

Chapter 5

Sustaining the Soldier

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HEALTH SERVICE SUPPORT

The objective of the health service support system is to conserve trained manpower. This system provides a continuum of care. This starts at the point of injury or wounding and continues through the theater of operations to the CONUS support base. To achieve its objective, the HSS system is tailored into echelons or levels of care.

Echelon I, unit-level, HSS is provided by designated elements or individuals organic to the unit. These individuals are found in combat, combat support, and combat service support units. Major emphasis at this level of support is to stabilize and evacuate the casualty. Necessary measures are taken to treat and medically stabilize the casualty for evacuation to the next level of care. The following are treatment and stabilization procedures followed at the unit level:

- *Self-aid and buddy-aid.* Each soldier trains to be proficient in a variety of specific first aid procedures. Included in these procedures is aid for chemical casualties with particular emphasis on lifesaving tasks. This training teaches the soldier to give immediate care during a possibly life-threatening situation.
- *Combat lifesaver.* The unit commander selects nonmedical unit members to receive additional training to increase medical skills beyond basic first aid procedures. After training, these personnel are called combat lifesavers. Each squad, crew, team, or equivalent-size unit will have at least one combat lifesaver. The primary duty of the combat lifesaver does not change. The additional duty of the combat lifesaver is performed when the tactical situation permits.
- *Combat medic.* This is the first individual in the HSS chain who makes medically substantiated decisions based on MOS-specific training.
- *Treatment squad (aid station).* This element is trained and equipped to provide physician-directed

advance trauma management to battlefield casualties. It also conducts routine sick call when not engaged in combat. Like elements provide this level of care in division, corps, and COMMZ units.

Echelon II, division-level, HSS is usually conducted at the clearing station. DISCOM medical companies operate clearing stations in the DSA and BSAs. The clearing station initially examines the casualty. The wounds and general status of the casualty are evaluated. This evaluation determines priority for treatment or evacuation. Emergency care including initial resuscitation continues. If necessary, additional emergency measures are instituted. However, they do not go beyond the measures dictated by the immediate treatment.

A medical treatment facility provides Echelon III HSS. The MTF is staffed and equipped to provide resuscitation, initial wound surgery, and postoperative treatment. Patients whose wounds are life-threatening may receive surgical care in a hospital (mobile Army surgical hospital) in the division rear area.

An MTF also provides Echelon IV HSS. This MTF is staffed and equipped for general and specialized medical and surgical care and reconditioning rehabilitation for return to duty.

MODULAR MEDICAL SUPPORT SYSTEM

A significant factor to the continuous and responsive medical support provided on the battlefield is the medical modular support system. This system standardizes all medical subunits within the division. The modular design allows the medical resource manager to rapidly tailor the force to respond to areas of critical need. The manager is able to augment, reinforce, or reconstitute almost anywhere on the battlefield. This system is designed to acquire, receive, and sort (triage) casualties. The system also provides emergency medical treatment and ATM.

HSS starts in the forward areas with the combat medic supporting each combat platoon or company team. From forward areas, patient evacuation is initially to the battalion medical platoon or section treatment squad (battalion aid station). From the battalion aid station, evacuation is then to the medical company treatment platoon (division clearing station).

Each module in the system is oriented to forward casualty assessment, collection, evacuation, treatment, and initial emergency surgery. When effectively employed they provide greater flexibility, mobility, and patient care capabilities than have been previously available. The five modules associated with the division are the:

- *Combat medic module.* This module consists of one combat medical specialist and his prescribed load of medical supplies and equipment.
- *Ambulance squad module.* This module provides for evacuation of casualties throughout the division and ensures continuity of care en route.
- *Treatment squad module.* This module consists of a primary care physician, physician's assistant, and six medical specialists. The squad is trained and equipped to provide ATM to the battlefield casualty. To maintain contact with the supported elements, each squad has two emergency treatment vehicles. Each squad can split into two treatment teams.
- *Area support squad module.* The area support squad module consists of one dentist trained in ATM, a dental specialist, an X-ray specialist, and a medical laboratory specialist.
- *Patient-holding squad module.* This squad is capable of holding and providing minimal care for up to 40 patients who can return to duty within 72 hours. This squad is organic to the medical companies of separate brigades, divisions, and armored cavalry regiments. It is also organic to echelons-above-division, area support medical battalions. The commander has the flexibility to adjust holding capacity based on METT-T (capacity cannot exceed 40 beds). These patients are usually ambulatory. Their condition generally allows for light duty such as helping fellow soldiers or assisting in the movement of the holding squad. Holding soldiers in the holding squad reduces the burden on limited corps and division evacuation assets. This helps improve the mortality

and morbidity rates for seriously injured soldiers. Division and corps evacuation assets are free to focus on their evacuation, since they are not burdened with the evacuation of soldiers with minor injuries. The holding squad personnel are also trained for mass casualty situations. They can help in triage, management, and treatment of heavy loads of casualties.

DIVISION SURGEON

Though assigned to the division HHC, the division surgeon works closely with DISCOM medical elements to provide HSS throughout the division area. The division surgeon's immediate staff consists of a chief medical NCO, a clerk typist, and a patient specialist. These personnel along with the DMOC staff assist the division surgeon in the performance of his duties. The division surgeon is a special staff officer and is normally aligned with the G1. The division commander charges the surgeon with full responsibility for the technical control of all medical activities within the division. The division surgeon advises the division commander on all medical and medical-related issues. The surgeon's responsibilities include –

- Advising on the health status of the command and of the occupied or friendly territory within the commander's AO.
- Advising on the medical effects of the environment, NBC, and directed energy devices on personnel, rations, and water.
- Determining requirements for the requisition, procurement, storage, maintenance, distribution management, and documentation of medical, dental, and optical equipment and supplies.
- Coordinating with medical unit commanders, to include medical platoon leaders, for continuous HSS.
- Submitting to higher headquarters those recommendations on professional medical problems which require research and development.
- Recommending use of captured Class VIII supplies and equipment in support of EPW and other recipients.
- Advising on medical intelligence requirements including the examination and processing of captured medical supplies and equipment.
- Coordinating, as required with the corps medical resources and surgeon concerning HSS-related activities.

The following is a list of HSS operations requiring specific planning and coordinating from the surgeon's office:

- Treatment and medical evacuation, including aeromedical by Army air ambulance units.
- Dental service.
- Veterinary food inspection, animal care, and veterinary preventive medicine activities for the command as required.
- Professional support in subordinate units.
- Medical laboratory and blood banking service.
- Preventive medicine services.
- Medical supply, optical, and maintenance support, including technical inspection and status reports.
- Medical civic action programs.
- HSS aspects of rear operations.
- Preparation of reports regarding medical administrative records of injured, sick, and wounded personnel.
- Collection and analysis of operational data for on-the-spot adjustment in the HSS structure. This data is also used in postwar combat and materiel development studies.
- Supervision of HSS activities throughout the division and provision of technical guidance as required to ensure compliance with professional standards, approved doctrine, and division HSS SOP.

DIVISION MEDICAL OPERATIONS CENTER

The DMOC is the medical staff element of the DISCOM headquarters. It is responsible for advising and assisting the DISCOM commander and staff in determining requirements for HSS. In coordination with the division surgeon and appropriate elements of the division coordinating staff group, it is responsible for planning, coordinating, monitoring, and ensuring HSS to the division. It is responsible for synchronizing HSS operations to achieve maximum use of division and corps medical elements under operational control or attachment to the division. The specific functions of the DMOC include, but are not limited to, the following:

- Developing and coordinating patient evacuation support plans with the DISCOM and division staff and with the corps medical evacuation battalion.
- Coordinating corps-level HSS for the division

with the corps medical group or brigade.

