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FM 8-5

DEPARTMENT OF THE ARMY FIELD MANUAL

MEDICAL SERVICE UNITS THEATER OF OPERATIONS

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HEADQUARTERS, DEPARTMENT OF THE ARMY
OCTOBER 1959

FIELD MANUAL

MEDICAL SERVICE UNITS, THEATER OF OPERATIONS

FM 8-5 CHANGES No. 2	}	HEADQUARTERS, DEPARTMENT OF THE ARMY WASHINGTON 25, D.C., 6 November 1962
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FM 8-5, 28 October 1959, is changed as follows:

34.1 Medical Air Ambulance Company (TOE 8-137)
(Added)

a. Mission. The primary mission of the medical air ambulance company is to provide:

- (1) Aeromedical evacuation of patients.
- (2) Movement of medical personnel and accompanying equipment and supplies to meet a critical requirement.
- (3) Delivery of whole blood, biologicals, and medical supplies when there is a critical requirement.

b. Assignment and Basis of Allocation. This company is assigned to a field army, an independent corps, or a task force as required. It is allocated on the basis of one per corps per field army and one per independent corps or task force as required.

c. Capabilities. The medical air ambulance company is operationally self-sufficient and is capable of performing the following functions:

- (1) Providing aeromedical evacuation of patients not transportable by other means to the nearest medical unit capable of providing required surgery and medical treatment.
- (2) Effecting the pickup of patients from units in the immediate area of contact with the enemy except from an airhead or airborne force objective area that is logistically supported by the United States Air Force.
- (3) Augmenting ground evacuation units when surface evacuation is not feasible or is insufficient.
- (4) Effecting the expeditious delivery of medical personnel and materiel to meet emergency treatment requirements within the combat zone.

a. Employment. The company normally is employed under the overall direction of the field army surgeon who exercises operational control through a subordinate medical group. The company usually operates under mission type orders which assign it the role of supporting a corps. The company commander provides detailed direction of his unit's operations, and simultaneously acts as staff advisor to the parent medical group headquarters in all aeromedical operations. Individual evacuation mission requests are processed through appropriate command communications channels for approval and assignment of priority by the surgeon at each level in accordance with the command aeromedical evacuation SOPs. Subsequent to approval, requests are forwarded to the company headquarters or directly to helicopter ambulance platoons (with monitorship by company headquarters), as the individual situation dictates. The helicopter ambulance may be diverted in flight to perform a contingent mission, such as the delivery of critical medical supplies, except that an ambulance actually engaged in carrying a patient will not be so diverted without prior permission of the surgeon who gave ultimate approval for the original evacuation flight. Air ambulance capabilities of the field army may be reinforced by attaching, as required, helicopter ambulance detachments, Team RA, TOE 8-500C (not exceeding four per company) to the air ambulance company for operational control. Further details regarding air ambulance service are contained in FM 8-10.

e. Organization. This company consists of a company headquarters, an operations platoon, a communications section, four helicopter platoons, and a maintenance platoon. This unit is 100 percent mobile.

- (1) *Company headquarters.* This company normally establishes itself centrally, in relation to its subordinate platoons, and in the immediate vicinity of a field medical installation and as close as practicable to its parent medical group headquarters. It may be functionally organized into the following sections:
 - (a) *Command and administration.* This section includes a company commander (MSC), an executive officer (MSC), a first sergeant, a company clerk, and a personnel administrative clerk.
 - (b) *Food service.* This section functions under the direct supervision of the mess steward and includes the cooks and a cook's helper.
 - (c) *Supply and motor maintenance.* Personnel included in this section are a supply sergeant, a motor sergeant,

wheel vehicle mechanics, a light truck driver, and a mechanic's helper. In addition, a helicopter crew chief is included who maintains the helicopter authorized for the company headquarters.

- (2) *Operations platoon.* The primary function of this platoon is to plan and direct company operations in accordance with the commander's policies. It also coordinates the company's individual and unit training. It consists of a platoon headquarters, an operations section, and an airfield service section.
 - (a) *Platoon headquarters.* The operations officer also functions as platoon leader, supervising the operations section and the airfield service section. He plans and directs operations of the company, maintaining liaison with parent medical group headquarters, the surgeons of the major commands supported, other medical service support units and the army flight control agencies, as required, to coordinate helicopter ambulance flights. He keeps the company commander advised concerning company operations and capabilities. Enlisted personnel included in this headquarters are an operations sergeant, intermediate speed radio operators, and a light truck driver.
 - (b) *Operations section.* This section operates one heliport in the vicinity of company headquarters. It also provides the operations officer with a radio communications capability to net with the headquarters of infantry and armored divisions and field artillery groups at a maximum range of 15 miles, and with airfield service elements operating in support of the platoon heliports when dispersed. In addition, it maintains its own flight operation control facility and receives flight plans from pilots and weather forecasts from the corps weather section. Personnel comprising this section include control tower operators, flight operations specialists, landing control operators, a teletypewriter operator, a clerk-typist, and a light truck driver.
 - (c) *Airfield service section.* The section provides service for the company's heliport and the four platoon heliports when dispersed, including heliport lighting, helicopter fueling, fire fighting, and aircraft crash and rescue. Personnel in this section are a section chief, airfield service crewmen, and crash rescue specialists.

- (3) *Communications section.* This section is responsible for the installation, maintenance, and repair of the communications equipment of the company. It operates the telephone switchboard and teletypewriter set. The company has a capability of communicating with field army, corps, and medical group headquarters. Personnel in this section are a communications chief, a team chief, electronic navigation equipment repairmen, a GCA equipment repairman, radio mechanics, radio teletypewriter operators, a switchboard operator, and a wireman.
- (4) *Helicopter platoons.* Each helicopter platoon has the capability, when augmented by a section of the maintenance platoon and an element of the airfield service section, of operating in a dispersed location. The dispersed platoon remains dependent upon the company headquarters for administrative support, except for local attachment to a nearby unit for logistical support such as mess. In this situation, the platoon flight leader assumes total responsibility for direction of platoon operations. A total of six helicopters is authorized each platoon. Each helicopter is manned by a commissioned rotary wing aviator (MSC), a medical-aid man, and a helicopter crew chief. The air ambulance crew must be capable of rendering emergency medical treatment. The pilot supervises the crew in treating and preparing the patient for flight, and issues instructions to the crew pertaining to inflight medical emergencies. Intermediate speed radio operators are organic to each of these platoons.
- (5) *Maintenance platoon.* This platoon consists of a platoon headquarters and four identical maintenance sections.
 - (a) *Platoon headquarters.* The platoon leader (MSC) and his technical inspector perform technical inspections of all aircraft after maintenance, and at such other times deemed necessary to insure that the aircraft operate safely and efficiently. The platoon headquarters obtains aircraft spareparts from supporting Transportation Corps aircraft maintenance units and distributes them to the maintenance sections as required; maintains consolidated aircraft maintenance records for the company; coordinates aircraft maintenance support provided by Transportation Corps. Other personnel included in this headquarters are the platoon sergeant, aircraft parts specialists, a helicopter mechanic, a clerk-typist, and a supply records clerk.

(b) *Maintenance sections.* Each of these four sections is identical and provides necessary organizational maintenance for the aircraft assigned or attached to the company. Normally, one section is utilized in support of one helicopter platoon. Each maintenance section includes a section sergeant, helicopter mechanics, and helicopter mechanic's helpers.

f. *Contingency Employment in Nuclear Warfare.* In the event of an enemy nuclear attack resulting in large numbers of casualties, this unit can be used to augment surface ambulance evacuation support to the treatment stations providing medical support to the stricken area. In addition, medical sorting teams and medical supplies may be flown to disaster areas. Contingency plans must provide for augmentation and emergency operational procedures in a mass casualty situation.

BY ORDER OF THE SECRETARY OF THE ARMY:

EARLE G. WHEELER,
General, United States Army,
Chief of Staff.

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NG: State AG (3); Units—Same as Active Army except allowance is one copy to each unit.

USAR: Same as Active Army.

For explanation of abbreviations used, see AR 320-50.

FIELD MANUAL

MEDICAL SERVICE UNITS, THEATER OF OPERATIONS

FM 8-5 }
CHANGES No. 1 }

HEADQUARTERS,
DEPARTMENT OF THE ARMY
WASHINGTON 25, D.C., 7 June 1962

FM 8-5, 28 October 1959, is changed as follows:

The following pen-and-ink changes will be made:

Page 8, paragraph 12b. Change "company aid men" on line 5 to read unit aid men.

Page 10, paragraph 15. Wherever "this detachment" appears (lines 1, 6, 9) change to read this unit.

Page 13, paragraph 17b(2). Delete "a" on line 2. Change "medical assistant" on line 3 to read medical assistants.

Page 14, paragraph 19c. Delete "an aid station attendant, and a general clerk." from lines 4 and 5, and insert aid station attendants.

Page 16, paragraph 21. Wherever "this detachment" appears (lines 1, 4, 7) change to read this unit.

Page 23, paragraph 28. Change "(TOE 8-122)" in paragraph title to read (TOE 8-22).

Page 28, paragraph 31d. Change "hospitalization" on line 8 to read treatment. Change "hospitals" on line 12 to read treatment facilities.

Page 29, paragraph 31f. Delete "separate" from line 5.

Page 30, paragraph 32c. On lines 4 through 6, delete "or 1 per corps. Allocation to a theater army logistical command is made on an 'as required' basis." and substitute therefor and 3 per communications zone in support of a field army. Paragraph 32d, 32e, and 32f. Delete "separate," from lines 1, 2, and 1, respectively.

Page 31, paragraph 32f(1)(a). Change lines 2-3 to read "commander (MSC), a first sergeant, a company clerk,". Paragraph 32f(1)(c). Change line 2 to read "this section would consist of the supply sergeant, a supply clerk, a wheel vehicle".

Page 32, paragraph 33e. Delete "separate," on line 1. Paragraph 33e(1)(c). Change line 3 to read "sergeant, wheel vehicle mechanics, light truck driver, and wheel vehicle mechanics' helpers."

Page 34, paragraph 34f. Change "theater administrative" on line 7 to read communications.

Page 35, paragraph 34g(1)(b). Change "first cooks" to read first cook on line 5. Paragraph 34h. Delete "medical care and" on line 8. Change "contained" on line 14 to read envisioned.

Page 38, paragraph 35e(2)(b). Change “power-generator operator-mechanic” on lines 9 and 10 of this page to read powerman.

Page 44, paragraph 37a. On lines 5-6, change “center also functions to prevent unnecessary” to read center’s functions prevent the unnecessary.

Page 47, paragraph 37f(2)(f). Delete the comma on line 4 after the word “officer”. Change “initiatng” on line 12 to read initiating.

Page 48, paragraph 37f(3). Change “section” on line 2 to read sections.

Page 49, paragraph 37(3)(b). Change “section” on line 2 to read service.

Page 50, paragraph 37f(4)(a). Change “assistant PT” on line 9 to read reconditioning training.

Page 53, paragraph 39a. Change “for” on line 2 to read to. Paragraph 39c. Change “replaces” on line 4 to read fabricates.

Page 54, paragraph 39e(3). Change “replace” to read fabricate. Paragraph 39f(1)(a). Change “chief clerk” on line 4 to read compensation clerk.

Page 56, paragraph 39g. Change “to” on line 6 to read of.

Page 62, paragraph 40g(2)(e). Change “power-generator operator mechanic” on last line to read powerman.

Page 67, figure 2. Under box for “Nursing Service”, add:

└─ sections

Page 71, paragraph 42e(3). On line 9, insert a dental officer between “a chaplain” and “a detachment”. On line 16, change “mess steward” to read motor sergeant. On line 17, change “food service” to read motor maintenance.

Page 74, paragraph 42e(4)(b). Delete “hospital” from line 2. Paragraph 42e(4)(e). On line 1, add words including nurses after “officers”.

Page 77, paragraph 44. Change “Medical Depots, Communications Zone” on lines 1-2 to read Medical Depots. Paragraph 45c(4). Change “1,500” on line 1 to read 2,200.

Page 78, paragraph 45c(4). Change “250” on top line to read 440. Paragraph 45g. Delete “communications zone” on line 1. Delete “administrative section” on line 2.

Page 79, paragraph 45g. Change “shop” on line 1 to read section. Paragraphs 45g (1) and (2). Delete number and title “(2) Administrative section”, and combine with (1) Depot headquarters. Paragraph 45g(3). Change “warrant officer” on line 13 to read medical supply officer (MSC).

Page 81, paragraph 45g(5). On line 5, change “medical equipment maintenance officer” to read medical equipment repairman technician.

Delete "(MSC)" from line 6 of this page. Change "wheel vehicle mechanics and a helper" on lines 9-10 to read a wheel vehicle mechanic and helper. Change "a powerman" on line 11 to read powermen. Change "canvas-leather repairman" on line 12 to read shop clerk. Delete "and" on line 12, change period to comma, and add to end of sentence and a general clerk. Paragraph 45g(6). Change "Optical shop" where it appears on lines 1 and 5, to read optical section.

Page 98, paragraph 53f(2). Insert which on line 2 between "units" and "are", and change "or" on same line to read of.

Page 103, paragraph 56e(3). Change "which" on line 7 to read whom.

Page 118, paragraph 64g(4). Change "anesthesiologists" on lines 2 and 3 to read anesthesiologist. Change "surgeons's" on line 4 to read surgeon's.

Page 126, paragraph 71e. Change "theater administrative" on line 3 to read communications.

Page 127, paragraph 72c. Change "theater administrative" on line 3 to read communications.

Page 134, paragraph 76e. Change "can" on line 14 to read may.

Page 141, paragraph 81e. Change "theater administrative" on lines 7 and 8 to read communications.

APPENDIX

REFERENCES

Page 147, Add: FM 8-15 Division Medical Service, Infantry, Airborne, Mechanized, and Armored Divisions.

Change subject for TOE 6-116 to read: "Headquarters and Headquarters Battery, Infantry Division Field Artillery Howitzer Battalion, 105mm and 155mm, Towed."

Change subject for TOE 6-126 to read: "Headquarters and Headquarters Battery, Infantry Division Field Artillery Howitzer Battalion, 105mm and 155mm, Self-Propelled."

Page 148, Change subject for TOE 6-136 to read: "Headquarters and Headquarters Battery, Infantry Division Field Artillery Battalion, 762-mm Rocket, Self-Propelled, 8-inch Howitzer, Towed."

Change subject for TOE 6-316 to read: "Headquarters and Headquarters Battery, Armored Division Field Artillery Howitzer Battalion, 105mm, Self-Propelled."

Change subject for TOE 6-326 to read: "Headquarters and Headquarters Battery, Armored Division Field Artillery Battalion, 155mm, 8-inch Howitzer, 762-mm Rocket, SP."

Page 148, change subject for TOE 7-26 to read "Headquarters and Headquarters Company, Armored Division Infantry Battalion."

Delete entries for: TOE's 8-26, 8-27, 8-28 and 8-117.

Add following:

TOE 8-126 Headquarters and Headquarters Detachment,
Medical Battalion.

TOE 8-127 Medical Ambulance Company

TOE 8-128 Medical Clearing Company

TOE 8-129 Medical Collecting Company

TOE 8-137 Medical Air Ambulance Company

Change subject for TOE 8-187 to read Medical Depot.

Page 149, delete entry for TOE 8-317. Add: TOE 8-204 Preventive Medicine Laboratory, Field. Change subject for TOE 8-581 to read Evacuation Hospital.

12. Medical Platoon, Headquarters and Headquarters Company, Infantry Division Battle Group (TOE 7-12)

The medical platoon * * * of this platoon.

* * * * *

b. *Treatment Section.* Under the direct * * * aid station personnel.

- (1) *Unit aid men.* (Superseded) Sufficient aid men are authorized this section to permit attachment of one to each rifle company of the battle group. Their primary function is to provide emergency medical treatment support to the rifle company.

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13. Medical Sections

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d. *Medical Section, Headquarters and Headquarters Battery, Infantry Division Field Artillery Howitzer Battalion, 105mm and 155mm, Towed (TOE 6-116); Medical Section Headquarters and Headquarters Battery, Infantry Division Field Artillery Howitzer Battalion, 105mm and 155mm, Self-Propelled (TOE 6-126); and Medical Section, Headquarters and Headquarters Battery, Infantry Division Field Artillery Battalion, 762-mm Rocket, Self-Propelled, 8-inch Howitzer, Towed (TOE 6-136).* (Superseded) Each of these sections includes a section sergeant, medical aid men, battery aid men, and an ambulance driver. In addition to operating their respective battalion aid stations, these sections provide aid men who furnish emergency medical treatment support to the batteries to which they are attached. These medical sections are 100 percent mobile.

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19. Medical Sections

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e. Medical Section, Headquarters and Headquarters Battery, Armored Division Field Artillery Howitzer Battalion, 105mm, Self-Propelled (TOE 6-316) and Medical Section, Headquarters and Headquarters Battery, Armored Division Field Artillery Battalion, 155mm, 8-inch Howitzer, 762-mm Rocket, Self-Propelled (TOE 6-326). (Superseded) Each of these sections includes a section sergeant, medical aid men, an aid station attendant, ambulance driver, and battery aid men. In addition to operating aid stations, these sections provide battery aid men who furnish emergency medical treatment support to the batteries to which they are attached.

f. Medical Section, Headquarters and Headquarters Troop, Armored Division Cavalry Squadron (TOE 17-46) and Medical Section, Headquarters and Headquarters Company, Armored Division Armor Battalion, 90mm (TOE 17-26). (Superseded) Each of these sections consists of a Medical Corps officer who is an assistant to the unit surgeon, a Medical Service Corps officer who is designated as a medical assistant, a section sergeant, medical aid men, company/troop aid men, aid station attendants, ambulance drivers, and a general clerk. In addition to operating aid stations, these sections provide medical aid-evacuation teams which furnish emergency medical treatment and evacuation support to the organic elements of these organizations.

g. Medical Section, Headquarters and Headquarters Company, Armored Division Infantry Battalion (TOE 7-26). (Superseded) This section consists of a Medical Corps officer who is an assistant to the battalion surgeon, a Medical Service Corps officer who is a medical assistant, a section sergeant, medical aid men, company aid men, ambulance drivers and orderlies, aid station attendants, and a general clerk. In addition to operating an aid station for the battalion, this section also provides company aid men who furnish emergency medical treatment support to the organic companies of the battalion. Evacuation support is also rendered to the battalion by the ambulance drivers and orderlies included in this section.

h. Medical Section, Headquarters and Headquarters Company, Armored Division Engineer Battalion (TOE 5-6). (Superseded) This section includes a section sergeant, medical aid men, company aid men, ambulance drivers, an aid station attendant, and a general clerk. This medical section functions in a manner similar to the medical section of the armored division infantry battalion, particularly when the armored division engineer battalion is required to fight as infantry.

22. Ambulance Company, Armored Division Medical Battalion (TOE 8-77).

This company performs * * * identical ambulance platoons. Each platoon is equipped with eight $\frac{3}{4}$ -ton ambulances and four $\frac{1}{4}$ -ton frontline ambulances for the transportation of patients. Each of

these twelve ambulances is manned with an ambulance driver and an ambulance orderly. Radio communication means * * * organic maintenance personnel.

29. Headquarters and Headquarters Detachment, Medical Battalion (TOE 8-126) (Superseded)

a. Mission. The primary mission of this organization is to provide command, control, logistical support, and staff planning for a non-divisional medical service battalion engaged in providing general area medical support or direct medical support, or a combination of both. Normally, when assigned to a corps or field army, it is responsible for the performance of one or both of the following functions:

- (1) Act as control agency for its attached medical companies providing area medical service.
- (2) Exercise control over attached medical service units providing evacuation services from division, corps, or field army medical clearing facilities to appropriate installations.

b. Assignment and Basis of Allocation. This unit may be assigned to a field army, an independent corps, or a theater army logistical command. It may also be attached to headquarters and headquarters detachment, medical group (TOE 8-22). The unit normally is allocated on the basis of 1 per 3 to 7 medical companies or equivalent units.

c. Capabilities. This unit is capable of providing command, administration, control, logistical support, and staff planning for the component units of a non-divisional medical service battalion. The unit is a control headquarters only, and requires the attachment of appropriate medical units to enable it to perform assigned missions. The types of companies attached will be determined by the mission assigned to this unit. The unit may operate directly under independent corps, army, or logistical command, or be incorporated in a medical group organization.

d. Organization. The unit consists of a battalion headquarters, a detachment headquarters, an operations section, a supply section, a maintenance section, and a personnel section. The unit is 100 percent mobile.

- (1) *Battalion headquarters.* The personnel included in this headquarters perform command, staff planning, coordination, and supervisory functions of the units attached to this headquarters. These individuals consist of a Medical Corps officer, who is the battalion commander; and 4 Medical Service Corps officers including the executive officer, an operations officer, a supply officer, and an adjutant, who is also the

- detachment commander and education officer; and the battalion sergeant major who also functions as the first sergeant.
- (2) *Detachment headquarters.* Personnel comprising this headquarters include a first cook who augments the food service personnel of the unit providing food service facilities to the personnel of this unit, a detachment clerk, who is also an education specialist, a light truck driver, an armorer, and a clerk typist.
 - (3) *Operations section.* This section plans, prepares, orders, and supervises execution of all battalion missions. Also performs intelligence, liaison and troop information functions and supervises area damage control activities. The section functions under the supervision of the assistant operations officer (MSC), who is also the S2 and information officer. Personnel included in this section consist of a medical operations sergeant, an assistant operations sergeant, clerk typists, a switchboard operator, a teletype operator, a message clerk, radio telephone operators, and a wireman. The assistant operations sergeant also functions as an intelligence sergeant, reconnaissance sergeant, communications chief and liaison agent.
 - (4) *Supply section.* This section provides medical and general supply support for all units attached to the battalion. The personnel include a medical supply sergeant, a supply sergeant, a medical supply specialist, a general supply specialist, and supply clerks.
 - (5) *Maintenance section.* This section performs battalion organizational vehicular maintenance with tool sets issued only to the battalion. It may perform all organizational maintenance for its parent group headquarters and for any battalion unit which does not have an organic mechanic. The activities of the section are supervised by a motor officer (MSC), who is assisted by a motor maintenance sergeant, a wheel vehicle mechanic, a wrecker operator, and a general clerk. Appropriate teams of TOE 29-500 are utilized as required to provide a battalion level wheeled vehicle capability when organic resources are not adequate to support units attached to the battalion headquarters.
 - (6) *Personnel section.* This section provides personnel administration support for units attached to the battalion. Personnel included in this section consist of a warrant officer, who functions as the personnel officer, a personnel sergeant, a personnel management specialist, a personnel administrative specialist, and a clerk typist. This section is augmented by personnel administrative specialists from companies under

battalion control when the personnel administration functions are consolidated at battalion.

e. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, this headquarters can be used as a command control headquarters in directing the operations within the stricken area of the medical service units attached or assigned to the battalion.

31. Medical Clearing Company (TOE 8-128).

a. Mission. (Superseded) This company is assigned the mission of receiving, sorting, and providing emergency and/or supportive treatment to medical and surgical patients until they are evacuated; and of providing definitive treatment for patients with minor illnesses, wounds, and injuries. In addition, it provides essential dental treatment for patients and assigned personnel.

b. Function. (Superseded) This unit normally functions under the overall control of the field army or logistical command surgeon, and usually is attached to a headquarters and headquarters detachment, medical battalion (TOE 8-126). The primary function of the clearing company is to furnish temporary or definitive medical treatment to patients admitted directly or evacuated from non-divisional aid stations or dispensaries, and it maintains an adequate system of internal communications in order to insure efficient operation of the current evacuation pattern. As directed by higher authority, it may:

- (1) Establish and operate, when properly augmented, specialized small hospital facilities.
- (2) Supplement or replace the services of other medical units.

c. Assignment and Basis of Allocation. (Superseded) Normally, the medical clearing company is assigned to a field army on the basis of 6 companies per field army and 1 company per corps, making a total of 9 companies available to a field army containing 3 corps. In addition, 2 of these companies are allocated to a theater army logistical command in support of a field army.

* * * * *

e. Responsibilities. Rescinded

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32. Medical Collecting Company (TOE 8-129)

* * * * *

b. Function. (Superseded) The major function performed by personnel of this unit is that of providing litter bearer support in the combat zone by augmenting divisional units or medical installations in the field army service area. Specifically, the company provides litter bearer support to holding units operating at airheads, railheads, and ports of embarkation; and to evacuation hospitals and other medi-

cal service facilities. Normally, this support is rendered by platoons, as required. The company also administers emergency medical care and treatment to patients as necessary.

- * * * * *
- e. *Responsibilities.* Rescinded
- f. *Organization.*

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(2) *Litter platoons.* (Superseded) Each of the four litter platoons is commanded by a Medical Service Corps officer. Each platoon leader is assisted by a platoon sergeant and an assistant platoon sergeant. A liaison agent is provided each platoon together with a total of forty litter bearers.

g. *Contingency Employment in Nuclear Warfare.* (Superseded) In the event of an enemy nuclear attack resulting in large numbers of casualties, this unit may continue to perform its normal litter bearer mission, or its personnel resources may be diverted to the treatment station to augment its capabilities.

33. Medical Ambulance Company (TOE 8-127)

* * * * *

b. *Assignment and Basis of Allocation.* (Superseded) This unit is assigned to a field army on the basis of 2 per corps and 7 per army, and to a theater army logistical command on the basis of 6 per field army being supported. The company may also be assigned to an independent corps or separate task force. Normally, this unit is attached to a headquarters and headquarters detachment, medical battalion (TOE 8-126), or may operate independently under the supervision of the appropriate staff medical officer.

* * * * *

d. *Functions.* (Superseded) The general functions performed incident to its mission are:

- (1) Transport medical materiel needed by supported facilities and medical personnel as required.
- (2) Furnish medical surveillance and treatment to sick and injured patients while they are en route to a medical treatment facility.
- (3) Maintain liaison with supported medical treatment facilities and with surgeons of supported command as required.
- (4) Evacuate patients from airstrips or ambulance trains to other medical treatment facilities when necessary.
- (5) Insure that property exchange procedures are performed in the prescribed manner.

e. *Organization.*

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(2) *Ambulance platoons.* (Superseded) Each of the three ambulance platoons is commanded by a Medical Service Corps officer. Each platoon leader is assisted by a platoon sergeant and a section sergeant. A total of 12 ambulance drivers and 12 ambulance orderlies are included in each platoon for the operation of the ten $\frac{3}{4}$ -ton ambulances authorized each platoon.

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34. Medical Holding Company (TOE 8-57)

* * * * *

g. Organization.

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(2) *Holding sections.* (Superseded) Each of the three holding sections is commanded by a Medical Corps officer. He is assisted by a Medical Service Corps officer who supervises all non-treatment functions of the section. Enlisted personnel included in each holding section consist of a section sergeant, wardmasters, a senior ward specialist, ward specialists, ward attendants and orderlies, litter bearers, and admission-disposition clerks.

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35. Evacuation Hospital (TOE 8-581)

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d. Responsibilities.

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(3) (Superseded) Provide definitive treatment to medical and surgical patients within limitations imposed by the current evacuation policy and the capabilities of the professional staff.

* * * * *

e. Organization.

* * * * *

(3) *Professional services.*

* * * * *

(b) *Ward section.* This section is * * * classified as such. The medical officers of this section, together with appropriately qualified nurses, are detailed to this section from the professional complement.

* * * * *

36. Mobile Army Surgical Hospital (TOE 8-571)

(Superseded)

a. Mission. The mission of this hospital is to provide resuscitative surgery and medical treatment necessary to prepare critically injured

or ill patients received from division medical elements for extended evacuation.

b. Assignment and Basis of Allocation. Units of this type are assigned to a field army or an independent corps. They are allocated on the basis of one per division.

c. Capabilities. At full strength, this unit is capable of providing the following for a maximum of sixty patients.

- (1) Resuscitative surgery and medical treatment necessary to prepare critically injured or ill patients for extended evacuation to other medical facilities which can give them definitive treatment.
- (2) Patient holding facilities for patients ready for evacuation; the holding element also can operate independently for short periods while the rest of the unit displaces to establish a new facility.
- (3) This unit is dependent upon a Quartermaster Director General Support Unit for laundry service.

d. Organization. The unit's organization for operations consists of hospital headquarters, supply and service, pre-operative and shock, operating, postoperative, pharmacy, laboratory and X-ray, and holding sections. The hospital's professional complement, normally separated from the unit during non-operating periods except for the later phases of unit training, provides the majority of professional officers to staff its operating sections. The unit is 100 percent mobile.

- (1) *Hospital headquarters.* The hospital commander, who is a Medical Corps Officer, is assisted in his administrative duties by a field medical assistant (MSC), who acts as the detachment commander and commander of detachment of patients, and a medical assistant (MSC), who also acts as the medical registrar. The Chief Nurse is organizationally located in this headquarters. The field medical assistant supervises the hospital's administrative and tactical functions, including site selection and preparation, unit movement, and security of the hospital facility. The medical registrar supervises the administrative aspects of patient admission and disposition, preparation of clinical records and medical reports and arranges for patient evacuation.
- (2) *Supply and service section.* This section functions under the supervision of the medical supply officer (MSC), who also acts as the mess and motor officer. This section performs all functions pertinent to medical and unit supply, utilities service, communications, organizational maintenance, and food

service. Food service is provided twenty-four hours a day with special diets for patients.

- (3) *Preoperative and shock section.* Under the supervision of a general surgeon, this section prepares incoming patients for surgery and performs necessary resuscitation of patients who are suffering from shock. In addition to shock therapy, diagnostic procedures are accomplished and the data recorded. A general medical officer, an internist, a medical-surgical nurse, and general duty nurses are also included in this section. Enlisted personnel include a senior hospital medical assistant, hospital medical assistants, a senior ward specialist, ward specialists, a light truck driver, ward attendants, and ward orderlies.
- (4) *Operating section.* This section is supervised by a general surgeon and performs resuscitative surgery. Sufficient personnel and equipment are provided to operate a minimum of three surgical teams simultaneously. The section consists of general, orthopedic and thoracic surgeons, a general medical officer, anesthesiologist, nurse anesthetists, operating room nurses and enlisted operating room and centralized materiel specialists. Normally, a basic surgical team will consist of a surgeon, an operating room nurse, an anesthetist, a senior operating room specialist, and an operating room specialist. Personnel comprising the Centralized Materiel Unit in this section prepare, store, and issue supplies used in the operating unit and sterile supplies used throughout the hospital.
- (5) *Postoperative section.* This section provides postoperative treatment. A general surgeon, general medical officer, medical-surgical nurse, and general duty nurses are included in this section. The enlisted personnel consist of a chief wardmaster, senior hospital medical assistant, hospital medical assistants, an orthopedic cast specialist, senior ward specialist, ward specialists, ward attendants, and ward orderlies.
- (6) *Pharmacy, laboratory and X-ray section.* This section is directly supervised by a radiologist and provides a pharmacy, a medical laboratory service, and the X-ray service for the hospital. The pharmacy compounds and issues all medicine and drugs. Only the minimum basic laboratory and X-ray procedures required are performed by this section.
- (7) *Holding section.* When it becomes necessary to move the hospital forward, the unit detaches its holding section in order to preserve the hospital's mobility, and to continue the neces-

sary medical and nursing care for patients, pending their evacuation. Normally a medical corps officer, a nurse, necessary enlisted specialists, and housekeeping personnel are designated by the commanding officer to remain with this section while the main body moves forward. As soon as the holding section has evacuated all its patients it rejoins the main body. This section receives patients from the postoperative section and treats them until they are evacuated. Enlisted personnel who are organic to this section consist of a wardmaster, hospital medical assistant, and a senior ward specialist. Nurses may be assigned to this section to provide professional nursing care and to supervise medical technicians.

- (8) *Professional complement.* Personnel of this complement function in their professional capacities within the various sections of the hospital. Normally, this professional complement will be authorized by the Department of the Army when the unit is required to engage in actual care and treatment of patients, or 60 days prior to anticipated departure of the unit for a theater of operations, whichever is earlier. When this requirement has ceased, the complement may be re-deployed in order to obtain greater benefit of its professional capabilities.

e. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, this hospital can be effectively utilized in a manner comparable to that outlined for the evacuation hospital in paragraph 35f above.

f. Augmentation. The operating room capability of the hospital may be augmented by addition of appropriate TOE 8-500 surgical teams. It should be recognized that such augmentation does not in itself raise the hospital's patient capacity. This capacity may, in fact, be lowered due to the increased support required from pre-operative and postoperative wards and CMS which require a particular high ratio of operating personnel to patients accommodated. To maintain or increase overall hospital patient capacity, complementary augmentation by a unit such as a clearing platoon (TOE 8-128) would be required.

39. Army Medical Depot (TOE 8-667)

* * * * *

f. Organization. The elements comprising * * * corps' rear area. This unit is 50 percent mobile.

- (1) *Depot headquarters.* The personnel included * * * organized as follows:

* * * * *

- (b) *Unit supply.* (Superseded) This function would be directly supervised by the supply officer (MSC). Enlisted assistants include a chief medical supply sergeant, supply sergeant, and a supply clerk.
- (c) *Food service.* The cook and cook's helper provide food service facilities for the unit's personnel and function under the supervision of the mess steward. When operating independently, each of the three advance platoons is provided a cook to supplement the personnel resources of the unit to which attached for mess support.
- (d) *Communications.* Personnel included in this section consist of a teletype operator, switchboard operator and a wireman who operate the teletypewriter and telephone switchboard available to this headquarters.
- (2) *Base platoon.* (Superseded) The base platoon consists of a platoon headquarters, a storage and issue section, blood distribution section, general maintenance section, and an optical section.
- (a) *Platoon headquarters.* The operations of the base platoon are supervised by a medical supply officer (MSC). Enlisted personnel included in this headquarters consist of a medical supply supervisor and a light truck driver.
- (b) *Storage and issue section.* This section functions under the supervision of an assistant medical supply officer (MSC). Another Medical Service Corps officer directly supervises warehouse operations. Enlisted personnel are included to perform all details pertinent to the receipt, storage, and issue of medical supplies and equipment.
- (c) *Blood distribution section.* A Medical Service Corps officer is in charge of this section, which is concerned primarily with the distribution of whole blood to field army medical facilities. This distribution is effected by the use of 2½-ton trucks, each of which is equipped with mechanical refrigerators for use in storing the whole blood and keeping it at the proper temperature to prevent its deterioration.
- (d) *General maintenance section.* Personnel included in this section perform field maintenance of medical service equipment. They are supervised by a warrant officer who is a medical equipment repair technician. This warrant officer is assisted by two noncommissioned officers, namely, a medical equipment repairman supervisor and a motor sergeant. Other enlisted personnel included in this section consist of medical equipment repairmen and a helper, wheel vehicle mechanics and helpers, a machinist, an electrical in-

strument repairman, powermen and a helper, a welder, shop clerk, and a packing-crating specialist.

(e) *Optical section.* This section fabricates and repairs spectacles for the field army. An optical shop officer (MSC) supervises the section's operation. Enlisted personnel include a chief optical laboratory supervisor, optical laboratory specialists, and optical laboratory assistants.

(3) *Advance platoons.* (Superseded) Each of the three advance platoons include a platoon headquarters, a storage and issue section, an optical repair team, and a medical equipment repair team. The platoon leader is a Medical Service Corps officer. Normally each platoon provides medical supply support to a corps. This support includes the storage and issue of medical supplies, the maintenance of medical equipment, and the fabrication and replacement of spectacles.

* * * * *

41. Station Hospital, Communications Zone (TOE 8-563—8-567)

* * * * *

g. Organization for Operation. When a station * * * this operational phase.

* * * * *

(3) *Professional services.* When the station * * * 500-bed station hospital:

* * * * *

(e) *Nursing service.* (Superseded) The hospital nursing service may be composed of a number of sections to provide nursing care and service to patients, to include medical, surgical, neuropsychiatric, operating room, anesthesia, outpatient, and centralized materiel sections.

* * * * *

42. Field Hospital (TOE 8-510)

* * * * *

b. Assignment and Basis of Allocation. (Superseded) This unit is normally assigned to a theater army logistical command, on the basis of four per field army being supported.

* * * * *

e. Organization.

* * * * *

(3) *Hospital headquarters.* The organization of * * * this headquarters are:

* * * * *

(h) *Chief nurse.* (Superseded) The chief, nursing service, supervises nursing activities and assigns nursing service personnel within the hospital.

