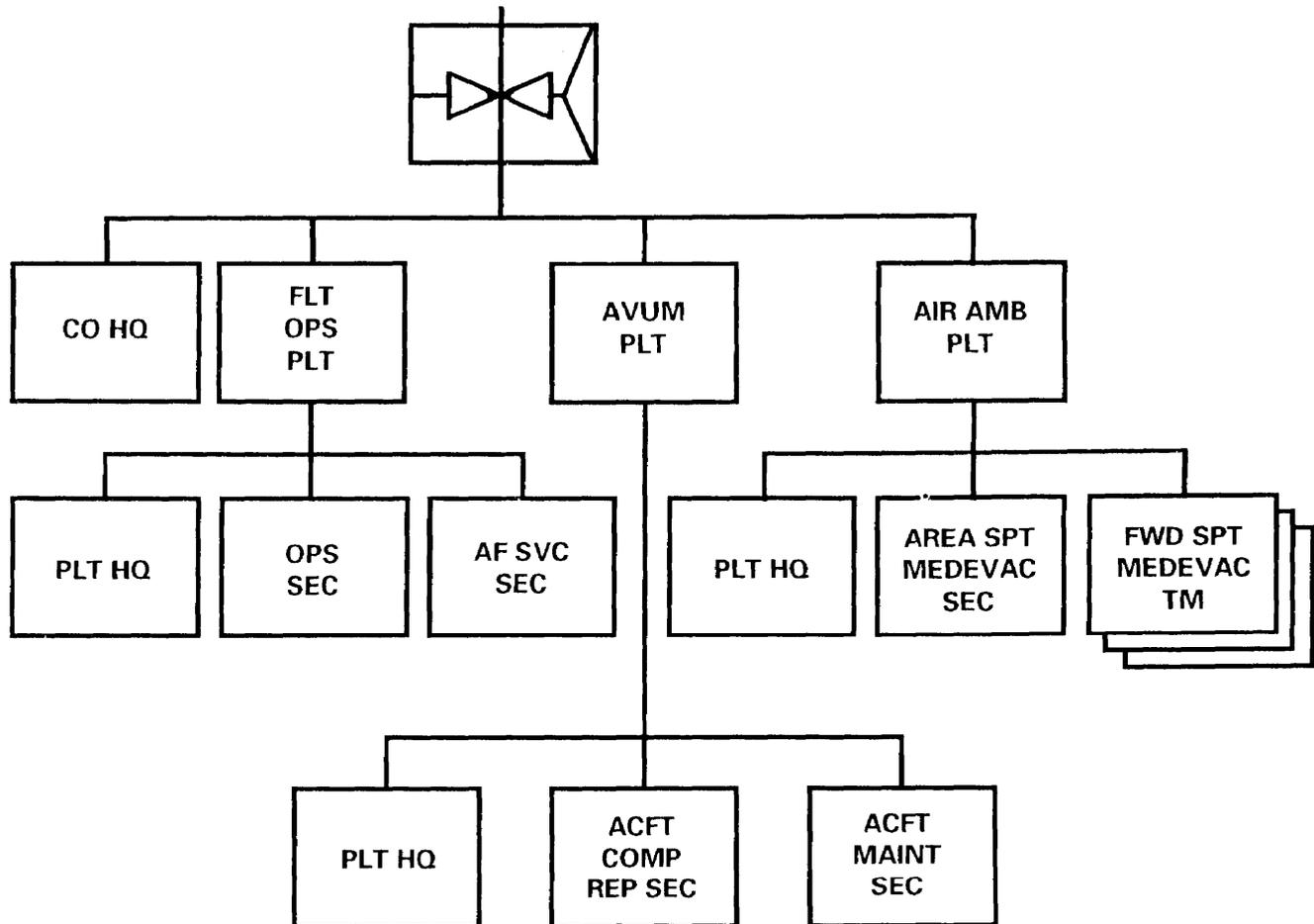


Figure 3-3. Medical company, air ambulance.

a. *Company Headquarters.* The headquarters provides—

- Command and control of the company and its assigned personnel.
- Limited administrative services.
- Monitoring of the aviation safety program during flight- and ground-related activities.
- Unit-level maintenance for assigned vehicles and power generation equipment.