- Coordinating Army airspace command and control information with supporting corps air ambulance assets operating in the division. This is done through the G3 and brigade S3 air.
- Obtaining and providing road clearances and priorities for use of evacuation routes for supporting corps ground ambulances.
- Monitoring medical troop strength to determine task organization for mission accomplishment.
- Forwarding all medical information of potential intelligence value to the DISCOM S2/S3 section.
- Obtaining updated medical threat information and intelligence through the S2/S3 section for evaluation and applicability.
- Monitoring and advising on the disposition of captured medical supplies and equipment.
- Coordinating combat stress control support to forward areas.
- Coordinating preventive medicine support to forward areas.
- Providing training for and establishing maintenance priorities for repair and exchange of medical equipment using the theater army medical management information system.
- Evaluating emergency supply requests to the corps medical logistics facility and taking the necessary action to expedite shipment.
- Analyzing division medical supply operations, identifying trends in performance, and providing technical advice as necessary.
- Establishing and managing, in coordination with the division and DISCOM surgeons, the medical critical item list.
- Monitoring the medical equipment maintenance program established by the DMSO to ensure it remains a viable program.
- Assisting in the evacuation and replacement of medical equipment with the medical logistics facility.
- Providing technical staff assistance for the DMSO, as required, to ensure division-wide+ Class VIII supply support.
- Establishing procedures for and coordinating the disposition of captured medical materials.

MSB MEDICAL COMPANY

The MSB medical company provides division-and unit-level HSS, medical staff advice, and help to units in the DSA that are not otherwise supported. It also provides evacuation from the BSA and reinforces the FSB medical companies. The company consists of a headquarters, medical supply office, preventive medicine section, mental health section, optometry section, treatment platoon, and ambulance platoon. See Figure 5-1. FM 63-21 gives a full discussion of the operations of this company.

The company provides –

- Advice and help to the MSB commander and his staff on matters for conserving the strength of members of the command; preventive, curative, and restorative care; and related services.
- Triage, initial resuscitation, stabilization and preparation for evacuation of sick and wounded, and treatment of patients generated in the DSA.
- Mobile facilities for receiving and sorting patients.
- Reinforcement and reconstitution of FSB medical evacuation assets.
- Evacuation from unit-level medical elements and other units in the division rear without organic ambulances and medical support.
- Emergency and preventive dentistry care and consultation services.
- Emergency psychiatric treatment and mental health consultation services. This includes battle fatigue treatment.
- Division-level medical resupply to division and nondivisional units on an area basis.
- Patient holding for up to 40 patients able to return to duty within 72 hours,
- Limited laboratory and radiology services for division-level treatment.
- Preventive medicine and environmental health surveillance, inspection, and consultation services for division units.
- Optometric support limited to eye examinations, spectacle frame assembly using presurfaced single-vision lenses, and repair services.

FSB MEDICAL COMPANY

As discussed in FM 63-20, the forward support medical company provides division-and unit-level HSS to all

units operating in the supported brigade area on an area basis. As shown in Figure 5-2, page 5-6, the company consists of a company headquarters, treatment platoon, and ambulance platoon.

The company performs the following functions:

- Treatment of patients with minor diseases and illnesses, triage of mass casualties, initial resuscitation and stabilization, advanced trauma management, and preparation for further evacuation of patients incapable of returning to duty.
- Ground evacuation for patients from battalion aid stations and designated collection points.
- Emergency dental care.
- Emergency medical resupply to units in the brigade area.
- Medical laboratory and radiology services commensurate with division-level treatment.
- Outpatient consultation services for patients referred from unit-level MTFs.
- Patient holding for up to 40 patients able to return to duty within 72 hours.
- Coordination with the UMT for required religious support.

MEDICAL SUPPLY OPERATIONS

The division medical supply office, which is part of the MSB medical company, is responsible for providing medical supply and unit-level medical maintenance support to the medical treatment elements within the division. The DMSO manages Class VIII supplies and equipment and executes the health service logistics plans.

The DMSO performs its mission by operating under the supply point distribution system. While each medical unit maintains its own basic load of medical supplies, the DMSO carries division operating stocks. The DMSO normally stocks a 5-day level of selected medical supply items. The number of days of supply and any additional items maintained by the DMSO are determined only after certain considerations are made. The division's mission, its location, and guidance from the division surgeon, and the DMOC medical materiel manager influence the final decision.

During deployment, lodgment, and early build-up phases, medical units operate from planned prescribed loads and from existing prepositioned war reserve

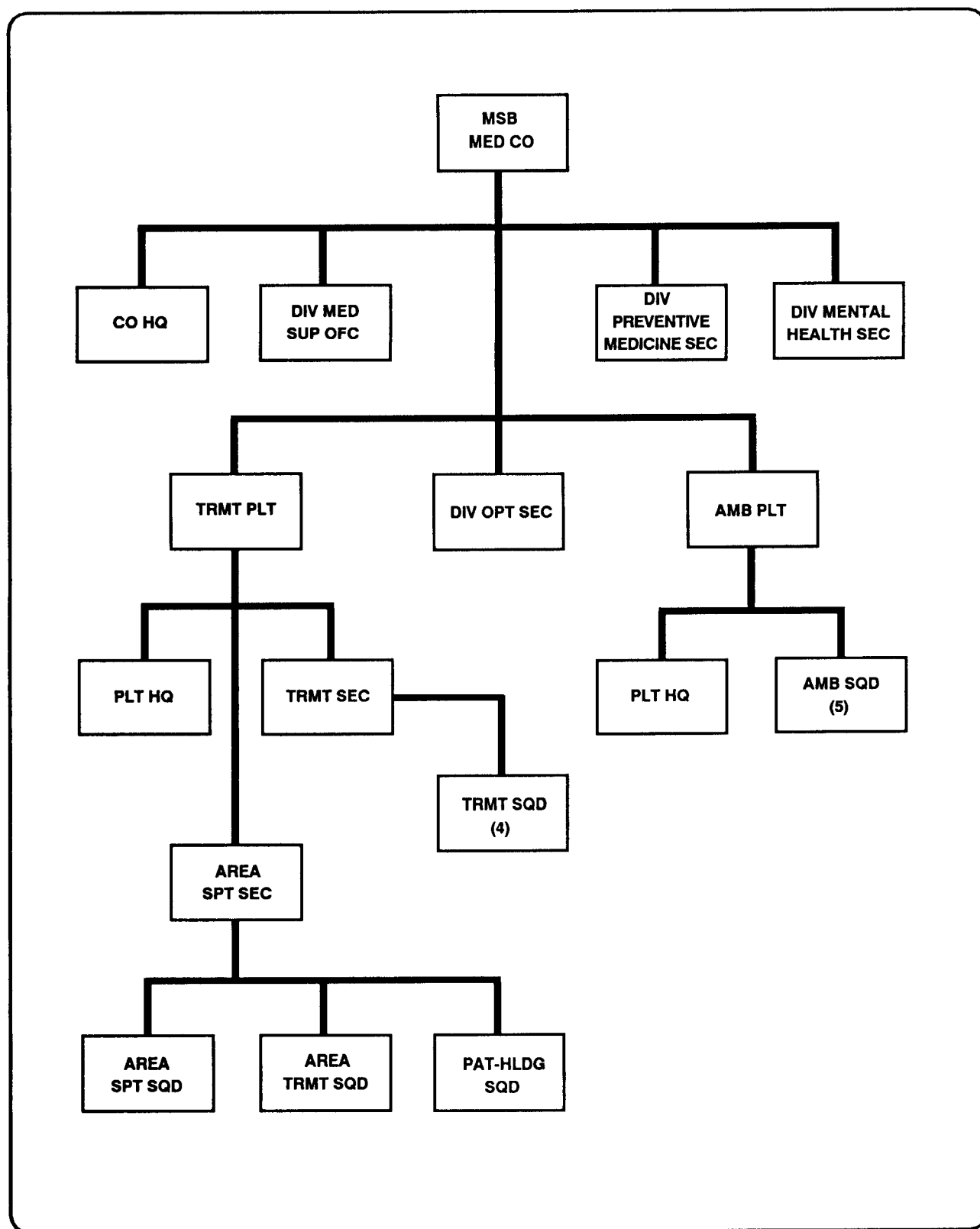


Figure 5-1. Organization of the MSB medical company.