(i) *Dental Officer.* (Added) The dental officer renders dental care and treatment to members of the unit and hospital patients.

(4) *Hospitalization units.* There are three * * * the following sections:

* * * * *

(h) *Dental section.* (Added) The hospitalization unit will provide dental service for hospitalized patients and duty personnel. This section may be augmented with dental service teams (TOE 8-500) as required.

* * * * *

45. Medical Depot (TOE 8-187)

* * * * *

d. *Limitations.* (Superseded) The capabilities of this depot are subject to a limitation which requires the augmentation of this unit with labor personnel from indigenous or other labor services as required by depot workloads.

* * * * *

47. Ambulance Train, Rail (TOE 8-520)

* * * * *

f. *Organization.* The ambulance train * * * for its movement.

* * * * *

(2) *Professional service section.* This section primarily * * * patients en route. The chief nurse directs and supervises the assigned nurses and enlisted technicians (wardmasters, medical specialists, and ward attendants) providing prescribed nursing service for patients on the train.

* * * * *

49. Preventive Medicine Laboratory, Field (TOE 8-204)

(Superseded)

a. *Mission.* The preventive medicine laboratory provides facilities for the field study, evaluation, and control of environmental and other factors affecting the health and morale of troops in the field.

b. *Assignment and Basis of Allocation.* This type unit is assigned to field army or to theater army logistical command. Normally, the unit is allocated on a basis of one per field army and one per communications zone in support of a field army.

c. *Capabilities.* The preventive medicine laboratory is capable of:

- (1) Planning and supervising execution of preventive medicine programs, and limited operation of preventive medicine activities.
- (2) Epidemiologic investigation of conditions affecting the health of troops and animals.
- (3) Field surveys and inspections of significant environmental health factors.
- (4) Evaluation of results of epidemiologic investigations and field surveys and inspections.
- (5) Collection, evaluation, preservation, and dissemination of medical, veterinary, and sanitary data pertaining to geographic areas of commitment.
- (6) Planning and supervising application of measures for prevention or control of diseases and injuries.
- (7) Supervision of control of militarily significant disease reservoirs in indigenous civilian personnel and animal populations.
- (8) Planning and supervision of programs for instruction of troops in personal and organizational measures for the preservation of health, including the training of unit vector control details (AR 40-578).

d. Employment. The preventive medicine laboratory normally is employed under the overall direction of the field army or TALOG command surgeon who exercises control through one of his subordinate medical group headquarters.

- (1) The unit investigates, collects and evaluates data (including biological specimens) concerning unusual conditions which affect adversely the health of the command. Subsequently, it reports these conditions to the commander through his surgeon and provides scientific consultation on methods to prevent or curtail potential loss of manpower. The laboratory then plans and provides technical supervision of measures to remedy deficiencies, supervising operations of attached labor teams, usually indigenous, engaged in control of arthropod and animal reservoirs of diseases.
- (2) The laboratory provides epidemiological and environmental hygiene services through activities of its four major services. Each service is supervised by a highly trained professional officer who combines the functions of consultant to the unit commander and field commanders in his professional specialty of planning and supervising activities of his service.
- (3) Each service is designed to fragment into small teams which can be temporarily attached to other technical or combat units for administrative support while gathering data and/or specimens, conducting surveys, providing surveillance and analysis of health hazards, conducting watershed and sanitation

studies, providing information and training for command preventive medicine and other personnel and the unit vector control details (e.g., 1000 in a field army) and providing insect and rodent control services in areas adjacent to troop population centers.

- (4) Operating teams of each service are also utilized to form task elements, thus combining skills for investigation, evaluation, and limited control, in order to deal with unusual epidemiologic problems, comprehensive training missions, or to support separate combat forces of various sizes.

e. Organization. The unit's command headquarters directs operations of the detachment headquarters, sanitary engineering service, epidemiology service, medical zoology service, and veterinary service. The unit depends upon higher command headquarters for certain administrative and logistical support, and must be augmented by appropriate labor personnel, equipment and vehicles to transport them to sites where arthropod control operations are to be conducted.

- (1) *Command Headquarters* includes the unit commander and his staff, an entomologist, an epidemiologist, a sanitary engineer, and a veterinary staff officer. Each staff officer also directs operations of his respective service.
- (2) *Detachment Headquarters* provides command of the unit's enlisted personnel and administrative support to the entire laboratory, including: unit administration, personnel administration, unit supply, communications, and organizational maintenance of equipment. The detachment's mess capability is limited to less than the unit's full strength on the assumption that a percentage of its personnel always will be operating away from the base facility. Detachment headquarters personnel include detachment commander, first sergeant and detachment clerk, mess steward and cooks, supply sergeant and clerk, motor sergeant and wheel vehicle mechanics, and engineer equipment mechanic, switchboard operator, personnel administrative clerk, and truck driver.
- (3) *Sanitary Engineering Service* consists of three identical environmental sanitation sections at full strength or two sections when organized at reduced strength. Each section normally operates multiple two-man teams from a sanitation section base facility, inspecting sanitation and hygiene at missile sites, LOX refueling points, supply points, water points, messes, bath and laundry points, and similar facilities. Personnel of each section include a sanitary engineer, chief preventive medicine specialist, environmental sanitation specialists, and sanitary inspection helpers.

- (4) *Epidemiology Service* is composed of two three-man field teams. Under direction of the epidemiologist, these teams plan and coordinate execution of programs to study, define, prevent, and control militarily significant diseases. The teams evaluate the significance of disease reservoirs in the indigenous civilian populace and determine the incidence and circumstances of disease and nonbattle injuries among troops. These activities provide bases for recommending corrective measures. The service coordinates its operations with those of supporting medical laboratory facilities in conducting etiologic, pathologic, and epidemiologic studies. Personnel of this service include preventive medicine and medical laboratory specialists.
- (5) *Medical Zoology Service* directs activities of its Survey and three Field Control sections at full strength or two Control sections at reduced strength. The Survey section determines the incidence and geographical and seasonal distribution of insect vectors of disease. Survey reports provide direction for the formulation of control programs. Each Control section has a minimum intrinsic control capability, but supervises indigenous laborers or military personnel in execution of programs for control of animal reservoirs and disease vectors. The entomologist in charge of each Control section, assisted by a chief preventive medicine specialist, supervises the work of preventive medicine specialists.
- (6) *Veterinary Service* is performed by a three-man field team. Under supervision of the Veterinary Staff Officer, the team investigates and evaluates animal diseases transmissible to man or which may be a hazard to military animals. The resulting data are utilized in plans for necessary control measures. The service also determines suitability of indigenous food establishments which may be used to supply troops, including their production facilities, methods of preparation and handling, and sources of raw materials. The team includes a food inspection specialist and veterinary animal specialists.

f. Contingency Employment in Nuclear Warfare. The preventive medicine function assumes increased importance in the nuclear warfare situation. The problem of maintaining health in a severely damaged area requires more stringent supervision of sanitation and hygiene measures. Artificial barriers to reservoirs of disease, such as shelters, closed water and sewage systems, are destroyed or damaged. Food and water supplies require survey to detect unsafe radiological contamination. Plans for use of the preventive medicine

laboratory in nuclear warfare envision intensified activity in every facet of its operations.

56. Headquarters, Hospital Center (Team AH)

* * * * *
 g. *Organization.* A brigadier general * * * are as follows:

* * * * *
 (8) *Administrative nurse.* (Superseded) The chief nurse acts as an adviser and consultant to the Center Commander on all matters pertaining to the Army Nursing Service and the Army Nurse Corps. Consults with the staff medical officer relative to medical plans and policies having implications for nursing service and its function, inspects nursing activities to insure adherence to established nursing service standards, policies and training.

* * * * *

APPENDIX

Add the following references:

- FM 1-5 Army Aviation, Organizations and Employment
- FM 1-10 Army Aviation, Organizational Aircraft Maintenance and Supply
- FM 1-15 Aviation Battalion, Infantry, Airborne, Mechanized and Armored Divisions
- FM 1-60 Army Aviation Air Traffic Operations, Tactical
- FM 1-100 Army Aviation

BY ORDER OF THE SECRETARY OF THE ARMY:

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Chief of Staff.

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The Adjutant General.

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Corps (2)	PMS Jr Div Units (1)
Div (5)	PMS Mil Sch Div Units (1)
Bde (3)	Units organized under following
Regt/Gp/BG (3) except	TOE:
Med Gp (5)	8-500 (AA-AH) (2)
Bn (2) except	
Med Bn (5)	

NG: None.

USAR: Same as Active Army.

For explanation of abbreviations used, see AR 320-50.

FIELD MANUAL }
 No. 8-5 }

HEADQUARTERS,
 DEPARTMENT OF THE ARMY
 WASHINGTON 25, D. C., 28 October 1959

MEDICAL SERVICE UNITS THEATER OF OPERATIONS

	Paragraphs	Page
PART ONE. GENERAL CONSIDERATION OF ARMY MEDICAL SERVICE UNITS IN THEATER OF OPERATIONS		
CHAPTER 1. INTRODUCTION	1, 2	3
2. GENERAL.....	3-5	4
3. TRAINING OF ARMY MEDICAL SERVICE UNITS.	6-10	5
PART TWO. MEDICAL SERVICE UNITS OF DIVISIONS		
CHAPTER 4. INFANTRY DIVISION (TOE 7)		
Section I. Unit Medical Service.....	11-13	7
II. Division Medical Service.....	14-17	10
CHAPTER 5. ARMORED DIVISION (TOE 17)		
Section I. Unit Medical Service.....	18, 19	14
II. Division Medical Service.....	20-23	16
CHAPTER 6. AIRBORNE DIVISION (TOE 57)		
Section I. Unit Medical Service.....	24, 25	18
II. Division Medical Service.....	26, 27	20
PART THREE. MEDICAL SERVICE UNITS OF FIELD ARMY		
CHAPTER 7. COMMAND AND CONTROL UNITS	28-30	23
8. EVACUATION UNITS.....	31-34	28
9. HOSPITALIZATION UNITS.....	35-37	36
10. MEDICAL SUPPLY UNITS.....	38, 39	53
PART FOUR. MEDICAL SERVICE UNITS OF COMMUNI- CATIONS ZONE		
CHAPTER 11. HOSPITALIZATION UNITS	40-43	57
12. MEDICAL SUPPLY UNITS.....	44, 45	77
13. MISCELLANEOUS MEDICAL SERVICE UNITS.	46-49	82

* This manual supersedes FM 8-5, 31 May 1945, and DA Training Circular 8-2, 26 August 1957.

	Paragraphs	Page
PART FIVE. ARMY MEDICAL SERVICE CELLULAR UNITS (TOE 8-500)		
CHAPTER 14. GENERAL	50, 51	93
15. COMMAND AND CONTROL UNITS	52-56	95
16. MEDICAL SUPPLY, OPTICAL, AND MAIN- TENANCE TEAMS.	57-59	107
17. MOTOR AMBULANCE AND VETERINARY SERVICE TEAMS.	60-62	111
18. PROFESSIONAL SERVICES TEAMS	63-67	116
19. DENTAL SERVICE TEAMS	68-74	122
20. MISCELLANEOUS MEDICAL SERVICE TEAMS.	75-83	132
APPENDIX. REFERENCES	-----	147
INDEX	-----	150

PART ONE
GENERAL CONSIDERATION OF ARMY MEDICAL
SERVICE UNITS IN THEATER OF OPERATIONS

CHAPTER 1
INTRODUCTION

1. Purpose and Scope

The purpose of this manual is to provide information on the normal organization, training, functions, administration, and internal activities of those Army Medical Service units/elements normally utilized in a theater of operations. The scope of this manual includes only the gross characteristics of Army Medical Service units/elements normally utilized in a theater of operations. Tactical employment of these units/elements is not included in this manual, but may be found in FM 8-10. (Medical units/elements not included herein may be found in field manuals applicable to the parent organization or agency of the medical units/elements concerned, i.e., Public Health Teams (TOE 41-500) would be included in a field manual of the 41-series.)

2. Applicability to Types of Warfare

The material presented herein is applicable without modification to both nuclear and nonnuclear warfare.

CHAPTER 2

GENERAL

3. Organization

Each Army Medical Service unit operating in a theater of operations is organized and equipped in accordance with the tables of organization and equipment (TOE) prescribed therefor. In addition to outlining the mission, capabilities, allocation, degree of mobility, and category of each unit, these tables also refer the reader to supply manuals and stock lists which contain detailed information on items listed only collectively in the TOE; for example, the contents of medical assemblies, kits, and chests. Reference is also made in each TOE to appropriate tables of allowances for use in determining allowances of expendable supplies and of those items used only at posts, camps, and stations which are not taken by a unit into the field.

4. Changes in Unit Tables of Organization and Equipment

Each Army Medical Service unit mentioned in this manual has been indicated with its basic TOE numerical designation without any suffix. From time to time, changes are made in TOE for the units described herein. This fact should be kept in mind and the appropriate TOE reviewed when detailed information concerning organization and/or equipment is required.

5. Levels of Medical Service

Medical service support for a theater of operations is required at unit, division, field army, communications zone, and zone of interior levels. Exclusive of self or first aid rendered by nonmembers of the Army Medical Service to an individual at time of injury, and the medical support provided by the Army Medical Service in the zone of interior, this medical service support is provided in a theater of operations by TOE units/elements of the Army Medical Service. The general responsibilities for providing medical service support at the levels listed above are contained in FM 8-10.

CHAPTER 3

TRAINING OF ARMY MEDICAL SERVICE UNITS

6. General

The training of all Army Medical Service units will be conducted in accordance with the principles of training management, instruction, and techniques contained in FM 21-5 and FM 21-6. Army Training Program (ATP) 8-200 contains a prescribed training program for each Army Medical Service TOE unit and/or team. This ATP will be used in conjunction with supporting Army subject schedules for training units, teams, and enlisted personnel of the Army Medical Service.

7. Responsibility

Every commander is responsible for the state of training of his command.

8. Training Phases

The training of enlisted personnel and units of the Army Medical Service can be divided into five phases, as follows:

a. Basic Combat Training Phase. During this phase of training the enlisted man is trained in the fundamentals of soldiery, to include basic infantry formations and battlefield survival, thereby preparing him for advanced individual training.

b. Advanced Individual Training Phase. This phase of training is designed to provide the enlisted man with the following:

- (1) A basic knowledge of the organization, mission, and functions of the service and unit to which the individual has been assigned, and
- (2) Specialty training to qualify the individual to perform the job required by his TOE assignment.

c. Basic and Advanced Unit Training Phases. The objective of these training phases is to produce a unit that will be capable of functioning as a team and qualified to perform its operational mission as stated in the unit TOE. Basic unit training consists primarily of training each section and/or platoon as an individual group. In the advanced unit training phase, these sections and/or platoons train as an integral part of the complete unit.

d. Supplemental Training Phase.

- (1) Upon concluding the advanced unit training phase, each medical service unit is tested by the application of Army Training Test 8-1. The objective of this test is to determine the proficiency of tactical and technical training of the unit and its ability to perform its mission under conditions which simulate those of combat.
- (2) During post-cycle training periods every effort should be made to correct any unit training deficiencies that may have been ascertained by the application of Army Training Test 8-1.
- (3) The participation by medical service units in field exercises and maneuvers is an excellent media for improving the tactical and technical proficiency of these units.
- (4) Cadre personnel will be selected and trained in the duties of their cadre position as early as possible. The cadre training program outlined in ATP 21-160 provides a basis for this type of training.

9. Training of Officer Personnel

Those officers who are not required in conducting the training of a unit should be provided with officer-level instruction during the unit's training period.

10. Training of Radiological Survey Personnel

Units of company size or larger are required to have one or more teams of trained personnel to ascertain the existence of possible radiological hazards within its own area. It is the responsibility of commanders to provide the training to meet these requirements.

PART TWO
MEDICAL SERVICE UNITS OF DIVISIONS
CHAPTER 4
INFANTRY DIVISION (TOE 7)

Section I. UNIT MEDICAL SERVICE

11. General

Unit medical service in the infantry division is provided by a medical platoon organic to each infantry division battle group and by the medical sections of division headquarters, division artillery headquarters, the cavalry squadron, engineer battalion, field artillery howitzer battalions, field artillery rocket/howitzer battalion, and the armor battalion.

12. Medical Platoon, Headquarters and Headquarters Company,
Infantry Division Battle Group (TOE 7-12)

This medical platoon is organic to the headquarters and headquarters company, infantry division battle group, and is 100 percent mobile. The battle group medical platoon has the mission of providing unit medical service to include emergency medical treatment and establishing and operating a battle group aid station(s) for the reception, sorting, and temporary care of patients. To accomplish this mission the battle group medical platoon is composed of a platoon headquarters, a treatment section, and an evacuation section. Normally, the battle group commander directs the battle group surgeon to exercise operational control of this platoon.

a. Platoon Headquarters. The platoon leader is a Medical Corps officer who also acts as the treatment section leader. He functions under the technical supervision and direction of the battle group surgeon, who is assigned to the staff of the battle group commander. The assistant platoon leader is a Medical Service Corps officer, who also functions as the evacuation section leader. The enlisted personnel included in this headquarters operate a command post in close proximity to the battle group aid station. Radio and telephone communication facilities are available at the platoon headquarters for maintaining contact with the battle group head-

quarters. Contact by radio can also be maintained with the treatment and evacuation sections when they are operating at a site not in proximity to the platoon headquarters. Medical supply and clerical functions are also performed for the platoon by the enlisted personnel of the platoon headquarters.

b. Treatment Section. Under the direct supervision of the section leader, this section establishes and operates the battle group aid station(s). In this respect, this section is capable of dividing its personnel and equipment and simultaneously operating two aid stations. The treatment section includes company aid men and aid station personnel.

- (1) *Company aid men.* These individuals are attached, in combat, to the rifle companies of the battle group on the basis of one per rifle company, and two aid men are retained in reserve at the battle group aid station. These company aid men render emergency medical treatment to casualties, and perform those functions prescribed by the surgeon.
- (2) *Aid station personnel.* These individuals consist of a non-commissioned officer, medical assistants, medical aid men, and aid station attendants. They establish and operate the battle group aid station(s), where they render emergency medical treatment to patients under the direction of the section leader. This section is provided with organic motor transportation for the movement of the supplies and equipment required in the operation of the aid station(s) and platoon headquarters.

c. Evacuation Section. This section performs the function of collecting and evacuating casualties from the battlefield to the battle group aid station, and its operations are supervised by the section leader. Enlisted personnel include a section sergeant, medical aid men, and ambulance drivers who operate the section's front-line ambulances. These individuals are organized into medical aid-evacuation teams, each consisting of an aidman and ambulance driver with a front-line ambulance. Fourteen of these teams are available and two teams could be made available to support each company of the battle group. However, they are deployed to favor areas of casualty density and, when possible, a number of these teams are kept in reserve, at least initially.

13. Medical Sections

a. General. Each medical section mentioned in this paragraph provides unit medical service support to the organization, of which it is an element, by establishing and operating an aid station nor-

mally in the vicinity of the command's headquarters, and by furnishing aid men and ambulance evacuation support as required. Except for the infantry division headquarters medical section, each of the medical sections discussed in this paragraph are under the operational control of the surgeon of the command who is assigned to the staff of the organization commander. A medical officer is included in the infantry division headquarters medical section as the section leader.

b. Medical Section, Infantry Division Headquarters and Headquarters Company (TOE 7-2), and Medical Section, Headquarters and Headquarters Company, Infantry Division Engineer Battalion (TOE 5-16). Each of these sections consists of a section sergeant, medical aid men, ambulance driver(s), company aid men, an aid station attendant, and a clerk typist/general clerk. In addition to operating aid stations, these sections provide company aid men as required to organic elements of their respective commands. The medical section of the engineer battalion will require augmentation with litter bearers or medical aid-evacuation teams when the battalion is employed as infantry. Both of these sections are 100 percent mobile.

c. Medical Section, Headquarters and Headquarters Battery, Infantry Division Artillery (TOE 6-101). This section consists of a section sergeant, a medical aid man, and ambulance driver, and an aid station attendant, who operate the aid station for the division artillery headquarters. This medical section is 100 percent mobile.

d. Medical Section, Headquarters and Headquarters Battery, Field Artillery Howitzer Battalion, Towed, Infantry Division (TOE 6-116); Medical Section, Headquarters and Headquarters Battery, Field Artillery Howitzer Battalion, Self-Propelled, Infantry Division (TOE 6-126); and Medical Section, Headquarters and Headquarters Battery, Field Artillery Rocket/Howitzer Battalion, Infantry Division (TOE 6-136). Each of these sections includes a section sergeant, a medical aid man, an ambulance driver, and battery aidman. In addition to operating their respective battalion aid stations, these sections provide aid men who furnish emergency medical treatment support to the batteries to which they are attached. These medical sections are 100 percent mobile.

e. Medical Section, Headquarters and Headquarters Troop, Infantry Division Cavalry Squadron (TOE 17-86), and Medical Section, Headquarters and Headquarters Company, Infantry Division Armor Battalion, 90mm (TOE 17-66). Each of these sections

consists of a Medical Service Corps officer who acts as a field medical assistant to the surgeon, a section sergeant, medical aid men, company aid men, ambulance drivers, an aid station attendant, and a general clerk. In addition to operating aid stations, these sections provide medical aid-evacuation teams which furnish emergency medical treatment and evacuation support to the organic elements of these organizations. These medical sections are 100 percent mobile with their organic motor transportation.

Section II. DIVISION MEDICAL SERVICE

14. General

The infantry division medical battalion (TOE 8-15) has the mission of providing division medical service, which includes the evacuation of patients from unit medical installations, the operation of division clearing stations, and furnishing of medical supply and emergency dental service for the division. To accomplish this mission the medical battalion consists of a headquarters and headquarters detachment, an ambulance company and a clearing company. These elements of the battalion are dependent upon the infantry division administration company (TOE 12-7) for personnel administrative support.

15. Headquarters and Headquarters Detachment, Infantry Division Medical Battalion (TOE 8-16)

This detachment includes personnel required to provide command, control, planning, and logistical support for the medical battalion. In addition, these individuals provide division level medical supply and medical equipment maintenance for organic and attached elements of the division. The division surgeon's section is a TOE element of this detachment, but the personnel comprising the section perform their normal functions of operating the division surgeon's office. Radio and telephone communication means are available to this detachment. This detachment is 25 percent mobile and consists of the division surgeon's section, battalion headquarters and headquarters detachment.

a. Division Surgeon's Section. This section consists of four Medical Corps officers: the division surgeon, the division preventive medicine officer, the division psychiatrist and the division aviation medical officer. A Medical Service Corps officer acts as an administrative assistant to the division surgeon. Enlisted personnel include a chief clerk, medical records clerks, and an intermediate speed radio operator who operates the radio communication means available to this section.

b. Battalion Headquarters. The personnel comprising this headquarters consist of one Medical Corps officer who is the battalion commander; four Medical Service Corps officers including the executive officer, operations-training and intelligence officer (S3-S2), adjutant (S1), and supply officer (S4); and the battalion sergeant major.

c. Headquarters Detachment. This detachment consists of the detachment headquarters, a battalion headquarters section, a maintenance section, and the division medical supply and battalion supply section.

- (1) *Detachment headquarters.* The personnel comprising this headquarters operate the detachment office and provide mess facilities for the battalion headquarters and headquarters detachment. Included in the personnel are the detachment commander (MSC) who serves as CO Det of Patients, also responsible for control and administration of prisoner-of-war casualties being treated by the clearing company, a mess steward, cooks, an armorer, a light truck driver, and a detachment clerk.
- (2) *Battalion headquarters section.* This section consists of the enlisted personnel required to operate the battalion headquarters including the radio and telephone communication means available there. Its personnel consist of an operations sergeant, a communications chief, intermediate speed radio and radioteletype operators, a switchboard operator and wireman, light truck drivers, clerk typists, and a mail delivery clerk.
- (3) *Maintenance section.* This section provides unit level maintenance support to the battalion and medical equipment maintenance support to all medical service elements of the division. This section includes a motor officer (MSC), a motor maintenance sergeant, a medical equipment repairman, radio mechanics, wheel vehicle mechanics, and a mechanic's helper.
- (4) *Division medical supply and battalion supply section.* This section provides medical supply support to all organic or attached units of the division, and general supply support to all elements of the medical battalion. Included in this section are an MSC officer who is the assistant medical supply officer, who also serves as assistant S-4 of the battalion, a division medical supply sergeant, a battalion supply sergeant, medical supply specialists and clerks, and general supply clerks.

16. Ambulance Company, Infantry Division Medical Battalion (TOE 8-17)

This company performs the functions of evacuating patients from the aid stations of the infantry division battle group; assisting in the evacuation of patients from the infantry division armor, engineer, and artillery battalions, and the cavalry squadron; and providing ambulance support to units of the division not having organic ambulances. It may also be used to assist in moving the clearing company and in transporting medical personnel, supplies, and equipment to forward elements. To accomplish these functions, the company is composed of a company headquarters and three identical ambulance platoons. Each platoon is equipped with twelve $\frac{3}{4}$ -ton ambulances, and each ambulance is manned with an ambulance driver and an ambulance orderly. Radio and telephone communication means are available to the company headquarters and each ambulance platoon. This company is dependent upon the clearing company, infantry division medical battalion (TOE 8-18), for mess facilities and supply services. This unit is 100 percent mobile.

17. Clearing Company, Infantry Division Medical Battalion (TOE 8-18)

The clearing company of the infantry division medical battalion has the mission of receiving, sorting, and providing temporary medical and surgical care for personnel of the infantry division; returning to duty those who are fit for duty; and preparing all others for evacuation to the rear. This company also provides emergency dental care for personnel of the infantry division. To discharge this mission, the clearing company of the infantry division medical battalion is composed of a company headquarters, three identical clearing platoons, and a neuropsychiatric section. This organization has the capabilities of operating three separate clearing stations, each with a capacity of 80 patients; providing emergency dental care for personnel of the infantry division; and operating a central psychiatric treatment facility. If required each of the 3 clearing platoons can be divided into 2 treatment sections. Each of these sections is capable of operating a clearing facility for limited periods, thus giving the company the capability of operating 1 to 6 clearing facilities. Radio and telephone communication means are available to the company headquarters and to each clearing platoon. This unit is 10 percent mobile. For further details regarding the field operations of the company, see FM 8-10. The personnel comprising this clearing company are organized as follows:

a. *Company Headquarters.* Officer personnel included in the company headquarters consist of a Medical Corps officer who is the company commander, and a Medical Service Corps officer whose primary duty is mess officer with additional duties as unit supply and motor officer. The enlisted personnel included in the company headquarters can be divided into separate groups to perform the following functions :

- (1) *Control and administration.* This function is performed by the first sergeant who is assisted by the company clerk.
- (2) *Supply.* Medical and general supply functions are performed by the supply sergeant and a medical supply specialist.
- (3) *Food service.* Mess facilities are provided and operated by a mess steward with the assistance of the cooks and cooks' helpers who are included in the company headquarters.
- (4) *Communications.* The intermediate speed radio operators included in this headquarters operate the radio communication means available to this headquarters.
- (5) *Miscellaneous.* A medical laboratory specialist, a pharmacy specialist, and a wheel vehicle mechanic perform those functions pertinent to their individual specialties.

b. *Clearing Platoons.* Each of the 3 clearing platoons includes officer personnel consisting of a general surgeon who is the platoon leader, 2 general duty medical officers, a dental officer, and a Medical Service Corps officer who is a medical administrative assistant. The enlisted personnel of each platoon could be organized into a platoon headquarters and a treatment and holding section.

- (1) *Platoon headquarters.* This headquarters could include the platoon sergeant, who would function primarily with the treatment and holding section, intermediate speed radio operators, and light truck drivers.
- (2) *Treatment and holding section.* The personnel of this section include the platoon sergeant, section sergeants, a medical assistant, medical aid men, a dental assistant, an operating room assistant, receiving-forwarding clerks, and litter bearers.

c. *Neuropsychiatric Section.* This section operates a central psychiatric facility for personnel of the division under the supervision of the division psychiatrist. Personnel included in this section consist of a social work officer (MSC), a clinical psychology specialist, a social work specialist and an assistant, a neuropsychiatric ward specialist and an assistant, and a clerk typist.

CHAPTER 5

ARMORED DIVISION (TOE 17)

Section I. UNIT MEDICAL SERVICE

18. General

Unit medical service in the armored division is provided by medical sections organic to each battalion (squadron) with the exception of the signal battalion and ordnance battalion. Medical service is provided the signal battalion and ordnance battalion on an area basis.

19. Medical Sections

a. General. Each medical section discussed in this paragraph provides unit medical service support to the organization, of which it is an integral part, by establishing and operating an aid station in the vicinity of the command's headquarters, and by furnishing aid men and ambulance evacuation support as required. These medical sections are all 100 percent mobile. When so directed by the commander, each of the medical sections listed in this paragraph is placed under the operational control of the surgeon of the command assigned to the commander's staff (Exception: The medical sections, armored division headquarters and headquarters company).

b. Medical Section, Armored Division Headquarters and Headquarters Company (TOE 17-2). This medical section consists of a Medical Corps officer, a section sergeant, medical aid men, an aid station attendant, and a clerk-typist. This group operates an aid station for the division staff.

c. Medical Section, Headquarters and Headquarters Battery, Armored Division Artillery (TOE 6-301). The enlisted personnel included in this section consist of a section sergeant, a medical aid man, an ambulance driver, an aid station attendant, and a general clerk. Under the direction of the staff surgeon, this group operates an aid station for the headquarters.

d. Medical Section, Headquarters and Headquarters Detachment, Armored Division Quartermaster Battalion (TOE 10-46).

This section includes a section sergeant, medical aid men, an ambulance driver, and a general clerk. Under the direction of the battalion surgeon, this group operates an aid station for the battalion.

e. Medical Section, Headquarters and Headquarters Battery, Field Artillery Howitzer Battalion, 105mm, SP (TOE 6-316), and Medical Section, Headquarters and Headquarters Battery, Field Artillery Rocket/Howitzer Battalion, SP, Armored Division (TOE 6-326). Each of these sections includes a section sergeant, medical aid men, an aid station attendant, ambulance driver, and battery aid men. In addition to operating aid stations, these sections provide battery aid men who furnish emergency medical treatment support to the batteries to which they are attached.

f. Medical Section, Headquarters and Headquarters Troop, Armored Cavalry Squadron (TOE 17-46), and Medical Section, Headquarters and Headquarters Company, Armored Division Armor Battalion, 90-mm (TOE 17-26). Each of these sections consists of a Medical Corps officer who is an assistant to the unit surgeon, a section sergeant, medical aid men, company aid men, aid station attendant(s), and ambulance drivers. In addition to operating aid stations, these sections provide medical aid-evacuation teams which furnish emergency medical treatment and evacuation support to the organic elements of these organizations.

g. Medical Section, Headquarters and Headquarters Company, Armored Infantry Battalion (TOE 7-26). This medical section consists of a Medical Corps officer who is an assistant to the battalion surgeon, a section sergeant, an assistant section sergeant, medical aid men, company aid men, ambulance drivers and orderlies, aid station attendants, and a general clerk. In addition to operating an aid station for the battalion, this section also provides company aid men who furnish emergency medical treatment support to the organic companies of the battalion. Evacuation support is also rendered to the battalion by the ambulance drivers and orderlies included in this section.

h. Medical Section, Headquarters and Headquarters Company, Armored Division Engineer Battalion (TOE 5-6). This section includes a Medical Service Corps officer who is a field medical assistant to the battalion surgeon, a section sergeant, medical aid men, company aid men, ambulance drivers and orderlies, aid station attendants, and a clerk-typist. This medical section functions in a manner similar to the medical section of the armored infantry battalion, particularly when the armored engineer battalion is required to fight as infantry.

Section II. DIVISION MEDICAL SERVICE

20. General

a. A Medical Corps officer is assigned to each combat command in the armored division as the combat command surgeon. For information as to his duties and responsibilities, see FM 8-10.

b. Division medical service of the armored division is provided by the armored division medical battalion (TOE 8-75) which has a mission similar to that prescribed for the infantry division medical battalion (par. 14). The organization of the armored division medical battalion is also similar to that of the infantry division medical battalion as it consists of a headquarters and headquarters detachment, an ambulance company, and a clearing company. These elements of the battalion are dependent upon the armored division administration company (TOE 12-27) for personnel administrative support. The units comprising this medical battalion are all 100 percent mobile.

21. Headquarters and Headquarters Detachment, Armored Division Medical Battalion (TOE 8-76)

This detachment consists of elements that are identical by title with those of the headquarters and headquarters detachment, infantry division medical battalion. The personnel included in this detachment perform functions that are similar to those performed by the individuals included in the headquarters and headquarters detachment of the infantry division medical battalion (par. 15). The division surgeon's section is also a TOE element of this detachment, but the personnel comprising the section perform their normal functions of operating the division surgeon's office. Radio and telephone communication means are available to this detachment.

22. Ambulance Company, Armored Division Medical Battalion (TOE 8-77)

This company performs the functions of evacuating patients from the aid stations of the armored infantry and armor battalions; assisting in the evacuation of patients from the aid stations of the battalions (squadrons) of the division; and providing ambulance support to units of the division not having organic ambulances. To accomplish these functions, the company consists of a company headquarters and four identical ambulance platoons. Each platoon is equipped with eight $\frac{3}{4}$ -ton ambulances and four $\frac{3}{4}$ -ton trucks equipped with litter kits that make them adaptable

for the transportation of patients. Each of the $\frac{3}{4}$ -ton ambulances is manned with an ambulance driver and an ambulance orderly, and the $\frac{3}{4}$ -ton trucks are each manned with an ambulance driver only. Radio communication means are organic to the company headquarters and to each ambulance platoon. This company is dependent upon the medical battalion maintenance section or maintenance sections of supported units for second echelon maintenance beyond the capability of organic maintenance personnel.

23. Clearing Company, Armored Division Medical Battalion (TOE 8-78)

The clearing company of the armored division medical battalion has a mission which is similar to that prescribed for the clearing company of the infantry division medical battalion (par. 17). The internal organization of this unit is also similar to the organization prescribed in paragraph 17 except for the addition of 1 clearing platoon, which makes a total of 4 as contrasted with the 3 platoons in the same type unit of the infantry division medical battalion. Radio and telephone communication means are available to the company headquarters and to each clearing platoon. For further details regarding the operations of this company, see FM 8-10.

CHAPTER 6

AIRBORNE DIVISION (TOE 57)

Section I. UNIT MEDICAL SERVICE

24. General

Unit medical service is provided in the airborne division by a medical platoon organic to each of the five airborne division battle groups, and by the medical sections of the airborne division engineer battalion, the airborne division command and control battalion, and the airborne division artillery.

25. Medical Platoons and Sections

a. General. Each medical platoon/section discussed in this paragraph provides unit medical support to the organization of which it is an element by establishing and operating an aid station normally located in the vicinity of the command's headquarters, and by furnishing aid men and ambulance evacuation support as required. During ground operations, when all company and battery aid men are functioning with the combat units they support, these medical platoons and sections are 100 percent mobile. The surgeon of each airborne division battle group is assigned to the battle group commander's staff and normally is directed by the battle group commander to exercise operational control of organic and attached medical units. When so directed by the commander, each of the medical sections listed in this paragraph are under the operational control of the command surgeon assigned to the commander's staff (Exception: The medical section, headquarters and headquarters company, airborne division command and control battalion).

b. Medical Platoon, Headquarters and Headquarters Company, Airborne Division Battle Group (TOE 7-32). This platoon provides unit medical service to the battle group to include the rendition of emergency medical treatment; operation of the group aid station; evacuation of casualties from the battlefield to the aid station; and supervision of sanitation within the area occupied by the battle group. The platoon consists of a platoon headquarters, a treatment section, and an evacuation section.

(1) *Platoon headquarters.* This headquarters consists of a

Medical Corps officer who, as the platoon leader, assists the battle group surgeon in the overall operation and control of the battle group medical platoon; a platoon sergeant, and a general clerk. Medical records and administrative details pertinent to the platoon are processed by this headquarters. Radio communication means are available to this headquarters.