- Unit supply functions.
- Unit NBC functions.

b. *Flight Operations Platoon.*

(1) *Flight operations platoon headquarters.* This headquarters—

- Provides command and control for the flight operations platoon.
- Supervises the flight operations and airfield service sections to ensure a

coordinated effort exists between these sections and the overall mission.

(2) *Flight operations section.*

(a) The flight operations section plans and coordinates all flight operations in the unit including—

- Operational planning.
- Flight dispatch.
- Maintenance of flight records.
- Tactical communications support for the unit.
- Continuous monitoring of communications equipment for aeromedical evacuation requests.

(b) This section is also responsible for coordinating with the air ambulance platoon for—

- Assigning aircraft and crews to specific missions.
- Receiving, processing, and filing flight plans.
- Maintaining a current situation map, weather status, and records and reports.
- Supervising all other activities incident to flight operations including the flight standardization program.

(3) *Airfield service section.* This section provides multiple-site aircraft refueling for 15 UH-60A aircraft on a 24-hour basis, and maintains bulk and packaged petroleum, oils, and lubricants (POL) for the company. This section conducts aircraft refueling operations as necessary. The airfield service section sets up and maintains the unit heliport or airfield under the direction of the flight operations officer and provides for the installation of the unit heliport lighting equipment.

c. *Aircraft Maintenance Platoon.*

(1) *Platoon headquarters.* This headquarters provides AVUM for organic aircraft and avionics equipment and coordinates with the supporting AVIM for additional maintenance support of organic aircraft and avionics equipment. Further, this headquarters coordinates with the air ambulance platoon and flight operations section for the use and maintenance scheduling of aircraft based on mission requirements.

(2) *Component repair section.* This section provides AVUM-level maintenance support for assigned aircraft in the following major areas:

- Avionics.
- Power plant.
- Electrical.
- Power train.
- Structural.

(3) *Aircraft maintenance section.* This section provides AVUM-level maintenance including—

- Aircraft inspections.
- Scheduled phase maintenance.
- Unscheduled maintenance.
- Services and lubrication.
- Maintenance operational checks.
- Test flights.
- Entry and removal from storage.
- Preparation of aircraft for shipment by surface and air.

d. *Air Ambulance Platoon.*

(1) *Air ambulance platoon headquarters.* This headquarters—

- Provides command and control for the air ambulance platoon.
- Supervises the area support MEDEVAC section and the three forward support MEDEVAC teams.
- Provides a point of contact for the operations officer and maintenance officer in the execution of the unit day-to-day operations.

(2) *Area support MEDEVAC section.*

The area support MEDEVAC section consists of six UH-60A aircraft with appropriate crew and provides area aeromedical evacuation support in the vicinity of the unit headquarters. It is habitually located near the corps hospital when assigned to corps, or with the headquarters and support company, medical battalion, or main support medical company (MSMC), MSB, in the DISCOM when in direct support of a divisional unit. Aircraft assets of

this section can be used to reinforce or reconstitute the forward support MEDEVAC teams.

(3) *Forward support MEDEVAC teams.* The air ambulance platoon has three forward support MEDEVAC teams which provide the means to task-organize medical evacuation assets. These teams are usually collocated with the headquarters and headquarters detachment, forward support battalion (FSB), or the FSMC within the BSA when in support of a division. The air ambulance teams provide the aeromedical evacuation of patients from the forward areas to division- or corps-level MTFs. The teams provide in-flight medical care and surveillance of patients. These teams also make aerial delivery of medical personnel and emergency delivery of blood products and medical supplies and equipment. Each forward support MEDEVAC team consists of three UH-60A aircraft, each with a four-man crew. Each team can operate independently for the purpose of aeromedical evacuation missions. These teams are dependent upon the supported unit for food service, communications support, and security.

Section IV. MEDICAL DETACHMENT, AIR AMBULANCE (RG)

3-13. General

The medical detachment, air ambulance (RG), provides a small, flexible aeromedical evacuation capability in the TO.

3-14. Assignment

The medical detachment, air ambulance (RG), is assigned to a MEDCOM or to a medical brigade. It can be further attached to other medical command and control units (medical evacuation battalion) as required.