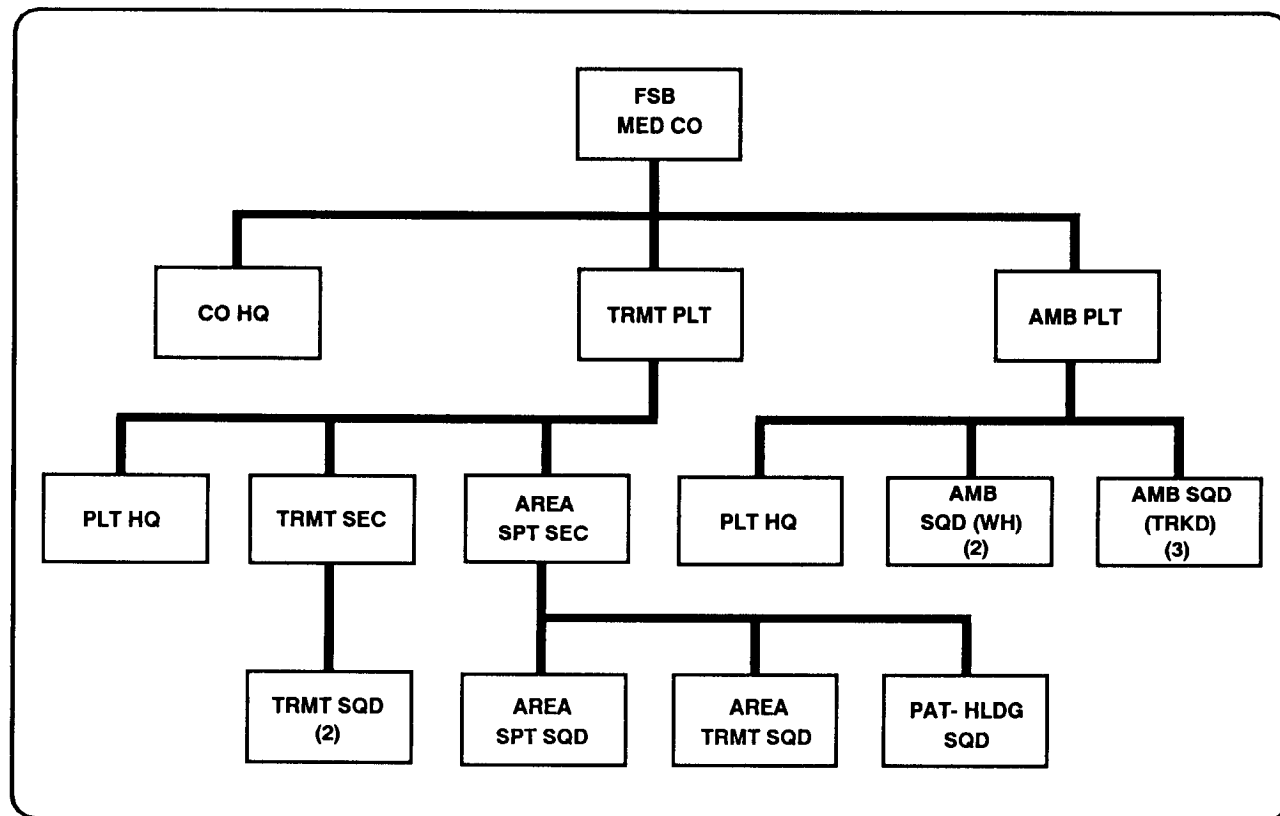


Figure 5-2. Organization of the FSB medical company.

stockpiles. These stockpiles are identified in the applicable logistics plan. Planning is a function of the DMOC in coordination with the division surgeon.

Initial resupply efforts may consist of preconfigured medical supply packages tailored to meet specific mission requirements. These preconfigured packages are pushed directly to the division. This continues until replenishment by line item requisitioning is established with the supporting medical logistics facility. Resupply by preconfigured packages is intended to support the initial phases of an operation. Continuation of this type of support is done on an exception basis. The primary reason for continuation would be operational needs. Planning for such a contingency must be directly coordinated with the DMSO. The DMSO will coordinate further Class VIII requirements with the supporting medical logistics facility.

The DMSO issues from the stock on hand or forwards the requisition to the corps medical logistics facility, using the division TACCS as required. The MCO coordinates the shipment of medical material from the DSA to the user in the forward area. Another method available is the backhaul method which uses medical evacuation resources.

Resupply of forward deployed battalion aid stations is the responsibility of the FSB medical company. Medical supply personnel operate a resupply point for the maneuver BASS based on supply point distribution. Backhaul transportation of medical supplies using returning ground and air ambulances is the preferred method of moving medical supplies to forward deployed units.

Resupply of the FSB medical company is performed by the DMSO. Requests submitted to the DMSO from the division medical treatment elements may be informal. This is in contrast to the formal procedures normally associated with support between the combat zone medical logistics facility and the DMSO. Requests may come by message with returning ground or air ambulances, by land lines, or through FM command nets within the division.

Emergency requests are immediately processed by the DMSO and issued to the requesting unit from on-hand stocks. The medical materiel branch of the DMOC has the responsibility for monitoring all emergency requirements. The DMSO coordinates with the DISCOM for transportation to fill emergency

requests which cannot be filled from on-hand stocks. This coordination is also done to meet shortfalls in the supply point distribution system.

Division medical maintenance support is provided by the DMSO. Medical maintenance personnel provide unit-level medical maintenance for repair of their own equipment as well as area support to units without such capabilities. The DMSO biomedical equipment maintenance NCO schedules, performs, and coordinates medical equipment maintenance for the FSMCs. Medical maintenance personnel from the DMSO are deployed forward as necessary to repair essential medical equipment. Maneuver battalion aid stations turn in their medical equipment in need of repair to the supporting FSMC. The FSMC sends this equipment to the DMSO when medical maintenance personnel are not deployed forward to the BSA. Medical equipment repairs beyond the capabilities of the DMSO are sent to the supporting corps medical logistics facility for repair.

MEDICAL EVACUATION

Evacuation from the maneuver BASS is normally provided by the FSMC ambulance platoon and a forward air ambulance team from corps assets. Typically, one team from the ambulance platoon is field sited at each BAS. The other ambulances of the platoon are located at AXPs, designated collection points, or at the clearing station.

The ambulance platoon of the MSB medical company and corps air and ground ambulance assets in the DSA

normally provide evacuation from the FSMC. The ambulance platoon does not have enough assets to move the anticipated number of patients from the FSMC. It will normally require augmentation from the corps ground ambulance company. The medical evacuation battalion provides evacuation from the MSB medical company to the corps-level hospitals.

The ambulance platoon from the MSB medical company is mobile in its operations as its assets may be totally deployed at one time. The platoon teams are used to support specific units, task force operations, reinforcing support, or ambulance shuttles. Platoons or squads from the corps ground ambulance company may be in direct support, or OPCON to, the medical company in the DSA or BSA for evacuation of patients from the forward medical treatment elements.

A corps air ambulance company maybe designated to support a division. This company maybe deployed as OPCON, attached, or in direct support of the division. For aeromedical evacuation when OPCON *or* attached, the air ambulance company is normally under the operational control of the DISCOM. The air ambulance company collocates with the medical company in the DSA. It then forward deploys air ambulance teams or crews and the minimum number of aircraft to the FSMCs. The remaining aircraft stay with the company headquarters for reinforcement of the FSMC. They also provide evacuation support of patients to the medical company in the DSA or to a corps hospital. See Figure 5-3 for evacuation and patient flow.

SOLDIER SUPPLY SUPPORT

Subsistence, water, clothing and Class II support, and welfare and comfort items are all elements of sustaining the soldier. Although not all of the above will be available on a regular basis, having them available as soon as the mission permits is critical in CSS planning. Figure 5-4, page 5-9, depicts the soldier supply support players within the DISCOM chain.

SUBSISTENCE SUPPORT

Food is one of the most important factors affecting a soldier's health, morale, and welfare. However, the acquisition, storage, transportation, distribution, preparation, and serving of food has always been a logistics inhibitor to operations. The Army field feeding system is based on three basic rations. The MRE is the individual combat ration. The T Ration is

a group feeding ration, and the B Ration is also a group feeding ration but one that must be cooked.

As the operational situation permits, efforts are made to introduce the A Ration (fresh foods) into the theater. This requires extensive planning and coordination. Some key points planners need to consider with A Rations are refrigerated storage and distribution equipment, and the availability of ice for unit storage.

