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HEALTH SERVICE SUPPORT IN CORPS AND ECHELONS ABOVE CORPS

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PREFACE

This field manual (FM) establishes command, control, communications, computers, and intelligence (C4I) doctrine for the provision of health service support (HSS) in corps and echelons above corps (EAC). It discusses all levels of care within the theater. Force heath protection in a global environment is the overarching concept of support for providing timely medical support to the tactical commander; it is executed by the HSS system. This manual is designed for use by HSS commanders and their staffs involved in the planning and execution of HSS operations in corps and EAC.

The Army Medical Department (AMEDD) is in a transitional phase with terminology. This manual uses the most current terminology, however, other FM 4-02-series and FM 8-series may use the older terminology. Changes in terminology are a result of adopting the terminology currently used in the joint, and/or North Atlantic Treaty Organization (NATO), and American, British, Canadian, and Australian (ABCA) Armies publication arenas. Therefore, the following terms are synonymous—

- *Health service support* and *combat health support* (*CHS*).
- *Medical logistics, health service logistics* (*HSL*), and *combat health logistics* (*CHL*).
- *Levels of care, echelons of care,* and *roles of care*.
- *Combat stress control* (*CSC*), and *combat operational stress control* (*COSC*).

This publication implements or is in consonance with the following NATO Standardization Agreements (STANAGs), ABCA Quadripartite Standardization Agreements (QSTAGs), and Quadripartite Advisory Publication (QAP) 82, ABCA Armies Medical Interoperability Handbook.

NATO STANAG	ABCA QSTAG	TITLE
2068		Emergency War Surgery
2131		Multilingual Phrase Book for Use by the NATO Medical Services (AMedP-5)(B)
2132	470	Documentation Relative to Medical Evacuation, Treatment and Cause of Death of Patients
2350		Morphia Dosage and Casualty Marking
	230	Morphia Dosage

The proponent of this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Send comments and recommendations in a letter format directly to the Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-5052.

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

CHAPTER 1

THE HEALTH SERVICE SUPPORT SYSTEM IN THE CORPS AND ECHELONS ABOVE CORPS

Section I. INTRODUCTION TO THE HEALTH SERVICE SUPPORT SYSTEM IN CORPS AND ECHELONS ABOVE CORPS

1-1. Focus of Health Service Support

a. As the battlefield becomes increasingly lethal, sustaining the health of the fighting forces becomes a critical factor in the success or failure of the mission. Comprehensive planning enhances the capability of medical units to provide effective HSS, and ultimately, increases the chances for survival of the wounded soldier. Forward support characterizes the role that HSS must assume. The thrust of HSS is to rapidly clear the battlefield of casualties, provide immediate medical care to maximize the return to duty (RTD) rate or to stabilize patients requiring further evacuation to a higher level of care.

b. The provision of timely and effective HSS is a team effort which integrates the clinical and operational aspects of the mission. Coordination and synchronization are key elements to ensure that a seamless system of health care delivery, that exists from the point of injury through successive levels of care to the continental United States (CONUS)-support base, is achieved. (Refer to FM 4-02 for additional information on the AMEDD team.)

c. Consistent with military operations, HSS also operates in a continuum across strategic, operational, and tactical levels. In addition to maintaining a healthy and fit deployable force, the effectiveness of the HSS system is focused and measured on its ability to—

- Provide prompt medical treatment consisting of those measures necessary to locate, recover, resuscitate, stabilize, and prepare patients for evacuation to the next level of care and/or RTD.

- Employ standardized air and ground medical evacuation units/resources. The use of air ambulance is the primary and preferred means of medical evacuation on the battlefield. Its use, however, is mission, enemy, terrain and weather, troops and support available, time available, civil considerations (METT-TC) driven and can be affected by weather, availability of resources, nuclear, biological, and chemical (NBC) conditions, and air superiority issues. Medical evacuation provided at Levels I and II is by Army air and ground medical evacuation platforms (vehicle or rotary-wing aircraft). Extended distances on future battlefields may require the use of United States Air Force (USAF) fixed-wing assets to effect evacuation from Level II to Level III.

- Field flexible, responsive, and deployable hospitals designed and structured to support a Force Projection Army and its varied missions. These hospitals provide essential care to all patients who are evacuated out of theater and definitive care to those soldiers capable of RTD within the theater evacuation policy.

- Provide a medical logistics system (to include blood management) that is anticipatory and tailored to continuously support missions throughout full spectrum operations. Refer to FM 4-02.1 and FM 8-10-9 for additional information.