- (2) *Treatment section.* This section includes a section sergeant, company and battery aid men, medical aid men, an ambulance driver, and an aid station attendant. In addition to establishing and operating the battle group aid station, this section provides company and battery aid men who furnish emergency medical treatment support to the organic elements of the battle group.
- (3) *Evacuation section.* This section consists of a section sergeant, ambulance drivers, and litter bearers, who perform the function of evacuating casualties from the battlefield to the battle group aid station. Normally, this section supports each airborne rifle company of the battle group with a $\frac{1}{4}$ -ton frontline ambulance manned with an ambulance driver and a litter bearer.

c. Medical Section, Headquarters and Headquarters Company, Airborne Division Engineer Battalion (TOE 5-226). A Medical Service Corps officer is assigned to this medical section, and he assists the battalion surgeon in operating the section. The medical section consists of a section sergeant, a field medical assistant, company aid men, an ambulance driver, aid station attendants, and a general clerk. In addition to operating an aid station, this section provides company aid men who furnish emergency medical treatment support to all organic elements of this battalion.

d. Medical Section, Headquarters and Headquarters Company, Airborne Division Command and Control Battalion (TOE 57-6). This section consists of a Medical Corps officer who is the section leader, a section sergeant, medical aid men, company aid men, an ambulance driver, an aid station attendant, and a general clerk. In addition to operating the battalion aid station, this section provides company aid men as required to organic elements of the battalion. These company aid men furnish emergency medical treatment support to the units to which they are attached.

e. Medical Section, Headquarters and Headquarters Battery, Airborne Division Artillery (TOE 6-201). This section includes a section sergeant, an assistant section sergeant, medical aid men, battery aid men, an ambulance driver, and a general clerk. In addi-

tion to operating an aid station in the vicinity of the airborne division artillery headquarters, this medical section also provides emergency medical treatment support to the batteries of the division artillery. This support is rendered by battery aid men who are attached to the field artillery batteries from this medical section.

Section II. DIVISION MEDICAL SERVICE

26. General

The mission of providing division level medical service to the airborne division is assigned to the airborne division medical company (TOE 8-67). This medical company is organic to the airborne division support group (TOE 29-51). It is operationally self-sufficient, but is dependent upon the airborne division maintenance battalion (TOE 29-55) for second and third echelon maintenance and the headquarters and headquarters detachment, airborne division support group (TOE 29-52), for personnel administrative support. This medical company is 50 percent mobile on the ground.

27. Airborne Division Medical Company (TOE 8-67)

This medical company is composed of a company headquarters, the division surgeon's section, an evacuation platoon, three clearing platoons, and three surgical teams.

a. Division Surgeon's Section. This section includes the personnel required to assist the division surgeon in planning and directing the conduct of the medical service for the division. In addition to the division surgeon, this section consists of the division psychiatrist and a chief administrative clerk.

b. Company Headquarters. This headquarters provides command, control, and logistical support functions required in the operations of the medical company. The personnel included in this headquarters may be divided into four elements to perform the following functions:

- (1) *Command and control.* This element includes the company commander who is a Medical Corps officer, the division aviation medical officer, and three Medical Service Corps officers who function as the executive officer, operations officer, and administrative officer, respectively. Assisting these officers would be the first sergeant, a medical operations sergeant, a company clerk, a clerk-typist, a wireman, and light truck drivers.

- (2) *Medical and general supply.* This element provides medical supply support to units of the division and general supply support to the medical company. Personnel of this element include a Medical Service Corps officer who is the supply officer, a medical supply sergeant, a supply sergeant, a medical supply specialist, and a supply clerk.
- (3) *Food service.* An element consisting of a mess steward, cooks and cooks' helpers provide mess facilities for personnel of this company and for patients undergoing treatment and awaiting evacuation. This element can be split into 3 sections for utilization with the 3 clearing platoons.

c. Evacuation Platoon. This platoon provides support to the battle groups and other elements of the division by evacuating casualties from the aid stations to the clearing stations. The platoon consists of a platoon headquarters, 5 ambulance sections, and 5 litter bearer sections.

- (1) *Platoon headquarters.* This headquarters consists of two Medical Service Corps officers who function as the platoon commander and the assistant platoon commander, respectively, a platoon sergeant, and 2 light truck drivers. This headquarters exercises control of the platoon's subordinate elements.
- (2) *Ambulance sections.* There are 5 ambulance sections, each consisting of a section sergeant, 6 ambulance drivers, and 6 ambulance orderlies. These drivers operate six $\frac{3}{4}$ -ton trucks equipped with litter kits and are used for transporting patients.
- (3) *Litter bearer sections.* There are 5 litter bearer sections, each consisting of a section leader, a senior litter bearer, and litter bearers. Normally, one section supports each battle group.

d. Clearing Platoons. Each of the three clearing platoons operates a clearing station where patients are received, sorted, treated, and either returned to duty or prepared for further evacuation. The platoon may be organized into the following functional elements:

- (1) *Platoon headquarters.* This headquarters includes a Medical Corps officer who is the platoon commander, a platoon sergeant, a medical supply specialist, and light truck drivers. This headquarters provides control of the platoon's operations; supply support to the platoon; and operates the radio communication means available to the platoon.

- (2) *Treatment section.* Personnel included in this section are a Medical Corps officer, a Dental Corps officer, a section sergeant, a field medical assistant, an NP ward specialist, an operating room specialist, a dental assistant, medical aid men, and a receiving-forwarding clerk. This section receives, sorts, and treats patients including emergency or resuscitative surgery and emergency dental treatment.
- (3) *Holding section.* The holding section consists of a section sergeant and medical aid men. This section provides additional treatment to those patients who are awaiting further evacuation.

e. Surgical Teams. Each surgical team consists of a Medical Corps officer who is a general surgeon, a male officer of the Nurse Corps who is an operating room nurse, and an operating room specialist. These teams are used to augment the clearing platoon's capability to perform emergency and resuscitative surgery.

PART THREE
MEDICAL SERVICE UNITS OF FIELD ARMY

CHAPTER 7
COMMAND AND CONTROL UNITS

28. Headquarters and Headquarters Detachment, Medical Group
(TOE 8-122)

a. Mission. The primary mission of this organization is to provide technical, operational, and administrative command functions of attached medical service units.

b. Assignment and Basis of Allocation. The medical group may be assigned to a field army, an independent corps, or a theater army logistical command. This headquarters is allocated on the basis of 1 per 3 to 7 medical service battalions or the equivalent composed of nondivision medical units. Normally, one medical group is provided for support of each corps of a field army.

c. Capabilities. This unit is capable of providing command, control, staff planning, coordination, and administration for attached medical service units. The unit is a control headquarters only, having no organic troop units to perform duties assigned. It is necessary to attach separate medical service troop units of the field army in order to have the medical group capable of action. The medical group normally will be dependent on a subordinate attached unit for food service facilities. The medical group has no organic medical treatment facilities; therefore, it obtains dispensary service for personnel of the group from the nearest appropriate medical installation. In many cases, however, the group will have a unit attached which is capable of providing dispensary services, such as a separate medical clearing company.

d. Responsibilities. The medical group has the responsibilities which are assigned to it by higher authority. These include supervising and coordinating the tactical and administrative activities of a number of separate medical service units. These units may include separate medical battalions, separate medical companies, separate detachments, etc. The grouping of such separate units under one operational headquarters (the medical group) facili-

tates control and decreases the number of medical service units that must be contacted in order to accomplish a given mission. One medical group may be given the responsibility of evacuating patients from a corps area, while another medical group may be involved in other types of field medical service. Since missions may vary, the allocation of units to the medical group must be flexible and not fixed. Therefore, the composition of units attached to a medical group will depend upon the mission assigned to the medical group and the capabilities of each individual unit attached to the group. Principal operational responsibilities, therefore, are established accordingly.

e. Organization. The headquarters and headquarters detachment, medical group, consists of a group headquarters, detachment headquarters, an administrative and supply section, and an operations section. This unit is 100 percent mobile.

- (1) *Group headquarters.* The personnel included in this headquarters perform command, staff planning, coordination, and supervisory functions of the units attached to the group. These individuals consist of six officers and two warrant officers. A Medical Corps officer commands this unit. There are five Medical Service Corps officers assigned to this headquarters including the executive officer, adjutant (S1), intelligence officer (S2), operations officer (S3), and a supply officer (S4). The two warrant officers included in this headquarters perform the functions of food service advisor and military personnel officer, respectively.
- (2) *Headquarters section.* The detachment commander (MSC) supervises the operation of this section and is assisted by the first sergeant. Unit administration is performed by the detachment clerk. A first cook is provided for the purpose of augmenting the food service personnel of the unit to which the group headquarters is attached for food service facilities. Other enlisted personnel included in this section include a wheel vehicle mechanic and light truck drivers.
- (3) *Administrative and supply section.* Enlisted personnel included in this section consist of the group sergeant major, a personnel sergeant, supply sergeant, food service supervisor, clerk typist, and a food service clerk. These individuals perform the functions pertinent to personnel matters, general supply, and food service supervision as they relate to units attached to the group headquarters.

- (4) *Operations section.* The enlisted personnel comprising this section include an operations sergeant, a communications chief, a troop information specialist, a clerk typist, a teletype operator, a message center clerk, a general clerk, a switchboard operator, a light truck driver, and wiremen.

f. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, this headquarters can function as a command and control headquarters in directing medical service operations within the stricken area.

29. Headquarters and Headquarters Detachment, Medical Battalion (TOE 8-126)

a. Mission. The primary mission of this organization is to furnish command, administration, organizational maintenance, and supply functions for attached medical units providing either general area medical support or direct medical support, or a combination of both.

b. Assignment and Basis of Allocation. This unit may be assigned to a field army, an independent corps, or a theater army logistical command. It may also be attached to headquarters and headquarters detachment, medical group (TOE 8-22). The unit may be allocated on the basis of 1 per 3 to 7 medical companies or equivalent units.

c. Capabilities. This unit is capable of providing command, staff planning, coordination, and supervision of subordinate medical service units. Included are functions pertaining to supply, administration, and organizational maintenance. The unit is a control headquarters only, and requires the attachment of separate medical companies (usually 3 to 7) to enable it to perform assigned missions. The types of companies attached will be determined by the mission assigned to this unit. The unit may operate independently under corps or army, or be incorporated in a medical group organization.

d. Responsibilities. This organization has the responsibilities assigned to it by higher authority. Normally, when the headquarters and headquarters detachment, medical battalion, separate, is assigned to a corps or field army, it is responsible for the performance of one or both of the following functions:

- (1) Act as control agency for its attached separate medical companies providing area medical service (ambulance and clearing companies).

- (2) Exercise control over attached separate medical service units providing evacuation services from division, corps, or field army medical clearing facilities to appropriate installations.

e. Organization. The unit consists of a battalion headquarters, a detachment headquarters, an administrative section, a general and medical supply section, a maintenance section, and a personnel section. The unit is 100 percent mobile.

- (1) *Battalion headquarters.* The personnel included in this headquarters perform command, staff planning, coordination, and supervisory functions of the units attached to this headquarters. These individuals consist of a Medical Corps officer, who is the battalion commander, and 4 Medical Service Corps officers including the executive officer, adjutant (S1), an operations-training officer (S3-S2), and a medical supply officer (S4), who is also the detachment commander.
- (2) *Detachment headquarters.* Personnel comprising this detachment includes a first cook who can augment the food service personnel of the unit providing food service facilities to the personnel of this unit, a detachment clerk, a light truck driver, and a switchboard operator and wireman who operate the telephone communications of this unit.
- (3) *Administrative section.* This section operates under the supervision of the battalion sergeant major who is also the detachment first sergeant. Other enlisted personnel assigned to this section include an operations sergeant, clerk typists, a troop information specialist, and a general clerk.
- (4) *General and medical supply section.* This section provides medical and general supply support for all units attached to the battalion. The personnel include a medical supply sergeant, a supply sergeant, a medical supply specialist and clerk, and a light truck driver. In addition, a medical equipment repairman is assigned to perform organizational maintenance on medical equipment, as required.
- (5) *Maintenance section.* This section provides second echelon motor maintenance support for attached units. The activities of the section are supervised by a motor officer (MSC), who is assisted by a motor maintenance sergeant and a wheel vehicle mechanic. Additional mechanics are provided this section by the units which are controlled by the battalion.

(6) *Personnel section.* This section provides personnel administration support for units attached to the battalion. Personnel included in this section consist of a warrant officer, who functions as the personnel officer, a personnel sergeant, a personnel management specialist, and a personnel administrative specialist. This section is augmented by personnel administrative specialists from companies under battalion control.

f. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, this headquarters can be used as a command control headquarters in directing the operations within the stricken area of the medical service units attached or assigned to the battalion.

30. Miscellaneous

Additional command and control units of the Army Medical Service are included in TOE 8-500 and outlined in chapter 15.

CHAPTER 8

EVACUATION UNITS

31. Medical Clearing Company (TOE 8-128)

a. Mission. This company is assigned the mission of receiving, sorting, and providing temporary medical and surgical care for patients until they are evacuated; definitive treatment for patients with minor illnesses, wounds, and injuries; and essential dental care for patients and assigned personnel.

b. Function. This unit normally functions under the operational control of the field army surgeon. It may be attached to a headquarters and headquarters, medical battalion, separate (TOE 8-26). The primary function of the medical clearing company, separate, is to receive and furnish temporary medical care and treatment for patients evacuated from dispensaries and aid stations of units which are located in areas to the rear of division rear boundaries.

c. Assignment and Basis of Allocation. Normally, the medical clearing company, separate, is assigned to a field army on the basis of 6 companies per field army and 1 company per corps, making a total of 9 companies available to a field army containing 3 corps. This unit may be allocated to a theater army logistical command as required.

d. Capabilities. Under normal operating conditions, this company can provide accommodations for a total of 240 patients. However, patient capacity is capable of being expanded in emergencies to care for approximately 360 patients for periods of short duration. The company, or one or more of its platoons, may operate as a provisional holding unit at such points as airstrips, railheads, ports of debarkation and embarkation, and on feeder road nets; the unit may be used to provide temporary hospitalization facilities on an area basis, or to expand the medical services of other medical units such as field army hospitals, and may replace or supplement the services of division medical clearing stations; or the company may be utilized to establish and operate small specialized hospitals such as a psychiatric treatment station (normally one per corps in a field army) which is formed by augmentation of the medical clearing company, separate, with psychiatric detachments (Team KO-

TOE 8-500). Each of the 3 platoons of this company has a rated capacity for the accommodation of 80 patients and in an emergency can care for 120 patients. Varying combat conditions, however, will in many instances impose wide fluctuations in the actual number of patients accommodated by a medical clearing company, separate.

e. Responsibilities. The principal responsibility of this company is to provide medical clearing facilities to a field army. Patients are received, sorted, and provided with temporary medical and surgical care. Additional responsibilities are to—

- (1) Provide adequate medical treatment for personnel with minor illnesses, wounds, and injuries so that they may be retained for further duty within the combat zone.
- (2) Furnish temporary medical and surgical care for patients awaiting further evacuation.
- (3) Provide essential dental treatment for patients and assigned personnel.
- (4) Establish and operate, when properly augmented, such specialized small hospital facilities as directed by higher authority.
- (5) Supplement or replace the services of other medical units when either course of action is directed by higher authority.
- (6) Maintain an adequate system of internal communications in order to insure efficient operation of the current evacuation pattern.

f. Organization. The unit consists of a company headquarters and three identical clearing platoons. The internal composition of these component elements is comparable to those of the clearing company, infantry division medical battalion (par. 17). The medical clearing company, separate, is 100 percent mobile.

g. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, this unit can establish a station, or stations, in close proximity to the stricken area where the casualties can be received, sorted, provided with emergency medical/surgical care and treatment, and prepared for further evacuation. The monitoring of patients for radiation should be provided for when casualties are received directly from a stricken area without having passed through a medical treatment facility. Detailed and comprehensive plans for the employment of this unit under a situation of this type should be made promptly and be maintained constantly in a current status.

32. Medical Collecting Company (TOE 8-129)

a. Mission. This company is assigned the mission of providing litter bearer support in the combat zone as required.

b. Function. The major function performed by personnel of this unit is that of providing litter bearer support in the combat zone by augmenting divisional units or medical installations in the field army service area. Specifically, the company provides litter bearer support to holding units operating at airheads, railheads, and ports of embarkation; and to evacuation hospitals and other medical service facilities. Normally, this support is rendered by platoons, as required.

c. Assignment and Basis of Allocation. Units of this type are normally assigned to a field army or independent corps, but may also be assigned to a theater army logistical command. They are normally allocated on the basis of 3 per field army or 1 per corps. Allocation to a theater army logistical command is made on an "as required" basis.

d. Capabilities. The medical collecting company, separate, is capable of augmenting other field medical service units by providing the services of four litter bearer platoons. Each platoon includes forty litter bearers. The patient handling capability per platoon will vary in accordance with the local situation and circumstances prevailing there. This unit is capable of providing support to special type operations in a division area, e.g., additional litter bearers may be required in river crossings, amphibious operations, or mountain operations. Collecting company assistance can also be provided to hospitals in the combat zone by furnishing personnel for the purpose of carrying litter patients from one hospital section to another.

e. Responsibilities. The principal responsibility of the medical collecting company, separate, is to assist in the assembling and evacuation of patients. This responsibility is discharged by the utilization of the litter bearer means included in this unit. Additional responsibilities are to—

- (1) Provide a unit that is specifically organized, equipped, and trained to support and supplement the medical evacuation procedures of other medical service units in the field.
- (2) Administer emergency medical care and treatment to patients as necessary.

f. Organization. The medical collecting company, separate, consists of a company headquarters and four identical platoons. This unit is 35 percent mobile.

- (1) *Company headquarters.* The personnel included in this headquarters perform the functions pertinent to command and administration, food service, and supply and motor maintenance. These individuals may be functionally organized into the following sections:
 - (a) *Command and administration.* This section would include the company commander (MSC), the first sergeant, company clerk, and a personnel administrative clerk.
 - (b) *Food service.* This section would function under the direct supervision of the mess steward and include the cooks and cooks' helpers.
 - (c) *Supply and motor maintenance.* Personnel included in this section consist of the supply sergeant, wheel vehicle mechanic, and light truck drivers.
- (2) *Litter platoons.* Each of the four litter platoons includes a Medical Service Corps officer who functions as the platoon leader. Each platoon leader is assisted by a platoon sergeant and an assistant platoon sergeant. A liaison agent is provided each platoon together with a total of forty litter bearers.

g. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, this unit can be used to provide litter bearer support to the treatment stations and other medical service facilities furnishing medical support to the stricken area.

33. Medical Ambulance Company (TOE 8-127)

a. Mission. The mission of this company is to provide—

- (1) Ambulance evacuation of patients from divisional medical units to supporting medical installations or evacuation points.
- (2) Ambulance support for area medical service within the combat and theater administrative zones.

b. Assignment and Basis of Allocation. Normally, this unit is assigned to a field army on the basis of 2 per corps and 6 per field army. Concurrent with its assignment to a field army, the unit may be attached to a headquarters and headquarters detachment, medical battalion, separate (TOE 8-26). The company may also be assigned to an independent corps, a task force, and a theater army logistical command as required.

c. Capabilities. This ambulance company is capable of providing

ambulance evacuation service within the combat and communications zones. This unit is operationally self-sufficient.

d. Responsibilities. The primary responsibility of the medical ambulance company, separate, is to provide motor ambulance service for the evacuation of patients. Other responsibilities are to—

- (1) Provide a unit specifically organized and equipped to support and supplement medical evacuation procedures of other medical units in the combat and communications zones.
- (2) Furnish emergency medical care and treatment to sick and injured patients while they are en route to a medical treatment facility.
- (3) Establish and maintain liaison with clearing stations or hospitals to be evacuated and with the division, corps, or field army surgeon concerning current requirements for ambulance services.
- (4) Evacuate patients from airstrips or ambulance trains to other medical treatment facilities when necessary.
- (5) Insure that property exchange procedures are performed in the prescribed manner.

e. Organization. The medical ambulance company, separate, consists of a company headquarters and three identical ambulance platoons. This unit is 100 percent mobile.

- (1) *Company headquarters.* This headquarters includes the personnel required to perform the functions pertinent to command and administration, food service, and supply and motor maintenance. These individuals may be functionally organized into the following sections:
 - (a) *Command and administration.* This section would include the company commander (MSC), the first sergeant, company clerk, and a personnel administrative clerk.
 - (b) *Food service.* This section would function under the direct supervision of the mess steward and include the cooks and cooks' helpers.
 - (c) *Supply and motor maintenance.* Personnel included in this section consist of the supply sergeant, motor sergeant, and wheel vehicle mechanics.
- (2) *Ambulance platoons.* Each of the three ambulance platoons includes a Medical Service Corps officer who functions as the platoon leader. Each platoon leader is assisted by a platoon sergeant and an assistant platoon sergeant. A total of 10 ambulance drivers and 10 ambu-

lance orderlies are included in each platoon for the operation of the ten $\frac{3}{4}$ -ton ambulances authorized each platoon.

f. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, this unit can be used to provide ambulance evacuation support to the treatment station(s) providing medical support to the stricken area. The ambulance platoons can provide the evacuation means required for the further evacuation of the casualties. Provisions for radiological monitoring of patients is not required for individual ambulances but is the responsibility of the unit operating the medical treatment facility to which the patients are evacuated.

34. Medical Holding Company (TOE 8-57)

a. Mission. The primary mission of the medical holding company in a theater of operations is to provide medical service holding facilities and limited medical care and treatment at patient transfer points such as airheads, railheads, and ports of embarkation.

b. Function. The function of this medical service unit is to operate a facility where patients awaiting further evacuation by sea, air, or land can be assembled. Specific functions include—

- (1) Providing the required means for the reception and subsequent distribution of relatively large groups of patients to an appropriate hospital facility or to means of air, sea, or land transportation.
- (2) Serving as intermediate installations on unusually long routes of evacuation at which points patients are afforded rest and given, if necessary, additional emergency medical care and treatment.

c. Assignment and Basis of Allocation. Units of this type are assigned to a field army and theater army logistical command. Normally, they are allocated on the basis of 3 per field army and 3 per theater army logistical command for each field army being supported.

d. Capabilities. This company is capable of establishing facilities which will temporarily accommodate 300 patients and enable them to be provided with emergency medical care and treatment. Flexibility of employment is a characteristic of this unit. Each of the three holding sections included in this company has a capacity to care for 100 patients and these sections may be utilized to perform three separate holding missions simultaneously since each of them is capable of operating independently. Various other combinations of these holding sections may also be made as local situa-

tions require them. During active operations and in mass casualty situations, augmentation of this unit with additional litter bearers will be necessary to assist in the ambulance loading and unloading of patients. Under these circumstances, holding company personnel are not sufficient in number to perform these tasks alone.

e. Responsibilities. The principal responsibility of the medical holding company is to provide the appropriate facilities and personnel required to accomplish the transfer of large numbers of patients, during medical service evacuations, from one type of transportation means to another, e.g., from motor ambulance to ambulance train. Other responsibilities are to—

- (1) Serve as temporary “rest stations” on long evacuation routes when the performance of this function is directed by competent authority.
- (2) Provide, as required, emergency medical care and treatment to patients being held by the unit.
- (3) Maintain close liaison with the appropriate headquarters concerning current patient status. At the medical holding company’s site within the combat zone evacuation system, it is highly essential that communications between the holding facility and the designated headquarters be adequate in order that the holding company can be relieved of patients promptly. This action is necessary in order to effect the re-establishment of the holding capacity of the facility for the reception and care of additional increments of patients.

f. Location. When this unit is operating as a field army unit, the field army commander, through the designated surgeon, directs its establishment at a selected location which is normally within the field army service area. If existing military or other circumstances do not interdict, the selected site is generally in close proximity to a railhead or airfield which is being utilized for the evacuation of patients to the theater administrative zone. Within the communications zone, the medical holding company is established and maintained at a location which will best support the current patient evacuation channels. It is desirable to establish a medical holding facility near existing rail, air, road, and, if possible, waterway facilities in order to utilize to the fullest extent all available means of patient transport.

g. Organization. The medical holding company consists of a company headquarters and three holding sections. The unit is considered to be 50 percent mobile.

- (1) *Company headquarters.* This headquarters includes the

personnel required to perform the functions pertinent to command, unit administration, food service, and supply and motor maintenance. These individuals may be functionally grouped as follows:

- (a) *Command and unit administration.* This unit is commanded by a Medical Corps officer who is assisted by an executive officer (MSC), who also acts as the medical registrar. Enlisted personnel include the first sergeant, company clerk, and a personnel administrative clerk.
- (b) *Food service.* All food service functions are supervised by a mess steward and an assistant mess steward. Operating under the supervision of these noncommissioned officers are the cooks and cooks' helpers. One each of the first cooks, cooks, and cooks' helpers function with each holding section.
- (c) *Supply and motor maintenance.* A supply sergeant, medical supply specialist, and a wheel vehicle mechanic are available to perform these functions.
- (2) *Holding sections.* Each of the three holding sections include an officer of the Medical Corps, who is the section leader. He is assisted by a Medical Service Corps officer who functions as the assistant section leader. Enlisted personnel included in each holding section consist of a section sergeant, wardmasters, a senior ward specialist, ward specialists, ward attendants and orderlies, litter bearers, and admission-disposition clerks.

h. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, this unit can be used to operate treatment stations in the immediate vicinity of the stricken area. A treatment station could be established by each of the three holding sections, or the entire unit could be located at a single site. In either case, the unit is capable of performing the functions of receiving and sorting patients, providing emergency medical care and treatment to casualties, and preparing them for further evacuation. The timely preparation of detailed and comprehensive plans for the utilization of this company under these circumstances is of extreme importance. These plans should provide for a speedy transition from routine operations to those required for the early management of mass casualties, as contained in TB MED 246.

CHAPTER 9

HOSPITALIZATION UNITS

35. Evacuation Hospital, Semimobile (TOE 8-581)

a. Mission. The primary mission of the evacuation hospital is to provide hospitalization for all classes of patients within the combat zone and to prepare patients for further evacuation as necessary. This hospital receives patients from division or other clearing stations, mobile army surgical hospitals; unit and area dispensaries and aid stations operating in the vicinity of the evacuation hospital; and by direct admission.

b. Assignment and Basis of Allocation. This hospital is normally assigned to a field army, but it may also be assigned to an independent corps or task force when required. The normal basis of allocation of this unit to a field army is 1 per division and 2 per corps.

c. Location. Normally, evacuation hospitals are located within the field army service area as close to the rear boundaries of the divisions as practicable. However, requirements for dispersion, terrain features, availability of evacuation routes, and tactical considerations may require that these type hospitals be located further to the rear of the field army service area.

d. Responsibilities. The primary responsibility of this type hospital is to furnish hospitalization facilities for troops within the combat zone. General responsibilities are to—

- (1) Receive all classes of patients and furnish them medical-surgical care and treatment.
- (2) Prepare serious cases for further evacuation.
- (3) Hold minor cases of illness or injury within the time limits established by higher authority and effect the return of such personnel to duty as soon as satisfactory recovery is achieved.
- (4) Provide a medical facility wherein sufficient numbers of patients may be concentrated to permit efficient and economical employment of available mass evacuation means.
- (5) Continue the process of medical sorting and classification of patients under conditions more favorable for observation and accurate evaluation.

- (6) Establish and maintain effective liaison with the appropriate control agency regarding the hospital's evacuation requirements.
- (7) Prepare and submit to higher headquarters such hospital records, reports, and returns as may be prescribed.

e. Organization. The evacuation hospital is composed of a hospital headquarters section, the administrative services, the professional services, a laundry detachment, a professional complement less ANC, and a professional complement, ANC. Each of these elements is responsible directly to the hospital commander for the proper performance of its assigned mission.

- (1) *Hospital headquarters section.* This section includes the personnel required to exercise command, administrative, and professional control over the operation of the hospital. The hospital headquarters section functions under the direct supervision of the hospital commander who is a Medical Corps officer. Assisting the hospital commander is the executive officer (MSC), adjutant (MSC), chief nurse, and chaplain. Enlisted personnel included in this section consist of a sergeant major, a chief administrative clerk, a stenographer, a chaplain's assistant, mail delivery clerks, a general clerk, and a light truck driver.
- (2) *Administrative services.* The administrative services of this hospital are composed of the detachment headquarters section, supply and utilities section, food service section, motor transport and maintenance section, personnel and registrar section, and the receiving and evacuation section.
 - (a) *Detachment headquarters section.* This section functions under the direction of the detachment commander (MSC) and maintains unit personnel records, provides general supply support to the hospital, operates the hospital's communication facilities, performs sanitary inspections of the hospital area, and also performs other functions concerning the intra-assignment and discipline of enlisted personnel of the hospital. The enlisted personnel included in this section consist of the first sergeant, supply sergeant, assistant supply sergeant who is also the armorer, clerks, teletype and switchboard operators, a wireman, light truck drivers, and a barber.
 - (b) *Supply and utilities section.* The personnel assigned to this section perform medical supply and routine util-

ities maintenance functions for the hospital. The section's activities are supervised by a medical supply officer (MSC) who also is the unit motor officer. The medical supply functions are performed by a medical supply sergeant, an assistant medical supply sergeant, and supply clerks. Medical equipment maintenance is provided by a medical equipment repairman. Routine utilities maintenance support is rendered by an electrician, a general carpenter, a power-generator operator-mechanic who is assisted by a helper, and a utility mechanic.

- (c) *Food service section.* All food service operations for hospital patients and the unit's personnel are performed by this section. A warrant officer is in immediate charge of this section's operation. He is assisted by a mess steward, an assistant mess steward, cooks, and cooks' helpers.
- (d) *Motor transport and maintenance section.* This section operates under the control of the medical supply officer in his capacity as the unit motor officer. All vehicles, except those operated by the detachment headquarters section, are dispatched and controlled by this section. However, the maintenance of all vehicles including those used by the detachment headquarters section is performed by personnel of this section. Enlisted personnel included in this section consist of a motor sergeant, light truck drivers, wheel vehicle mechanics, and a mechanic's helper.
- (e) *Personnel and registrar section.* Under the direction of the medical registrar (MSC), this section maintains all medical records of patients admitted to the hospital and prepares specified reports pertaining thereto. When a patient holding detachment is established at this hospital, the medical registrar acts as this detachment's commanding officer. The medical registrar is assisted by a warrant officer, medical records clerks, clerk-typists, and general clerks.
- (f) *Receiving and evacuation section.* This section performs all functions relative to the admission of hospital patients; assigns patients to wards within the hospital for treatment and transports patients by litter to those wards; as necessary, assembles patients from the various wards for further evacuation or return to duty; and completes medical records prior to the disposition

of patients. An officer of the Medical Corps supervises the admission and disposition of all patients, and an administrative officer (MSC) exercises control over the section's administrative functions. Enlisted personnel assigned to this section include admission and disposition clerks, clerk typists, general clerks, and litter bearers.

- (3) *Professional services.* The professional services of the hospital consist of the operating section, the ward section, and the pharmacy, laboratory, and X-ray section.
 - (a) *Operating section.* This section constitutes the surgical service of the hospital and is under the direct supervision of a medical officer who is designated as the surgical service chief. This officer specifies the types of cases to be treated in the various surgical wards and details officer personnel of the surgical service to professional duties appropriate to their training. The surgical service chief also serves as a surgical consultant to members of the hospital staff. Operating section personnel are responsible for the proper care and treatment of all surgical cases in the hospital, both in the operating rooms and on the surgical wards. In addition to general surgical teams, medical officers trained as anesthesiologists and others qualified in eye, ear, nose, and throat, urology, and orthopedic surgery are detailed to this section. Oral surgery and other dental services are also provided. These officers, together with appropriately qualified nurses are detailed to this section from the professional complement.
 - (b) *Ward section.* This section is under the direct supervision of a medical officer qualified in internal medicine who is designated as the medical service chief. The medical service chief designates the types of cases to be treated in the various medical wards and details officer personnel of the medical service to professional duties appropriate to their training. The personnel of this section are responsible for providing proper medical care and treatment for all medical cases within the installation. The ward section may also operate a limited type medical service for the care and treatment of certain types of chemical, biological, or radiological casualties, e.g., those hospitalized solely as a result of exposure directly attributable to those specific agents. The neuropsychiatrist assigned to this hospital super-

vises the screening of psychiatric patients who may reach the hospital before being classified as such.

- (c) *Pharmacy, laboratory, and X-ray section.* Two medical officers function in this section. One officer is qualified in medical laboratory procedures and the other in radiology. Hospital pharmacy functions are performed by enlisted pharmacy specialists. The hospital commander specifies the supervisory responsibilities within the section. Appropriately qualified enlisted specialists perform various technical duties within this section.
- (4) *Laundry detachment.* A laundry detachment is provided and operates under the technical direction of an enlisted laundry foreman. This detachment is responsible for laundering all soiled linens, pajamas, dressing gowns, etc. The detachment is not authorized for the performance of personal laundry services for unit personnel. Normally, the medical supply officer supervises the operation of this detachment. A two-trailer type mobile laundry unit is provided. This laundry unit is capable of processing approximately 1,440 pounds of laundry when operated on a 24-hour schedule. For this period of time, the hospital's normal laundry requirements will be approximately 1,280 pounds.
- (5) *Professional complement less ANC.* This complement includes those Medical and Dental Corps officers whose presence with the hospital unit during its training phase is not required. Normally, the professional complement will be authorized by the Department of the Army when this unit is required to engage in actual care and treatment of patients or 60 days prior to the anticipated departure of the unit for a theater of operations, whichever is earlier. When this requirement has ceased, the complement may be redeployed in order to obtain greater benefit of the professional capabilities inherent to the complement.
- (6) *Professional complement, ANC.* This complement, consisting of the nurses required by the evacuation hospital is employed in a manner similar to that described in (5) above.

f. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, this type unit can be effectively utilized in the reception, sorting, and providing of emergency medical/surgical care and treat-

ment of these casualties. Detailed and comprehensive plans should be formulated as early as possible in order to meet a contingency of this type. These plans should include provisions for a speedy change from routine operations to those required for the early medical management of mass casualties as contained in TB MED 246.

36. Mobile Army Surgical Hospital (TOE 8-571)

a. Mission. The mission of this hospital is to provide a medical facility to receive nontransportable patients from an adjacent division clearing station and prepare them for further evacuation.

b. Assignment and Basis of Allocation. Units of this type are assigned to a field army. They are allocated on the basis of one per division.

c. Capabilities. This type of hospital is capable of carrying out all operative procedures required of a field surgical unit, including major abdominal, chest, and brain surgery. Appropriate facilities are also available for the treatment of patients who are suffering with shock. The normal professional capabilities of the hospital may be expanded, as required, by the attachment of appropriate TOE 8-500 professional teams. In certain emergency situations when the hospital census overtaxes the unit's organic medical facilities, the services of a clearing platoon from a medical clearing company, separate, (TOE 8-28), may be required as an augmentation to this hospital.

d. Responsibilities. The primary responsibility of the mobile army surgical hospital is to provide a medical service facility in support of a division clearing station wherein emergency and resuscitative surgical procedures can be performed.

e. Organization. This unit is organized with a headquarters and headquarters detachment and six other organizational elements. These elements consist of a preoperative and shock treatment section, an operating section, a postoperative section, a pharmacy-laboratory-X-ray section, holding section, and a professional complement. This unit is 100 percent mobile.

- (1) *Headquarters and headquarters detachment.* The hospital commander, who is a Medical Corps officer, is assisted in his administrative duties by a Medical Service Corps officer, who also acts as the medical registrar and detachment commander. The chief nurse, medical supply officer (MSC), and a warrant officer are also included in the hospital headquarters. The medical supply officer also

- functions as the mess officer. The enlisted personnel of this detachment can be functionally organized as follows:
- (a) *Detachment headquarters.* Control of the enlisted detachment is exercised by the detachment commander who is assisted in his duties by the first sergeant. The detachment administrative clerk, a personnel administrative clerk, and a barber are included in this headquarters.
 - (b) *Medical and general supply.* This section functions under the supervision of the medical supply officer, who is assisted by the medical supply sergeant and a supply clerk.
 - (c) *Patients' records.* All administrative details pertinent to the admission and disposition of patients, maintenance of their records, and the preparation and submission of required medical reports and records are performed by this section under the direction of the medical registrar. Enlisted personnel include a chief admission-disposition clerk, clerk typists, and a general clerk.
 - (d) *Food service.* Food service functions are supervised by the mess officer who is assisted by a mess steward. Cooks and cooks' helpers are included in this section.
 - (e) *Utilities and maintenance.* Personnel are included in this section to perform those functions pertinent to utilities and their maintenance, and organizational equipment maintenance. They consist of a general carpenter, a medical equipment repairman, a powerman, and a utility mechanic.
 - (f) *Transportation.* The operation and maintenance of the unit's transportation is performed by this section under the supervision of the motor sergeant. Other enlisted personnel include a wheel vehicle mechanic and helper, and light truck drivers.
- (2) *Preoperative and shock treatment section.* Under the supervision of a general duty medical officer, this section prepares patients for surgical operations and performs technical procedures necessary for the treatment of patients who are suffering from shock. The enlisted personnel include a noncommissioned officer, who is a chief operating room specialist, operating room specialists, ward specialists, litter bearers, and a ward attendant.
 - (3) *Operating section.* All emergency and resuscitative surgical procedures are performed by this section. The enlisted

operating room specialists function under the guidance of an operating room nurse. A stenographer is provided this section for the chief of the surgical service in recording the technical details pertaining to operations and those cases of extreme clinical value.