The Army feeding system is based on battalion-level feeding in divisions. Combat battalions generally consolidate field feeding at battalion headquarters level. The battalion headquarters food service section cooks A and B Rations or heats T Rations in an organic mobile kitchen trailer. This trailer is normally located in the field trains. Food is packed in insulated food

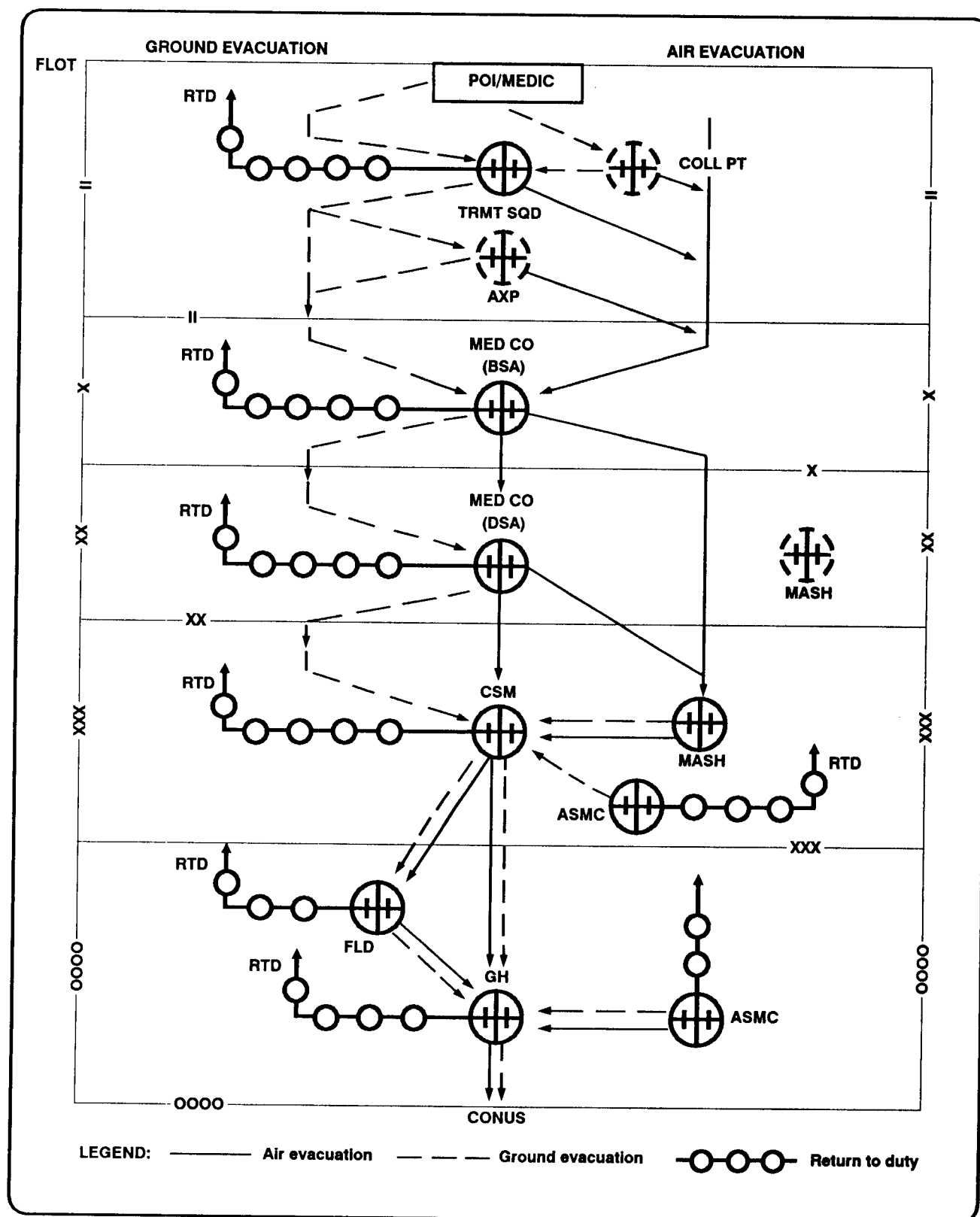


Figure 5-3. Evacuation and patient flow.

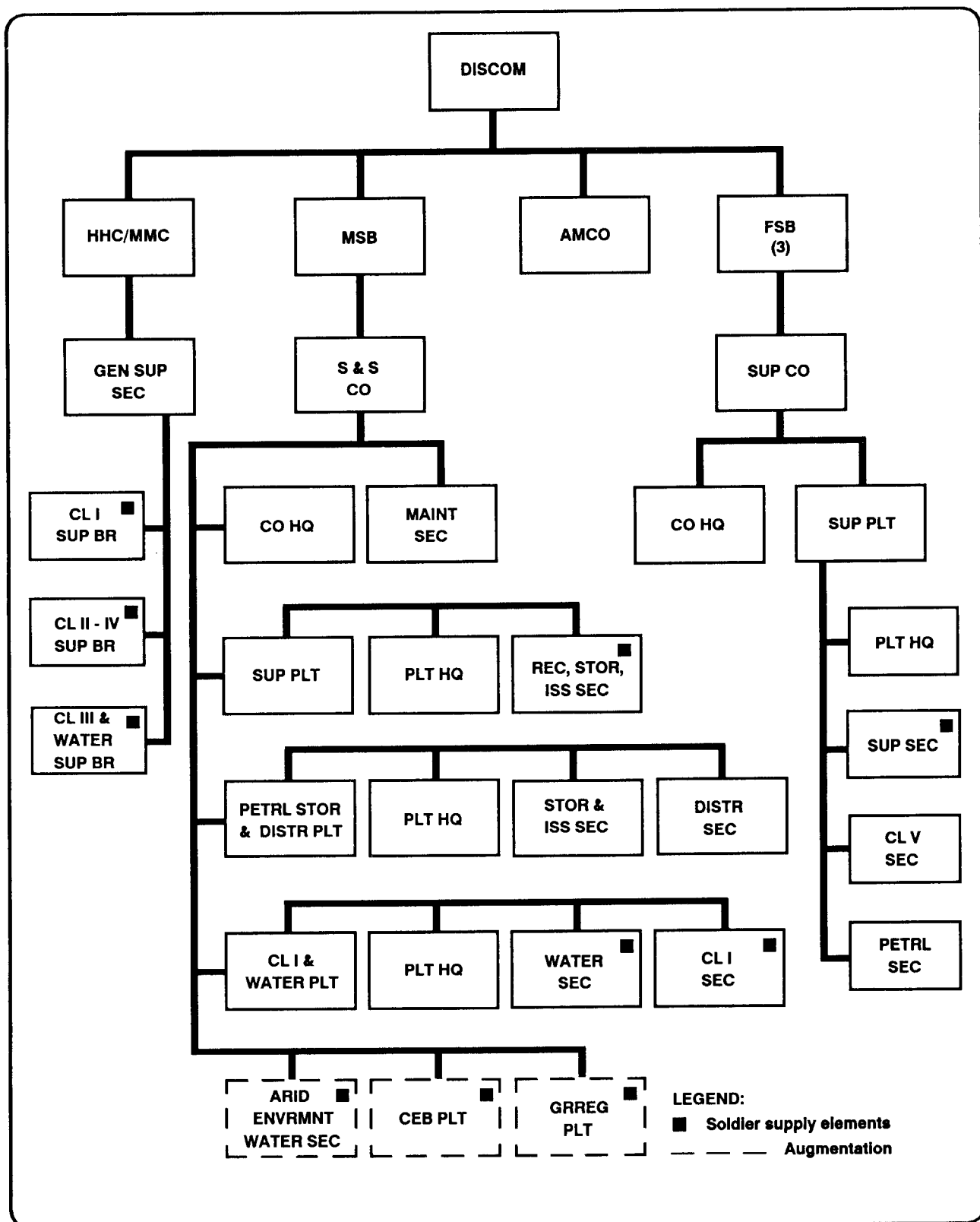


Figure 5-4. DISCOM soldier supply organization.

containers and sent with the LOGPAC to company locations where company personnel serve the meals. Food and beverage containers are sent back for reuse. Units operating in the brigade rear area are fed by their own battalions; or they maybe fed by a unit kitchen designated to feed units or personnel in their area. The same pattern is followed in the division rear. Where practicable, small units are fed by a unit designated on an area basis.

The Army field feeding standard for combat is two hot group meals and a hot MRE each day. The wartime feeding policy assumes theater-wide use of MREs for the first several days of combat with the eventual transition to the prepared T and B Rations.

The DISCOM provides Class I through the S&S company of the MSB and through the supply companies of the FSBs. Elements of these companies operate the Class I distribution points in the DSA and in each BSA. See Figure 5-5 for the DISCOM Class I organization. Normal procedures will vary somewhat when T Rations are used. The FSB company has a limited capability to store rations. Reserve rations for units in the brigade areas and for the other elements of the division are stocked in the DSA. These rations are maintained by the MSB S&S company. Figure 5-6, page 5-12 shows the request and delivery system.

