

FM 8-10-6

**MEDICAL EVACUATION
IN A THEATER OF
OPERATIONS**

TACTICS, TECHNIQUES, AND PROCEDURES

HEADQUARTERS, DEPARTMENT OF THE ARMY

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MEDICAL EVACUATION IN A THEATER OF OPERATIONS TACTICS, TECHNIQUES, AND PROCEDURES

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PREFACE

This field manual (FM) provides the philosophy of and doctrine for medical evacuation in a theater of operations (TO). Tactics, techniques, and procedures for accomplishing the medical evacuation of sick, injured, or wounded soldiers are included. Medical evacuation, with the provision of en route medical care, is a vital link in the continuum of care from the point of injury through the combat health support (CHS) system to medical treatment facilities (MTFs) with the required definitive or restorative medical treatment capabilities. This publication is intended for use by medical and nonmedical unit commanders and their staffs. This publication also discusses the following:

- Coordination requirements for and use of nonmedical transportation assets to accomplish the medical evacuation mission. These nonmedical assets may be used in a mass casualty situation or other circumstances when the available medical evacuation assets are overwhelmed.
- Definitive guidance for the performance of hoist rescue missions.
- Techniques for evacuating casualties from minefields.

The information in this publication on manual and litter carries may be used to instruct personnel in the proper methods of handling and moving casualties.

The use of the term *continental United States (CONUS)* includes the continental United States (US), Hawaii, Alaska, and its territories and possessions.

The proponent of this publication is the US Army Medical Department Center and School (AMEDDC&S). Send comments and recommendations on Department of the Army (DA) Form 2028 directly to the **Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-6175.**

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

The staffing and organizational structure presented in this publication reflects those established in living tables of organization and equipment (LTOEs) which were current at the time of publication of this manual. However, such staffing is subject to change to comply with manpower requirements criteria outlined in Army Regulation (AR) 71-32 and can be subsequently changed by your modified table of organization and equipment (MTOE).

This publication implements the following North Atlantic Treaty Organization (NATO) Standardization Agreements (STANAGs), American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreements (QSTAGs), and Air Standardization Agreements (AIR STDs):

Title	STANAG	QSTAG	AIR STD
Marking of Military Vehicles		512	

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Stretchers, Bearing Brackets, and Attachment Supports	2040		
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CHAPTER 1

**INTRODUCTION TO THE COMBAT HEALTH SUPPORT
SYSTEM AND MEDICAL EVACUATION****1-1. General**

a. The purpose of the CHS system is to conserve the fighting strength. This includes both the deployed force and the sustaining base. Consistent with military and logistical operations, CHS operates in a continuum across strategic, operational, and tactical levels. In a force projection army, the CHS system supports a force which is rapidly deployable, lethal, versatile, and expandable. The Force XXI battle space will be characterized by dispersion, lightning-quick military operations, increased mobility requirements, rapid task organization, and lengthening lines of communication (LOC). The CHS system must be strategically, operationally, and tactically agile in order to be responsible to the broad range of worldwide requirements.

b. Medical commanders must effectively use their resources to treat, evacuate, and, when possible, return to duty (RTD) sick, injured, and wounded soldiers.

1-2. Threat

a. The post-Cold War international environment presents the US with security challenges that are unprecedented in ambiguity, diversity, risk, and opportunity. For many decades, nearly all US intelligence analysis was directed toward one country. The Soviet strategic doctrine and tactics for conducting offensive and defensive operations were well understood and confident estimates of Soviet weapons capabilities existed. Further, during the Cold War, the US National Security Strategy carefully rationed the use of military force to only those conflicts which promoted democracy over communism. The world was a dangerous place, but the superpowers were held in check by the knowledge that each had the capability to destroy the planet.

b. The end of the Cold War signaled the emergence of a “New World Order.” Unfortunately, reality has proven that this new order is neither new nor orderly. The old forces of adventurism, nationalism, and separatism have reappeared, often with violent and unpredictable consequences. Coupled with this is a new National Security Strategy, still in its infancy, which allows for US military involvement in complicated scenarios such as peacemaking operations, nation assistance, and humanitarian assistance.

c. With the diminished threat of a large-scale military confrontation, military force size and capabilities are being affected in countries throughout the world. Many of the major military powers are moving toward smaller, better-equipped, and better-trained forces. Developed nations have also improved military capabilities through greater access to military system technologies and the increased availability of a wide range of advanced military equipment on the international market. How well these nations are able to integrate advanced weapons systems for a high technology status may increase their leverage over another regional power. While high technology weapons will be available, either through direct purchase or through third party countries, many hostile forces, especially paramilitary or insurgent forces, will maintain a low technology inventory. This low technology weapons environment does not translate into a low threat environment for US forces. Small hostile forces often demonstrate a creativity and flexibility for