- (4) *Postoperative section.* After being operated upon, patients are removed to this section for postoperative care and treatment until ready for evacuation. The enlisted personnel are directly supervised by a chief wardmaster. They include a wardmaster, ward specialists, litter bearers, ward attendants, and ward orderlies.
- (5) *Pharmacy-laboratory-X-ray section.* A medical laboratory specialist, pharmacy specialist, and an X-ray specialist and assistant are provided to perform this section's functions.
- (6) *Holding section.* Patients awaiting evacuation are provided care and treatment by a general duty medical officer, general duty nurses, and enlisted personnel, pending the arrival of transportation. When it becomes necessary to move the hospital forward, the unit establishes its holding section in order to preserve the hospital's mobility, and to continue the necessary medical and nursing care for patients, pending their evacuation. Enlisted personnel of this section function under the direct supervision of a chief wardmaster and include ward specialists, litter bearers, ward attendants, and a ward orderly. In addition, an assistant mess steward, cooks, and a cooks' helper are included in this section for the performance of food service functions.
- (7) *Professional complement.* Personnel of this complement function in their professional capacities within the various sections of the hospital. Normally, this professional complement will be authorized by the Department of the Army when the unit is required to engage in actual care and treatment of patients, or 60 days prior to anticipated departure of the unit for a theater of operations, whichever is earlier. When this requirement has ceased, the complement may be redeployed in order to obtain greater benefit of its professional capabilities.

f. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, this hospital can be effectively utilized in a manner comparable to that outlined for the evacuation hospital in paragraph 35g above.

37. Convalescent Center, Army or Communications Zone (TOE 8-590)

a. Mission. The mission of this unit is to provide facilities for the convalescent care and physical reconditioning of patients evacuated from other medical treatment facilities in the combat zone or from hospitals in the communication zone when the convalescent center is operating in the latter zone. The convalescent center also functions to prevent unnecessary evacuation beyond the field army area or communications zone of patients who are considered as requiring only convalescent care and physical reconditioning to enable them to return to duty. Dispensary type treatment for patients is also provided by this unit.

b. Assignment. Normally, within the combat zone the convalescent center is assigned to a field army, but may be assigned to an independent corps or task force when required. In the communications zone, this unit may be controlled by theater army logistical command headquarters, or assigned to subordinate elements of the theater army logistical command.

c. Basis of Allocation. Within the combat zone, this unit is allocated on the basis of 1 per corps. Normally, convalescent centers are allocated to a theater army logistical command on the basis of 1 per 200,000 communications zone troops.

d. Capabilities. Normally, the convalescent center is capable of providing facilities in the field army area for the physical reconditioning and convalescent care of 1,500 patients. However, this unit may be augmented, when required, to provide similar facilities for an additional 1,500 patients. It provides for physical classification and reclassification of patients. The convalescent center also provides convalescent care and dispensary type medical treatment for patients who normally require only convalescent care and physical reconditioning prior to return to duty.

e. Responsibilities. The primary responsibility of a convalescent center is to provide dispensary type care and treatment for convalescent patients with minor illnesses and injuries and physically recondition convalescent patients for return to duty. The general responsibilities of this unit are to—

- (1) Provide the necessary administration, control, reconditioning, and recreational facilities required.
- (2) Prepare for further evacuation all patients requiring additional medical, surgical, and/or psychiatric care beyond the capabilities of the center.
- (3) Return to duty all patients deemed capable of performing normal duty.

- (4) Physically classify and reclassify patients admitted to the center.
- (5) Prepare and preserve records of patients admitted to the installation.
- (6) Submit such reports regarding all matters coming within the scope of the unit's assigned mission as may be required by higher headquarters.

f. Organization. The convalescent center is organized into a center headquarters, an administrative service, a clinical service, a reconditioning battalion, and a professional complement. This unit is classed as "fixed" with regard to its degree of mobility.

- (1) *Center headquarters.* The headquarters group is composed of the center commander, executive officer, adjutant, and chaplain. Enlisted personnel are provided for clerical duties, mail handling, and the maintenance of records pertaining to the administration of the center.
 - (a) *Center commander.* The center commander is a Medical Corps officer who is responsible for exercising command and control functions including the administration and operation of the convalescent center.
 - (b) *Executive officer.* The executive officer is a Medical Service Corps officer who assists the center commander by supervising the administrative operations of the center, and performing such other duties as may be delegated to him by the commander.
 - (c) *Adjutant.* Under the supervision of the executive officer, the adjutant is charged with the routine administration and operation of the headquarters office. He is assisted by a sergeant major and enlisted clerical personnel.
 - (d) *Chaplain.* For duties of the chaplain in a convalescent center, see AR 165-15.
- (2) *Administrative service.* The administrative service consists of detachment headquarters and the following sections: supply, utilities and maintenance, food service, medical registrar, admission and disposition, and laundry.
 - (a) *Detachment headquarters.* This headquarters is under the direct supervision of a Medical Service Corps officer who acts as the detachment commander. He is assisted by a warrant officer who functions as the unit personnel officer. The detachment commander is charged with the administration and discipline of all enlisted per-

sonnel assigned to the center, their duty assignments, and their training as may be directed by the center commander. Other functions performed by personnel of this headquarters include providing pay for patients and unit personnel, and area sanitation. Barbers are assigned for service to the patients.

- (b) *Supply section.* The supply section is under the direct supervision of the medical supply officer (MSC). He is assisted by a warrant officer who acts as the general supply officer. All functions of medical and general supply are the responsibility of this section. In addition, the general supply officer exercises supervision over the laundry section as unit laundry officer. Enlisted personnel consist of a medical supply sergeant with an assistant, a general supply sergeant with an assistant, clerks, truck drivers, and a medical equipment repairman. The supply section is charged with performing the functions of procurement, storage, and issue of all medical and general supplies including the maintenance of all records pertaining thereto; organizational maintenance of medical equipment; the collection and proper disposal of salvage property; property exchange with supported and supporting elements; and disposition of patients' clothing and equipment.
- (c) *Utilities and maintenance section.* This section is under the supervision of a warrant officer qualified in utilities and maintenance functions performed by the Corps of Engineers. The personnel of this section include specialists capable of performing all functions pertaining to the maintenance, operation, and repair of the center's utilities including the electric light system, water supply system, heating facilities, sewage disposal, and the communication means available to the convalescent center. In addition, personnel and equipment are available to supervise the operation of the center's motor pool and perform organizational maintenance of vehicles. Maintenance which is beyond the scope of organizational maintenance is performed for the center by the appropriate service unit within the command to which the center is assigned.
- (d) *Food service section.* A mess officer (QMC) directly supervises the operation of this section. He is assisted by seven mess stewards, cooks, cooks' helpers, bakers,

and a ration distribution sergeant. This section is responsible for the procurement, storage, and preparation of food including the operation of a pastry bakery. Only as much of the kitchen and dining facilities as may be required by existing local conditions are established. Normally, food service facilities are available at all times (24 hours daily) for incoming patients.

- (e) *Medical registrar section.* Two Medical Service Corps officers are provided this section to perform the functions of medical registrar and assistant medical registrar. These officers are assisted by enlisted sick and wounded report clerks and medical reports clerks. This section maintains all records of the sick, wounded, and injured; prepares reports pertaining to patients, including statistical and daily admission and disposition reports, and such other reports as may be required by higher headquarters; and is responsible for maintaining a depository for patients' funds and valuables.
- (f) *Admission and disposition section.* This section consists of a Medical Corps officer who is assisted by a warrant officer, enlisted clerks, and an ambulance driver. The medical officer, is charged with the admission and disposition of all patients in accordance with current directives. The determination of admission and assignment of patients to specific wards is the responsibility of the medical officer in charge of the section, and is based upon the recommendations of the chiefs of the various clinical services. This section performs the general functions pertaining to the receiving of patients by effecting their administrative admission; initiating medical records for all direct admission cases; assigning the patients to wards or reconditioning companies based upon examination and physical classification as determined by exercise tolerance and evaluation tests; checking and receiving patients' valuables which are deposited in the medical registrar's section for safekeeping; transporting patients, as required, to the clinical service or reconditioning company to which the patients have been assigned; effecting property exchange with incoming ambulances; and maintaining all medical records of patients admitted and disposed of during each 24-hour period and transmitting them to the medical registrar's section. This section also disposes

of patients by either returning them to duty or evacuating them further to the rear. This function is effected by utilizing the recommendations of the clinical service section chiefs to determine the proper disposition of each patient; submitting a request to the surgeon of the next higher command for transportation to evacuate patients to the rear; providing available transportation for patients returning to duty or requesting transportation for this purpose from the command to which the patients are being returned for duty; completing and forwarding with the patients the medical records for cases evacuated; completing the medical records of patients returned to duty prior to their departure from the center; returning patients' funds and valuables to them by the medical registrar or his representative; checking and inspecting clothing and equipment of patients being returned to duty to insure its completeness and serviceability; and effecting property exchange with the evacuating unit which transports the patients to the rear.

- (g) *Laundry section.* The laundry section is supervised by the unit general supply officer. Laundry personnel which include a foreman, laundry equipment repairman, tumblermen, washermen, laundry processors, and a laundry records checker are provided for the operation of this service. Organic laundry equipment is capable of processing approximately 1,440 pounds of laundry during a 24-hour period.
- (3) *Clinical service.* The clinical service consists of medical, surgical, dental, pharmacy, laboratory, and X-ray section. The operation of this service is supervised by a Medical Corps officer designated by the center commander. The functions performed by this service consist of providing dispensary type care for convalescent patients; performing a detailed physical examination and exercise tolerance test evaluation of each patient as soon as possible after admission; determining each patient's physical classification by using the results of the physical examination and exercise tolerance test evaluation and concurrently recommending each patient's assignment to an appropriate reconditioning company; and reclassifying physically each patient at periodic intervals so that the most effective reconditioning of the patient may take place in a mini-

mum period of time. During the patient's stay at the center, the clinical service is provided with information concerning each patient's exercise tolerance, rate of progress, and reconditioning activities by reconditioning officers of the reconditioning companies. So far as it is practicable and compatible with their physical condition, all patients originating from the same unit should be assigned to the same reconditioning company for the maintenance of proper morale and *esprit de corps*.

- (a) *Medical section.* This section is supervised by the chief of the medical service. Enlisted personnel in this section consist of two assistant chief wardmasters, six wardmasters, ward specialists, ward attendants, ward orderlies, neuropsychiatric specialists, social work specialists, dispensary specialists, and clerks. The medical section is responsible for the medical and psychiatric care of patients; the provision of treatment; consultation service for patients as required; and the periodic examination of those patients who have medical or neuropsychiatric conditions and who are assigned to reconditioning companies. This type of examination is made to determine each patient's fitness for further progression in the reconditioning program or return to duty.
- (b) *Surgical section.* This section is supervised by the chief of the surgical section. Enlisted personnel in this section include operating room specialists, chief wardmaster, two wardmasters, ward specialists, dispensary specialists, ward attendants, EENT specialists, ward orderlies, orthopedic ward specialists, and clerks. This section provides surgical care and treatment for patients and consultation service for patients as required; it also performs periodic examinations of those patients having surgical conditions who are assigned to reconditioning companies. This type of examination is made to determine each patient's fitness for further progression in the reconditioning program or for their return to duty.
- (c) *Dental section.* This section is supervised by the chief of the dental service. Enlisted personnel included in this section consist of a chief dental specialist, dental laboratory specialists, dental assistants, a dental X-ray specialist, and a general clerk. This section provides

routine dental care for all patients in the center and for all assigned personnel. Its primary objective is to accomplish the maximum in dental treatment during each patient's convalescent period.

- (d) *Pharmacy, laboratory, and X-ray section.* Officer personnel included in this section consist of a pharmacist (MSC). Enlisted personnel consist of pharmacy specialist, X-ray specialist, and medical laboratory specialists and a general clerk. The section provides pharmacy, X-ray, and laboratory services for the center. Only routine laboratory procedures, including blood counts, urinalysis, and other simple tests, are performed by this section. The pharmacy is charged with the preparation and issue of prescriptions and drugs required for all sections in the clinical service of the center.
- (4) *Reconditioning battalion.* The reconditioning battalion consists of a headquarters and six reconditioning companies. Each company has a capacity for 200 patients.
- (a) *Battalion headquarters.* This battalion is commanded by a physical reconditioning officer (MSC) who is assisted by a physical reconditioning officer (MSC). The battalion commander is responsible for the administration, training, and operation of the battalion. He is directly responsible to the center commander and maintains close liaison with the administrative and clinical services in order to provide a maximum of reconditioning activities for patients. The assistant PT officer assists the battalion commander in planning and scheduling the reconditioning program, and in the training of officers and enlisted personnel assigned to the battalion. This headquarters includes a sergeant major, clerical personnel, and troop information and education specialist. The progressive physical reconditioning program based on medical directives is conducted within the reconditioning battalion. The program must be adapted to the physical status of the patients and designed to return them to duty within a minimum period of time. All convalescent patients returned to combat duty must be physically qualified for vigorous field conditions and activities.
- (b) *Reconditioning companies.* Each company includes two physical reconditioning officers, one of whom acts as the company commander. Enlisted personnel author-

ized for each company include a first sergeant, a supply sergeant, a physical reconditioning specialist, and a company clerk. Each company conducts physical reconditioning, orientation, and educational activities as prescribed by the clinical service and as specified by the battalion commander. Each company insures that each patient, upon departure from the company to duty, has his pay accounts adjusted to date, and is properly clothed and equipped. These companies are designated to indicate the type of exercise that will be performed by the patients assigned thereto. These types include light, moderate, and heavy exercises. Light exercise companies stress the building of strength with mild endurance and activities requiring agility. Moderate exercise companies provide a combination of moderate strength-building, endurance-developing, and agility activities. Heavy exercise companies emphasize development of endurance and agility with less stress on the building of strength. This designation of companies depends upon the number of patients included in each of the three categories of exercises. The initial assignment of patients to the various reconditioning companies and their rate of progress through them are based upon the medical appraisal of their physical status and the evaluation of their exercise tolerance. Qualified convalescent patients in officer and noncommissioned grades are used to the maximum practicable extent as platoon leaders and instructors in the various phases of the reconditioning program, including athletic, recreational, and educational activities. Screening of qualifications, special abilities, and combat experience of all patients upon admission to the center will afford the opportunity for selecting individuals with the proper background and training for the performance of these duties. When these individuals are physically and mentally fit for return to duty, they will not be retained at the convalescent center for the sole purpose of being utilized as instructors, but will be returned to duty promptly.

- (5) *Professional complement.* This complement includes those medical, dental, and Medical Service Corps officers whose presence with the convalescent center during its training phase is not required. Normally, the professional complement will be authorized by the Department of the Army when this unit is required to engage in actual care and

treatment of patients or 60 days prior to the anticipated departure of the unit for a theater of operations, whichever is earlier. When this requirement has ceased, the complement may be redeployed in order to obtain greater benefit of the professional capabilities inherent to the complement. When the augmentation is used, this unit can provide facilities for an additional 1,500 patients.

g. Contingency Employment in Nuclear Warfare.

- (1) In the event of an enemy nuclear attack resulting in large numbers of casualties, the convalescent center could—
 - (a) Provide personnel and material to reinforce other medical units servicing the affected area.
 - (b) Provide Emergency Medical Treatment Teams to operate independently in or to reinforce other medical units operating in the affected area.
 - (c) Upon being augmented by appropriate medical professional and technical teams, provide austere hospital type treatment support to the affected area.
- (2) Plans should be formulated for the full utilization of the center's personnel in the event of a contingency of this type.

CHAPTER 10

MEDICAL SUPPLY UNITS

38. General

A field army requires support in matters pertaining to medical supply; repair and maintenance of medical service equipment; receipt, storage, and delivery of whole blood; and the repair and maintenance of spectacles. This support is provided by an Army Medical Depot and various specialized teams included in TOE 8-500.

39. Army Medical Depot (TOE 8-667)

a. *Mission.* The mission of this unit is to furnish medical depot support for a field army.

b. *Assignment and Basis of Allocation.* A unit of this type is assigned to a field army and is normally allocated on the basis of one per field army.

c. *Capabilities.* This depot installation receives, stores, and issues medical supplies, performs field maintenance functions on army medical service equipment; inspects and supervises organizational maintenance of army medical service equipment; replaces and repairs spectacles; distributes whole blood to medical facilities of the field army. Its advance platoons can operate independently. The principal differences between this depot and the medical depot employed in the communications zone (TOE 8-187) are that the army depot is smaller, stocks fewer supplies, and can be moved more easily. This variation in capabilities is explained by the fact that an army medical depot is primarily concerned with providing support to combat troops and to evacuation and mobile army surgical hospitals; while a medical depot located in the communications zone must provide support to field, station, and general hospitals, which require more diversified medical supplies and equipment.

d. *Location and Operation.* Whenever feasible, an army medical depot is located centrally within the field army service area, with reference to the road net, in order to be accessible to motor vehicles operating from division, corps, and army units. The depot normally has a 5-7 day level of medical supplies. In normal depot operations, bulk issues are made to army supply points, but issues

may also be made to nearby maintenance and using units as required by local circumstances. Hospitals in the field army area draw their medical supplies directly from the medical depot or medical supply point nearest them. Divisions draw their medical supplies from the advance platoons supporting the corps to which the divisions are assigned or attached.

e. Responsibilities. The primary responsibilities of the army medical depot include the receipt, storage, and issue of medical supplies and the distribution of whole blood to using units in the field army area. Other responsibilities are as follows:

- (1) In emergencies, deliver medical supplies by means of depot transport to consuming agencies functioning in contiguous areas.
- (2) Perform field maintenance functions on medical service equipment as required.
- (3) Repair and/or replace spectacles.
- (4) Utilize material in captured enemy supply dumps as required.

f. Organization. The elements comprising an army medical depot consist of a depot headquarters, a base platoon, and three identical advance platoons. The depot headquarters and base platoon normally function in the rear of the field army service area, while the advance platoons usually function forward in the corps' rear areas. This unit is 65 percent mobile.

- (1) *Depot headquarters.* The personnel included in this headquarters are required to perform the functions pertinent to command and administration, unit supply, food service, and communications. The headquarters could be functionally organized as follows:
 - (a) *Command and administration.* The depot commander (MSC) is assisted by an administrative officer (MSC), who is also the motor officer. Enlisted personnel include the first sergeant, chief clerk, company clerk, personnel administrative clerk, file clerk, and general clerk.
 - (b) *Unit supply.* This function would be directly supervised by a warrant officer. Enlisted assistants include a supply sergeant, a supply clerk, and a light truck driver.
 - (c) *Food service.* The cooks and cooks' helper provide food service facilities for the unit's personnel and function under the supervision of the mess steward. When operating independently, each of the three advance platoons is provided with a first cook, a cook, and food service equipment from this section.

- (d) *Communications.* Personnel included in this section consist of a teletype operator and wireman who operate the teletypewriter and telephone switchboard available to this headquarters.
- (2) *Base platoon.* The base platoon consists of a storage and issue section, blood distribution section, general maintenance section, and optical section.
- (a) *Storage and issue section.* This section functions under the supervision of a medical supply officer (MSC). Another Medical Service Corps officer acts as the assistant medical supply officer. Warehouse operations are directly supervised by a warrant officer. Enlisted personnel are included to perform all details pertinent to the receipt, storage, and issue of medical supplies and equipment.
- (b) *Blood distribution section.* A Medical Service Corps officer is in charge of this section, which is concerned primarily with the distribution of whole blood to field army medical facilities. This distribution is effected by the use of 2½-ton cargo trucks, each of which is equipped with mechanical refrigerators for use in storing the whole blood and keeping it at the proper temperature to prevent its deterioration.
- (c) *General maintenance section.* Personnel included in this section perform field maintenance of medical service equipment. They are supervised by a medical equipment maintenance officer (MSC). This officer is assisted by two noncommissioned officers, namely, a medical equipment repairman supervisor and a motor sergeant. Other enlisted personnel included in this section consist of medical equipment repairmen, wheel vehicle mechanics and helpers, a machinist, an electrical instrument repairman, a powerman, a welder, and a clerk.
- (d) *Optical section.* This section fabricates and repairs spectacles for the field army. A Medical Service Corps officer who is a qualified optometrist supervises the section's operation. Enlisted personnel include a chief and an assistant chief optical laboratory specialist, and optical laboratory specialists and assistants.
- (3) *Advance platoons.* Each of the three advance platoons include a storage and issue section, an optical repair team, and a medical equipment repair team. A medical supply officer (MSC) is the platoon leader and he is assisted by a warrant officer. Normally, each platoon provides medi-

cal supply support to a corps. This support includes the storage and issue of medical supplies, the maintenance of medical equipment, and the fabrication and replacement of spectacles.

g. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, the functions of this unit will remain basically unchanged. However, increased demands will be placed on elements of the depot for additional medical supplies for use in rendering emergency medical care and treatment to the casualties in the stricken area. A detailed listing should be formulated of the medical supply items that would be primarily required under these circumstances. These items could be prepacked and held in readiness for immediate dispatch to the medical units rendering medical service support in a damaged area. Plans should be prepared in advance which would permit a unit of this type to meet all contingencies arising from an enemy nuclear attack in the area being provided support by the Army Medical Depot.

PART FOUR
MEDICAL SERVICE UNITS OF COMMUNICATIONS ZONE
CHAPTER 11
HOSPITALIZATION UNITS

40. General Hospital, 1000-Bed, Communications Zone (TOE 8-551)

a. Mission. The mission of this type unit is to provide hospitalization of a definitive and specialized nature in the communications zone, receiving patients from medical treatment facilities located in the combat zone, from field and station hospitals in the communications zone, and by direct admission from units located in the communications zone.

b. Assignment and Basis of Allocation. Normally, units of this type are assigned to a theater army logistical command. They are allocated to a theater army logistical command by the theater commander. This allocation is based upon the requirements for fixed hospital beds in the theater of operations. For further details regarding the computation of fixed bed requirements, see FM 101-10.

c. Capabilities. General hospitals are capable of performing procedures of a highly specialized and technical nature. This type of hospital is staffed with highly qualified professional personnel and is provided with the equipment necessary to perform its mission adequately. In addition, general hospitals normally provide the major portion of fixed hospital beds within the theater of operations. Capabilities of this type unit include the following:

- (1) The normal bed capacity of a general hospital is sufficient to accommodate 1,000 patients. However, during emergency periods of short duration, the patient capacity of this hospital may be expanded by 50 percent, provided additional medical equipment in the form of an expansion unit is furnished the hospital.
- (2) A general hospital is capable of providing medical and surgical treatment for all types of patients, evacuating to the zone of interior only such patients as are not likely

to become fit for further duty within the limits of the established theater evacuation policy.

- (3) This type hospital is capable of providing facilities for the study, observation, and treatment of serious, complicated, or obscure cases.
- (4) When properly augmented, any general hospital in a communications zone is capable of performing specialized functions involving the care and treatment of a single type of patient, i.e., neuropsychiatric, surgical, etc.

d. Movement. Organic motor transportation is sufficient only for the performance of routine overhead functions and normal housekeeping services. When the movement of a general hospital becomes necessary, sufficient additional transportation must be furnished the unit by the command to which the hospital is assigned or attached. The mobility of the general hospital is considered as "fixed."

e. Responsibilities. General hospitals in a communications zone are responsible for providing hospitalization for all types of patients. Specific responsibilities of general hospitals are to—

- (1) Provide for the reception of patients; furnish medical, surgical, or other appropriate type treatment as required; and perform the necessary administrative functions incident thereto.
- (2) Retain patients who may be returned to duty within the time limits of the theater evacuation policy.
- (3) Return to duty all patients deemed capable of performing normal duty assignments.
- (4) Prepare and submit to higher headquarters such records and reports as may be prescribed.

f. Organization for Training. The organization of the general hospital shown in TOE 8-551 depicts the organizational structure of the unit as it exists during the training phase and during periods when the unit is not functioning in the performance of its primary mission. This organization includes three major components: the hospital headquarters, an administrative complement, and a professional complement.

- (1) *Hospital headquarters.* During the training phase, the functions of this headquarters are primarily concerned with supervising and controlling the training of the administrative complement and headquarters personnel.
- (2) *Administrative complement.* This complement includes the personnel of six sections: administrative, personnel, professional services, food service, supply, and mainte-

nance. Throughout the hospital training phase, the administrative complement personnel engage in unit training activities. The professional services section, under the direction of hospital headquarters, supervises the technical training of all assigned Army Medical Service specialists. The other five sections included in the administrative complement engage in those training activities which are in keeping with their specialized functions.

- (3) *Professional complement.* Normally, the professional complement will be authorized by the Department of the Army when the unit is required to engage in the care and treatment of patients. When this requirement has ceased, this complement may be redeployed in order to obtain the maximum benefit of the professional capabilities of the complement. Under these circumstances, the professional complement personnel are not present with the unit during the unit's training period. However, when it becomes apparent that the unit is to be deployed to a theater of operations, it is desirable that the professional complement be activated and participate in the latter stages of the unit training phase.

g. Organization for Operation. When the general hospital becomes operational in the care and treatment of patients, its functional organization could be established as depicted in figure 1. In this phase, the organizational structure can be modified to the extent of merging all functions and service under the two principal divisions consisting of the administrative services and the professional services, both services operating under the control of hospital headquarters. Certain officers and enlisted personnel of the administrative services are assigned to the professional services for duty during this operating phase.

- (1) *Hospital headquarters.* The hospital headquarters exercises command control over the operation of the hospital. This includes all professional matters pertaining to the care and treatment of patients, and the administrative details concerning the operation of the hospital. Included in the headquarters are the hospital commander (MC), who is responsible for the overall operation of the hospital; the executive officer (MSC), who is charged primarily with the administrative details connected with the operation of the hospital; the chief of nursing service; the senior chaplain; and the adjutant (MSC).
- (2) *Administrative services.* The various functions performed by the administrative services sections, taken in

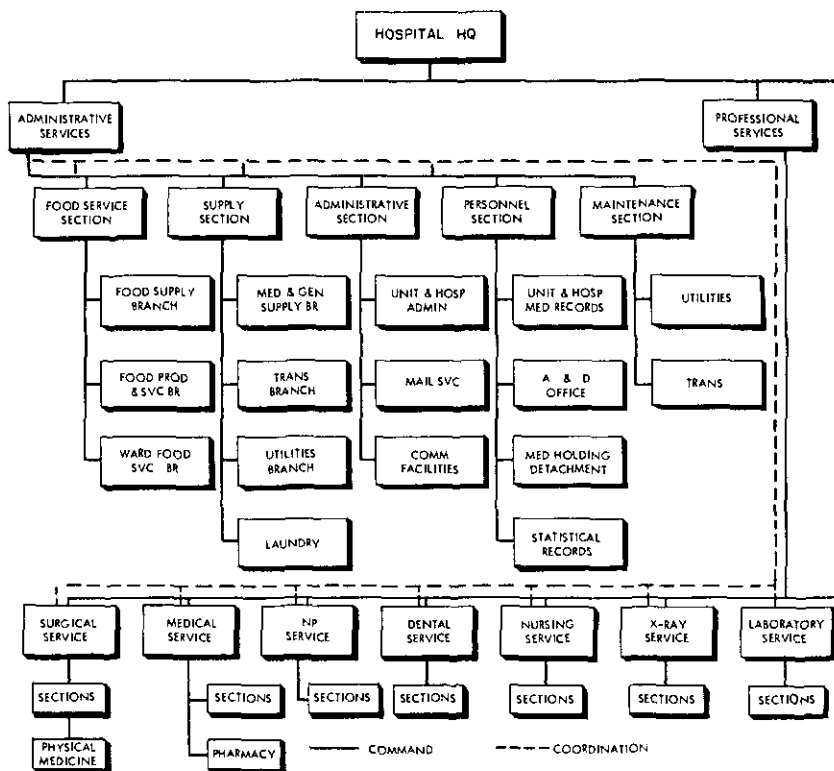


Figure 1. Functional Chart, General Hospital, 1,000-bed, TOE 8-551.

combination (less the professional services section), include all the basic administrative services necessary for the general hospital to perform its mission.

- (a) *Administrative section.* Personnel of the section are charged with the performance of unit and hospital administrative procedures, maintenance of communication facilities, and the operation of the hospital mail service. The chief responsibilities of the administrative complement commander are the control and supervision of all enlisted personnel assigned to the hospital. The title "administrative complement commander" has been adopted in lieu of "detachment commander" and is not intended to imply that this officer commands or supervises the other sections of the administrative complement. Assisting this commander are the first sergeant and a complement administrative clerk, commonly known as a "company clerk." Personnel of the administrative section performing administrative duties at the hospital headquarters are supervised by a warrant offi-

cer who is assisted by the sergeant major and a chief administrative clerk. Communication facilities are maintained by switchboard operators and wiremen. The collection and delivery of mail for unit personnel and hospital patients is the function of a mail delivery supervisor and mail delivery clerks. Other enlisted personnel included in the administrative section consist of chaplains' assistants, troop information and education specialists, barbers, and ambulance drivers. Normally, the barbers included in this section provide tonsorial services to patients.

- (b) *Personnel section.* This section has the dual function of maintaining all personnel records of patients and unit personnel, and, in addition, the medical records of all hospital patients. Maintenance of patients' medical records includes the operation of the admission and disposition office. The personnel section is under the control and supervision of the medical registrar (MSC) who is assisted by two warrant officers. The performance of all administrative details pertinent to the personnel records of the unit personnel and hospital patients is directly supervised by a personnel sergeant. The performance of all administrative details pertinent to patients' medical records is supervised by the chief administrative clerk. He is assisted by two groups of enlisted personnel. One group operates the admission and disposition office under the direct supervision of the chief admission-disposition clerk. The other group performs all administrative details pertinent to the initiation and maintenance of sick and wounded reports and records under the direct supervision of the chief sick and wounded reports clerk.
- (c) *Food service section.* This section performs its functions under the control and supervision of the mess officer who is a member of the Army Medical Specialist Corps. This officer also acts as the chief hospital dietitian and is assisted by an assistant mess officer who is a warrant officer. The enlisted personnel included in this section are under the direct and immediate supervision of the mess steward and consist of assistant mess stewards, cooks, bakers, a ration distribution sergeant, a clerk who handles the mess accounts, and a cook's helper.
- (d) *Supply section.* This section performs all functions

pertaining to medical supply, general supply, and organizational maintenance of medical equipment. In addition, personnel of this section operate the hospital laundry service and post exchange. The medical supply officer (MSC) is responsible for the operation of the supply section. The medical supply officer has an assistant who is designated as the general supply officer. The general supply officer (MSC) supervises all supply matters other than those pertaining to medical supply. This officer also acts as the laundry and post exchange officer for the hospital. A warrant officer assists the section chief in the operation of the medical supply subsection. Enlisted personnel comprising this section include both medical and general supply sergeants with assistants, a laundry foreman and assistant, medical equipment repairmen, engine operators, laundry and clerical personnel, and a light truck driver.

- (e) *Maintenance section.* This section is charged with organizational maintenance, the dispatch of hospital motor transportation, and the making of necessary repairs to hospital utilities, such as the sewerage system, electric power system, and the heating system. This section is supervised by a utilities maintenance warrant officer. Whenever possible, all vehicles of the hospital are pooled together and operated by this section as a central agency in order to effect the maximum in economy and utilization of assigned transportation. Enlisted personnel included in this section consist of a utilities foreman, carpenters, plumbers, utility helpers, an electrician, refrigerator specialist, wheel vehicle mechanic, and a power-generator operator mechanic.
- (3) *Professional services.* When the general hospital is performing its mission, the care and treatment of patients is rendered by personnel comprising the professional complement and professional services section of this unit. The Medical Corps, Dental Corps, and Army Nurse Corps officers who are assigned to the professional services during the unit training phase are employed with the professional services during operational phases of the hospital. These officers may operate an outpatient clinic or be reassigned within the professional services as the hospital commander may direct. Enlisted personnel of the professional services section are assigned to the various oper-

ating services of the hospital. Depending upon its assigned mission and patient load, a general hospital may be functionally organized to include a varied number of professional services. Each professional service of the hospital is directed by an officer who is designated as the chief of that particular service. All chiefs of services are responsible to the hospital commander for the administration and operation of their service, including the care and treatment of patients. Normally, a professional service is divided into sections. Each section functions under the immediate control of a section chief who is responsible, in turn, to his chief of service for the operation of the section, including the care and treatment of patients. Normally, the following professional services are functional within each communications zone general hospital:

- (a) *Medical service.* The hospital's medical service may be composed of a varying number of sections. These could include the pharmacy section and other sections specializing in gastroenterology, general medicine, communicable diseases, or other medical specialties as conditions may require.
- (b) *Surgical service.* The surgical service may be organized into a number of sections to include orthopedic; urological; eye, ear, nose, and throat; septic surgery; or other sections as may be required.
- (c) *Neuropsychiatric service.* This service may be organized into sections as may be required to provide medical care and treatment for those patients generated locally who require psychiatric care, and those psychotic and/or seriously ill neuropsychiatric patients who require additional treatment before return to noncombat duty within the theater. Those patients not considered restorable for duty within the theater are prepared for evacuation to the zone of interior.
- (d) *Dental service.* The hospital dental service may be organized to include operative, prosthetic, oral surgery, periodontic, X-ray, and oral diagnosis sections.
- (e) *Laboratory and X-ray services.* These two services may be organized into sections as required to perform their functions.
- (f) *Nursing service.* The hospital nursing service may be composed of a number of sections to provide nursing care and service to patients to include medical, surgical,

neuropsychiatric, outpatient nursing sections, and centralized materiel section.

h. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties within the communications zone, units of this type can be employed effectively in the reception, sorting, and providing of emergency medical/surgical care and treatment for these casualties. Medical teams can also be organized and utilized to operate treatment sections, or to augment other medical service units providing emergency medical care and treatment to the casualties near the damaged area. Detailed and comprehensive plans should be formulated as early as possible by each general hospital in order to meet contingencies of this type. These plans should include provisions for a speedy change from routine operations to those required for the early medical management of mass casualties, as contained in TB MED 246.