3-15. Mission and Capabilities

a. This detachment provides immediate aeromedical evacuation of all categories of patients from far forward in the CZ to the division clearing station, or further rearward, as required.

b. In the COMMZ, this unit provides aeromedical evacuation support between Levels III and IV MTFs, and from hospitals to points of embarkation, such as airheads.

c. This unit operates six air ambulances, each normally configured to carry 6 litter patients and 1 ambulatory patient. The single-lift capability of this unit is 36 litter and 6 ambulatory patients. Depending on the configuration and rigging, these ambulances can carry either 4 litter, or 7 ambulatory patients, with a single-lift capability ranging from 24 litter patients, 42 ambulatory patients, or some combination thereof.

d. The medical personnel assigned to this unit provide in-flight medical care and surveillance of patients.

e. The aircrew provides air crash rescue support, extricates personnel from downed aircraft,

and provides EMT at the crash site. These patients are then aeromedically evacuated to an MTF.

f. The unit provides expeditious movement and delivery of whole blood, biological, and other medical supplies to meet recurring and critical requirements. Further, this unit rapidly transports medical personnel and equipment when required.

g. The flight operations section is staffed for 24-hour continuous operations to receive and coordinate aeromedical evacuation requests.

h. This unit can perform limited AVUM on organic aircraft and organizational maintenance on all avionics equipment.

i. This unit is dependent upon the supporting AVIM company for supplementing AVUM support and providing AVIM support.

3-16. Organization and Functions

The medical detachment, air ambulance (RG), is organized with a detachment headquarters, flight operations section, maintenance section, and two air ambulance sections (Figure 3-4).

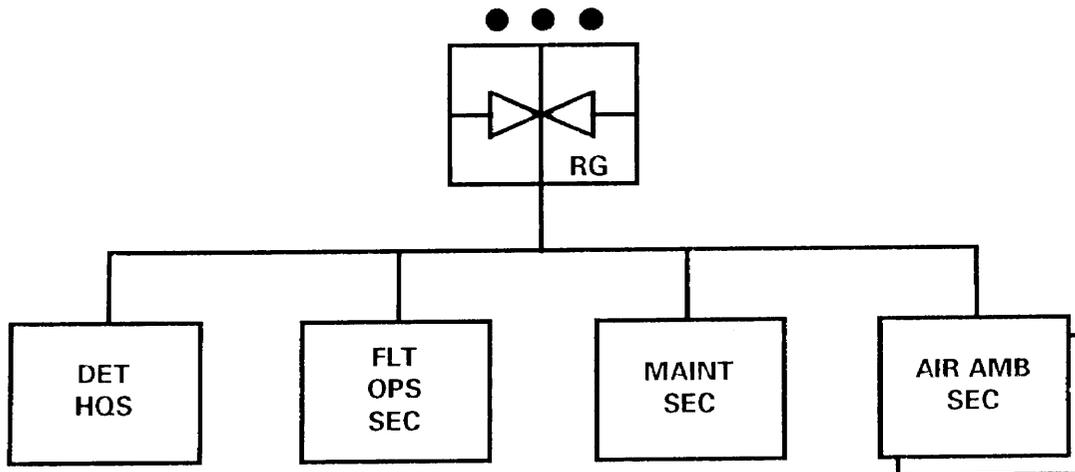


Figure 3-4. Medical detachment, air ambulance (RG).

a. Detachment Headquarters. This headquarters provides—

- Command and control of the unit and its assigned personnel.
- Limited administrative services.
- Monitoring of the aviation safety program during flight- and ground-related activities.

● Unit-level maintenance on assigned vehicle and power generation equipment.

- Unit supply functions.
- Food service.

b. Flight Operations Section. The flight operations section plans and coordinates all flight operations in the detachment, including—

- Operational planning.
- Flight dispatch.
- Maintenance of flight records.
- Tactical communications support.
- Monitoring of communications equipment for aeromedical evacuation mission requests.

c. Maintenance Section. This section provides AVUM for organic aircraft and avionics

equipment and coordinates with the supporting AVIM unit for additional maintenance support.

d. Air Ambulance Sections. These sections each have three aircraft and appropriate crews. They provide 24-hour continuous aeromedical evacuation support to corps or COMMZ units. The flight medic provides en route medical surveillance and care of patients. These sections also provide delivery of blood products and other medical supplies, as well as providing expeditious movement of medical personnel and equipment.

