

FM 4-02.21

**DIVISION AND BRIGADE
SURGEONS' HANDBOOK
(DIGITIZED)**

TACTICS, TECHNIQUES, AND PROCEDURES

HEADQUARTERS, DEPARTMENT OF THE ARMY

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PREFACE

This publication provides information on the structure and operation of the division and brigade headquarters medical staff. It is directed toward the surgeons and staff members of the division surgeon's section (DSS) and brigade surgeon's section (BSS).

This field manual (FM) outlines the responsibilities of the division and brigade surgeons and their staffs for the heavy conservative divisions (digitized). It provides tactics, techniques, and procedures for directing, controlling, and managing combat health support (CHS) within the division. It describes the interface required of the DSS and BSS, other division elements, and the interface with supporting corps medical elements in accomplishing the CHS mission. It further defines each cell of the DSS and BSS. This manual is the foundation for the continued development and refinement of division CHS doctrinal fundamentals, tactics, techniques, and procedures for Army XXI. In that light, it serves as conceptual "mark on the wall" for thinking about experimenting with and employing new right-sized medical units/elements in the Army XXI light infantry, airborne and air assault divisions, separate brigades, and armored cavalry regiments.

This FM is not a stand-alone reference. It is a doctrine publication that speaks to the digitized division and brigade CHS and will require the user to be familiar with FMs 8-10, 8-10-1, 8-10-3, 8-10-4, 8-10-5, 8-10-6, 8-10-7, 8-10-9, 8-42, and 8-55. Users should also be familiar with the coordinating drafts of FMs 63-2-2, 63-20-1, 63-21-1, and 63-23-2.

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

Title	STANAG	QSTAG
Marking of Military Vehicles	2027	512
Orders for the Camouflage of the Red Cross and the Red Crescent on Land in Tactical Operations	2931	

When amendment, revision, or cancellation of this publication is proposed which will effect or violate the international agreements concerned, the preparing agency will take appropriate reconciliatory action through international standardization channels.

As the Army Medical Department (AMEDD) transitions to the 91W military occupational specialty (MOS), positions for 91B and 91C will be replaced by 91W when new unit modification table(s) of organization and equipment (MTOE) take effect.

Users of this publication are encouraged to submit comments and recommendations to improve the publication. Comments should include the page, paragraph, and line(s) of the text where the change is recommended. The proponent for this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Comments and recommendations should be forwarded directly to **Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-6175**, or by using the E-mail addresses on the Doctrine Literature website at <http://dcdd.amedd.army.mil/index1.htm> (click on Doctrine Literature).

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

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CHAPTER 1

DIVISION MEDICAL STAFF**Section I. DIVISION SURGEON****1-1. Duties of the Division Surgeon**

The division surgeon, a Medical Corps (MC) officer (Lieutenant Colonel [LTC], area of concentration [AOC] 60A00), is a division level special staff officer. He normally works under the staff supervision of the division chief of staff. The division surgeon is responsible for the technical control of all medical activities in the command. He oversees and coordinates CHS activities through the DSS. The division surgeon advises the division commander on all medical or medical-related issues. These issues include, but are not limited to—

- Health of the command.
- Preventive medicine (PVNTMED).
- Medical treatment provided to personnel in the division area of operations (AO).
- Status of wounded.
- Medical surveillance.
- Medical evacuation.
- Combat health logistics (CHL).
- Medical intelligence.
- Combat stress control (CSC).
- Dental services.
- Medical training.
- Civil-military operations.

1-2. Responsibilities of the Division Surgeon

The division surgeon, assisted by the DSS, is responsible for—

- Advising on the health status of the command and of the occupied or friendly territory within the commander's area of responsibility.