41. Station Hospital, Communications Zone (TOE 8-563 through 8-567)

a. Mission. The mission of station hospitals is to provide hospitalization to troops in the communications zone.

b. Assignment and Basis of Allocation. Units of this type are assigned to a theater army logistical command. They are allocated to a theater army logistical command in accordance with the requirements for fixed hospital beds in the theater of operations. For further details regarding the computation of fixed bed requirements, see FM 101-10.

c. Capabilities. Station hospitals in the communications zone provide station-type hospitalization for troop concentrations in accordance with their varying capabilities in hospitalization capacities. The various station hospitals are similar in organization, function, training programs, and administration. They differ mainly in numbers of personnel assigned, quantities of equipment provided, and extent of individual capabilities. The normal capabilities of each station hospital may be expanded when augmented with additional personnel and equipment. Under such circumstances, the rated bed capacity of TOE's 8-563 and 8-564 can be increased in multiples of 25 or 50 beds; TOE 8-565 by 25, 50, or 100 beds; and TOE's 8-566 and 8-567 by 50- and 100-bed augmentations. Subject to fluctuations in admission, disposition, and accumulation factors, the following table may be used as a guide in estimating the capabilities of the five types of station hospital units for providing hospital service to troop concentrations:

<i>Station hospital</i>	<i>Troop concentration</i>
100-bed	Up to 4,000
200-bed	4,001 to 8,000
300-bed	8,001 to 12,000
500-bed	12,001 to 20,000
750-bed	20,001 to 30,000

Each station hospital unit is staffed and equipped to provide medical and surgical treatment for all types of cases. However, within each theater of operations, an internal evacuation policy is established and this policy determines the maximum period of time that a patient is permitted to remain in a station hospital.

d. Movement. The organic motor transportation provided station hospitals is sufficient only for routine overhead functions and normal housekeeping services. When movement of the hospital is directed, additional transportation must be provided by the appropriate command headquarters. The mobility of all station hospitals is considered as "fixed."

e. Responsibilities. Station hospitals are responsible for providing station-type medical care and treatment for troop concentrations within the communications zone. Other responsibilities are as follows:

- (1) Provide for the reception of patients; furnish medical, surgical, or other forms of treatment as required; and perform the necessary administrative functions incident thereto.
- (2) Retain all patients who may be returned to duty, provided this can be done within the time limitations prescribed for station hospitals in the intratheater evacuation policy.
- (3) Return to duty all patients deemed capable of performing normal duty assignments.
- (4) Prepare for evacuation to the appropriate general hospital in the communications zone, all patients who cannot be returned to duty within the prescribed limitations of the intratheater evacuation policy.
- (5) Prepare and submit to higher headquarters such records and reports as may be prescribed.

f. Organization for Training. The organization of each station hospital, as shown in its respective TOE, depicts the hospital organization as it exists during the training phase, and under those circumstances when the unit is not performing its primary mission. This organization includes three major components: the hospital headquarters, an administrative complement, and a professional complement.

- (1) *Hospital headquarters.* During the training phase, functions of the headquarters are primarily devoted to the supervision and control of training of the administrative complement and the headquarters personnel.
- (2) *Administrative complement.* This complement includes the personnel of five sections: administrative, personnel, supply, professional services, and maintenance section. Throughout the hospital training phase, the administrative complement personnel engage in unit training activities. The professional services section, under direction of hospital headquarters, supervises the technical training of all assigned Army Medical Service specialists. The other four sections included in the administrative complement engage in those training activities which are in keeping with their specialized activities.
- (3) *Professional complement.* Normally, the professional complement will be authorized by the Department of the Army when the unit is required to engage in the care and treatment of patients. When this requirement has ceased, this complement may be redeployed in order to obtain the maximum benefit of the professional capabilities of the complement. Under these circumstances, the professional complement personnel are not present with the unit during the unit's training period. However, when it becomes apparent that the unit is to be deployed to a theater of operations, it is desirable that the professional complement be activated and participate in the latter stages of the unit training phase.

g. Organization for Operation. When a station hospital becomes operational in the care and treatment of patients, it functions under the type organization shown in figure 2. In this phase, the functional organizational structure includes a merging of all functions and services under two principal divisions consisting of the administrative services and professional services, both services operating under the control of hospital headquarters. For purposes of specific description in this manual, the functional chart for a station hospital, 500-bed, is used in figure 2, but this chart is also basically applicable to other station hospitals. Certain officer and enlisted personnel of the administrative services are assigned to the professional services during this operational phase.

- (1) *Hospital headquarters.* The hospital headquarters exercises command and overall administration over the operation of the hospital. Personnel in this headquarters include the hospital commander (MC), executive officer

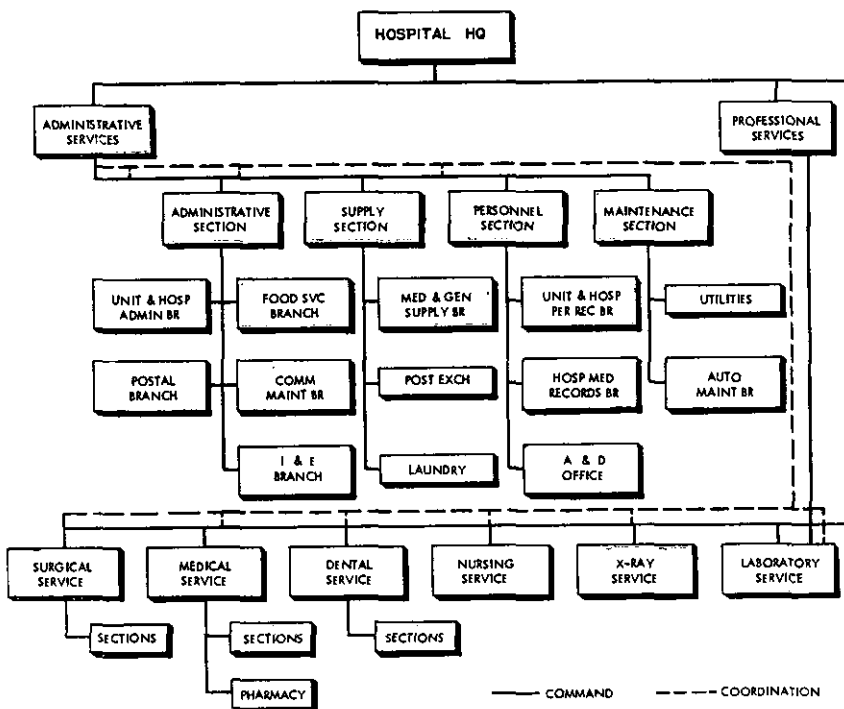


Figure 2. Functional Chart, Station Hospital, 500-bed, 8-566R.

(MSC), adjutant (MSC), chaplain, and chief nurse. The duties performed by these officers are synonymous with their duty titles.

- (2) *Administrative services.* The various functions performed by the sections of the administrative complement, when combined (less the professional services section), include all the basic administrative services necessary for the station hospital to perform its mission.

- (a) *Administrative section.* Personnel of this section are charged with the performance of all duties in connection with unit and hospital administrative procedures and food service functions. A captain (MSC) is included in this section as the administrative complement commander and the unit training officer. This officer's chief responsibilities are the control and supervision of all enlisted personnel assigned to the hospital. In discharging these responsibilities, the administrative complement commander is assisted by the first sergeant and a complement clerk. The personnel of this section are required to perform detailed administrative

work, food service functions, communications, and mail delivery services. Food service functions are performed under the supervision of the hospital dietitian, an AMSC officer. The dietitian is assisted by a mess officer who is a warrant officer, a mess steward, an assistant mess steward, cooks, pastry bakers, and cooks' helpers. Communication facilities are operated by a senior switchboard operator, who is assisted by a switchboard operator and a wireman. Also included in the administrative section are ambulance drivers and a chaplain's assistant.

- (b) *Supply section.* This section operates under the supervision of the medical supply officer (MSC), and is responsible for requisitioning, storing, and issuing all medical and general supplies required by the hospital; maintaining prescribed stock levels of supplies; and operating the hospital's laundry facilities. The laundry crew is capable of operating the hospital laundry on a 24-hour basis. A textile repairman is provided for mending and repairing all hospital linens, pajamas, dressing gowns, etc.
 - (c) *Personnel section.* The personnel section has the dual function of maintaining all personnel records of patients and unit personnel, and, in addition, the medical records of hospital patients. Maintenance of the medical records of patients includes the operation of the admission and disposition office. The personnel section operates under the supervision of the medical registrar (MSC), who is assisted by a warrant officer trained in military personnel procedures. Sufficient personnel are included in this section to enable the admission and disposition office to function on a 24-hour basis.
 - (d) *Maintenance section.* Personnel of the maintenance section are responsible for the operation and maintenance of the hospital's utilities; the repair and organizational maintenance of the unit's medical equipment; and the performance of organizational motor maintenance functions. Motor pool dispatch of the hospital's vehicles is controlled by this section. The operation of this section is supervised by a warrant officer trained in the maintenance of utilities.
- (3) *Professional services.* When the station hospital is required to perform its primary mission, the two Medical Corps officers and the Dental Corps officer, who are as-

signed to the professional services section during the training phase, are absorbed by the professional complement. These officers may operate an outpatient clinic, or be reassigned within the professional services structure, as the hospital commander may direct. Enlisted personnel of the professional services section are assigned for duty in wards, operating rooms, clinics, pharmacy, X-ray, and laboratory services of the functioning station hospital. The hospital, depending upon its assigned mission and patient load, may consist of one or more professional services. Each professional service of the hospital is directed by an officer, designated as chief of the service. Each chief of service is responsible to the hospital commander for the administration and operation of his particular service, including the care and treatment of patients. A hospital professional service is normally divided into sections. Each section functions under the immediate control of a section chief, who is responsible to his designated chief of service for the operation of the section and the care and treatment of patients. The following professional services normally are established within a 500-bed station hospital:

- (a) *Medical service.* The medical service may be organized into a number of sections, such as cardiovascular, gastroenterology, general medicine, communicable diseases, pharmacy, or other appropriate sections as conditions may require. Unless authorized by TOE, psychiatric sections are only established in station hospitals when the unit has been augmented by the attachment of psychiatric detachments (Team KO-TOE 8-500).
- (b) *Surgical service.* The surgical service may be organized into a number of sections such as orthopedic, urological, EENT, septic surgery, general surgery, or other appropriate sections.
- (c) *Laboratory and X-ray service.* These two services may be organized into sections as required to perform their functions.
- (d) *Dental service.* The dental service of a station hospital is normally composed of operative, prosthetic, and oral surgery sections.
- (e) *Nursing service.* The nursing service may be composed of a number of sections to provide nursing care and service to patients.

h. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties within the communications zone, station hospitals can be effectively employed in the same manner as outlines for general hospitals in paragraph 40.

42. Field Hospital (TOE 8-510)

a. Mission. Provides hospitalization to troops in communications zone, when temporary hospital facilities are required.

b. Assignment and Basis of Allocation. This unit is normally assigned to a theater army logistical command. Its allocation to that command is determined by requirements for the units as established by the theater commander.

c. Capabilities. The field hospital is capable of—

- (1) Operating a single hospital facility with a normal bed capacity of 400 patients.
- (2) Operating three separate hospital facilities simultaneously, each with a normal bed capacity of 100 patients.
- (3) Providing station hospital-type support on an area basis.
- (4) Operating a specialized treatment facility when augmented by professional service teams.

d. Responsibilities. The primary responsibility of the field hospital is to provide station-type hospitalization to fulfill temporary requirements in the communications zone. The general responsibilities of this unit are to—

- (1) Provide appropriate medical-surgical care and treatment for patients normally requiring a limited period of hospitalization.
- (2) Prepare for further evacuation all patients requiring medical, surgical, or psychiatric care beyond the scope and capabilities of the hospital.
- (3) Return to duty all patients deemed capable of performing normal duty.
- (4) Maintain and preserve specified administrative records pertaining to the reception, treatment, and disposition of patients by the unit.
- (5) Submit those routine and special reports to a higher headquarters as may be prescribed.

e. Organization.

- (1) *General.* The field hospital is organized with a headquarters and 3 identical hospitalization units. It is designed to provide a single hospital facility with a 400-bed ca-

capacity, or 3 separate, independently operating, hospitalization units of 100 beds each. This unit is considered to be 30 percent mobile.

- (2) *Characteristics.* The most significant characteristic of the field hospital organization is the wide flexibility of employment to which it may be accommodated in order to meet emergency medical situations. Another characteristic of this hospital's organization is its ability to function as an entire unit, as dispersed hospitalization units, or as collateral combinations of the foregoing. When the hospitalization units are functioning together and as components of the complete field hospital, they lose their separate identity since, in this case, they are merged completely into the general structure of the hospital proper. However, when the hospitalization units function independently, their identity as such is established. Distance from the hospital headquarters is not a factor of importance when it becomes necessary to detach one or more of its hospitalization units from a particular assignment. Each of the three separate hospitalization units, when performing its primary mission, is capable of functioning independently and with full efficiency. In addition to its comprehensive range of functional employment, the field hospital may further extend its inherent adaptability to varying medical situations by assigning in whole, or in part, its medical officers to special professional duties as the existing necessity may dictate.
- (3) *Hospital headquarters.* The organization of the hospital headquarters provides personnel to accomplish routine administration, supply, and maintenance functions for the unit. Additional logistic support is obtained from the headquarters to which the hospital is attached. The officer personnel included in the hospital headquarters consists of the hospital commander who is a Medical Corps officer, an executive officer (MSC), who also functions as the adjutant and S1, a chaplain, a detachment commander (MSC), a chief nurse, a medical registrar (MSC), and a medical supply officer (MSC). A warrant officer is also included to supervise food service functions. Noncommissioned officers employed in the hospital headquarters include the first sergeant, sergeant major, medical supply sergeant, supply sergeant, chief sick-wounded report clerk, and a mess steward. Other enlisted personnel include administrative and food service personnel.

Specific responsibilities of the following officers of this headquarters are:

- (a) *Hospital commander.* The hospital commander is responsible for the command, administration, and operation of the field hospital. He is directly responsible to the commander of the headquarters to which the field hospital is attached; or when operating independently, to the next higher command. He maintains liaison with the immediate higher headquarters regarding the condition, establishment, or movement of the hospital, and other operational details concerning the employment of the unit. He advises the appropriate commander or command surgeon regarding incoming patients, status of evacuation, and the requirements for appropriate professional augmentation. In consonance with current directives, he establishes policies regarding the various procedures involved in the establishment and operation of the hospital, and insures that all personnel concerned are adequately informed with respect to such policies.
- (b) *Executive officer.* The executive officer is the principal administrative assistant to the hospital commander. He exercises general supervision over the administrative activities of the hospital and performs such routine duties connected with the operation of the hospital as do not require the personal action of the hospital commander. The executive officer also assumes the duties of adjutant and S1.
- (c) *Medical registrar.* The medical registrar is responsible for the preparation, maintenance, and disposition of medical records of the hospital. He prepares reports and other statistical data pertaining to the admission, treatment, and disposition of patients. When a patients' holding detachment is established, the medical registrar acts as the detachment commander. In that capacity, he exercises jurisdiction over matters pertaining to the patients' personal problems, personal belongings, and discipline.
- (d) *Detachment commander.* The detachment commander is charged with the administration and discipline of the enlisted personnel assigned to the field hospital. He is responsible for their performance of duty assignments and so much of their training as may be delegated to him by the hospital commander. The detachment com-

mander is in charge of transportation and the troop information program.

- (e) *Medical supply officer.* The medical supply officer is responsible for the procuring, storing, and issuing of all supplies for use in the hospital, including food, and the maintenance of appropriate records. When a laundry detachment is attached to the hospital, the medical supply officer becomes responsible for the conduct of laundry exchange and other operations of the detachment. Normally, the medical supply officer subdivides his supply section into a general (unit) supply and medical supply subsections. Other responsibilities of this officer include the conducting of property exchange at the admission and disposition offices; disposing of patients' clothing and equipment; and installing and maintaining all utilities.
 - (f) *Mess officer.* The warrant officer in charge of food service functions is responsible for procurement of all food supplies from the unit supply officer and their storage, preparation, and serving; the operation of hospital mess facilities; and the preparation of special diets and fluids as needed for the patients.
 - (g) *Chaplain.* The duties of the chaplain are contained in AR 165-15.
 - (h) *Chief nurse.* The chief, nursing service, supervises the general nursing activities and the assignment of nursing personnel within the hospital.
- (4) *Hospitalization units.* There are three identical hospitalization units included in the field hospital. Each unit is capable of establishing a complete hospital on a small scale apart from the remainder of the organization. Each hospitalization unit may be organized to function with the following sections:
- (a) *Headquarters.* A Medical Corps officer, qualified as a general surgeon, commands the hospitalization unit. When the unit is operating independently, he assumes direct command responsibility. However, when the entire hospital operates as a whole, he may be designated, in accordance with his professional training, as chief of one of the professional services. A medical administrative assistant (warrant officer) is charged with certain administrative duties (such as preparing medical reports and supervising the mess) as may be delegated to him by the hospitalization unit commander. Nor-

mally, when a unit operates separately, the warrant officer acts as the registrar. When the field hospital functions as an entity, he may assist the executive officer at hospital headquarters or assume additional duties in the hospital supply section.

- (b) *Mess section.* The mess section, under the supervision of the hospital mess steward, operates the food service facilities for patients and the unit personnel. When the field hospital operates as a whole, this section is merged into the hospital food service group.
- (c) *Admission and disposition section.* Normally, the admission and disposition section operates under the direction of a Medical Corps officer designated by the unit commander. Upon the arrival of patients, this section examines, classifies, and assigns them to appropriate wards; initiates the proper field hospital medical records, records the admissions on a station log, and notifies the registrar of the new admissions; delivers the patients to the proper wards; and exchanges property with incoming ambulances. In effecting the disposition of patients, this section assumes charge of all patients awaiting further evacuation or return to duty; collects and makes appropriate entries on the medical records of outgoing patients; prepares tally sheets of patients being returned to duty and/or further evacuation; and exchanges property with outgoing ambulances.
- (d) *Surgical section.* This section is composed of officers including nurses and enlisted personnel as prescribed by the unit commander. It may be augmented with professional teams (TOE 8-500) when the unit is performing a mission that requires additional surgical means. The personnel of this section are charged with the care and treatment of all surgical cases; maintenance of medical records pertinent to the patients' care and treatment; administration of the surgical wards; and operation of the centralized materiel and operating facilities. The surgical section chief may also supervise the operation of the X-ray section.
- (e) *Medical section.* This section is composed of officers and enlisted personnel as prescribed by the unit commander. It is charged with the care and treatment of all medical cases within the installation; the maintenance of all medical records pertinent to the patient's

care and treatment; and the internal administration of all medical wards. The medical service chief may also supervise the operation of the pharmacy and laboratory sections, and the hospital's outpatient service.

- (f) *Pharmacy and laboratory sections.* Normally, these sections are located together in the same tent, or in close proximity to each other when buildings are being temporarily used by the unit. The medical service chief may supervise the operation of these sections. The pharmacy is operated by a qualified pharmacy specialist, who is charged with the preparation of drugs and prescriptions and the keeping of appropriate records including the narcotics register. The laboratory is operated by a qualified medical laboratory specialist, who is charged with performance of simple laboratory procedures, such as blood counts, urinalysis, and stool examinations, etc.
- (g) *X-ray section.* This section usually functions under the supervision of the surgical service chief. The section is operated by a qualified X-ray specialist, who is charged with providing all X-ray services and the keeping of appropriate records.

f. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, a unit of this type can be utilized to operate treatment stations in the immediate vicinity of the stricken area. This could be effected by establishing each of the 3 hospitalization units in 3 separate locations. An alternate method of employment could be the establishment of the complete field hospital at a single location. In either case, this unit is capable of performing the functions of receiving and sorting patients; providing emergency medical/surgical care and treatment; and preparing the casualties for further evacuation. The flexibility of the field hospital enhances its value for use in situations involving the care and handling of mass casualties. Therefore, it is vitally important that detailed and comprehensive plans be formulated for the utilization of this type unit under these circumstances. These plans should include provision for a speedy change from routine operations to those required for the early management of mass casualties, as contained in TB MED 246. A field hospital operating as a complete unit, or a hospitalization unit operating separately, must perform the function of monitoring for radiological contamination of those casualties received directly from a stricken area who have not previously passed through a medical treatment facility.

43. Convalescent Center, Army or Communications Zone (TOE 8-590)

Normally, convalescent centers are allocated to a theater army logistical command on the basis of 1 per 200,000 troops of that command. The mission, capabilities, responsibilities, and organization of the convalescent center, when employed in the communications zone have been previously discussed in detail in paragraph 37.

CHAPTER 12

MEDICAL SUPPLY UNITS

44. General

Within the communications zone, Medical Depots, Communications Zone and specialized units included in TOE 8-500 perform all functions pertaining to providing medical supplies and equipment; depot maintenance of medical service equipment; spectacles; and distribution of whole blood.

45. Medical Depot, Communications Zone (TOE 8-187)

a. Mission. The mission of this unit is to provide medical depot support in a theater of operations. In performing this mission, the depot functions include the receipt, storage, and issue of medical supplies and equipment to army medical depots, medical service units, and other activities within its designated distribution area.

b. Assignment and Basis of Allocation. A depot of this type is assigned to a theater army logistical command and is normally allocated thereto on the basis of one for each 200,000 troops in a theater of operations. However, each depot can be augmented to provide depot support for 200,000 or 400,000 additional troops.

c. Capabilities. This unit is capable of performing the following functions:

- (1) Receiving, classifying, and storing 36 short-tons of medical supplies daily in support of 200,000 troops; 72 short-tons in support of 400,000 troops with the first augmentation listed in the TOE; 108 short-tons in support of 600,000 troops with the second augmentation indicated in the TOE; and it has the same tonnage handling capability for daily issue of medical supplies.
- (2) Serving as a receiving depot at a port, or as a distribution depot in a communications zone.
- (3) Providing depot maintenance for units in the communications zone and depot maintenance support to an Army Medical Depot (TOE 8-667).
- (4) Fabricating or repairing 1,500 pairs of spectacles per month. Each augmentation to support an additional

200,000 troops increases this capability by 250 pairs of spectacles.

- (5) Distributing 600 pints of whole blood daily to hospitals in the communications zone.

d. Limitations. The capabilities of this depot are subject to a limitation which requires the augmentation of this unit with 200 laborers from prisoners of war, indigenous, or other sources. Each TOE augmentation to support an additional 200,000 troops increases this requirement by 50 additional laborers.

e. Location. Normally, this depot installation is located in the base logistical command within the communications zone. In selecting a definite site for locating the depot, certain factors demand consideration.

- (1) Accessibility to highway, rail, and air facilities for receiving and shipping supplies.
- (2) Availability of suitable buildings of permanent or semi-permanent construction. Covered storage space is required to furnish heated space, vaulted space, and refrigeration. Total square feet needed will depend upon dispersal and logistical requirements.
- (3) Sufficient hard-stand adjacent to the depot for use as open storage space.
- (4) Space and facilities for handling large motor convoys.
- (5) Proximity to sources of civilian labor required to augment the depot personnel authorized by the TOE.
- (6) Proximity to port area and airfield.

f. Responsibilities. The primary responsibility of this depot is to receive, store, and issue medical supplies to army medical depots, medical service units, and all other activities within its designated distribution area in the communications zone. General responsibilities are to—

- (1) Perform both field and depot maintenance of medical service equipment.
- (2) Inspect organizational maintenance of medical service equipment.
- (3) Manufacture, replace, and repair spectacles.
- (4) Distribute whole blood and biologicals.
- (5) Store, utilize, and issue serviceable captured enemy materiel, when so directed by higher authority.

g. Organization. The medical depot, communications zone, consists of a depot headquarters, administrative section, stock control section, storage and issue section, maintenance section, optical

shop, and a blood distribution section. The mobility of this unit is classed as "fixed" and it is designated as a category III unit.

- (1) *Depot headquarters.* The depot commander (MSC) is responsible for the command, administration, and operation of the depot. He maintains liaison with the immediate higher headquarters regarding the status of supplies and other operational details concerning the depot's functions. He maintains liaison also with other activities, as required, in order to insure the performance of the depot's mission.
- (2) *Administrative section.* The adjutant supervises the activities of this section and also acts as the depot complement commander. The functions performed by the administrative section include those matters pertaining to personnel, message center operation, food service, unit supply, communications, security, and the procurement of indigenous labor and/or prisoners of war required to augment the depot unit.
- (3) *Stock control section.* This section includes personnel who maintain an effective stock record account with an adequate supporting system of debit and credit vouchers; initiate action to maintain depot stocks of supplies; declare and take action to dispose of excess property; maintain requisition and shipping order files which indicate the quantities of each item on hand, issued or shipped, dues-in and dues-out. The section prepares periodic and special reports on depot supply operations and status of supplies for the depot commander. In order to accomplish its functions, this section is staffed with personnel who operate under the control of a stock control officer (MSC). He is assisted by a warrant officer. The stock control officer supervises and establishes procedures for the efficient operation of stock control involving distribution and maintenance of stocks in a balanced relationship with issue demands; processes shipping documents relating to incoming and outgoing property; edits requisitions; and provides the storage and issue section with shipping information. He is also responsible for the preparation of requisitions for all items to be stored within the depot, the computing of the quantitative stockage objective to be maintained by the depot, the approval of issues made by the depot on requisitions received, the preparation and maintenance of voucher registers and stock records in accordance with prescribed regulations,

the establishment and scheduling of inventories in collaboration with the storage and issue section, the preparation of inventory adjustment reports, the coordination of proper use of stock numbers and nomenclature, and the assignment of local stock numbers where necessary for identification and accounting purposes.

- (4) *Storage and issue section.* This section includes personnel required to supervise and coordinate the receipt, storage, and issue of supplies. The section is staffed with a complement of personnel comprising—
- (a) The storage and issue officer (MSC) who supervises the operation of the section. He establishes procedures for warehousing, receiving, issuing, packaging, shipping, and physically inventorying the supplies within the depot. Normally, he will establish and maintain locator files, and inspect the condition of materiel in storage. All aspects of this latter function, as they pertain to drugs, narcotics, precious metals, and potable alcoholic items, are normally performed by a pharmacy officer (MSC) who is assigned to this section. The storage and issue officer is also responsible for the labor and equipment pool.
 - (b) Receiving personnel who segregate, by type of item, materiel received, check incoming shipments against appropriate shipping documents, and route materiel to the appropriate storage area. In addition, these individuals accomplish receiving documents necessary for stock record account maintenance.
 - (c) Storage and issue personnel who store, issue, and perform in-storage maintenance of stored supplies. Assignment of storage space is made by medical supply classes. A loose issue area is also maintained by this section in order to serve local installations and to provide less than original package quantities.
 - (d) Shipping personnel are assigned the task of directing the collection of outgoing materiel from storage areas, and of preparing, documenting, and shipping this materiel from the depot. These individuals must be familiar with shipping regulations and standing operating procedures as they affect the shipment of medical supplies and materiel.
 - (e) The labor pool, which includes the labor personnel provided the depot for storage and handling operations.
- (5) *Maintenance section.* This section is responsible for re-

pairing, rebuilding, and renovating all medical materiel requiring it, and for the operation and organizational maintenance of depot utilities and motor transport vehicles. The overall operation of this section is the responsibility of the medical equipment maintenance officer (MSC) who is assisted by a motor sergeant and a medical equipment repairman supervisor. Other enlisted personnel included in this section consist of medical equipment repairmen and a helper, wheel vehicle mechanics and a helper, a machinist, an electrical instrument repairman, a powerman, a refrigeration specialist, a welder, a canvas-leather repairman, and utility mechanics.

- (6) *Optical shop.* The optical shop fabricates, assembles, adjusts, repairs, renovates, and maintains spectacles for all military personnel in the area supported by the medical depot. A Medical Service Corps officer, who is an optician, supervises the operation of the optical shop. He is assisted by trained optical laboratory specialists.
- (7) *Blood distribution section.* The blood distribution section is responsible for the receipt, storage, and expeditious handling of whole blood. The section is also responsible for the direct delivery of whole blood to using medical facilities. In the performance of these functions, the section is directly supervised by a medical supply officer (MSC), who establishes operational policies and procedures for the section. Enlisted personnel included in this section consist of a blood distribution specialist and several light truck drivers.

h. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties, the contingency employment of this depot would be comparable to that specified for the Army Medical Depot in paragraph 39.

CHAPTER 13

MISCELLANEOUS MEDICAL SERVICE UNITS

46. General

In addition to the hospitalization and medical supply units described in the previous chapters, there are several other types of medical service units that perform varied functions primarily in the communications zone. A detailed description, including the internal organization, of each of these units is contained in this chapter. Cellular type units (TOE 8-500) are also employed in the communications zone, and details concerning all units of this type may be found in chapters 14 through 20.

47. Ambulance Train, Rail (TOE 8-520)

a. Mission. The primary mission of this unit is to evacuate patients from hospitals and/or holding units of the combat zone to the communications zone; and from hospitals to airheads and/or ports of debarkation. It functions to augment theater of operations evacuation facilities in providing a practical means for efficiently transporting relatively large numbers of patients.

b. Assignment. Units of this type are assigned to the theater army logistical command as required.

c. Basis of Allocation. Ambulance train units are allocated to a theater of operations on the basis of six in support of each field army.

d. Capabilities. The ambulance train unit is capable of providing rail transportation and en route medical care for 180 litter patients; or in combination for 144 ambulatory and 44 litter patients. This unit is not administratively self-sufficient and, therefore, must be attached to a major command.

e. Responsibilities. The primary responsibility of the ambulance train unit is the staffing of the ambulance train with the required medical service personnel to insure adequate medical care and treatment for patients while en route. Other responsibilities include—

- (1) Providing food service facilities for assigned personnel and patients (including special diets for patients).

- (2) Safeguarding the patients' medical records, valuables, and other personal effects.
- (3) Preparing and submitting to the appropriate headquarters such records and reports as may be prescribed.
- (4) Effecting exchange of medical property with medical units it serves.

f. Organization. The ambulance train unit consists of an administrative section and a professional service section. When the unit is not assigned to and is not operating an ambulance train, it is immobile and transportation is required for its movement.

- (1) *Administrative section.* This section exercises control over the activities of the administrative and professional services of the unit. The unit commander, who is an officer of the Medical Corps, is responsible for the command, administration, and operation of the ambulance train unit. He maintains liaison with the appropriate headquarters regarding source and destination of patients, pertinent evacuation policies, and other related matters. The unit commander is assisted by an administrative officer (MSC) in the administrative operations of the unit. The administrative officer also functions as the unit medical supply officer. Enlisted personnel included in this section consist of a medical supply sergeant who also acts as the detachment sergeant, a mess steward, cooks, cook's helper, and general clerks.
- (2) *Professional service section.* This section primarily functions in rendering medical care and treatment to patients en route. This section includes a Medical Corps officer who under the direction of the ambulance train unit commander exercises direct supervision over all aspects of medical care and treatment required by patients en route. The chief nurse directs the activities of the general duty nurses of the section in providing prescribed nursing service for patients on the train. Enlisted personnel consisting of ward specialists and ward attendants perform their assigned duties under the supervision of their respective wardmasters.

g. Contingency Employment in Nuclear Warfare. A unit of this type which is not operating an ambulance train could be used to augment the medical service support being rendered to casualties caused by an enemy nuclear attack. This could be effected by utilizing the unit personnel to augment treatment stations established by other medical service units or by the establishment of a treatment station where emergency medical care and treatment could

be rendered to the casualties. Detailed plans should be prepared to include the employment of the unit personnel in a contingency of this type.

49. Medical Laboratory (TOE 8-650)

a. Mission. The mission of this unit is to provide facilities for conducting medical research, investigations, and technical inspections; to perform all types of clinical and histopathologic examinations; to perform laboratory tests in support of epidemiologic studies; and to manufacture diagnostic biologicals.

b. Assignment. The medical laboratory is assigned to a theater army logistical command. It may be further assigned or attached to a medical service group headquarters, a logistical command, or other appropriate medical or logistic support organizations.

c. Basis of Allocation. This laboratory unit is allocated to a theater of operations on the basis of 1 per field army being supported and 1 for each 250,000 troops located in the communications zone, or major fraction thereof.

d. Capabilities. The capabilities and limitations of the medical laboratory include the following:

- (1) Performing those laboratory examinations indicated in AR 40-440 as being within the capabilities of performance by a unit of this type.
- (2) Supplementing and providing a consulting service for other theater medical service facilities.
- (3) Assisting in the detection and identification of agents used in nuclear, biological, and chemical warfare on personnel exposed to these agents, and evaluating their actual or potential hazards.
- (4) Operating as a histopathology center when so designated by the theater commander.
- (5) Operating 1 base and 3 mobile laboratories.
- (6) Requiring administrative, mess, and motor maintenance services be provided by the headquarters to which assigned or attached.
- (7) Lacking organic wire or radio communication means, this unit is dependent upon the unit(s) to which attached or assigned for the provision of this service.

e. Location. This laboratory is employed primarily in the communications zone, but the mobile laboratory elements may be employed in the combat zone. Normally, the entire unit is assigned to an advance or base logistical command of the theater army logis-

tical command. When the mobile laboratories are employed in the combat zone they may be attached to a medical group or battalion for administrative support. Attachment of this laboratory must include consideration of the requirement for this unit to be provided with mess, motor maintenance, supply, and administrative services. The laboratory maintains liaison with the laboratories of other technical services where their functions and responsibilities affect in any way the health of the command. The technical supervision of the activities of the mobile laboratories, when attached to another command, remains with the laboratory commander.

f. Organization. The medical laboratory comprises a headquarters section and a laboratory section. The laboratory section consists of a base laboratory and three mobile laboratories. The organizational details of the elements comprising this section are presented below without reference to the section of which they are an integral part. The headquarters and base laboratory are fixed and each mobile laboratory is 100 percent mobile.

- (1) *Headquarters section.* This section provides command, supply, maintenance, and utilities functions for the laboratory sections. It coordinates and supervises the activities of the base and mobile laboratories. The laboratory commander (MC) may act as a theater army or logistical command laboratory consultant, and in that capacity supervise and inspect the operation of laboratory sections of medical treatment facilities. The commander is assisted by a medical administrative assistant (MSC) in the performance of unit administrative functions. A medical supply officer (MSO) supervises all unit activities pertaining to medical supply, medical equipment maintenance, general supply, and utilities maintenance. Enlisted personnel performing administrative functions in the laboratory headquarters include the first sergeant, chief clerk, personnel administrative clerk, company clerk, clerk-typist, and general clerk. Supply and maintenance functions are performed by utilities mechanics, a powerman, a medical supply specialist, a supply clerk, a medical equipment repairman, and light vehicle drivers.
- (2) *Base laboratory.* The base laboratory functions include performing standardized clinical pathology and anatomic pathology tests and examinations, water analysis, veterinary food testing, epidemiological investigations; manufacturing special medical laboratory reagents, culture media, biologicals and bacterial antigens not available

through routine medical supply channels; augmenting laboratory services of other medical service units; and acting as a histopathology center when so designated. The base laboratory operates in close coordination with preventive medicine units in studies and surveys of common interest. The facilities of the laboratory may also be used in public health work. The base laboratory may be functionally organized as follows:

- (a) *Pathology*—with histopathology and autopsy* subsections.
 - (b) *Biochemistry*—with diagnostic, toxicology*, and food and water subsections.
 - (c) *Bacteriology*—with diagnostic, serology, I.V. fluids, and virology subsections.
 - (d) *Zoology*—with entomology and parasitology subsections.
 - (e) *Clinical laboratory*—with hematology and urinalysis subsections.
 - (f) *Medical radiological laboratory*—with radiological warfare subsections.
 - (g) *Veterinary*.
 - (h) *Preventive medicine*. (The base laboratory operates in close coordination with preventive medicine units in studies and surveys of common interest. The facilities of the laboratory may also be used in public health work.)
- (3) *Mobile laboratories*. Each of the three mobile laboratories duplicates in part the operation of facilities provided by the base laboratory, but to a lesser degree. A mobile laboratory may operate within the combat zone when its services are required. Laboratory work beyond the capabilities of a mobile laboratory is submitted to the supporting base laboratory. This is particularly true of veterinary, parasitology, entomology, and immunology work submitted to a mobile laboratory. However, if requirements for capabilities beyond that normally furnished by a mobile laboratory are anticipated, a mobile laboratory may be augmented (from personnel of the base laboratory) to provide the service required. The composition of the mobile laboratory should not be considered fixed;

* The services of the autopsy and toxicology subsections are available, as are the services of the other subsections, for use in criminal investigations whenever other laboratory facilities are not available or are inadequate.

and when special studies must be done in areas inaccessible to the base laboratory, any desired combination of specialized personnel may be formed to operate a mobile laboratory unit. The mobile laboratory commander acts as laboratory consultant to the area surgeon when the laboratory operates in an area outside the jurisdiction of the base laboratory.

g. Contingency Employment in Nuclear Warfare. Under nuclear warfare conditions, the mission and functions of the mobile laboratory would remain unchanged. However, it can be anticipated that the work volume of the unit would be greatly increased. This increase would be caused by additional requirements for laboratory services in connection with the medical care and treatment of large numbers of casualties resulting from enemy nuclear attacks. It can also be anticipated that additional field investigating teams would be required of the laboratory for the purpose of gathering professional and scientific data pertinent to the damaged areas and the casualties accruing therein. In addition, the examination of food and water for radiological contamination can also be anticipated. Detailed plans should be formulated to include provisions which will insure that the medical laboratory will function adequately under all contingencies and situations that may be caused by enemy use of nuclear weapons.