Section V. MEDICAL DETACHMENT, RAIL AMBULANCE (EUROPEAN THEATER ONLY)

3-17. General

The medical detachment, rail ambulance, provides ground evacuation of a large number of patients from hospitals or patient holding units located in the CZ to hospitals or patient holding units in the COMMZ. It also provides ground evacuation of patients between MTFs in the COMMZ or to aerial or water ports of embarkation. This unit operates only in the European Theater. The medical detachment, rail ambulance, will use wartime host-nation (HN) support of one locomotive, one command car, one dining car, one treatment car, five bed cars, and three seat cars.

3-18. Assignment

The medical detachment, rail ambulance, is assigned to the MEDCOM. It may be further attached to a medical brigade located in the COMMZ.

3-19. Mission and Capabilities

a. The mission of this detachment is to provide—

- Rail evacuation of patients from hospitals or patient holding units located in the CZ to hospitals or patient holding units in the COMMZ (European Theater).

- Rail evacuation of patients between MTFs in the COMMZ, or to aerial or water ports of embarkation (European Theater).

b. Specific capabilities of this unit are to provide—

- Rail evacuation for a maximum of 176 litter and 171 ambulatory patients.

- En route medical care and unit-level HSS for organic personnel.

c. This unit is dependent upon—

- Appropriate elements of the theater army for legal, finance, laundry, personnel and administrative services, transportation support (when relocation of this organization is required), and security, to include enemy prisoner of war (EPW) security during processing and evacuation.

- Wartime HN support for locomotive, railroad cars, and railway support.

3-20. Organization and Functions

The medical detachment, rail ambulance, is organized into a detachment headquarters, treat-

ment squad, five holding sections, and three ambulance sections (Figure 3-5). Each section or squad is assigned to an individual railcar. Wartime HN support is used for food service support.

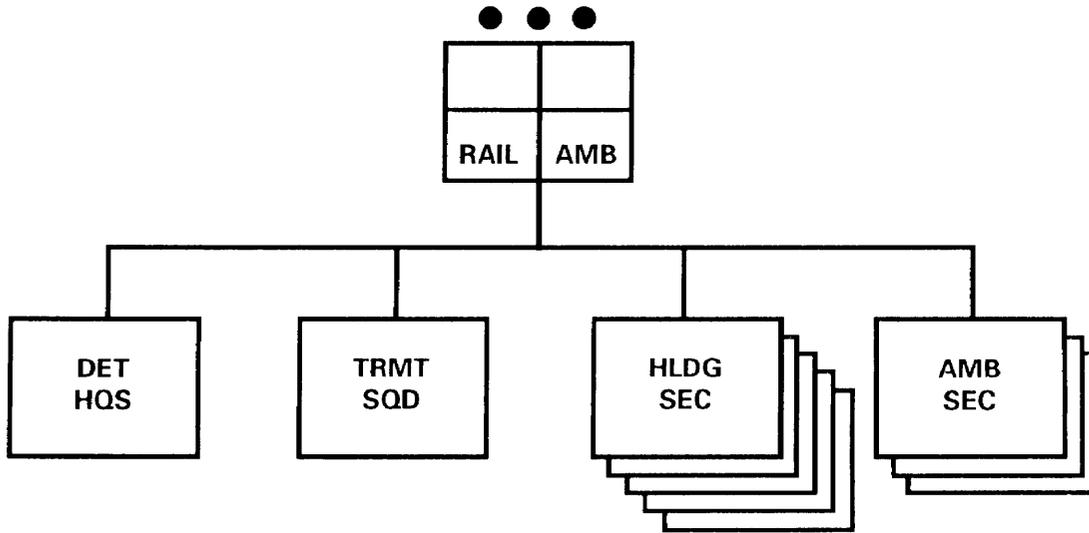


Figure 3-5. Medical detachment, rail ambulance (European Theater only).