The DMMC Class I section initially fills the supply pipeline using a push system. Rations are pushed forward to the DSA and BSA based on personnel strength reports, planned operations, and anticipated task organization. The DMMC Class I section converts this data to line item requisitions that are sent to the CMMC.

The Class I points verify shipping documentation with the shipment received. They also inspect shipments of rations for type, number, and condition of items received.

When the division is engaged in combat, the ration supplement-sundries pack usually is issued with the rations. Issue is to division troops and to those attached troops operating in the division area. These supplement-sundries packs should not be confused with Class VI supplies. The sundries pack is composed of items necessary to the health and comfort of troops, such as essential toilet articles and confections. This packet is made available in theaters of operations for issue, pending establishment of adequate service facilities.

WATER SUPPORT

Normally, water is provided by supply point distribution with water points established as close to the using unit as

possible. However, the location of a water source and the commander's tactical plan will directly influence the positioning of water points. The Class III and water supply branch of the DMMC will manage water distribution as required. Figure 5-7, page 5-13, shows the DISCOM water organization.

The MSB is responsible for water purification and distribution. It establishes and operates water points in locations that best support tactical operations. The forward water points are normally located in the BSA. If there is no available water source, a dry point is established in the BSA. Water is transported to this point from a suitable source. If required, corps engineer teams may be requested to drill wells.

Water points should be located as close to the area supply unit as possible. From this position, water is available for issue along with Class I items. Using units usually pick up water at the water points using their organic water trailers. The MSB has a limited capability to distribute water to customers without organic water-carrying capability and to other customers in emergencies.

Water points in the DSA and BSAs may either purify water or distribute water, or both. What they do depends on the locations of adequate water sources. An adequate water source should be a consideration when selecting the brigade and division support areas. With an available water source in the support area, a water supply team is able to position equipment to purify and dispense water directly from the water purification site. If there is no adequate water source within the support area, a water team will have to set up at the nearest water source. Water is then drawn from the purification site and transported to water distribution points. These distribution points are collocated with the Class I point in the area.

CLOTHING AND CLASS II SUPPORT

Class II includes a wide variety of supplies and equipment from clothing to tools. Figure 5-8, page 5-14, shows the DISCOM Class II and map organization. The supply companies of the FSBs issue Class II to units in the maneuver brigade area. The S&S company of the MSB will issue Class II to units in the division rear. The division does not ordinarily carry reserves of Class II because of the bulk of the items and the fact that they impede division DSU mobility. The ASL contains a small reserve through the application of a safety level.

Units in the brigade area submit their requests for

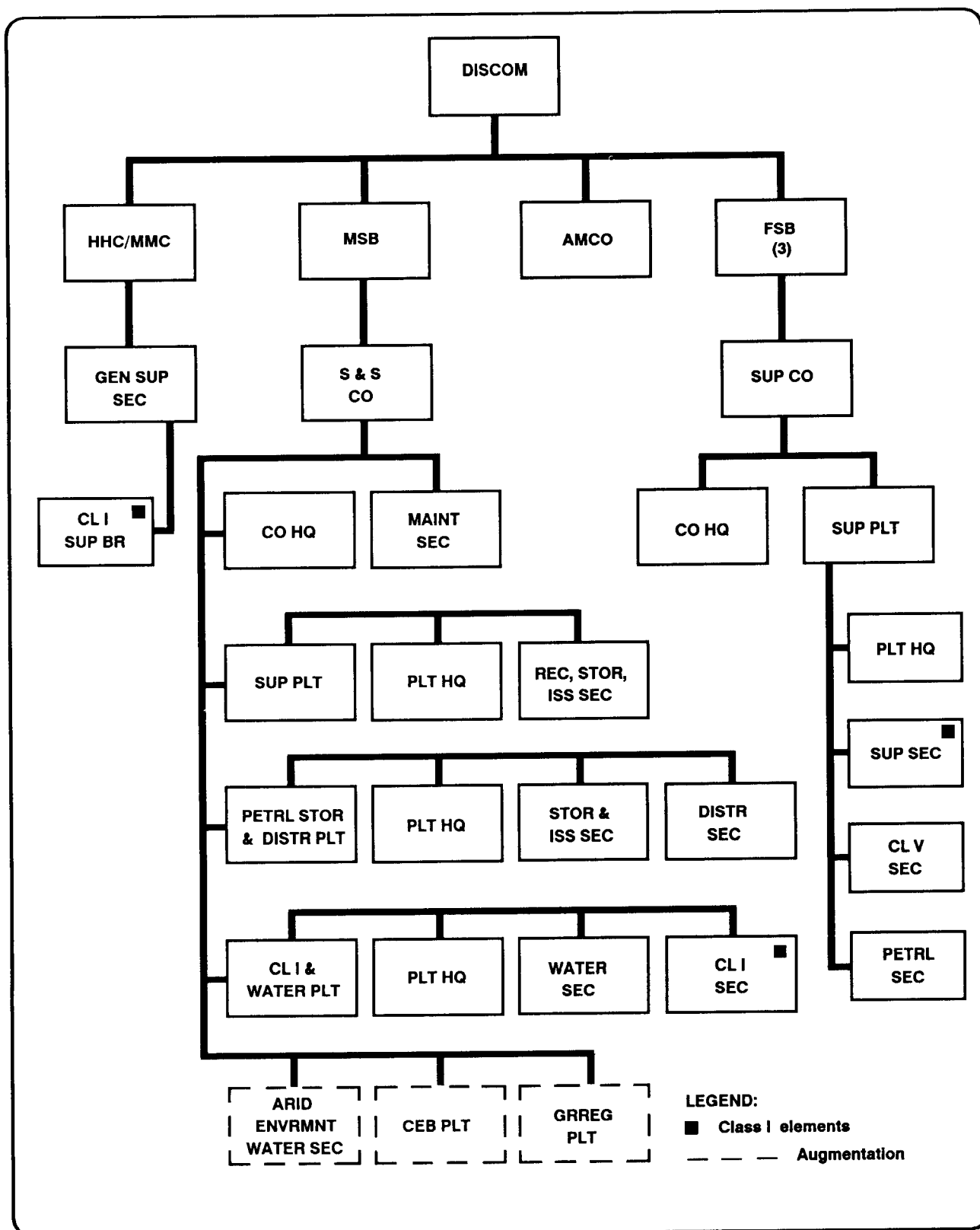


Figure 5-5. DISCOM Class I organization.