49. Preventive Medicine Company (TOE 8-117)

a. Mission. The mission of the preventive medicine company is to provide technical supervisory personnel to assist the surgeon in the field study, evaluation, and control of environment and other factors affecting the health and morale of troops in the field. While the primary mission of this company is to control environmental factors exterior to the bivouac areas of other units, the company is also used by the appropriate commander for the coordination of the activities of troop unit vector control details and aids them in the solution of special technical problems. Indoctrination in local environmental sanitation problems and their solution may be furnished to troop unit personnel by this company.

b. Assignment and Basis of Allocation. Units of this type are assigned to a field army, an independent task force, and a theater army logistical command. Normally, they are allocated to a field army on the basis of 3 companies per field army and to a theater army logistical command on the basis of 2 companies per field army being supported.

c. Capabilities. The preventive medicine company is capable of providing professional and technical personnel and facilities for

the inspection, evaluation, and control of field sanitation in a corps or area of comparable size in military population. This unit coordinates activities of troop unit vector control details. The company is capable of effecting control in an area containing up to 400 square miles. The unit is capable of providing technical personnel for the supervision of labor engaged in insect and rodent control activities. In order to fulfill its assigned mission, the company must be furnished labor details from civilian, prisoner of war, or friendly troop sources. The company is not a labor organization. Utilizing organic transportation and equipment, the company is capable of supervising approximately 100 laborers; however, if augmented with sufficient additional vehicles, the unit is capable of supervising a total of approximately 300 laborers.

d. Responsibilities. In supervising the establishment, coordination, and maintenance of environmental sanitation programs, the preventive medicine company is responsible for rendering assistance to the command surgeon in regard to preventive medicine problems by means of field studies, surveys, control operations, troop indoctrination, and the submission of recommendations as required. In addition to being responsible for supervising insect and rodent control and water sanitation, the preventive medicine company is also responsible for the investigation, study, and solution of other health problems which generally fall into two categories:

- (1) *For the Armed Forces:*
 - (a) Environmental aspects of respiratory, venereal, and intestinal diseases.
 - (b) Accident prevention.
 - (c) Industrial hazards.
 - (d) General sanitary surveys and plans for control.
- (2) *For Civil Affairs to protect American troops (in coordination with Civil Affairs Organization):*
 - (a) Housing and population surveys.
 - (b) Disease surveys.
 - (c) Nutrition surveys of civil populations.
 - (d) Mass immunizations and delousing.
 - (e) Sanitary surveys, plans, and supervision of control measures.

e. Organization. The preventive medicine company is comprised of a headquarters section and a preventive medicine service. The preventive medicine service consists of three control sections, a hygiene and sanitation section, and a survey section. The organizational details of the sections comprising the preventive medicine

service are presented below without reference to the service of which they are an integral part. The military occupational specialties (MOS) of technical personnel included in this company will be determined by the major problems encountered by the unit. When problems of water supply, waste disposal, etc., assume more importance than problems of animal reservoirs and vectors of disease, sanitary engineers (MOS 7960) may be substituted for entomologists (MOS 3315), as required. The organic transportation of this unit is adequate for movement of the unit, permitting it to function as an independent mobile field unit, and classifying the unit as 100 percent mobile. The assignment of adequate organic transportation is a factor in the unit's ability to support prolonged combat operations over extensive geographical areas. However, additional vehicles are required for extended operations involving the supervision and utilization of large numbers of unskilled personnel.

- (1) *Headquarters section.* This section provides command, control, and administrative support functions for the subordinate elements of the company. The company commander is assisted by two officers who also function as leaders of the survey section and the hygiene and sanitation section, respectively. A warrant officer supervises the administrative activities of this section, and, in addition, acts as mess officer and supply officer for the unit. The headquarters section may be organized into subsections and the enlisted personnel assigned as follows:
 - (a) *Administration.* This subsection would include the first sergeant and the personnel administrative clerk who also functions as the company clerk.
 - (b) *Mess.* Food service activities are supervised by the mess steward who is assisted by cooks and a cook's helper.
 - (c) *Supply.* Unit supply functions are performed by the supply sergeant who is assisted by a general clerk.
 - (d) *Transportation.* Operation of the unit's motor pool and performance of motor maintenance functions would be under the supervision of the motor sergeant assisted by a wheel vehicle mechanic, a wheel vehicle mechanic's helper, and a sanitation helper and field worker who are also light vehicle drivers.
- (2) *Control sections.* There are three control sections in each preventive medicine company. Each section must be prepared to accomplish the activities planned for it by the

survey section in order to efficiently implement an effective control program. A control section furnishes the technical supervision for labor details engaged in sanitary control measures exterior to troop unit bivouac areas. However, when troop unit vector control work details need assistance with environmental problems in their respective unit areas, control sections will provide additional support as required. A control section may be used to coordinate the activities of all troop unit vector control details in its assigned area of responsibility. Performance of the section's mission required that laborers be provided from sources other than the preventive medicine company. A control section may perform basic surveys, when necessary, prior to initiating control measures. Additional functions of a control section include conducting on-the-job training for troop unit vector control details, and the reporting of deficiencies together with recommendations for corrective measures for such units as may be directed by higher authority. Each control section is under the direct supervision of a Medical Service Corps officer qualified as either an entomologist or a sanitary engineer. Enlisted personnel in each section consist of qualified preventive medicine specialists including a preventive medicine supervisor who functions as the section chief. In addition, a general equipment repairman and a sanitation helper are also included in each of these sections.

- (3) *Hygiene and sanitation section.* This section investigates water points, waste disposal facilities and practices, troop housing and shelter, bathing and laundry facilities, mess sanitation, contamination of food or water with toxic agents, and the adequacy of clothing. Specific activities include assisting engineers in the selection of water points; furnishing technical advice on water treatment methods; testing for combined or free chlorine in water; collecting water samples for laboratory examination; advising on area waste disposal practices or methods; investigating water supplies, waste disposal, and housing facilities in occupied towns and cities; assisting in installing emergency water chlorinators in connection with town supplies or supplies to buildings; and investigating buildings as to adequacy for troop housing or messing. Where revealed deficiencies indicate the need, the section may conduct on-the-job training in the principles of hygiene and sanitation. Other functions of this section in-

clude mess sanitation service and the conduct of environmental sanitation service in civilian areas when the latter is directed by competent authority. This section is supervised by a Medical Service Corps officer of the company headquarters section who may be either a sanitary engineer or an entomologist. He is assisted by a noncommissioned officer who is a qualified preventive medicine supervisor and functions as the section chief. Other enlisted personnel include environmental sanitation inspectors and assistants, and a sanitation helper and field worker.

- (4) *Survey section.* The primary function of this section is to coordinate the activities of the three control sections with particular emphasis upon operations in borderline zones of responsibility. However, this section should also be prepared to accomplish minor on-the-spot control operations when these cannot be done efficiently by a control section. When directed by competent authority, the survey section may conduct inspections of such elements of unit sanitary discipline as are related to its immediate mission and, in such instances, may render recommendations directly to the appropriate unit commander. The survey section also conducts specific surveys to determine the incidence and geographical and seasonal distribution of insect-borne diseases and other diseases of a similar nature. In addition, this section maintains liaison with hospitalization facilities in its area of responsibility in order to obtain a rapid diagnosis as soon as possible after admittance to a hospital of those cases involving insect-borne diseases. This procedure will enable the survey section to determine the location where infection occurred and to promptly institute corrective measures. This section is supervised by a Medical Service Corps officer of the company headquarters section who may be either an entomologist or a sanitary engineer. He is assisted by a preventive medicine supervisor who functions as the section chief. Other enlisted personnel comprising the survey section include an entomology laboratory specialist, a medical laboratory specialist, a vector control specialist and assistant, a vector survey specialist and assistant, and an entomology helper.

f. Contingency Employment in Nuclear Warfare. In the event of an enemy nuclear attack resulting in large numbers of casualties,

the primary mission and basic functions of the preventive medicine company would remain unchanged. However, an increase in the unit's workload could be anticipated in the damaged area after it had been declared safe for entry by members of the company. This unit should be capable of performing area surveys for radiological hazards to include the examination of food and water. Plans should be formulated and maintained to include provisions for the operation of this unit under these circumstances.

PART FIVE
ARMY MEDICAL SERVICE CELLULAR UNITS (TOE 8-500)
CHAPTER 14
GENERAL

50. Organization

In addition to the TOE units with fixed strengths, which have been discussed in the preceding chapters, the field organization of the Army Medical Service includes cellular or specialist team units. Combinations of fixed strength and cellular units can be used to advantage in large theaters or bases at various types of installations in the performance of many missions assigned to the medical service. Common characteristics of those cellular type units contained in TOE 8-500, "Medical Service Organization," include the following:

a. Mission.

- (1) These units or teams perform medical service functions where units of less than company size are required.
- (2) Cellular units or teams increase the capabilities of fixed strength units where increments of less than company size are required. These teams are designed to provide organizations which differ in size and composition depending upon the tactical, logistical, and professional considerations involved, and insure a maximum of flexibility in the field organization of the Army Medical Service.
- (3) These teams also provide command and administrative personnel for medical composite units.

b. Assignment. Cellular or specialist teams may be attached or assigned, as required, to fixed strength units or may be organized into medical service composite units to perform medical service functions under varying conditions.

c. Capabilities. The capabilities of units organized under TOE 8-500 vary with the size and grouping of the teams used. Unless specifically provided for in the basic organization, these teams must be furnished mess, administration, and motor maintenance service. Individual team capabilities are discussed in the following chapters.

51. Contingency Employment in Nuclear Warfare

In situations involving large numbers of casualties which have resulted from enemy nuclear attacks, the cellular units, or specialist teams, of the medical service can be utilized to perform varied functions pertinent to the rendition of medical service support. Assignment of functions to these teams under these circumstances would be dependent on the individual capabilities of each team. Normally, the majority of specialist teams included in TOE 8-500 could be used to augment treatment stations established by other medical service units to provide facilities for sorting of patients; the rendition of emergency medical care and treatment; and the evacuation of casualties sustained as a result of enemy nuclear attacks. Plans should be formulated and maintained in detail which would include the employment of available cellular units or specialist teams in order to obtain the maximum benefit of their capabilities in the event of enemy nuclear attacks.

CHAPTER 15

COMMAND AND CONTROL UNITS

52. Platoon Headquarters, Component; Platoon Headquarters, Separate; Company Headquarters; and Battalion Headquarters (Teams AA, AB, AC, AD—TOE 8-500)

a. Mission. The primary mission of these units is to provide administrative and command control functions for separate medical detachments, platoons, and companies engaged in rendering medical service support in a theater of operations.

b. Assignment. These units may be assigned to a field army, an independent task force, or a theater army logistical command.

c. Basis of Allocation. These headquarters units are allocated to a theater of operations on the basis of requirements established by the theater commander.

d. Capabilities.

- (1) *Platoon headquarters, component (team AA)*, is capable of providing necessary command functions for 2 or more medical service units of not less than 40 individuals which operate as a component of a larger administrative organization and to which no officer is organically assigned.
- (2) *Platoon headquarters, separate (team AB)*, provides control for one or more teams which operate separately and to which no officer is organically assigned. Normally, units will be composed of more than one team and/or have a strength of not less than 40 individuals.
- (3) *Company headquarters (team AC)*, provides the required command functions, including supply, for the equivalent of 2 or more platoons when the total company strength is not less than 100 individuals. Mess teams may be attached, as required, in accordance with the provisions of TOE 29-500.
- (4) *Battalion headquarters (team AD)*, is capable of furnishing the necessary command control of 3 to 7 companies. Auto maintenance teams (TOE 29-500) may be attached to this headquarters for the performance of organizational auto maintenance functions provided teams

of this type are not currently attached to the component companies.

e. Responsibilities. These headquarters teams are responsible for providing the essential administrative and command control functions for those groups of medical service teams not staffed with the command and administrative personnel as may be directed by higher authority.

f. Organization. These headquarters teams are specifically organized to provide progressively higher command functions in keeping with their mission and number of personnel assigned thereto. Organic transportation provided these headquarters teams is adequate for the movement of their personnel and equipment with the exception of the platoon headquarters, component (team AA), which is provided with individual equipment only.

- (1) *Platoon headquarters, component (team AA)*, consists of a platoon leader who is a Medical Service Corps officer and a platoon sergeant.
- (2) *Platoon headquarters, separate (team AB)*, includes a platoon leader (MSC), a platoon sergeant, a personnel administrative specialist, and a unit supply specialist. The enlisted personnel also function as light vehicle drivers.
- (3) *Company headquarters (team AC)*, comprises the company commander (MSC), a warrant officer who functions as an administrative assistant, a first sergeant, supply sergeant, company clerk, personnel administrative clerk, and a light vehicle driver.
- (4) *Battalion headquarters (team AD)*, consists of 4 officers, 2 warrant officers, and enlisted personnel.
 - (a) The battalion commander is responsible for the command, administration, training, and operation of the component companies of the battalion. He may be either an officer of the Medical Corps or the Medical Service Corps.
 - (b) The executive officer (MSC) is the principal assistant to the battalion commander. The executive officer acts for the battalion commander in the latter's absence and makes decisions on those matters for which a policy has been established. He also functions as the battalion S3.
 - (c) The adjutant supervises the performance of routine administrative procedures by the battalion headquarters to include the handling of correspondence, issuing orders, etc. He also functions as the battalion S1 and

detachment commander. The adjutant is assisted in the performance of his duties by a warrant officer who functions as the battalion personnel officer.

- (d) The battalion supply officer supervises the operations of the supply section. This section consolidates requisitions submitted by the component companies; procures the desired supplies from designated supply points; and distributes the supplies to the companies.
- (e) A warrant officer controls the operations of the battalion headquarters motor section. In this capacity, he supervises the activities of the attached, or component, auto maintenance teams and is charged with the performance of organizational motor maintenance functions for all vehicles operated by the battalion.
- (f) Enlisted personnel included in this battalion headquarters consist of a sergeant major who also acts as first sergeant, a personnel sergeant, a supply sergeant, and other specialists and clerks.

53. Headquarters, Unit Receiving Center (Team AE)

a. Mission. The mission of this headquarters is to provide overhead services for the administration and control of nondivisional medical units withdrawn for reorganization or to be held in reserve, and those units which have arrived from the continental United States and are awaiting assignment to sites where the missions of these units will be performed.

b. Assignment. Normally, this headquarters is assigned to a theater army logistical command.

c. Basis of Allocation. The headquarters, unit receiving center, is allocated to a theater of operations as determined by the specific requirements of the theater which normally will include one of these headquarters per port of entry designated for medical troop units.

d. Capabilities. This unit is capable of providing the required overhead services for the administration and control of all nondivisional medical service units being held in theater reserve; those withdrawn from field army elements for the purpose of reorganization; and those arriving from the continental United States.

e. Employment. Normally, all nondivisional medical service units arriving at a port of entry in a theater of operations are attached to a headquarters, unit receiving center, unless they are assigned immediately to operate a medical service facility. Each

medical service unit attached to this type center remains there until its future assignment is determined or the facility it is to operate is made available to the unit. Under normal circumstances, the installation operated by this center is under the jurisdiction of the theater army surgeon who controls the assignment of units or replacements to the center and their subsequent assignment and distribution therefrom. The surgeon, theater army logistical command, may control the details of supply, administration, and operation of the center's facilities. In order to accomplish its mission, the headquarters, unit receiving center, requires a number of attached service detachments. Among those required are quartermaster, ordnance, postal, finance, engineer, and military police elements. These detachments, together with the organic staff personnel, complete the organizational framework of a functioning unit receiving center. The service detachments (engineer, finance, etc.) perform those functions associated with their respective services. These functions include the maintenance and operation of all the center's utilities; and operation of a center supply agency, laundry, finance agency, postal service, and the military police activities within the center's area. The headquarters, unit receiving center, is not mobile. Its organic vehicles are sufficient only for routine administrative and housekeeping purposes necessary to the headquarters element.

f. Responsibilities. In addition to the responsibilities of administration, control, and liaison functions, the center is responsible for—

- (1) Securing and issuing organizational equipment, when required, to medical units attached to the center.
- (2) Providing quarters and facilities where medical service units are depleted or personnel and equipment may be reorganized and reequipped.
- (3) Providing a location where medical service units can continue their training while attached to the center.

g. Organization. The center headquarters is commanded by an officer of the Medical Service Corps. The executive officer (MSC) is the principal assistant to the commander in the supervision of the overall activities of the center. This officer also functions as the center S3. The adjutant (MSC) controls the administrative activities of the headquarters office and also functions as the center S1 and detachment commander. The supply officer (MSC) supervises all supply activities within the center. Enlisted personnel in the center headquarters include a chief clerk who also acts as the detachment's first sergeant, clerks, and a light vehicle driver.

54. Headquarters, Veterinary Service (Team AF)

a. Mission. The mission of this headquarters is to provide command and administrative control for veterinary food inspection teams, or veterinary animal service teams, or combinations thereof.

b. Assignment. Teams of this type may be assigned to a field army, corps, theater army logistical command, separate task force, or independent operational area.

c. Basis of Allocation. This headquarters unit is allocated on the basis of 1 per 3 to 7 veterinary animal service or food inspection teams.

d. Capabilities. The headquarters, veterinary service, is capable of performing command control, coordination, and supervision of the assigned veterinary service units' activities.

e. Employment. This headquarters maintains liaison between its subordinate veterinary detachments and the appropriate higher command headquarters. As the controlling headquarters for veterinary detachments assigned to it, the headquarters, veterinary service, provides other theater units with specific veterinary services as may be directed by higher headquarters. The specific theater location of the headquarters, veterinary service, is primarily dependent upon the location of its subordinate veterinary service detachments. For example, veterinary food inspection detachments may be located where there are concentrations of subsistence items, while veterinary animal service detachments normally are located in areas where animal transportation is used. Therefore, the headquarters unit establishes its base in the best available theater location that will facilitate the performance of its assigned mission. The headquarters, veterinary service, is not mobile and must depend upon additional transportation being provided by the command to which it is assigned.

f. Responsibilities. In addition to exercising command responsibilities, including the coordination and supervision over activities of subordinate veterinary detachments, this headquarters unit is charged with the following responsibilities:

- (1) The dissemination to subordinate veterinary units of all pertinent information regarding policy matters and directives issued by higher headquarters.
- (2) The review, consolidation, and forwarding to the appropriate headquarters of prescribed records and reports submitted by subordinate veterinary units.
- (3) The initiation, administration, and supervision of train-

ing programs designed to increase the effectiveness of the veterinary service.

- (4) The submission to higher headquarters of such routine and special reports concerning the operational requirements of the headquarters, veterinary service, as may be indicated.

g. Organization. Personnel of the headquarters, veterinary service, consist of a staff veterinary officer, a warrant officer who functions as a medical administrative assistant, and enlisted personnel including a food inspector and a clerk-typist.

55. Headquarters, Professional Service (Team AG)

a. Mission. The mission of this headquarters is to provide command control and administrative support for 24 or more professional service detachments included in part 4, TOE 8-500.

b. Assignment. Normally, this headquarters is assigned to a field army or theater army logistical command.

c. Basis of Allocation. This unit is allocated on the basis of 1 per 24 professional service teams or major fraction thereof.

d. Capabilities. In addition to its command and administrative functions, this headquarters, as the unit which controls professional services detachments, is capable of providing other medical units and installations, as directed by higher authority, with various professional service detachments required for the performance of specialized medical service missions.

e. Employment. Normally, the headquarters, professional service, is established in a theater location which affords close liaison with the surgeon of the appropriate command. Preferably, this headquarters is located in the general vicinity of the operating medical service installations for which professional service augmentation is being provided. This headquarters provides liaison contact between the next higher command and the medical composite units operating under its administrative control. The headquarters, professional service, is not mobile and additional transportation must be provided by the command to which it is assigned when movement of the unit is directed. Organic transportation of the unit is sufficient only for routine unit administrative purposes. The headquarters, professional service, does not provide transportation for the assigned professional service detachments. Ordinarily, individual auto maintenance is performed by unit personnel. However, circumstances may require the attachment of an appropriate number of auto maintenance teams (TOE 29-500) to per-

form organizational auto maintenance functions for the professional service detachments.

f. Responsibilities. In addition to the responsibilities of command, administration, and liaison functions, personnel of the headquarters, professional service, are responsible for performing frequent inspections to insure that the various assigned professional service detachments are complying with current policies with regard to professional standards prescribed for military medical practice. In this connection, the headquarters conducts a continuing indoctrination program for personnel of the detachments under its control.

g. Organization. The commander of the headquarters, professional service, is a Medical Corps officer. The executive officer (MSC) assists the commander by directly supervising all administrative activities of the headquarters. An administrative nurse (ANC) acts as the chief nurse and staff advisor to the commander on all matters pertaining to the members of the Army Nurse Corps organic to the headquarters, professional service. The adjutant (MSC) performs those duties synonymous with this title and, in addition, also functions as S1 and detachment commander. An administrative assistant (MSC) functions directly under the supervision of the executive officer and may direct all supply activities of the headquarters. Enlisted personnel include a sergeant major who also acts as the detachment's first sergeant, a medical supply sergeant, a supply sergeant, and clerical personnel.

56. Headquarters, Hospital Center (Team AH)

a. Mission. The mission of this unit is to provide a command and administrative agency for the control of two or more general hospitals in order to effect a consolidation of their functions and to insure the maximum utilization of available medical service personnel and facilities.

b. Assignment. Headquarters, hospital center, is assigned to the theater army logistical command.

c. Basis of Allocation. Units of this type normally are allocated to a theater of operations on the basis of three or more per theater army logistical command.

d. Capabilities. The headquarters, hospital center, is capable of acting as a controlling agency for a grouping of two or more general hospitals. It is also capable of assisting assigned hospitals by coordinating and consolidating a major portion of the administrative detail connected with the operation of these hospitals.

e. Employment.

- (1) *Location.* Hospital center installations are located in the communications zone. Since a hospital center, including its assigned hospitals, requires not only extensive ground areas but certain adjuncts (water, power, sewerage disposal facilities, etc.) for its operations, ideal sites are seldom encountered. However, so far as possible, the center's location should conform to established principles regarding the locating of medical service installations of this type. These basic principles include the adaptability of existing physical plant structures to the center's requirements.
- (2) *Centralized functions.* Functioning in its capacity as a controlling agency for a grouping of hospitals, the headquarters, hospital center, through its centralized facilities, correlates and coordinates the overhead activities of assigned hospitals. It assists the assigned hospitals by coordinating and consolidating a major portion of the administrative details associated with such services as quartermaster, medical and general supply, transportation, utilities, and similar essential services. This action results in the immediate advantage of an economical utilization of personnel and equipment. The headquarters, hospital center, exercises control over the movement of patients to and from hospitals assigned to the center. Certain hospitals operating under the center headquarters may be staffed and equipped to provide specialized treatment. Thus, the hospital center affords the opportunity for increased specialization in the field of medicine indicated. Such a procedure insures the additional advantage of fully utilizing the skills possessed by highly qualified professional personnel. Examples of operating functions usually performed by individual hospital units which may be centralized by the center headquarters are as follows:
 - (a) *Admission and disposition.* The control of incoming and outgoing patients can be exercised by the center headquarters.
 - (b) *Medical supply.* The hospital center can control the flow of medical supplies into the center by editing all requisitions and effecting a redistribution of medical supplies within the center.
 - (c) *Laundry service.* Organic laundry equipment furnished

the assigned hospitals of the center may be pooled and laundry personnel detailed to operate a center laundry service under the supervision of the center headquarters.

- (d) *Professional consultant service.* A center professional consultant panel may be established by the center commander. Qualified professional personnel of the assigned hospitals, as designated by the center commander, would serve in such professional advisory capacity as the needs of the center's medical service requires.
- (3) *Movement.* Organic transportation provided the headquarters, hospital center, is sufficient only for administrative and housekeeping purposes of the unit. In the event this headquarters is required to move, it will be necessary to provide additional transportation for this purpose. Responsibility for providing this additional transportation will be that of the higher commander under which the headquarters, hospital center, is functioning.
- (4) *Attached units.* In order to properly accomplish its mission, the headquarters, hospital center, requires the specialized services of detachments of various services. These detachments may be attached to the center to provide essential services, to include—
 - (a) *Quartermaster.* The detachment from this service would be charged with the operation of a center bakery to provide bread and pastry for the entire operating center.
 - (b) *Engineer.* The engineer detachment's primary responsibility would be for fighting fires.
 - (c) *Finance.* This detachment would be required to operate a centralized finance agency and be responsible for the performance of all finance functions necessary in the center.
 - (d) *Military police.* A military police detachment would be required for the maintenance of police and motor traffic control and for the enforcement of specified security measures adopted for the center.
 - (e) *Postal.* The postal detachment would maintain and operate an armed services post office and provide thereat all postal service required by the center.
- f. *Responsibilities.* The headquarters, hospital center, is charged with the following principal responsibilities:

- (1) To submit to the appropriate higher headquarters surgeon recommendations for increasing the operational and professional efficiency of the center, and recommendations for greater utilization of professional personnel in the event opportunities for improvement develop in either category.
- (2) To develop a center organizational pattern and exercise control over the functional and administrative relationships existing between assigned hospitals.
- (3) To keep higher headquarters currently informed regarding the conditions in and capabilities of the center's medical service.

g. Organization. A brigadier general (MC) commands the headquarters, hospital center. Nine additional commissioned officers and two warrant officers are assigned to this headquarters. Enlisted personnel with the appropriate training in required specialties are also provided. The duties of personnel assigned to this headquarters are as follows :

- (1) *Commanding general.* The commanding general is responsible for the organization, operation, administration, and discipline of the entire center. He is concerned, especially, from an operational standpoint, with house-keeping activities, such as administration, supply, and the construction of suitable shelter, or modification of existing physical facilities. The center commander is concerned also with the maintenance and efficient operation of the essential adjuncts to the entire hospital center, including the water supply system, sewage disposal system, and communication facilities. The center commander maintains liaison with the appropriate higher headquarters regarding the operation of the center, its incoming patients, and the center's requirements with respect to evacuation means, such as ambulance trains, air ambulance means, and ground ambulance units.
- (2) *Hospital administrator.* The hospital administrator (MSC) is the principal administrative assistant of the center commander. In this capacity, he supervises the administrative functions of the headquarters.
- (3) *Adjutant.* Under the supervision of the hospital administrator, the adjutant (MSC) and his assistants perform routine administrative functions of the center's headquarters. Duties include preparation of correspondence

and orders, personnel administration, and consolidation of reports submitted by the assigned hospitals. The adjutant also serves as detachment commander and the center S1.

- (4) *Operations officer.* The operations officer (MSC) supervises and coordinates the overall training program adopted for the hospital center's assigned units. He keeps the center commander informed on all matters relating to the current status, changes, and directives from higher authority pertaining to operations and training procedures within the center. He also prepares the necessary operational orders, rules, and local regulations for publication by center headquarters. Other duties include serving as the center medical regulating officer, and exercising general supervision over the defensive measures employed to safeguard center installations and the communications system thereof.
- (5) *Staff medical officer.* The staff medical officer (MC) acts as chief of the hospital center professional services, and also as the preventive medicine officer of the center. Additionally, he may be designated as deputy commander of the center. This officer advises the center commander regarding such specific professional activities conducted by the center's staff as are delegated to function under his supervision. He may prepare medico-technical plans, for approval by the commander, outlining the professional scope of the center's general medical services; define responsibilities of certain centralized facilities such as the medical laboratory; and routinely supervise the execution of the approved provisions of the plans to insure that operating requirements of the assigned hospitals are adequately met. The staff medical officer may also assume professional direction over the prescribed technical training of designated groups of the center's medical service personnel.
- (6) *Staff dental officer.* The staff dental officer (DC) coordinates, and acts as consultant for, the dental service of the hospitals assigned to the center. He also acts as a special staff officer to the center commander.
- (7) *Staff veterinary officer.* The staff veterinary officer (VC), assisted by an enlisted food inspector, inspects meat and dairy products and other subsistence items used by the center. The veterinary officer also performs such other

special staff duties pertaining to veterinary service matters as may be directed by the center commander.

- (8) *Administrative nurse.* An officer of the Army Nurse Corps coordinates and supervises the professional and welfare activities of the nurses assigned to the hospitals of the center. She acts as a special staff officer to the center commander with regard to Army Nurse Corps administrative procedures and professional utilization of nurse personnel.
- (9) *Sanitary engineer.* The sanitary engineer officer (MSC) acts as advisor to the center commander on sanitation matters and requirements of the center. He makes periodic inspections of the center's utilities, as directed; prepares sanitary reports based upon inspections; reviews sanitary reports submitted by the hospitals; and submits formal recommendations for correction of sanitary deficiencies to center headquarters.
- (10) *Staff supply officer.* The center headquarters supply officer (MSC) advises the center commander on matters pertaining to the supply situation of the center and of the headquarters. The staff supply officer assists assigned hospitals in obtaining supplies, edits supply requisitions for discrepancies, directs the disposition of excess supplies by transfer to units requiring the items, reviews and recommends revision of stock levels where necessary, and inspects the supply services of the hospitals to insure that operations are being conducted in accordance with prescribed directives. The staff supply officer also supervises the center's laundry facilities and services.
- (11) *Warrant officers.* The two warrant officers included in the center headquarters assist the adjutant in the performance of his assigned functions. One warrant officer functions as a medical administrative assistant and the other in matters pertaining to personnel classification.
- (12) *Enlisted personnel.* Enlisted personnel included in the center headquarters consist of a sergeant major who also acts as the detachment's first sergeant, a chief medical supply specialist, a personnel sergeant, a supply sergeant, an assistant chief medical supply specialist, a chief admission clerk, a personnel administrative supervisor, a personnel management supervisor, an assistant chief admission clerk, a food inspection specialist, a chauffeur for the center commander, and other enlisted personnel.

CHAPTER 16

MEDICAL SUPPLY, OPTICAL, AND MAINTENANCE TEAMS

57. Medical Supply Detachments (Teams FA, FB, and FC)

a. Mission. The mission of these medical supply detachments is to augment existing medical supply installations in a theater of operations and/or provide the required medical supply support to separate task forces of varying types and sizes.

b. Assignment. Normally, these detachments are assigned to the theater army logistical command in a theater of operations, but when utilized with a separate task force they are assigned to the appropriate logistical organization providing support to the separate task force.

c. Basis of Allocation. These medical supply detachments are allocated to a theater army logistical command on the basis of requirements established by the theater commander. When required by a separate task force, these detachments are allocated on the following basis:

- (1) *Team FA.* One per infantry battle group, reinforced.
- (2) *Team FB.* One when the task force consists of two or more infantry battle groups, reinforced, but less than an infantry division, reinforced.
- (3) *Team FC.* One per infantry division, reinforced.

d. Capabilities. These medical supply detachments are capable of receiving, storing, and issuing medical supplies, either as separate medical supply detachments operating with a task force, or as augmentation detachments functioning with existing medical service installations.

e. Employment. When operating in a communications zone, these detachments may be used to augment existing medical supply installations or other types of medical service facilities. However, when these medical supply detachments are attached to separate task forces, their location conforms to the tactical disposition of the combat elements being provided medical supply services. Adequate motor transportation is furnished these medical supply detachments for the overland movement of their unit personnel and equipment.

f. Responsibilities. The principal responsibilities of these detachments include the securing, storing, issuing, and accounting for such medical supplies as may be required by troop units for which medical supply services are being provided, and to perform similar functions when acting in the capacity as medical supply augmentation units in the communications zone.

g. Organization. Personnel included in these medical supply detachments consist of the following:

- (1) *Team FA.* This detachment consists entirely of enlisted personnel. They operate under the direct supervision of a medical supply sergeant. Their duties include functions related to stock control procedures, clerical procedures, storage, and receipt and issue of medical supplies.
- (2) *Team FB.* Included in this detachment is a warrant officer (MSC) who is the detachment commander and who also acts as a medical supply officer. Assisting him is a medical supply sergeant, a warehouse foreman, and other enlisted medical supply specialists, stock record clerks, and supply handlers.
- (3) *Team FC.* This medical supply detachment consists of a medical supply officer (MSC) who is also the detachment commander and is assisted by a warrant officer (MSC) who acts as the assistant medical supply officer. Enlisted personnel include a medical supply sergeant, an assistant medical supply sergeant, a warehouse foreman, and other enlisted medical supply specialists, stock record clerks, and supply handlers.

58. Optical Detachments (Teams GA and GB)

a. Mission. The mission of optical detachments is to furnish personnel and equipment for the manufacture and repair of spectacles in a theater of operations.

b. Assignment. These optical detachments are assigned to a field army or a theater army logistical command.

c. Basis of Allocation. These detachments are allocated to a theater of operations on the basis of requirements established by the theater commander.

d. Capabilities. Normally, when team GA is augmented by 2 teams GB such a combination is capable of serving a force of 160,000 and repairing 1,900 pairs of spectacles per month. Team GB is capable of providing service for a force of 50,000 and repairing 200 pairs of spectacles per month.

e. Employment. These optical detachments may be located in any specific theater location or area containing troop concentrations which require optical services. Normally, they are assigned to medical supply installations. Adequate transportation is provided these detachments which enables them to move their equipment and personnel overland.

f. Responsibilities. The detachments are responsible for providing prescribed optical services, including the repair and manufacture of eyeglasses.

g. Organization.

- (1) *Team GA.* This team includes an optician (MSC) who also acts as detachment commander. He is assisted by qualified enlisted optical laboratory specialists and assistants.
- (2) *Team GB.* This team functions primarily as an augmentation team and consists of an optical laboratory specialist and an assistant.

59. Medical Equipment Maintenance Detachments (Teams GC, GD, and GE)

a. Mission. The mission of these detachments is to perform maintenance functions on medical equipment in a theater of operations.

b. Assignment. These medical equipment maintenance detachments are assigned to a field army or to a theater army logistical command.

c. Basis of Allocation. These detachments are allocated to a theater of operations on the basis of requirements specified by the theater commander.

d. Capabilities. The capabilities of these detachments are as follows:

- (1) *Team GC.* Capable of performing field medical equipment maintenance for 50,000 troops.
- (2) *Team GD.* Capable of performing field medical equipment maintenance for 100,000 troops.
- (3) *Team GE.* Capable of performing base medical equipment maintenance functions as required.

e. Employment. Medical equipment maintenance detachments are usually assigned to medical supply installations in a theater of operations. These detachments are utilized to augment the medical equipment maintenance capabilities of these installations

and concurrently provide the required field medical maintenance functions for other medical service facilities. Teams GC and GD are provided with sufficient motor transportation for the movement of personnel and equipment. Organic motor transportation is not furnished team GE as that detachment performs only base equipment maintenance functions. When required, these teams may also be used at medical supply installations to assist in the storage and issue functions of these installations.

f. Responsibilities. The medical equipment maintenance detachments are responsible for providing the prescribed medical equipment maintenance services, including emergency and other type repairs, within the specific detachment capabilities mentioned above.

g. Organization. Personnel included in these medical equipment maintenance detachments are as follows:

- (1) *Team GC.* This detachment is commanded by a medical equipment maintenance officer (MSC) who is assisted by enlisted medical equipment repairmen and a repairman's helper.
- (2) *Team GD.* This detachment is commanded by a medical equipment maintenance officer (MSC) who is assisted by a medical equipment repairman supervisor, medical equipment repairmen, and repairmen's helpers. This detachment is basically the same as team GC, but includes a supervisor, additional repairmen, and a helper in addition to those included in team GC.
- (3) *Team GE.* A medical equipment maintenance officer (MSC) commands this detachment and is assisted by a medical equipment repairman supervisor. Other enlisted personnel include medical equipment repairmen, medical equipment repairmen's helpers, a machinist, an electrical instrument repairman, a welder, and a utility mechanic.

