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COMBAT HEALTH LOGISTICS

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COMBAT HEALTH LOGISTICS

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PREFACE

Combat health logistics (CHL), to include blood management, is one of the major Army Medical Department (AMEDD) functional areas. Under the Medical Force 2000 (MF2K) concept, CHL in a theater of operations (TO) is provided by the medical battalion, logistics (forward), the medical battalion, logistics (rear), the theater medical materiel management center, and the medical detachment (logistics support). These organizations were designed based upon the North Atlantic Treaty Organization (NATO) scenario and workloads. Current MF2K CHL doctrine is articulated in Field Manual (FM) 8-10-9.

Under Force XXI and the medical reengineering initiative (MRI), theater CHL will be provided by five new tables of organization and equipment (TOEs) organizations and a table of distribution and allowances (TDA) element from the United States (US) Army Medical Materiel Agency (USAMMA) (see Chapter 3). These new TOEs organizations were designed based on lessons learned from Desert Shield/ Desert Storm and recent contingency operations.

The purpose of this publication is to describe the CHL in support of a Force Projection Army into the 21st Century. It embodies doctrine based on the MRI and the A-edition TOE. The organizational structures presented in this publication reflect those established in the A-edition TOE in effect on the date of this publication. For a copy of your modified TOE, contact the Authorizations Documentation Directorate, 9900 Belvoir Road, Suite 120, ATTN: MOFI-FMA, Fort Belvoir, Virginia 22060-2287.

This publication is in concert with FM 8-10. Other FM 8- and FM 4-02 series publications will be referenced in the manual. Users should be familiar with FM 3-0 and FM 100-10.

The use of the term *echelon of care* in this publication is synonymous with *level of care* and *role of care*. The term *echelon of care* is the old NATO term. The term *role of care* is the new NATO and American, British, Canadian, and Australian (ABCA) term.

In this manual, the term *trauma specialist* is used in place of *combat medic*. This change is in line with the AMEDD's transition to the 91W military occupational specialty (MOS) which will replace MOS 91B and 91C when new modified TOEs take effect.

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

This publication implements and/or is in consonance with the following NATO International Standardization Agreements (STANAGs) and ABCA Quadripartite Standardization Agreements (QSTAGs):

NATO STANAG	ABCA QSTAG	TITLE
2931		Orders for the Camouflage of the Red Cross and the Red Crescent on Land in Tactical Operations
2939		Medical Requirements for Blood, Blood Donors, and Associated Equipment
2961		Classes of Supply of NATO Land Forces
	289	Minimum Essential Characteristics of Blood Products Shipping Container
	815	Blood Supply in the Area of Operations
	850	Blood, Blood Donor and Transfusion Equipment Requirements

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

Use of trade or brand names in this publication is for illustrative purposes only and does not imply endorsement by the Department of Defense (DOD).

CHAPTER 1

INTRODUCTION TO COMBAT HEALTH LOGISTICS

1-1. General

The end of the cold war, Operations Desert Shield/Storm, Somalia, Rwanda, and Haiti have left us facing a different enemy, different threats, and changing missions. To perform these new missions, the medical logistician must plan for more frequent deployments of shorter duration. These deployments may be to undeveloped theaters anywhere in the world. Therefore, the medical logistics (MEDLOG) support structure must be prepared to support medical task-force-sized elements during deployment and immediately upon arrival into the area of operations (AO). It must then support the medical elements until they are redeployed. These tasks will not negate the responsibility of the medical logisticians to provide support to its continental United States (CONUS) customers.

1-2. Scope of Combat Health Support Operations

a. Today's Army must focus on preventing aggression through strength with a smaller force primarily based in the CONUS. Future battlefields will be established based upon regional conflicts, most likely in areas where there are no forward deployed US forces. Combat health support (CHS) assets of the AMEDD must be tailorable for specific missions to support the Army's role of *force projection* in deterring the threat of global war and future uncertainties.

b. Combat health support will be required to support the US Army across the full spectrum of military operations:

- Offensive operations.
- Defensive operations.
- Stability operations.
- Support operations.

For a detailed discussion on military operations, refer to FM 3-0.

c. The mission of the AMEDD is to maintain the health of the Army and conserve its fighting strength. The AMEDD has responsibility for all medical services provided within the Department of the Army (DA). The AMEDD is a functionalized, Armywide system that includes all services related to the health of the Army and to the care and treatment of patients. These services include the following functional areas:

- Patient evacuation and medical regulating (FMs 8-10-6 and 8-10-26).
- Hospitalization (FM 4-02.10).
- Combat health support logistics, to include blood management.