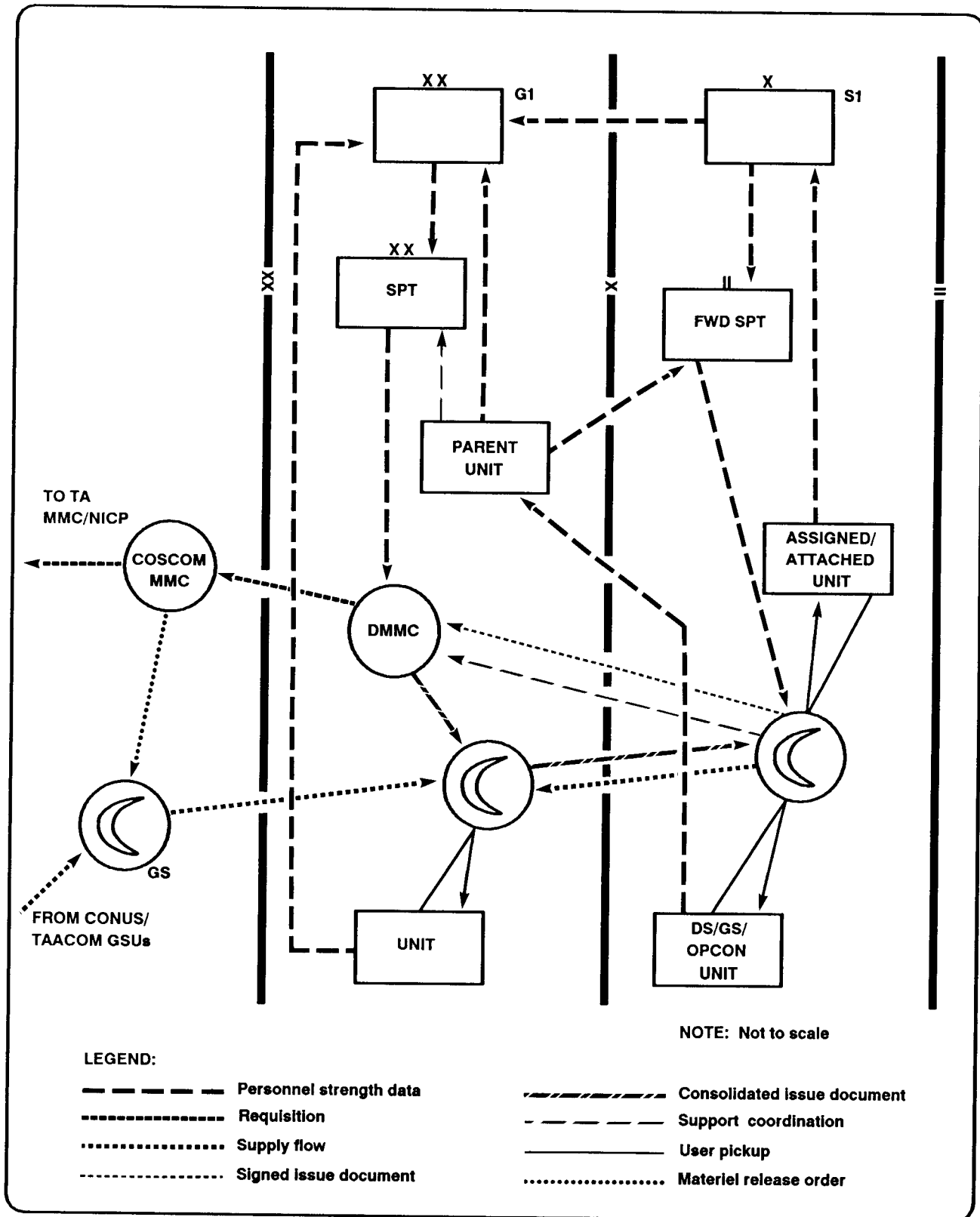


Figure 5-6. Request and delivery of Class I supplies.

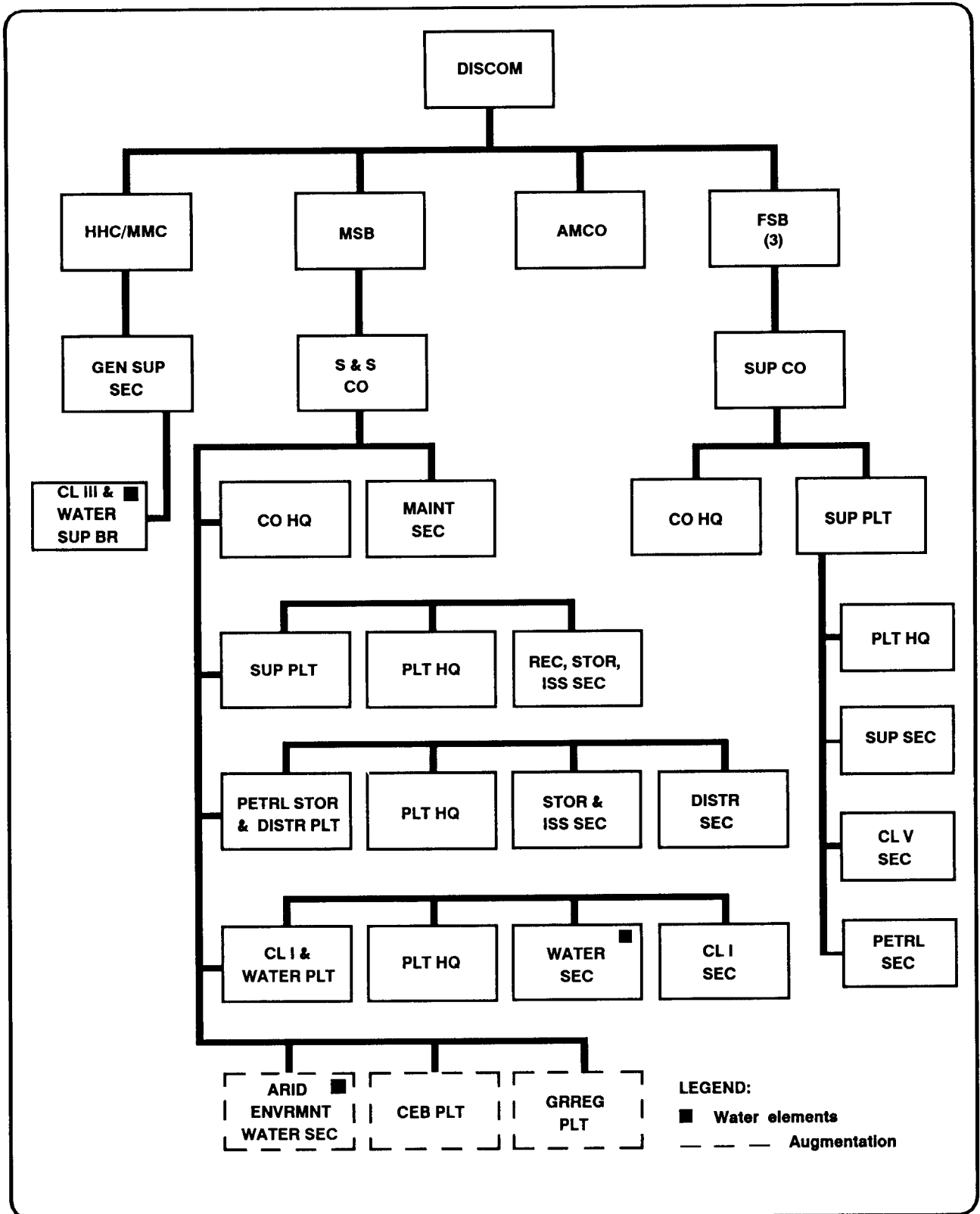


Figure 5-7. DISCOM water organization.