CHAPTER 17

MOTOR AMBULANCE AND VETERINARY SERVICE TEAMS

60. Ambulance Detachment (Team HA)

a. Mission. The primary mission of the medical ambulance detachment is to provide ambulance service in a combat or communications zone to units not otherwise provided this service.

b. Assignment. Detachments of this type may be assigned to a field army or theater army logistical command.

c. Basis of Allocation. Medical ambulance detachments are allocated to a theater of operations on the basis of requirements established by the theater commander.

d. Capabilities. A detachment of this type is capable of moving 24 litter patients or 48 ambulatory patients by its organic ambulances.

e. Employment. The theater location of the ambulance detachment conforms to the tactical disposition of the unit to which it is attached. The function of the detachment is to augment ambulance facilities currently in operation in the combat or communications zone, and to provide motor ambulance service to units or other elements having only temporary need for such services. For example, the detachment may be employed to transport patients to airfields, hospital ships, ambulance trains, nearby hospitals, convalescent centers, and other medical service installations. In combination with two or more detachments and a headquarters element, a provisional ambulance platoon or company may be formed. Organic vehicles of this detachment permit the unit to be completely mobile. Personnel of this detachment must be especially qualified to—

- (1) Properly load and unload patients transported by vehicle.
- (2) Maintain the proper regulation of speed and spacing prescribed for convoy movement under both daylight and blackout conditions.
- (3) Administer emergency medical care and treatment to patients en route.

f. Responsibilities. The ambulance detachment is responsible for the performance of the following functions:

- (1) Proper care of patients while en route.
- (2) Caring and/or operating of such special medical equipment as is ordered by medical authority for the care and treatment of patients en route.
- (3) Checking ambulance patients against list provided by the unit being evacuated.
- (4) Obtaining receipted list from receiving or admitting officers for patients delivered into their care.
- (5) Insuring that property exchange is effected.

g. Organization. This detachment is composed entirely of enlisted personnel, one of whom, acting as detachment sergeant, is in direct charge of the unit. The remaining personnel consist of ambulance drivers, ambulance orderlies, and a light vehicle driver.

61. Veterinary Small Animal Hospital Detachment (Team ID)

a. Mission. The primary mission of the veterinary small animal hospital detachment is to provide hospitalization or medical and surgical type service for small animal patients.

b. Assignment. The veterinary small animal hospital detachment may be assigned to a field army or to a theater army logistical command.

c. Basis of Allocation. This detachment is allocated on the basis of 1 per field army and 1 per 500 animals in the communications zone (minimum of 1 per theater army logistical command) not otherwise provided small animal hospital facilities.

d. Capabilities. The veterinary small animal hospital detachment is capable of operating a veterinary hospital facility with a capacity of 50 small animal patients.

e. Employment. Normally, this detachment is located as near to supported units as the tactical situation permits in order to gain ready access to small animal patients requiring evacuation. When practicable, the detachment is established in a location affording cover and proximity to water. Maximum effort is exercised by the personnel of the detachment to prevent loss of small animals to the employing troop units by unnecessary evacuation further rearward of small animal patients which can be retained for further service in the forward areas. The organic transportation of the detachment requires augmentation with additional vehicles in order to effect an overland movement of the detachment personnel and equipment.

f. Responsibilities. The responsibilities of the veterinary small animal hospital detachment are to—

- (1) Provide veterinary care and treatment for all small animal patients evacuated to the detachment.
- (2) Restore small animal patients to service as soon as possible.
- (3) Dispose of small animals deemed unfit for further service.
- (4) Treat and prepare for further evacuation those small animal patients requiring prolonged treatment beyond the capabilities of the detachment.

g. Organization. The veterinary small animal hospital detachment includes two officers of the Veterinary Corps both of whom are qualified small animal veterinarians. The senior officer functions as the detachment commander. Enlisted personnel comprising this detachment consist of a chief veterinary animal specialist, veterinary animal specialists, a veterinary laboratory specialist, veterinary animal assistants, an admission-disposition clerk, and an animal tender.

62. Veterinary Food Inspection Detachments (Teams JA and JB)

a. Mission. The primary mission of the two veterinary food inspection detachments is to protect the health of troops and the economic interests of the government so far as these factors relate to the field of procurement, storage, and issue of food products.

b. Assignment. These detachments may be assigned to a field army or to a theater army logistical command.

c. Basis of Allocation. Normally, these detachments are allocated on the following bases:

- (1) *Team JA.* One per base installation of 10,000 troops or less in a theater not otherwise provided this service.
- (2) *Team JB.* One per 1,000 short-tons of subsistence received and issued per day in a communications zone (minimum of 1 per theater army logistical command).

d. Capabilities. The operational capabilities of these two detachments vary, but, under average operating conditions, their approximate capabilities are as follows:

- (1) *Team JA.* Normally, this team is capable of inspecting 100 short-tons of subsistence, on receipt or at issue, per day, or comparable workloads for other classes of supply inspections.
- (2) *Team JB.* Normally, this team is capable of inspecting

1,000 short-tons of subsistence received and issued per day.

e. Employment. In general, the employment of these detachments is dependent upon the scope of the food inspection services required. The same function (that of furnishing veterinary food inspection service) applies to both detachments. They may be attached to isolated units dependent upon local food supplies in countries where no such approved inspection service is available. Team JB may be augmented with one or more teams JA. Normally, these detachments are located adjacent to ration dumps or distribution points established by the Quartermaster Corps. The tactical situation will dictate the specific theater location of such quartermaster elements. Ration dumps may be located near the rear boundaries of division areas, others in the army service area, and in selected sites within a communications zone. Consequently, theater sites of the veterinary food inspection detachments will vary accordingly. The detachments may also be located at procurement points within a communications zone in order to provide food inspection service for dairies, meat packing plants, poultry processing plants, cold storage warehouses, and fish and vegetable markets. Adequate transportation is furnished for the overland movement of unit personnel and equipment of the two detachments.

f. Responsibilities. The responsibilities of the veterinary food inspection detachments are to—

- (1) Protect the health of troops against disease originating in or transmitted by spoiled, damaged, or contaminated foodstuff.
- (2) Protect the financial interests of the government by determining that the quality of food products meets the standards specified in contractual agreements.
- (3) Insure that nutritional requirements of the troops are met through issue of sound, wholesome rations of specified quality.
- (4) Conduct sanitary inspections of establishments and vehicles in which food is being processed or conveyed.
- (5) Aid in the conservation of food items by performing frequent inspections of products in storage in order to detect incipient spoilage, and make recommendations regarding disposition of same.
- (6) Recommend measures for handling products showing slight defects which, when removed, leave the food in suitable condition for issue.

(7) Report to the appropriate authority any undesirable conditions affecting military food supply sources.

g. Organization. Each officer assigned to the food inspection detachments is a qualified meat and dairy products inspector of the Veterinary Corps. Enlisted personnel assigned to these detachments are chiefly food inspection specialists. Designated specialists have an additional duty as light vehicle drivers. Comparative strengths of these two detachments may be noted in their respective TOE.

CHAPTER 18

PROFESSIONAL SERVICES TEAMS

63. General

Professional services teams may augment any medical installation or unit in a theater of operations requiring additional personnel with specialized training and experience.

64. Surgical Detachment (Team KA); Orthopedic Detachment (Team KB); Shock Detachment (Team KC); Maxillofacial Detachment (Team KD); Neurosurgical Detachment (Team KE); and Thoracic Detachment (Team KF)

a. Mission. The mission of these detachments is to augment existing facilities of their respective specialties in established medical service installations, both in the combat and communications zone, wherever required.

b. Assignment. These detachments may be assigned to a field army or theater army logistical command.

c. Basis of Allocation. These professional services teams are allocated to a theater of operations on the basis of requirements established by the theater commander.

d. Capabilities.

- (1) *Team KA.* The surgical detachment is capable of performing surgery of a general nature.
- (2) *Team KB.* The orthopedic detachment is capable of providing specialized treatment for all orthopedic cases including debridement, reduction of fractures, application of plaster casts, skeletal traction, and other orthopedic procedures.
- (3) *Team KC.* The shock detachment is capable of administering whole blood, blood derivatives, and volume expanders, and performing other procedures directed toward the prevention and treatment of shock.
- (4) *Team KD.* The maxillofacial detachment is capable of furnishing specialized dental and medical treatment for patients suffering from face and jaw wounds and fractures.

- (5) *Team KE*. The neurosurgical detachment is capable of providing specialized neurosurgical treatment to patients requiring this type care, including treatment of brain, spinal cord, and peripheral nerve injuries.
- (6) *Team KF*. The thoracic detachment is capable of furnishing specialized surgical treatment for patients suffering from chest injuries of any type.

e. Employment. When engaged in the performance of their respective missions, the location of these detachments is dependent upon the type of medical service unit for which each type detachment is providing augmentation support. Detachments employed in augmenting a mobile army surgical hospital supporting a division clearing station would be located in a division area. Detachments employed in augmenting evacuation hospitals or separate clearing companies would be located in the field army service area. In augmenting general or field hospitals in the communications zone, these professional services detachments would be located in that zone. Normally, professional services detachments are assigned or attached to a headquarters, professional service (team AG). In the interim periods between augmentation assignments, these detachments normally are located in the area where the headquarters, professional service, is operating. Normally, the detachments discussed in this paragraph do not furnish treatment for patients in the wards, but the personnel of these detachments may be used in consultative capacity when required. These detachments are considered mobile as their personnel and equipment can be moved overland in the organic vehicles of the detachments.

f. Responsibilities. Each of the detachments discussed in this paragraph is responsible for the proper performance of its respective specialized procedures as may be indicated. In addition, each detachment commander is also responsible for the maintenance and submission to the designated headquarters of such records and reports as may be prescribed.

g. Organization.

- (1) *Team KA*. The surgical detachment consists of a general surgeon (MC) who is also the detachment commander, an assistant surgeon (MC), an anesthesiologist (MC), an operating room nurse (ANC), and enlisted operating room specialists.
- (2) *Team KB*. The orthopedic detachment includes an orthopedic surgeon (MC) who also acts as the detachment commander, an assistant orthopedic surgeon (MC), an anesthesiologist (MC), an operating room nurse (ANC), and enlisted operating room specialists.

- (3) *Team KC.* The shock detachment consists of a medical officer (MC) specially trained in the treatment of shock, who also acts as the detachment commander, a general duty nurse (ANC), and enlisted medical aid men.
- (4) *Team KD.* The maxillofacial detachment includes a dental oral surgeon (DC), a plastic surgeon (MC), an anesthesiologists (MC), an operating room nurse (ANC), an enlisted oral surgeons's assistant, and operating room specialists.
- (5) *Team KE.* The neurosurgical detachment consists of a neurosurgeon (MC) who is the detachment commander, an assistant neurosurgeon (MC), an anesthesiologist (MC), an operating room nurse (ANC), and enlisted operating room specialists.
- (6) *Team KF.* The thoracic detachment includes a thoracic surgeon (MC), who also acts as the detachment commander, an assistant thoracic surgeon (MC), an anesthesiologist (MC), an operating room nurse (ANC), and enlisted operating room specialists.

65. Gas Detachment (Team KG)

a. Mission. The mission of the gas detachment is to provide support to existing medical installations in the combat or communications zone by furnishing oxygen therapy to patients suffering from lung irritants.

b. Assignment. This detachment may be assigned to a field army or to a theater army logistical command.

c. Basis of Allocation. The gas detachment is allocated to a theater of operations on the basis of 1 team per 75,000 troops or major fraction thereof. A normal allocation to a field army would consist of four detachments.

d. Capabilities. This detachment is capable of furnishing oxygen therapy for patients suffering from lung irritants who are being cared for in improvised gas sections of existing medical installations. The detachment is also capable of augmenting gas treatment sections established in hospitals, clearing stations, etc. In addition, this detachment may furnish oxygen therapy for any medical emergencies.

e. Employment. When engaged in the performance of its mission, the location and employment of the gas detachment is similar to that of the detachments discussed in paragraph 64. In the event large numbers of gas casualties accumulate as a result of an enemy chemical attack, the required number of gas detachments

may be combined with certain other cellular units (TOE 8-500) to form gas treatment facilities that will cope with the situation. The gas detachment is mobile and its personnel and equipment can be moved overland in the organic vehicles of the detachment.

f. Responsibilities. The gas detachment is responsible for supervising the care and treatment of gas casualties and for providing oxygen therapy to those patients suffering from lung irritants.

g. Organization. The gas detachment consists of a medical officer (MC) who is also the detachment commander, a detachment sergeant who is a senior medical aid man, medical aid men, aid station attendants, light vehicle drivers, and medical supply specialist.

65. X-ray Detachment (Team KH)

a. Mission. The mission of the X-ray detachment is to augment existing X-ray and fluoroscopic facilities in established medical service installations in both the combat and communications zone, wherever required.

b. Assignment. This detachment may be assigned to either a field army or to a theater army logistical command.

c. Basis of Allocation. The X-ray detachment is allocated to a theater of operations on the basis of requirements established by the theater commander.

d. Capabilities. The X-ray detachment is capable of furnishing X-ray pictures for diagnostic procedures, conducting fluoroscopic examinations, determining the location of foreign bodies, processing films and their interpretation, and performing 100 X-ray examinations per day. However, an additional generator should be provided units augmented by this detachment if the local power supply is considered inadequate.

e. Employment. When engaged in the performance of its mission, the location and employment of the X-ray detachment is similar to that of the detachments discussed in paragraph 64. The X-ray detachment is mobile and its personnel and equipment can be moved overland in the organic vehicles of the detachment.

f. Responsibilities. The X-ray detachment is responsible for the proper performance of such X-ray and fluoroscopic procedures as may be indicated. The detachment commander is also responsible for the maintenance and submission to the designated headquarters of such records and reports as may be prescribed.

g. Organization. The detachment consists of a radiologist (MC)

who is also the detachment commander and enlisted X-ray specialists.

67. Psychiatric Detachment (Team KO)

a. Mission. The mission of the psychiatric detachment in the combat zone is to augment a separate medical clearing company or any existing medical installation or unit in support of combat operations to form a specialized psychiatric treatment station. In the communications zone, the mission of this detachment is to augment the psychiatric facilities of hospital centers and general, station, and field hospitals; and to establish psychiatric facilities at overseas ports and replacement facilities for the treatment of mental patients considered salvageable for further duty within the theater.

b. Assignment. This detachment may be assigned to a field army or to a theater army logistical command.

c. Basis of Allocation. The psychiatric detachment is allocated to a field army on the basis of 1 per corps. The detachment is allocated to a theater army logistical command on the basis of 2 per field army supported.

d. Capabilities. The psychiatric detachment is capable of furnishing psychiatric treatment for 200 to 300 patients using the facilities of the medical service unit to which attached.

e. Employment. When the detachment is employed in augmenting a separate clearing company, it functions in the forward section of the field army service area. When augmenting a general, station, or field hospital in the communications zone, the detachment is located in that zone. In interim periods of assignment, the detachment normally is located in the area where the headquarters, professional service team (AG), is in operation. Therapy performed by the detachment in cases of combat exhaustion emphasizes simple treatment measures and expectancy of return to duty; narcosynthesis or hypnosis may be employed when indicated to recover repressed traumatic battlefield experiences. The detachment functions primarily on open wards, but must be professionally capable of treating closed ward cases and employing accepted procedures, such as hydrotherapy, chemotherapy, and electro-shock, as well as neurological procedures. The detachment may be utilized to provide technical supervision and furnish specialized treatment in the psychiatric sections of wards functioning as convalescent or reconditioning units. Overland movement of the detachment's personnel and equipment can be accomplished by means of the unit's organic vehicles.

f. Responsibilities. The psychiatric detachment is responsible for providing and supervising the specialized care and treatment of mental patients admitted to medical service installations augmented by the detachment.

g. Organization. The detachment consists of a chief psychiatrist (MC) who is also the detachment commander, assistant psychiatrists (MC), a neurologist (MC), a clinical psychologist (MSC), and a psychiatric social worker (MSC). Enlisted personnel include neuropsychiatric specialists, social work specialists, clinical psychology specialists, general clerks, and a bath attendant.

CHAPTER 19

DENTAL SERVICE TEAMS

68. General

The dental service teams of TOE 8-500 furnish all dental care within a theater of operations except for that provided by dental services of divisions, hospitals, and certain other medical service units. These dental service teams operate on an area basis in either general support, direct support, or reinforcing type missions. Dental service teams vary in the degree of organic administrative and logistical support means provided by their TOE's. Deficiencies in such organic means are corrected by the attachment of these teams to other units for the additional support the teams require. These teams function under the operational control of the staff dental surgeon of the command to which they are attached or assigned. When attached to a subordinate command, dental unit commanders function in the capacity of staff dental surgeons to the commanders of such units when their staffs do not include an organic staff dental surgeon.

69. Dental Operating Detachment (Team KI)

a. Mission. The mission of the dental operating detachment is to provide emergency dental treatment and a limited scope of routine dental care to units and personnel in isolated areas which are not otherwise provided with dental service. Assigned missions may include direct support of a single unit, the general support of several units, or the reinforcing of an existing dental facility.

b. Assignment. These detachments may be assigned to either a field army or to a theater army logistical command.

c. Basis of Allocation. Dental operating detachments are allocated on the basis of 1 per 1,000 troops in isolated areas, and 4 per field army.

d. Capabilities. The detachment is capable of furnishing emergency dental treatment to 1,000 troops, but since equipment is not authorized for the performance of prosthodontic and major oral surgery procedures, the scope of routine treatment capabilities is limited. The detachment conducts dental surveys as

required and provides treatment for patients as indicated by these surveys.

e. Employment. Normally, the dental operating detachment establishes a dental clinic in a central location within the area occupied by the troops for which dental service is being provided. This location generally is in the vicinity of the medical dispensary serving the same troops. If the troops being served comprise several dispersed units with considerable distance intervening, the dental operating detachment may move from unit to unit in providing dental service. Under these circumstances, information is disseminated promptly to the unit commanders concerned as to the current location of the detachment in order to expedite the treatment of dental emergency cases. This detachment is mobile, as the organic transportation is adequate for overland movement of the unit personnel and equipment.

f. Responsibilities. This detachment is responsible for the provision of emergency dental care and a limited scope of routine care, in general support of all troops in a designated area, and in direct support of one unit, or it may reinforce another dental facility or unit. If assigned a mission to support a single unit, this detachment (as well as all other dental units) may be attached for that specific purpose. It is also responsible for conducting necessary dental surveys and providing the necessary treatment indicated by these surveys.

g. Organization. The detachment is organized as a single dental operating team consisting of 1 dental officer and 1 enlisted dental assistant who also serves as a light vehicle driver.

70. Dental Service Detachment (Team KJ)

a. Mission. The primary mission of the dental service detachment is to provide dental service in a theater of operations on an area basis to all personnel except those assigned to hospitals and other medical service units, patients in hospitals, and troops provided dental service by other facilities of the dental service. In addition, these detachments provide routine dental care and treatment for all personnel included in the various types of combat divisions. The mission of this type detachment usually is one of providing general support to troops in a geographical area, but may also be one of providing direct support to a designated unit.

b. Assignment. These detachments are assigned to a field army or to a theater army logistical command.

c. Basis of Allocation. The dental service detachment is allo-

cated to a field army or to a theater army logistical command on the basis of 1 per 15,000 troops supported or major fraction thereof not otherwise provided this service, and an additional 5 per field army.

d. Capabilities. The dental service detachment is capable of providing dental care and treatment, except for those cases requiring hospitalization, for approximately 15,000 troops. The detachment is also capable of being functionally organized into several independent teams. However, in order for these independent teams to function efficiently away from the parent organization, the unit to which they may be attached must provide not only the necessary administrative and logistical support but also an adequate supply of electric power.

e. Employment. The detachment may establish a single dental clinic within a theater of operations wherever an area of troop concentration warrants this establishment. However, the dispersal of troops within the detachment's area of responsibility normally will require the establishment of several clinics in accordance with this disposition of troops. Independent mobile teams of this detachment may be used on an itinerant basis by moving them from troop unit to troop unit as required. The detachment is completely mobile when it moves as a unit.

f. Responsibilities. The dental service detachment is responsible for providing dental care and treatment, except for those cases requiring hospitalization, for approximately 15,000 troops within a prescribed area. It may be given the responsibility for providing routine dental care and treatment for personnel of combat divisions when they are in a reserve status or have been declared available for such care and treatment by their division commander.

g. Organization. The detachment may be functionally organized to include a headquarters section, 5 mobile operating teams, 3 semimobile operating teams, and a prosthetic team, as follows:

(1) *Headquarters section.* This section provides command control and performs certain administrative functions for the unit. The detachment commander (DC) is assisted by an administrative officer (MSC).

(a) *Commanding officer.* The detachment commander is responsible for the command, administration, and operation of the unit. He is directly responsible to the headquarters to which the unit is assigned.

(b) *Medical administrative assistant.* This officer assists

the commander in the administration and operation of the detachment, and performs such other duties as may be delegated to him.

- (c) *Enlisted personnel.* The enlisted personnel comprising this section include a chief dental specialist who is responsible for coordinating the activities of the enlisted personnel comprising the detachment, a medical supply specialist who functions under the administrative officer in the performance of all matters pertaining to medical and general supply, clerks who perform routine clerical and typing duties, and light vehicle drivers who operate the vehicles retained by the headquarters and perform such other duties as may be assigned to them.
- (2) *Mobile operating teams.* The 5 mobile operating teams are numbered as teams 1 through 5. Primarily, they furnish dental care and treatment to troop units. These teams may be used on an itinerant basis where there are numerous small units scattered within an area of which the rendition of dental service at a centralized clinic is not feasible. The mobile operating teams may also be used in conjunction with semimobile teams when the area of troop concentration and/or population warrants the establishment of one or more centralized dental clinics. Each mobile operating team is composed of a dental officer and an enlisted dental assistant who is also a light vehicle driver. Sufficient transportation and equipment are available and provide for the independent operation of each team.
- (3) *Semimobile operating teams.* The 3 semimobile operating teams are numbered teams 6 through 8. When established separately, teams 6 and 7 are each capable of furnishing dental care and treatment to approximately 2,000 troops, and team 8 is capable of providing such service to approximately 4,000 troops. These teams may be combined with one another or with mobile teams to establish and operate larger dental clinics when an area of troop concentration and/or population warrants this action. Teams 6 and 7 are composed of 2 dental officers and 2 dental assistants in each team. Team 8 consists of 4 dental officers and 4 dental assistants. Movement overland of these teams is accomplished by utilizing transportation of the detachment headquarters section. Additional transportation, when required, may be pro-

vided these teams by the organization being provided dental service.

- (4) *Prosthetic team.* Normally, this team functions in conjunction with one of the dental clinics established by the parent detachment. However, it may be utilized on an itinerant basis when the prosthetic needs of the troops being served and conditions of troop dispersal or concentration dictate. The team consists of one dental officer qualified as a prosthodontist, dental laboratory specialists, and a dental assistant who is qualified as a light vehicle driver. The mobility of this team is provided by a $\frac{3}{4}$ -ton truck with trailer which is adequate for the overland movement of the personnel and equipment of this team.

71. Dental Prosthetic Detachment, Mobile (Team KK)

a. Mission. The mission of the mobile dental prosthetic detachment is to provide dental prosthetic service to troops as required, or to reinforce the prosthetic service of other established dental services which have a prosthetic requirement beyond their capabilities.

b. Assignment. These detachments are assigned to a field army or to a theater army logistical command.

c. Basis of Allocation. The mobile dental prosthetic detachment is allocated to a field army and to a theater army logistical command on the basis of 1 per 30,000 non-divisional troops, or major fraction thereof.

d. Capabilities. The detachment is capable of providing prosthodontic service in an area of designated responsibility, or, of reinforcing the dental services of hospitals and dental service detachments when those facilities have prosthodontic workloads develop which are beyond their organic prosthetic capability. The detachment is also professionally capable of fabricating and repairing dental prosthetic appliances.

e. Employment. The mobile dental prosthetic detachment establishes a dental prosthetic facility in either the combat or the theater administrative zone at such locations as may be directed by the dental surgeon of the command to which the detachment is assigned. Organic transportation is adequate for the overland movement of the detachment's personnel and equipment.

f. Responsibilities. The detachment is responsible for reinforcing the prosthetic capability of the dental service to which attached, or for providing dental prosthetic treatment in accordance with requirements as determined by dental surveys.

g. Organization. The mobile dental prosthetic detachment consists of a dental officer who is a qualified prosthodontist, dental laboratory specialists, and a dental laboratory assistant who is also a light vehicle driver.

72. Dental Prosthetic Detachment, Fixed (Team KL)

a. Mission. The mission of the dental prosthetic detachment, fixed, is to provide a dental laboratory facility to reinforce the prosthetic capability of other existing dental services.

b. Assignment. This detachment is assigned only to a theater army logistical command.

c. Basis of Allocation. The dental prosthetic detachment, fixed, is allocated to a theater army logistical command on the basis of 1 per 60,000 troops in the theater administrative zone.

d. Capabilities. The detachment is capable of furnishing dental prosthetic laboratory service to existing dental services which have prosthetic requirements beyond their organic capability.

e. Employment. The unit establishes a dental laboratory in the communications zone at such locations as may be directed by higher authority. The unit's location is governed by existing communication and transportation facilities which will provide a means for the rapid transfer of dental prosthetic cases to and from the laboratory. Existing buildings or prefabricated shelters normally are used to house the facility. The location of the unit will also be influenced by the availability of electric power as that is essential for the operational use of the laboratory equipment and apparatus. As organic transportation is not furnished the unit, overland movement of the unit's personnel and equipment can only be accomplished by the utilization of transportation provided by the command to which the unit is assigned.

f. Responsibilities. The detachment is responsible for providing a laboratory-type facility to support the dental services of a specific area by performing dental prosthetic laboratory procedures.

g. Organization. The dental prosthetic detachment, fixed, is composed of two dental officers who are qualified prosthodontists, dental laboratory specialists, and dental laboratory assistants.

73. Dental Clinic, Fixed (Team KM)

a. Mission. The mission of the dental clinic, fixed, is to provide complete dental care and treatment, except for those cases requiring hospitalization, for an area in a communications zone containing a large number of troops.

b. Assignment. The unit is assigned only to a theater army logistical command.

c. Basis of Allocation. The dental clinic, fixed, is allocated to a theater army logistical command on the basis of 1 per 200,000 troops, or major fraction thereof.

d. Capabilities. The unit is capable of furnishing complete dental service, except for those patients requiring hospitalization, to a large number of troops in an area of the communications zone.

e. Employment. Normally, the unit is located in an area of the communications zone where large numbers of troops are stationed, who are expected to remain thereat for a considerable period of time. This location may be in the vicinity of a theater headquarters or a theater army logistical command headquarters. The dental clinic, fixed, may function directly under the theater army logistical command headquarters, or the headquarters of an advance or base logistical command in whose area the clinic is located. As the clinic is not provided with tentage, it must be established in available buildings or suitable semipermanent-type shelter. Vehicles furnished the unit are sufficient only for administrative and housekeeping functions. The dental clinic seldom moves, but changing tactical situations may necessitate its movement from one location to another. When movement of the clinic is required, additional transportation must be provided by the command to which the unit has been assigned.

f. Responsibilities. The dental clinic, fixed, is responsible for maintaining the dental health of all troops within its prescribed operational area.

g. Organization. The dental clinic, fixed, may be functionally organized into an administrative division for command and administration, and a professional services division for the accomplishment of the dental mission. The internal organization and operation of the clinic may be effected as follows:

(1) *Administrative division.* This division is responsible for the command, operation, and administration of the unit. It consists of the commanding officer, an administrative assistant, and enlisted personnel sufficient to provide clerical help, mail handling, procurement and issue of supplies, and the maintenance of records pertaining to the administration of the unit.

(a) *Commanding officer.* The organization is commanded by a Dental Corps officer who is responsible for the command, administration, and operation of the clinic.

Normally, he also serves as chief of the professional services division in his capacity as the chief dental clinician. He is directly responsible to the commander of the headquarters under which the unit functions.

- (b) *Administrative assistant.* A Medical Service Corps officer assists the commander in the administration and operation of the clinic. He also acts as detachment commander and unit supply officer. He is assisted in the performance of these functions by qualified enlisted personnel.
- (2) *Professional services division.* The professional services division is under the supervision of the chief dental clinician who coordinates the activities of the various professional sections. In addition to the Dental Corps officers assigned each section, sufficient qualified enlisted specialists are also provided for the accomplishment of each section's mission. Normally, the professional services division consists of the following sections:
- (a) *Examination and X-ray section.* Normally, this section is under the supervision of the chief dental clinician who acts as dental examining officer and is responsible for the dental examination of all incoming patients. He procures the required roentgenograms, outlines dental services to be performed, and routes the patients to the various sections of the dental clinic.
 - (b) *Operative section.* All phases of operative dentistry are performed by this section under the direct supervision of a dental officer who is designated as the section chief.
 - (c) *Oral surgery section.* This section performs all oral surgical procedures required for patients admitted to the clinic. The section is under the direct supervision of a qualified oral surgeon who acts as the section chief.
 - (d) *Prosthodontic section.* This section performs all phases of dental prosthetic treatment, and, in addition, maintains and operates the dental prosthetic laboratory of the clinic. It is under the direct supervision of a section chief who is a qualified prosthodontist.
 - (e) *Periodontia section.* This section performs all phases of periodontal treatment required for patients admitted to the clinic. Treatment furnished includes oral hygiene in all its phases. This function is under the direct

supervision of a periodontist who acts as the section chief.

74. Central Dental Laboratory (Team KN)

a. Mission. The mission of the central dental laboratory is to furnish central dental laboratory-type service within designated territorial limits of a theater of operations.

b. Assignment. The unit is assigned only to a theater army logistical command.

c. Basis of Allocation. The central dental laboratory is allocated to a theater army logistical command on the basis of 1 per 200,000 troops, or major fraction thereof.

d. Capabilities. The central dental laboratory is capable of providing complete dental prosthetic laboratory service including the performance of all general dental laboratory procedures in addition to those requiring special fabrication methods. It is also capable of furnishing artificial teeth, facings, and backings to other dental prosthetic units or services for specially selected cases on a case-by-case basis.

e. Employment. The laboratory may be utilized by other dental services when a prosthetic overload develops which is beyond the capabilities of these services, or for those prosthetic cases which are beyond the technical capability of the personnel or equipment of these dental services. The unit is established in a communications zone at such locations as may be directed by higher authority. Generally, the location of this laboratory will be governed by existing communication and transportation facilities which will provide a means for the rapid transfer of dental prosthetic cases to and from the laboratory. Existing buildings or prefabricated shelters must be used to house the facility. The location of the unit will also be influenced by the availability of electric power which is essential to the operational use of the laboratory equipment and apparatus. Transportation provided the laboratory is sufficient only for the performance of administrative functions. The central dental laboratory unit moves infrequently, however, when overland movement of the unit's personnel and equipment is required, additional transportation must be provided by the command under which the unit is functioning.

f. Responsibilities. The central dental laboratory is responsible for reinforcing the dental prosthetic capabilities of all other dental services by the fabrication of dental prosthetic appliances requested by other dental facilities located within the laboratory's designated area of responsibility.

g. Organization. The unit may be functionally organized into an administrative branch and a technical branch. The internal organization and operation of the laboratory may be effected as follows:

- (1) *Administrative branch.* This branch performs command control and administrative functions for the laboratory. It consists of a records office, a receiving and shipping section, and a supply and maintenance section. The laboratory commander is a staff Dental Corps officer. Assisting him in the operation of this branch is an administrative officer (MSC), clerical personnel, and a medical supply specialist.
- (2) *Technical branch.* This branch performs all dental prosthetic functions required in the execution of the unit's mission. The technical branch may be functionally organized to include a designing section, metal fabricating section, setup and processing section, and a finishing and polishing section. Included in this branch is a Dental Corps officer who is a qualified prosthodontist and enlisted personnel consisting of dental laboratory specialists, dental laboratory assistants, and dental laboratory helpers.

CHAPTER 20

MISCELLANEOUS MEDICAL SERVICE TEAMS

75. Preventive Medicine Control Detachment (Team LA)

a. Mission. The mission of the preventive medicine control detachment is to provide technical supervisory personnel for the control of disease vectors or reservoirs and related environmental hygiene functions in a division area or area of similar size in military population and to assist in training troops in environmental hygiene.

b. Assignment. The preventive medicine control detachment may be assigned to a field army or theater army logistical command.

c. Basis of Allocation. The detachment is allocated to a theater of operations on the basis of requirements established by the theater commander. A normal allocation of this detachment to a field army would consist of a total of four teams.

d. Capabilities. The preventive medicine control detachment is capable of providing technical supervisory personnel for labor details engaged in control measures for insects, rodents, and similar vectors or reservoirs of disease.

e. Employment. The mobile sections of the preventive medicine control detachment operate in any location within the boundaries of their assigned area of responsibility in pursuance of their mission of controlling environmental conditions affecting the health of the command. The assigned area of responsibility of a specific detachment is determined by the surgeon of the command to which the detachment is assigned or attached for duty. The total number of control detachments assigned to a specific area is dependent upon the extent and magnitude of environmental sanitation problems encountered in the area in question. When functioning, the detachment requires labor details from civilian, prisoner of war, or friendly troop sources. The detachment itself is not a labor unit. The unit may conduct basic surveys, when necessary, prior to initiating control measures. It may also conduct on-the-job training in the control of animal reservoirs and vectors of disease for troop unit vector control details. When acting in support of combat units, specific functions of the detachment may be carried

out as far forward as is consistent with the general tactical situation. Usually, subordinate sections of the detachment are not assigned to other units. Normally, they function under the control of the detachment headquarters since the unit is organized specifically to function as a mobile organization. The detachment's control sections are capable of working away from their headquarters at considerable distances and for extended periods of time. In the performance of its mission, the detachment cooperates with Navy, Air Force, and/or Allied Force personnel engaged in similar tasks. Normally, the detachment performs its functions in locations exterior to the bivouac areas of other units, but may be called upon to act in an advisory capacity to unit commanders in its established area of responsibility on sanitation problems encountered in unit bivouac areas. The detachment commander and the commander of the supporting preventive medicine survey detachment consult with surgeons of the units located in the area of responsibility of the respective detachments in order to determine the exact limits of the various bivouac areas within which unit vector control details have a primary responsibility. Transportation authorized for the preventive medicine control detachment is adequate for the detachment to function as a completely mobile field unit. The adequacy of organic vehicles is a factor in the unit's ability to support prolonged combat operations over extensive geographical areas.

f. Responsibilities. The primary responsibility of the preventive medicine control detachment is to render assistance to the surgeon of the command on preventive medicine problems. Specific responsibilities include:

- (1) Providing the required technical supervision of labor details engaged in the control of insect and rodent vectors and other environmental health hazards.
- (2) Defining, executing, and maintaining appropriate control measures falling within the scope of the detachment's mission.

g. Organization. The preventive medicine control detachment is a mobile unit which normally is composed of a detachment headquarters and one or more control sections. The detachment is commanded by an officer of the Medical Service Corps who may be either a sanitary engineer or an entomologist. Assisting the detachment commander at the unit's headquarters are enlisted personnel consisting of a chief preventive medicine specialist, a general equipment repairman, and a general clerk. The remaining enlisted personnel of the detachment consist of preventive medicine specialists who may function together as a

combined team or as separate sections dependent upon the mission they are required to perform.