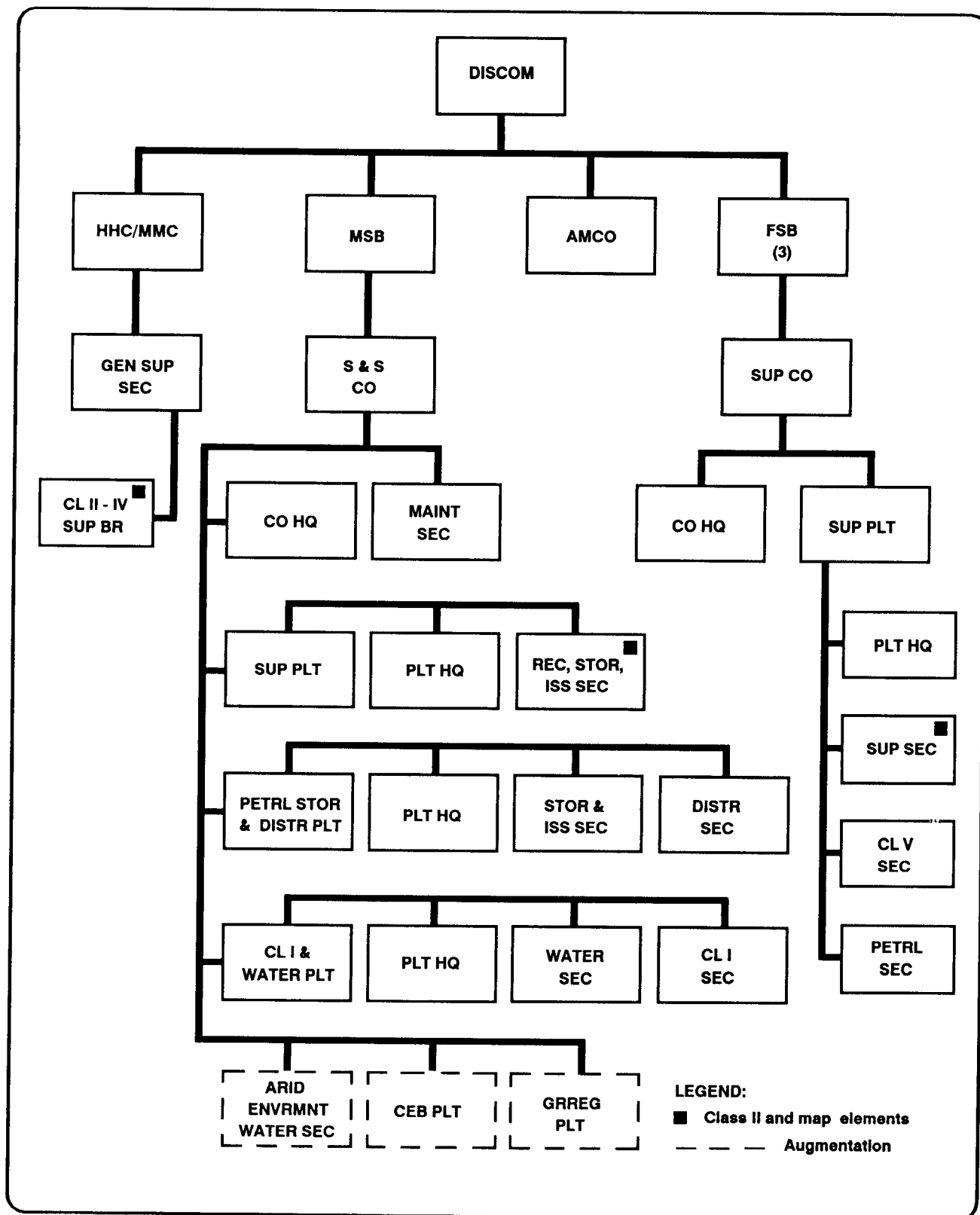


Figure 5-8. DISCOM Class II and map organization.

Class II items to the forward distribution point in the BSA. If the forward distribution point has the item on hand, it issues the item to the customer. Notification is then sent to the DMMC of the issue. If supplies are not on hand at the forward distribution point, the FSB sends the request to the DMMC. Personnel in the Class II-IV supply branch of the DMMC check their records. If they find the items are on hand in the main distribution point in the DSA, they direct the main distribution point to send the items to the forward distribution point near the user. The DMMC with the support operations branch can also direct cross-leveling of items from one FSB to another. If DMMC personnel do not find the supplies in the division, they request the items from the next higher supply source. For units in the division rear, similar procedures are used and support is provided by the MSB. Figure 5-9 shows request and delivery procedures for Class II. (The same procedures are used for Class III [packaged] and IV items.)

The supporting COSCOM activity delivers Class II, III (packaged), and IV supplies to the main distribution point in the DSA. Items not in stock in the FSB will be processed in the MSB and shipped to FSBs for issue to the requesting unit.

The limited stockage of Class II items may include MOPP gear, environmental protection items (boots, overshoes, parkas, helmets), and mechanics' tools. Distribution plans for protective clothing and equipment must consider the threat and the service life of protective overgarments and fallers. Unit priorities for issue must be established.

The MSB S&S company or, if appropriate, the gaining unit's supply element, reequip soldiers returning to duty from MTFs in the division rear area. The FSB may reequip RTDs in the brigade area. If the gaining unit has support elements operating in the vicinity of the MTF (for example, a field train in the BSA with the clearing station), SOP may require that the unit bring personal equipment when it picks up personnel returning to duty. If the gaining unit does not have elements

operating near the MTF, SOP may require medical personnel to pick up clothing and essential protective gear at the supply point to provide minimum protection before the soldier returns to duty. The MTF cannot issue individual weapons.

PERSONAL WELFARE AND COMFORT ITEMS

Class VI supplies are those items used for personal hygiene, comfort, and welfare. They include such things as candy, gum, dental care products, soap, and stationery. Initially the soldier carries these personal items with him. As the supply system adjusts to demand, resupply is by sundry packs where personal demand items are issued gratuitously. Sundry packs, as already mentioned, are issued with Class I items. When the situation permits, mobile PX sales teams provide services to specified units or to troop concentrations.

MAPS

The allocation of unclassified maps is determined by the division G3. The DMMC manages and consolidates requirements and places bulk orders for these maps. Unclassified maps are stored at the MSB. Units order maps from the DMMC through their supporting supply company. The DMMC directs the distribution point to issue the ordered maps if the requests meet G2 requirements. The maps requested must have been identified by the G2 as authorized for the unit. The amount requested must not exceed the G2-established distribution scheme for that map. When units request maps that have not been allocated by the G2 or that exceed the G2 distribution scheme, they must get approval from the G2 prior to the DMMC taking action. Unclassified map requirements of the divisions are submitted to the COSCOM MMC. The DS supply company provides DS map support to nondivisional units on an area basis and on a GS basis to the division.

Classified map requirements are submitted through command channels to the appropriate intelligence staff officer. Classified maps are ordered and distributed by the G2.

SOLDIER FIELD SERVICE SUPPORT

The field services normally provided by division personnel include clothing exchange and bath and graves registration. Other field services, such as laundry and textile renovation, are provided by the corps field service companies. Figure 5-10, page 5-17, shows the DISCOM field service organization.

Field service support requires close coordination with those within and outside the division. The support operations section/branch of the DISCOM, MSB, and FSBs and commanders of the S&S and field services companies of the corps are all involved in providing field services to the division.

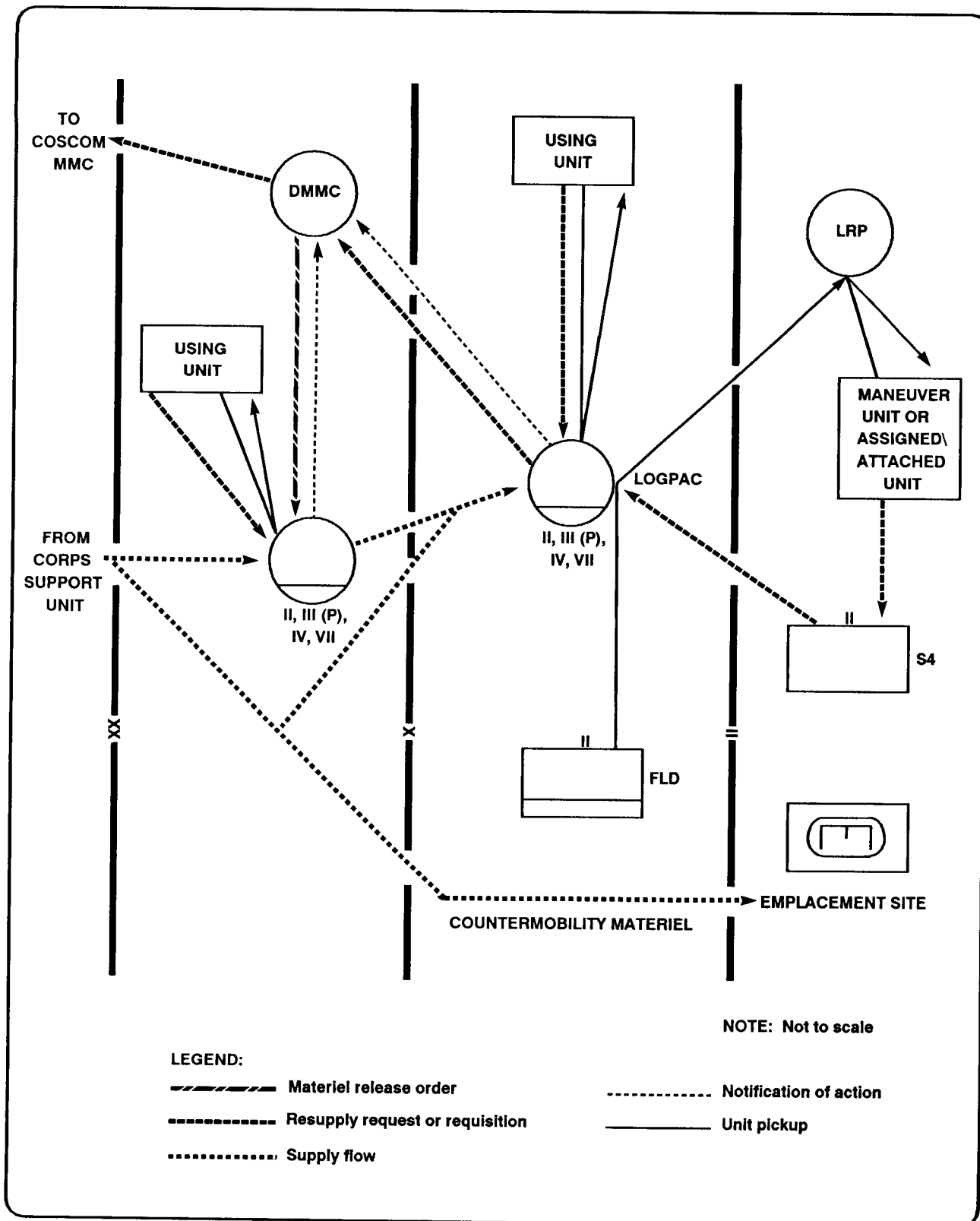


Figure 5-9. Request and delivery of Class II, III (packaged), and IV.