76. Preventive Medicine Survey Detachment (Team LB)

a. Mission. The mission of the preventive medicine survey detachment is to provide professional and technical personnel for the field study, survey, and evaluation of disease vectors and reservoirs, and related environmental health problems in an area comparable in size and military population to a corps.

b. Assignment. The detachment may be assigned to a field army or theater army logistical command.

c. Basis of Allocation. The detachment is allocated to a theater of operations on the basis of requirements established by the theater commander. A normal allocation of this detachment to a field army would consist of a total of two teams.

d. Capabilities. The preventive medicine survey detachment is capable of providing technical personnel for the field study, survey, and evaluation of insect- and rodent-borne disease problems.

e. Employment. The mobile sections of the preventive medicine survey detachment operate in any location within the boundaries of their assigned area of responsibility in pursuance of their mission of investigating inimical environmental conditions affecting the health of the command. The assigned area of responsibility of a specific detachment is determined by the surgeon of the command to which the detachment is assigned or attached. When operating with a field army or corps, subordinate sections of the detachment usually are not assigned to other units. Normally, they function under the control of detachment headquarters, since the unit is organized specifically as a mobile unit. The unit operates as a mobile laboratory. When acting in support of combat units, specific functions of the detachment may be carried out as far forward as can be consistent with the general tactical situation. Normally, preventive medicine survey detachments are assigned to an area on the basis of 1 survey detachment per 3 or more control detachments for which it provides survey data. The detachment in the performance of its mission cooperates with Navy, Air Force, and/or Allied Force personnel engaged in similar tasks. The total number of survey detachments assigned to a specific area is dependent upon the extent and magnitude of environmental sanitation problems encountered in the area in question. The detachment commander and commanders of the supporting preventive medicine control detachments consult with the

surgeons of the units located in the area of responsibility of the respective detachments in order to determine the exact limits of the various bivouac areas within which unit vector control details have primary responsibility. In instances where the detachment is directed to perform specialized operations for which organic equipment is inadequate, the necessary additional materials are furnished as class IV items from appropriate technical service supply installations. The preventive medicine survey detachment also provides instruction in the control of various animal reservoirs and vectors of disease to personnel of other units during non-combat phases of training. Transportation authorized for the detachment is adequate for the unit to function as a completely mobile organization. The adequacy of organic vehicles is a factor in the unit's ability to support prolonged combat operations over extensive geographical areas.

f. Responsibilities. The detachment has a general responsibility to render assistance on matters pertaining to the potential importance and actual incidence of insect-borne and related diseases and the effectiveness of current control measures to the surgeon of the force to which attached. Specific responsibilities are to—

- (1) Cooperate with army medical laboratories, preventive medicine companies, and/or other preventive medicine control and survey detachments operating in the same area to insure the establishment of a comprehensive and efficacious control program.
- (2) Provide a mobile entomological laboratory service in connection with preventive medicine survey activities.
- (3) Perform such special field studies or surveys as may be directed by higher authority.
- (4) Operate a self-contained field unit when the necessary housekeeping services are provided.

g. Organization. The preventive medicine survey detachment is a mobile unit which normally is composed of a detachment headquarters, a laboratory section, and one or more survey sections. There are two officers of the Medical Service Corps included in this unit, one of whom is an entomologist, and the other either a parasitologist, entomologist, or sanitary engineer. The senior officer is designated as the detachment commander. Assisting the detachment commander in operating the detachment headquarters are an enlisted chief preventive medicine specialist and a general clerk. Under the supervision of an officer, a medical laboratory specialist performs laboratory functions for the detachment. The remaining enlisted personnel of the detachment consist of preventive medicine specialists who may function together as a

combined team or as separate sections dependent upon the mission they are required to perform.

77. Medical and General Dispensaries (Teams MA, MB, and MC)

a. Mission. The mission of medical and general dispensaries is to provide outpatient service for units or military personnel stationed in areas not provided with their own unit dispensary service.

b. Assignment. Normally, these dispensaries are assigned to a theater army logistical command, but they may be assigned to a field army when required.

c. Basis of Allocation. Dispensary units are allocated to a theater of operations on the basis of requirements established by the theater commander.

d. Capabilities. The medical and general dispensaries are capable of providing outpatient service to an area or installation with troop concentrations as follows:

Team MA—2,000 to 5,000 population.

Team MB—5,000 to 10,000 population.

Team MC—1,500 to 3,000 population.

The medical dispensary (team MC) is also capable of providing 10 beds for patients' overnight use or for observation purposes.

e. Employment. In general, the employment of these dispensaries is dependent upon the size of the military population to be served and the availability of contiguous hospital facilities in given areas or military installations. Variations in specific location assignments of the dispensary units will be dictated, to some extent, by the population limits each type of dispensary is capable of serving. The medical dispensary (team MC), having bed facilities for overnight care, frequently may be located in remote or isolated areas not provided with this service. Normally, the general dispensaries (teams MA and MB) are located in areas where there are considerable service troop concentrations, headquarters, rest camps, and a floating military population. These general dispensaries may also be located at debarkation points. Movement of these three types of dispensary units is held to a minimum. The dispensaries are authorized transportation sufficient only for administrative purposes. When movement is directed, the units must be provided with additional transportation by the command to which they are assigned.

f. Responsibilities. The primary responsibility of the dispensary units is to provide outpatient medical services for units or troop concentrations where this service is not otherwise provided. Specific responsibilities of these dispensaries are to—

- (1) Refer to the nearest appropriate medical service installation all patients requiring medical treatment beyond the scope of dispensary-type medical services.
- (2) Maintain and preserve specified administrative records pertaining to medical treatment and/or overnight care of patients.
- (3) Operate as self-contained units when the necessary house-keeping services are provided.

g. Organization. Each of these dispensary units is commanded by an officer of the Medical Corps. The general dispensaries (teams MA and MB) can be organized into sections: surgical; internal medicine; eye, ear, nose, and throat (EENT); and dental. The general dispensary (team MB) also has, in addition to the sections mentioned above, both laboratory and pharmacy facilities. Under normal operating conditions, the sections of these dispensaries do not provide medical treatment beyond the scope of outpatient service. The medical dispensary (team MC) can be organized into surgical, internal medicine, and dental sections. Pharmacy services can also be provided by this dispensary. In certain circumstances, the medical dispensary (team MC) may be assigned to operate in conjunction with either of the general dispensaries (teams MA and MB) because the medical dispensary (team MC) has 10 beds available for overnight care and medical observation purposes. Qualified specialized personnel included in these dispensary units make it possible to organize each of the units into sections which can provide services that are synonymous with their title, as follows:

<i>Section</i>	<i>Team MA</i>	<i>Team MB</i>	<i>Team MC</i>
Dental	Yes	Yes	Yes
Surgical	Yes	Yes	Yes
Medicine	Yes	Yes	Yes
EENT	Yes	Yes	No
Laboratory	No	Yes	No
Pharmacy	Yes	Yes	Yes

78. Blood Bank Laboratory Detachment (Team NA)

a. Mission. The primary mission of the blood bank laboratory detachment is to perform the necessary procedures involving laboratory testing, classification, processing, storing, and delivery of whole blood.

b. Assignment. The detachment may be assigned to a field army or a theater army logistical command.

c. Basis of Allocation. The blood bank laboratory detachment is allocated to a theater of operations on the basis of 1 per field

army and 1 to a theater army logistical command supporting the field army.

d. Capabilities. The detachment is capable of supervising up to 5 blood bank bleeding detachments (team NB) and has sufficient organic facilities with which to properly process 500 pints of whole blood daily and can store a maximum of 600 pints.

e. Employment. When engaged in the performance of its mission, the location of the blood bank laboratory detachment usually will conform to the tactical disposition of medical supply installations in the communications zone of the theater. When more than one blood bank bleeding detachment is utilized, the specialists of the blood bank laboratory detachment may be augmented by specialists from the blood bank bleeding detachments. These specialists assist those of the blood bank laboratory detachment in such procedures as blood typing, serology tests, and the storing of the blood. The blood storage capacity of the laboratory detachment is an important planning factor in conjunction with the utilization of the blood bank bleeding detachment. For example, if 5 bleeding detachments turn in a total of 500 pints on each of 2 consecutive days and the laboratory detachment does not make delivery to a medical supply installation, the 1,000 pints of blood on hand will exceed the storage capacity of the laboratory. This will necessitate the utilization of trucks equipped with refrigerators from the bleeding detachments which, therefore, cannot return to the field. The blood bank laboratory detachment is mobile, as its organic vehicles are sufficient for the overland movement of the detachment's personnel and equipment.

f. Responsibilities. The detachment is responsible for the performance of approved technical blood bank laboratory procedures and such other related supervisory functions as may be directed.

g. Organization. The blood bank laboratory detachment is commanded by an officer of the Medical Corps who is a qualified medical laboratory officer and is designated as the blood bank director. He is assisted by an officer of the Medical Service Corps who is a qualified clinical laboratory officer. Supply functions of the unit are supervised by a medical supply warrant officer. Enlisted personnel include medical laboratory specialists, a medical supply specialist, clerks, and light vehicle drivers.

79. Blood Bank Bleeding Detachment (Team NB)

a. Mission. The primary mission of the blood bank bleeding detachment is to procure whole blood from donors and keep the blood stored properly pending delivery to a blood bank laboratory detachment (team NA).

b. Assignment. The blood bank bleeding detachment may be assigned to a field army or a theater army logistical command.

c. Basis of Allocation. The blood bank bleeding detachment is allocated to a theater of operations on the basis of 5 per field army and 5 per theater army logistical command supporting one field army.

d. Capabilities. The detachment is capable of procuring from donors a total of 100 pints of whole blood daily.

e. Employment. When engaged in the performance of its mission, the location of the blood bank bleeding detachment conforms to the geographical area in which the blood bank laboratory unit it serves is operating. The blood bank bleeding detachment transfers the blood it has collected from donors to the blood bank laboratory unit under which it is functioning and, when necessary, assists the laboratory personnel in the processing of the blood. When the detachment completes its assigned mission, it returns to the site occupied by the laboratory unit. Organic transportation is sufficient for the overland movement of the blood bank bleeding detachment.

f. Responsibilities. The blood bank bleeding detachment is responsible for the performance of approved technical procedures prescribed for obtaining blood from donors and for its proper storage prior to delivery to a blood bank laboratory unit.

g. Organization. An officer of the Medical Service Corps who is also a qualified clinical laboratory officer commands the detachment. Enlisted personnel included in the detachment consist of medical laboratory specialists, a medical laboratory helper, and a light vehicle driver.

80. Medical Detachment (Team OA)

a. Mission. The primary mission of the medical detachment is to provide dispensary service for troops not otherwise provided unit medical service.

b. Assignment. The detachment may be assigned to a field army or theater army logistical command.

c. Basis of Allocation. Normally, the medical detachment is allocated to a theater of operations on the basis of 20 per field army and 40 per theater army logistical command.

d. Capabilities. The medical detachment is capable of providing dispensary service for approximately 1,000 troops.

e. Employment. The specific theater location of the medical detachment conforms to the tactical disposition of the unit(s) for

which medical service is being furnished. In providing area dispensary service, the detachment functions in such locations as may be directed by the area commander. When suitable buildings are available, the medical detachment utilizes the physical facilities of such shelter. When this is not feasible or possible, the dispensary normally is established under the tentage furnished the unit. The primary function of the medical detachment is to provide dispensary-type medical care and treatment for troop units not provided such organic services. Normally, these troop units by reason of their relatively small size, their service support mission, and location in rearward areas are not assigned medical unit personnel on an individual unit basis. The medical detachment(s) provide dispensary-type medical service to such troop units when they are functioning in defined area locations. In furnishing such dispensary-type medical service on an area basis, one medical detachment is usually assigned per 1,000 troops. It is supported by designated medical service units having the means to accomplish evacuation procedures. The detachment is considered mobile as the organic vehicles authorized are sufficient to move the personnel and equipment of the unit.

f. Responsibilities. The primary responsibility of the medical detachment(s) is to provide dispensary-type medical service for troop concentrations of approximately 1,000 strength. Other responsibilities are to—

- (1) Refer all patients requiring medical care beyond the capabilities of the detachment to the nearest appropriate medical service facility.
- (2) Coordinate the movement of the unit, when necessary, with the troop element(s) for which the detachment is providing medical service, when the troop element(s) move to a new area location and medical service is to be continued by the medical detachment.
- (3) Operate as a self-contained unit when the necessary house-keeping services are provided.

g. Organization. The medical detachment is commanded by a Medical Corps officer. Enlisted personnel include a detachment sergeant with an assistant, medical aid men, and aid station attendant, ambulance driver, general clerk, and a light vehicle driver.

81. Medical Illustration Detachment (Team PA)

a. Mission. The mission of the medical illustration detachment is to provide facilities for recording and/or illustrating medical procedures, cases, and specimens by the various art and photographic processes.

b. Assignment. The detachment is assigned to a theater army logistical command.

c. Basis of Allocation. The medical illustration detachment is allocated to a theater of operations on the basis of one per theater army logistical command.

d. Capabilities. The detachment is capable of furnishing art and photographic services of a medical illustrative nature, including the recording, either by means of drawings or photographs, of new and unusual surgical techniques, plastic surgery, special types of instruments and medical equipment, and special or improvised types of medical installations.

e. Employment. No specific theater location is specified for the medical illustration detachment except that under normal conditions the detachment frequently will be located in the vicinity of the theater or theater army logistical command surgeon's headquarters. Normally, the appropriate section or a combination of the medical art and the photographic sections are assigned to selected medical installations in the theater administrative zone to execute specified recordings of a medical illustrative nature. Upon completion of assignment, the section personnel return to the parent detachment headquarters for final processing of the recorded information. When the detachment operates in a fixed location, the minimum space requirement is 450 square feet. This space provides for office facilities, dark room, processing laboratories, art studio, equipment, and supply storage. In performing its mission, the detachment collects and forwards to the Armed Forces Institute of Pathology specimens and medical illustrative material suitable for museum, scientific, or medical art purposes. It also collects medical, surgical, basic science, and pathological data and specimens of definite professional value, recording such information in accordance with AR 40-31. Other functions performed by the detachment include—

- (1) Complete coverage of assignments in medical illustration by use of the various art and photographic processes as may be assigned by the theater surgeon, or deemed essential by the detachment commander.
- (2) Preparation, indexing, recording, and forwarding of all original medical illustrations of subjects included in the following categories:
 - (a) Cases of medical and surgical interest.
 - (b) Occasional representative cases of ordinary or routine medical interest.
 - (c) New and unusual medical procedures and/or medical equipment.

- (d) Subjects requested by the Medical Illustration Service, Armed Forces Institute of Pathology.
 - (e) New and/or unrecorded modifications of routine medical procedures.
 - (f) Original medical research work and/or significant medical statistical analyses.
 - (g) Gross pathological and anatomical specimens.
 - (h) Medical subjects of particular importance in the area in which a medical illustration detachment is located.
 - (i) Supplementary photographs of pertinent X-rays and/or charts.
- (3) Exposing, developing, and completing all necessary photographic procedures in the making of lantern slides, prints, and transparencies, both in black and white and in color.
 - (4) Planning the sequence and exposing motion picture footage, in color, of subjects outlined above, for transmittal to the Director, Armed Forces Institute of Pathology, Washington 25, D. C., for processing and conversion of this footage into official films. Organic transportation of the detachment is adequate for overland movement of the unit, and also permits the detachment to operate two separate sections on simultaneous missions.

f. Responsibilities. The primary responsibility of the medical illustration detachment is to record by means of art and photography, new and/or unusual medical procedures developed in the field and other medical information suitable for record, didactic, scientific, and historical purposes.

g. Organization. The medical illustration detachment may be organized into a headquarters section, a medical arts section, and a medical-clinical photographic section. Each section would be directly responsible to the detachment commander. The detachment could be functionally organized as follows:

- (1) *Headquarters section.* The detachment headquarters provides the necessary administration, control, and medical illustration services required; it prepares, preserves, and forwards records, illustrations, and films in accordance with existing directives pertinent to all subject matter illustrated; and it submits to the appropriate authority specified reports and recommendations regarding all matters coming within the scope of the unit's assigned mission. The headquarters section is composed of the detachment commander and a general clerk. The detachment commander (MSC) is qualified as a medical

photographer. He is responsible for all normal command functions including the administration, training, discipline, and operations of the detachment. He is directly responsible to the command or theater surgeon. The detachment commander maintains liaison with all persons requesting the services of the unit. He is responsible for the completion of certain projects and fields of work assigned by the theater or command surgeon to the unit, in addition to those determined essential by himself. He is also responsible for interpreting the broad professional subject matter requirements and requests placed on the unit and applying the various techniques to assure that the recorded and collected material has professional, record, and teaching value. The general clerk assists the detachment commander in the preparation of clerical documents, handling of mail, and maintaining records pertinent to the administration of the unit.

- (2) *Medical arts section.* An enlisted medical illustrator comprises this section. He is responsible for the preparation of illustrations graphically portraying new and unusual medical procedures including the drawing of wounds, surgical techniques, and modifications, together with graphic changes not otherwise photographically feasible. He also prepares charts and graphs of representative medical statistical analyses.
- (3) *Medical-clinical photographic section.* An enlisted medical photographer supervises the operation of this section including the activities of one additional medical photographer and photographic laboratory specialists assigned to the section. The two photographers record, by the use of still and motion picture equipment, cases of unusual medical and surgical interest including modifications of routine medical procedures. The photographers also record medical procedures developed in the field. Included are wounds, care and treatment activities of the sick and injured, and medical subjects of particular importance to the theater in which a medical illustration detachment is located. The photographic laboratory specialist develops the pictures taken by the medical photographers.

82. Medical Intelligence Detachment (Team QA)

a. Mission. The mission of the medical intelligence detachment is to provide for selective collection, initial examination, evalua-

tion, and classification of technical and medico-military information and the dissemination of intelligence derived therefrom.

b. Assignment. This detachment may be assigned to a field army or to a theater army logistical command.

c. Basis of Allocation. Normally, the medical intelligence detachment is allocated to a theater of operations on the basis of 3 per field army and 2 per theater army logistical command in support of each field army.

d. Capabilities. The detachment is capable of collecting, evaluating, and disseminating technical and professional information to appropriate agencies. Personnel of this unit are also capable of providing assistance in interrogation procedures, and in connection with the examination and evaluation of technical medical information obtained from prisoner of war and other sources.

e. Employment. The medical intelligence detachment is utilized in any geographical area within the theater wherever its specialized services are required. Normally, however, the unit functions in territory within or adjacent to the division areas, where it begins collecting and evaluating appropriate material and conducting other indicated investigations as soon after medical intelligence targets are uncovered and the military situation will permit. In this connection, it is emphasized that the time factor assumes considerable importance, since it is highly desirable that specially trained medical intelligence personnel collect, examine, and place in protective custody, or in the appropriate channels of evacuation, certain selected items of captured foreign-made medical equipment and supplies before such items are exposed to possible molestation, tampering, or removal from the area. Overland movement of the detachment personnel and unit equipment can be accomplished by means of the unit's organic vehicles.

f. Responsibilities. The primary responsibility of the medical intelligence detachment is to collect and disseminate technical and professional information to appropriate agencies. Other specific responsibilities include:

- (1) Obtaining and examining items of captured enemy medical supplies and equipment that may have special features or be of intelligence value.
- (2) Evaluating, initially, the overall effectiveness of the captured supplies and equipment in order to establish possible feasibility of adoption or modification of complete units, or component parts thereof, contingent upon further study and approval by the appropriate higher headquarters.

- (3) **Providing assistance**, as required, to medical supply installation personnel and to designated troop units, in the use, handling, and maintenance of such items of captured medical equipment of foreign manufacture as may be approved for reissue and use.
- (4) **Evacuating**, by the most expeditious means, selected items of captured enemy medical supplies and equipment of intelligence interest to appropriate agencies directly concerned.
- (5) **Conducting a continuing activity** directed toward uncovering and evaluating previously designated, or suspected, enemy medical intelligence targets of all types.
- (6) **Maintaining liaison** with appropriate medical supply installations to insure that inventories of useful captured enemy equipment and supplies are readily available for issue at all times.

g. Organization. The medical intelligence detachment consists of an officer of the Medical Corps who acts as the detachment commander, a medical intelligence sergeant, and a general clerk.

83. Helicopter Ambulance Medical Detachment (Team RA)

a. Mission. The principal mission of this unit is to furnish organizational or field medical evacuation service by air for patients requiring immediate and definitive medical treatment and services.

b. Assignment. This unit may be assigned to a field army.

c. Basis of Allocation. Normally, this unit is allocated to a theater of operations on the basis of 6 per field army.

d. Capabilities. This unit is capable of evacuating seriously wounded casualties by air from forward medical installations to hospitals or other medical treatment facilities in the rear.

e. Employment. Conventional theater operational areas for this unit are not prescribed. The urgency of medical evacuation requirements within elements of the field army, the nature of the terrain in active combat areas, adequacy of existing road net, and other related factors will dictate the specific geographical base of operations for the helicopter ambulance medical detachment. However, the inherent capabilities of the helicopter will generally indicate its use between battle group and battalion aid stations located in otherwise inaccessible locations, and the medical units functioning rearward of division areas, such as evacuation and mobile army surgical hospitals. The helicopter ambulance medical detachment is located within the combat zone, but specific locations vary with the individual mission assigned. The base of operations should be as

close as practicable to the headquarters of the command being supported. The surgeon of that command, when so directed by the commander, will exercise operational control over the Helicopter Ambulance Medical Detachment. For details regarding the tactical employment and utilization of this unit, see FM 8-10. Overland movement of unit personnel and equipment (less helicopters) is accomplished by means of organic transportation. Motorized equipment for gasoline storage and for servicing the unit's five helicopters is provided.

f. Responsibilities. The primary responsibility of the helicopter ambulance medical detachment is to provide medical evacuation by air of casualties requiring urgent and special types of medical care and treatment. Other responsibilities include—

- (1) Transporting medical supplies (particularly whole blood) and/or medical service personnel between field medical units when such function is authorized by the controlling headquarters.
- (2) Augmenting in designated situations, ground evacuation facilities in transporting within the combat zone seriously wounded casualties over unusually long evacuation routes; from mountainous terrain; and performing air evacuation functions in other special or emergency type situations.
- (3) Serving as an auxiliary means of establishing and maintaining liaison between the command surgeon controlling helicopter evacuation, and the forward medical units being served by the unit.
- (4) Compiling and submitting such routine and special reports and records as may be prescribed by the appropriate headquarters.

g. Organization. Medical Service Corps officers are assigned as unit commander, medical evacuation pilots, and as operations officer. The unit commander and the medical evacuation pilots must also be qualified as field medical assistants. The operations officer serves as liaison officer on duty in the surgeon's office of the appropriate higher headquarters. Enlisted personnel include a helicopter maintenance supervisor, helicopter crew chiefs, helicopter mechanics and helpers, medical aid men, an administrative specialist, general clerk, radio mechanic, radio telephone operators, light vehicle driver, and a medical supply specialist who is also qualified as a unit general supply specialist.

APPENDIX
REFERENCES

-
- AR 40-31 Central Facilities Provided for Department of Defense by Armed Forces Institute of Pathology and Histopathology Centers.
- AR 40-440 Army Medical Laboratories.
- AR 165-15 Functions of Chaplains, Commanders' Responsibilities, and Reports.
- AR 320-5 Dictionary of United States Army Terms.
- AR 320-50 Authorized Abbreviations and Brevity Codes.
- DA Pam 108-1 Index of Army Motion Pictures, Film Strips, Slides, and Phono-Recordings.
- DA Pam 310-series. Indexes to Military Publications.
- TB MED 246 Early Medical Management of Mass Casualties in Nuclear Warfare.
- FM 8-10 Medical Service, Theater of Operations.
- FM 21-5 Military Training.
- FM 21-6 Techniques of Military Instruction.
- FM 21-30 Military Symbols.
- FM 101-10 SOFM: Organization, Technical, and Logistical Data.
- ATP 8-200 Medical Service Units and Teams.
- ATP 21-160 Cadre Training.
- ATT 8-1 Medical Service Units and Teams.
- TOE 5-6 Headquarters and Headquarters Company, Armored Division Engineer Battalion.
- TOE 5-16 Headquarters and Headquarters Company, Infantry Division Engineer Battalion.
- TOE 5-226 Headquarters and Headquarters Company, Airborne Division Engineer Battalion.
- TOE 6-101 Headquarters and Headquarters Battery, Infantry Division Artillery.
- TOE 6-116 Headquarters and Headquarters Battery, Field Artillery Howitzer Battalion, Towed, Infantry Division.
- TOE 6-126 Headquarters and Headquarters Battery, Field Artillery Howitzer Battalion, Self-Propelled, Infantry Division.

- TOE 6-136 Headquarters and Headquarters Battery, Field Artillery Rocket/Howitzer Battalion, Infantry Division.
- TOE 6-201 Headquarters and Headquarters Battery, Airborne Division Artillery.
- TOE 6-301 Headquarters and Headquarters Battery, Armored Division Artillery.
- TOE 6-316 Headquarters and Headquarters Battery, Field Artillery Howitzer Battalion, 105mm, Self-Propelled.
- TOE 6-326 Headquarters and Headquarters Battery, Field Artillery Rocket/Howitzer Battalion, SP, Armored Division.
- TOE 7-2 Infantry Division Headquarters and Headquarters Company.
- TOE 7-12 Headquarters and Headquarters Company, Infantry Division Battle Group.
- TOE 7-26 Headquarters and Headquarters Company, Armored Infantry Battalion.
- TOE 7-32 Headquarters and Headquarters Company, Airborne Division Battle Group.
- TOE 8-15 Infantry Division Medical Battalion.
- TOE 8-16 Headquarters and Headquarters Detachment, Infantry Division Medical Battalion.
- TOE 8-17 Ambulance Company, Infantry Division Medical Battalion.
- TOE 8-18 Clearing Company, Infantry Division Medical Battalion.
- TOE 8-22 Headquarters and Headquarters Detachment, Medical Group.
- TOE 8-26 Headquarters and Headquarters Detachment, Medical Battalion, Separate.
- TOE 8-27 Medical Collecting Company, Separate.
- TOE 8-28 Medical Clearing Company, Separate.
- TOE 8-57 Medical Holding Company.
- TOE 8-67 Airborne Division Medical Company.
- TOE 8-75 Armored Division Medical Battalion.
- TOE 8-76 Headquarters and Headquarters Detachment, Armored Division Medical Battalion.
- TOE 8-77 Ambulance Company, Armored Division Medical Battalion.
- TOE 8-78 Clearing Company, Armored Division Medical Battalion.
- TOE 8-117 Preventive Medicine Company.
- TOE 8-187 Medical Depot, Theater Administrative Zone.

TOE 8-317	Medical Ambulance Company, Separate.
TOE 8-500	Medical Service Organization.
TOE 8-510	Field Hospital.
TOE 8-520	Ambulance Train, Rail.
TOE 8-551	General Hospital, 1,000-Bed, Communications Zone.
TOE 8-563 through 567.	Station Hospitals, Communications Zone.
TOE 8-571	Mobile Army Surgical Hospital.
TOE 8-581	Evacuation Hospital, Semimobile.
TOE 8-590	Convalescent Center, Army or Communications Zone.
TOE 8-650	Medical Laboratory.
TOE 8-667	Army Medical Depot.
TOE 10-46	Headquarters and Headquarters Detachment, Armored Division Quartermaster Battalion.
TOE 12-7	Infantry Division Administration Company.
TOE 12-27	Armored Division Administration Company.
TOE 12-157	Airborne Division Administration Company.
TOE 17-2	Armored Division Headquarters and Headquarters Company.
TOE 17-26	Headquarters and Headquarters Company, Armored Division Armor Battalion, 90mm.
TOE 17-46	Headquarters and Headquarters Troop, Armored Division Cavalry Squadron.
TOE 17-66	Headquarters and Headquarters Company, Infantry Division Armor Battalion, 90mm.
TOE 17-86	Headquarters and Headquarters Troop, Infantry Division Cavalry Squadron.
TOE 29-51	Airborne Division Support Group.
TOE 29-52	Headquarters and Headquarters Detachment, Airborne Division Support Group.
TOE 29-55	Airborne Division Maintenance Battalion.
TOE 29-500	Composite Service Organization.
TOE 57-6	Headquarters and Headquarters Company, Airborne Division Command and Control Battalion.

INDEX

	Paragraphs	Page
Activities of units, internal. (<i>See Units.</i>)		
Administration of units. (<i>See Units.</i>)		
Cellular units. (<i>See Units, cellular.</i>)		
Communications zone medical service units. (<i>See Units, communications zone.</i>)		
Division medical service:		
Airborne division -----	26, 27	20
Armored division -----	20-23	16
Infantry division -----	14-17	10
Division medical service units. (<i>See Units, division.</i>)		
Field army medical service units. (<i>See Units, field army.</i>)		
Functions of units. (<i>See Units.</i>)		
Medical service, levels -----	5	4
Missions of units. (<i>See Units.</i>)		
Organization of units. (<i>See also Units.</i>)		
General organization -----	3	4
Tables of organization and equipment:		
Changes -----	4	4
Numerical designations. (<i>See Units.</i>)		
Teams, types. (<i>See also Units, cellular.</i>)		
Ambulance:		
Helicopter -----	83	145
Motor -----	60	111
Blood bank:		
Bleeding -----	79	138
Laboratory -----	78	137
Command and control -----	52-56	95
Dental service -----	69-74	122
Gas -----	65	118
Illustration, medical -----	81	140
Intelligence, medical -----	82	143
Maintenance, medical equipment -----	59	109
Maxillofacial -----	64	116
Medical service, dispensary-type -----	77, 80	136, 139
Neurosurgical -----	64	116
Optical -----	58	108
Orthopedic -----	64	116
Preventive medicine:		
Control -----	75	132
Survey -----	76	134
Shock -----	64	116
Supply, medical -----	57	107

	Paragraphs	Page
Teams, types—Continued		
Surgical.....	64	116
Thoracic.....	64	116
Veterinary service.....	61, 62	112, 113
X-ray.....	66	119
Training of units.....	6-9	5
Unit medical service:		
Airborne division.....	24, 25	18
Armored division.....	18, 19	14
Infantry division.....	11-13	7
Units:		
Cellular (TOE 8-500):		
Ambulance Detachment (Team HA).....	60	111
Battalion Headquarters (Team AD).....	52	95
Blood Bank Bleeding Detachment (Team NB).....	79	138
Blood Bank Laboratory Detachment (Team NA).....	78	137
Central Dental Laboratory (Team KN).....	74	130
Company Headquarters (Team AC).....	52	95
Dental Clinic, Fixed (Team KM).....	73	127
Dental Operating Detachment (Team KI).....	69	122
Dental Prosthetic Detachment, Fixed (Team KL).....	72	127
Dental Prosthetic Detachment, Mobile (Team KK).....	71	126
Dental Service Detachment (Team KJ).....	70	123
Gas Detachment (Team KG).....	65	118
Headquarters, Hospital Center (Team AH).....	56	101
Headquarters, Professional Service (Team AG).....	55	100
Headquarters, Unit Receiving Center (Team AE).....	53	97
Headquarters, Veterinary Service (Team AF).....	54	99
Helicopter Ambulance Medical Detachment (Team RA).	83	145
Maxillofacial Detachment (Team KD).....	64	116
Medical and General Dispensaries (Teams MA, MB, and MC).	77	136
Medical Detachment (Team OA).....	80	139
Medical Equipment Maintenance Detachments (Teams GC, GD, and GE).	59	109
Medical Illustration Detachment (Team PA).....	81	140
Medical Intelligence Detachment (Team QA).....	82	143
Medical Supply Detachments (Teams FA, FB, and FC).	57	107
Neurosurgical Detachment (Team KE).....	64	116
Optical Detachments (Teams GA and GB).....	58	108
Orthopedic Detachment (Team KB).....	64	116
Platoon Headquarters, Component (Team AA).....	52	95
Platoon Headquarters, Separate (Team AB).....	52	95
PVNTMED Control Detachment (Team LA).....	75	132
PVNTMED Survey Detachment (Team LB).....	76	134
Shock Detachment (Team KC).....	64	116
Surgical Detachment (Team KA).....	64	116
Thoracic Detachment (Team KF).....	64	116
Veterinary Food Inspection Detachments (Teams JA and JB).	62	113

	Paragraphs	Page
Units—Continued		
Cellular (TOE 8-500)—Continued		
Veterinary Small Animal Hospital Detachment (Team ID).	61	112
X-ray Detachment (Team KH)	66	119
Communications zone:		
Ambulance train, rail (TOE 8-520)	47	82
Convalescent center, army or communications (TOE 8-590).	43	76
Field hospital (TOE 8-510)	42	70
General hospital, 1000-bed, communications zone (TOE 8-551).	40	57
Medical depot, communications zone (TOE 8-187)	45	77
Medical laboratory (TOE 8-650)	48	84
Preventive medicine company (TOE 8-117)	49	87
Station hospital, communications zone (TOE 8-563 through 8-567).	41	64
Division:		
Airborne:		
Airborne division medical company (TOE 8-67) ..	27	20
Medical platoon, headquarters and headquarters company, airborne division battle group (TOE 7-32).	25b	18
Medical section, headquarters and headquarters battery, airborne division artillery (TOE 6-201).	25e	19
Medical section, headquarters and headquarters company, airborne division command and control battalion (TOE 57-6).	25d	19
Medical section, headquarters and headquarters company, airborne division engineer battalion (TOE 5-226).	25c	19
Armored:		
Ambulance company, armored division medical battalion (TOE 8-77).	22	16
Armored division medical battalion (TOE 8-75) ..	20	16
Clearing company, armored division medical battalion (TOE 8-78).	23	17
Headquarters and headquarters detachment, armored division medical battalion (TOE 8-76).	21	16
Medical section, armored division headquarters and headquarters company (TOE 17-2).	19b	14
Medical section, headquarters and headquarters battery, armored division artillery (TOE 6-301).	19c	14
Medical section, headquarters and headquarters battery, field artillery rocket/howitzer battalion, SP, armored division (TOE 6-326).	19e	15
Medical section, headquarters and headquarters battery, field artillery howitzer battalion, 105 mm, SP (TOE 6-316).	19e	15

	Paragraphs	Page
Units—Continued		
Division—Continued		
Armored—Continued		
Medical section, headquarters and headquarters company, armored division armor battalion, 90 mm, (TOE 17-26).	19 <i>f</i>	15
Medical section, headquarters and headquarters company, armored division engineer battalion (TOE 5-6).	19 <i>h</i>	15
Medical section, headquarters and headquarters company, armored infantry battalion (TOE 7-26).	19 <i>g</i>	15
Medical section, headquarters and headquarters detachment, armored division quartermaster battalion (TOE 10-46).	19 <i>d</i>	14
Medical section, headquarters and headquarters troop, armored cavalry squadron (TOE 17-46).	19 <i>f</i>	15
Infantry:		
Ambulance company, infantry division medical battalion (TOE 8-17).	16	12
Clearing company, infantry division medical battalion (TOE 8-18).	17	12
Headquarters and headquarters detachment, infantry division medical battalion (TOE 8-16).	15	10
Infantry division medical battalion (TOE 8-15)	14	10
Medical platoon, headquarters and headquarters company, infantry division battle group (TOE 7-12).	12	7
Medical section, headquarters and headquarters battery, field artillery howitzer battalion, SP, infantry division (TOE 6-126).	13 <i>d</i>	9
Medical section, headquarters and headquarters battery, field artillery howitzer battalion, towed, infantry division (TOE 6-116).	13 <i>d</i>	9
Medical section, headquarters and headquarters battery, field artillery rocket/howitzer battalion, infantry division (TOE 6-136).	13 <i>d</i>	9
Medical section, headquarters and headquarters battery, infantry division artillery (TOE 6-101).	13 <i>c</i>	9
Medical section, headquarters and headquarters company, infantry division armor battalion, 90-mm (TOE 17-66).	13 <i>e</i>	9
Medical section, headquarters and headquarters company, infantry division engineer battalion (TOE 5-16).	13 <i>b</i>	9
Medical section, headquarters and headquarters troop, infantry division cavalry squadron (TOE 17-86).	13 <i>e</i>	9
Medical section, infantry division headquarters and headquarters company (TOE 7-2).	13 <i>b</i>	9

	Paragraphs	Page
Units—Continued		
Field army:		
Command and control:		
Headquarters and headquarters detachment, medical battalion, separate (TOE 8-26).	29	25
Headquarters and headquarters detachment, medical group (TOE 8-22).	28	23
Evacuation:		
Medical ambulance company, separate (TOE 8-317).	33	31
Medical clearing company, separate (TOE 8-28)	31	28
Medical collecting company, separate (TOE 8-27)	32	30
Medical holding company (TOE 8-57) -----	34	33
Hospitalization:		
Convalescent center army or communications zone (TOE 8-590).	37	44
Evacuation hospital, semimobile (TOE 8-581) ---	35	36
Mobile army surgical hospital (TOE 8-571) -----	36	41
Supply, medical:		
Army medical depot (TOE 8-667) -----	39	53

[AG 700 (23 Jul 59)]

By Order of *Wilber M. Brucker*, Secretary of the Army :

L. L. LEMNITZER,
General, United States Army,
Chief of Staff.

Official:

R. V. LEE,
Major General, United States Army,
The Adjutant General.

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| DCSLOG (2) | Br Svc Sch (5) except |
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| Bde (3) | Mil Msn (1) |
| Regt/Gp/Bg (3) | Units org under fol TOE: |
| except Med Gp (5) | 8-500 (1) |
| Bn (2) | 8-520 (2) |
| except Med Bn (5) | 8-590 (2) |

NG: State AG (3); units—same as Active Army except allowance is one copy to each unit.

USAR: Same as Active Army.

For explanation of abbreviations used, see AR 320-50.