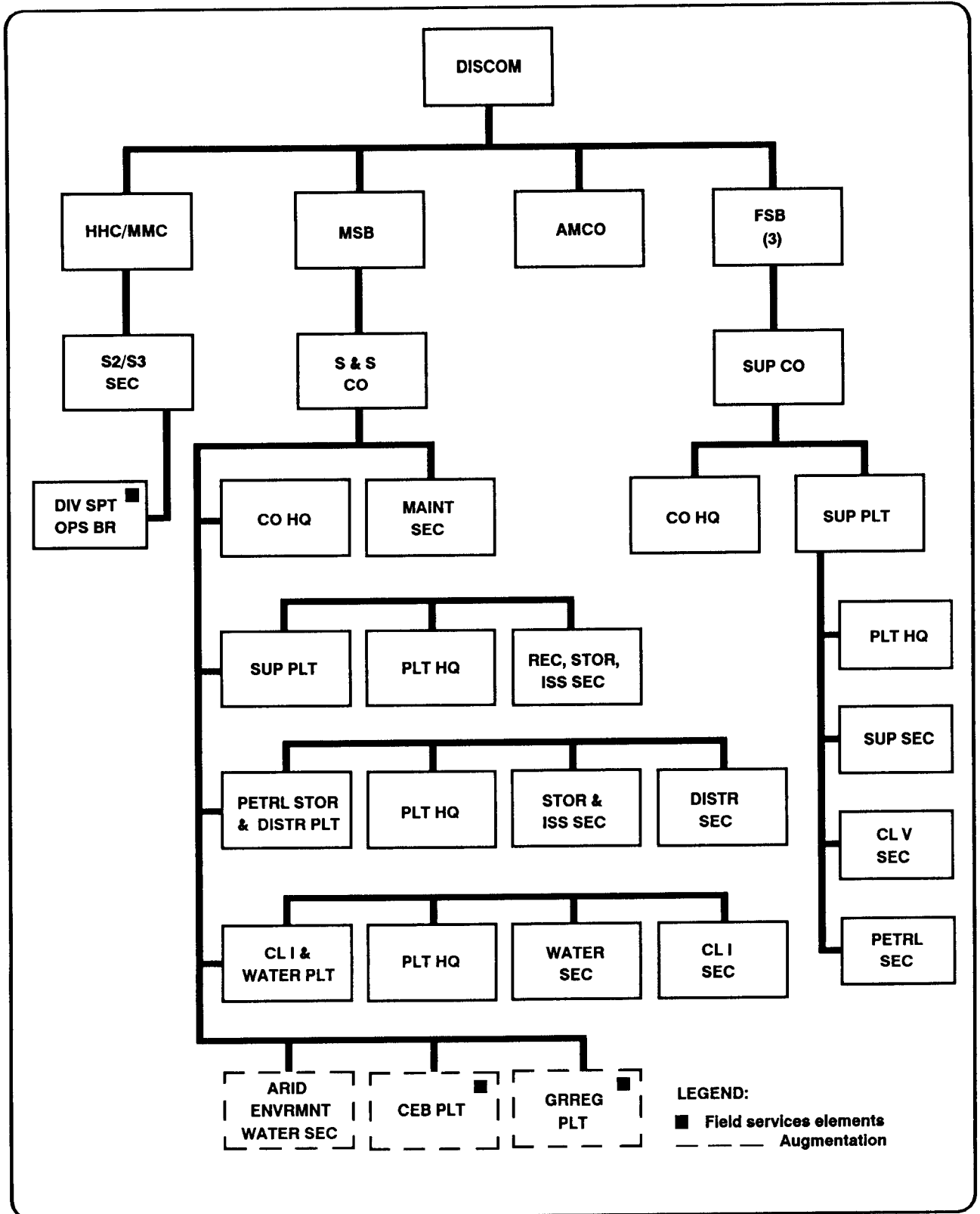


Figure 5-10. DISCOM field services organization.

CLOTHING EXCHANGE AND BATH

The corps field service company provides bath service within the division. When arrangements are made for additional operating stocks of clothing, the same company establishes a clothing exchange service at the bath points. This service is usually provided on an area basis. When clothing exchange service is to be provided along with bath service, bulk clothing stocks must be obtained from COSCOM S&S battalions. The supported unit will help the CEB teams setup the bath unit, safeguard valuables, and receive and issue the clothing.

CEB teams maybe used to assist in decontaminating personnel under the supervision of the contaminated units NBC NCO. Showers are not considered necessary in decontaminating personnel. However, they may be used, if available, as an adjunct to protective clothing exchange.

GRAVES REGISTRATION

A well-organized GRREG system in the division helps to ensure –

- Prompt and effective recovery of all remains from the division area of responsibility.
- Prompt and accurate identification of the remains.
- Prompt recovery, inventory, and security of personal effects found on the remains.
- Evacuation of the remains with their personal effects secured to them out of the division area to the corps GRREG collection point.
- Prompt, accurate, and complete administrative recording and reporting.
- Prompt and adequate care for deceased allied and threat personnel in accordance with current United Nations agreements.
- Reverent handling of remains and adequate ceremonies and services for deceased.
- Emergency burials, when required.

During wartime, an augmentation to the S&S company of the MSB provides GRREG support within each BSA and the DSA. This augmentation platoon receives and identifies remains and arranges for evacuation to a GRREG collection point. Deceased personnel are then evacuated from the division area to a GRREG collection point, temporary cemetery or mortuary in the corps area.

The division collection, identification and evacuation section of the GRREG platoon operates the division collection point. The GRREG collection point is located a short distance from the MSR near the medical supporting facilities. It is isolated from other support activities in the DSA. It is the unit commander's responsibility to search, recover, and tentatively identify the deceased personnel of the unit. In accordance with AR 600-8-1 and AR 638-30, the unit is responsible for evacuating all deceased personnel from the company area of operations.

Collection and evacuation sections of the GRREG platoon establish collection points in the BSAs to receive deceased personnel from combat units and local units in their support areas. The GRREG collection points establish tentative identification procedures. They also initiate the required reports and records that will accompany deceased personnel. They then arrange for the evacuation of the deceased to the division collection point. All personal effects found on the remains remain with the deceased when evacuated to the division collection point. The GRREG platoon provides technical advice and assistance when possible.

Deceased personnel are recovered and tentatively identified as early, as completely, and as accurately as possible by the unit. The unit also evacuates deceased personnel and their personal effects to the GRREG collection point. Evacuation will be from the forward areas and the unit aid station when necessary.

Emergency burials in the division area are resorted to only in extreme emergencies and when authorized by the theater commander. These burials are fully documented and promptly reported through GRREG channels.

Due to the possibility of heavy fatalities in an NBC attack, the use of regular GRREG burial methods may be impossible. In such cases, mass burials may be required to reduce the time between the recovery and the burial of the remains. Permission for mass burials comes from the joint mortuary affairs office in the theater, with the approval from the theater commander.

Normally the GRREG officer of the organization requiring mass burials gets permission directly from the theater mortuary affairs officer. If there are no GRREG units in the area and contact with higher headquarters is lost, the senior officer in the area makes the decision to bury. These mass burials are to be performed in accordance with PM 10-63, Chapter 6. In an NBC situation, specific GRREG task

groups may be formed. When provided with sufficient support, these groups have the means to either evacuate or perform mass burials of the deceased personnel.

LAUNDRY AND RENOVATION

Division troops are provided laundry and renovation support as soon as the tactical situation permits. Laundry and renovation support is provided by the corps field service companies.

This support requires close coordination between those within and outside of the division. The support operations branch/section of the DISCOM and the MSB/FSB, the commander of the S&S company, and the corps field service companies are involved in providing laundry and renovation service. FMs 10-280 and 29-114 describe day-to-day laundry and renovation operations.