

**FM 4-02.24** (FM 8-10-24)

**AREA SUPPORT  
MEDICAL BATTALION**

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**TACTICS, TECHNIQUES, AND PROCEDURES**

**HEADQUARTERS, DEPARTMENT OF THE ARMY**

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## AREA SUPPORT MEDICAL BATTALION TACTICS, TECHNIQUES, AND PROCEDURES

### TABLE OF CONTENTS

|  | Page |
|--|------|
| <b>PREFACE</b> .....   | vi   |
| <b>CHAPTER 1. COMBAT HEALTH SUPPORT FOR ARMY OPERATIONS</b> .....  | 1-1  |
| 1-1. Army Operations Doctrine .....                                | 1-1  |
| 1-2. Combat Health Support Mission .....                           | 1-1  |
| 1-3. Army Medical Department Battlefield Rules .....               | 1-1  |
| 1-4. Principles of Combat Health Support .....                     | 1-2  |
| 1-5. Threat .....  | 1-3  |
| 1-6. Modular Medical Support System (Echelons I and II) .....      | 1-3  |
| 1-7. Echelons of Medical Care .....                                | 1-5  |
| 1-8. Planning for Combat Health Support .....                      | 1-6  |
| <b>CHAPTER 2. AREA SUPPORT MEDICAL BATTALION</b> .....             | 2-1  |
| <b>Section I. Organization and Functions</b> .....                 | 2-1  |
| 2-1. Area Medical Support .....                                    | 2-1  |
| 2-2. Organization .....  | 2-1  |
| 2-3. Command and Technical Relationships .....                     | 2-4  |
| <b>Section II. Communications</b> .....                            | 2-5  |
| 2-4. Battalion Communications .....                                | 2-5  |
| 2-5. Combat Net Radio System .....                                 | 2-11 |
| 2-6. Satellite Communications .....                                | 2-11 |
| 2-7. Area Support Medical Battalion Radio Nets .....               | 2-11 |
| 2-8. Signal Security .....   | 2-15 |
| <b>Section III. Battalion Headquarters Element</b> .....           | 2-16 |
| 2-9. Organization and Functions .....                              | 2-16 |
| 2-10. Command Section .....  | 2-17 |
| 2-11. Battalion Adjutant Section .....                             | 2-18 |
| 2-12. Battalion Intelligence/Operations and Training Section ..... | 2-19 |
| 2-13. Battalion Supply/Medical Supply Section .....                | 2-21 |
| 2-14. Battalion Maintenance Section .....                          | 2-24 |

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|                |  | <b>Page</b> |
|----------------|--|-------------|
|                | 2-15. Preventive Medicine Section .....  | 2-27        |
|                | 2-16. Optometry Section .....  | 2-29        |
|                | 2-17. Mental Health Section .....  | 2-30        |
| <b>Section</b> | <b>IV. Headquarters Detachment .....</b>   | <b>2-31</b> |
|                | 2-18. Organization and Functions of the Detachment Headquarters Elements ..  | 2-31        |
|                | 2-19. Detachment Headquarters .....  | 2-32        |
| <b>CHAPTER</b> | <b>3. AREA SUPPORT MEDICAL COMPANY .....</b>   | <b>3-1</b>  |
|                | 3-1. Mission, Organization, and Functions .....  | 3-1         |
|                | 3-2. Company Headquarters .....  | 3-1         |
|                | 3-3. Treatment Platoon .....   | 3-2         |
|                | 3-4. Ambulance Platoon .....   | 3-6         |
|                | 3-5. Mental Health Section .....   | 3-7         |
| <b>CHAPTER</b> | <b>4. AREA SUPPORT MEDICAL BATTALION OPERATIONS .....</b>  | <b>4-1</b>  |
| <b>Section</b> | <b>I. Command and Control .....</b>  | <b>4-1</b>  |
|                | 4-1. Principles of Command and Control .....   | 4-1         |
|                | 4-2. Medical Threat Assessment .....   | 4-2         |
|                | 4-3. Combat Health Support Planning .....  | 4-4         |
|                | 4-4. Combat Health Support Estimates .....   | 4-6         |
| <b>Section</b> | <b>II. Conducting Combat Health Support for Military Actions .....</b>   | <b>4-10</b> |
|                | 4-5. Force Projection .....  | 4-10        |
|                | 4-6. Deployment and Entry Operations .....   | 4-10        |
|                | 4-7. Rear Operations .....   | 4-12        |
|                | 4-8. Combat Health Support for the Offense and Defense .....   | 4-13        |
|                | 4-9. Combat Health Support for Choices of Maneuver and Enabling<br>Operations .....                                      | 4-16        |
|                | 4-10. Combat Health Support for Stability Operations .....   | 4-19        |
|                | 4-11. Combat Health Support for Support Operations .....   | 4-21        |
|                | 4-12. Mass Casualty Operations .....   | 4-22        |
|                | 4-13. Combat Health Support in Nuclear, Biological, and Chemical Defensive<br>Operations .....                           | 4-22        |
|                | 4-14. Force Protection and Security Measures .....   | 4-24        |
|                | 4-15. Area Support Medical Battalion Tactical Standing Operating<br>Procedures .....                                     | 4-24        |
| <b>Section</b> | <b>III. Area Support Medical Battalion Headquarters Interface for Combat<br/>Health Support Operations .....</b>         | <b>4-25</b> |
|                | 4-16. Interface with the Medical Brigade .....   | 4-25        |
|                | 4-17. Interface with Major Commands .....  | 4-26        |
|                | 4-18. Interface with Supported Units .....   | 4-28        |
|                | 4-19. Area Support Medical Battalion Coordination with its Area Support<br>Medical Companies and Subordinate Units ..... | 4-29        |

|                 |             |   | Page |
|-----------------|-------------|---|------|
| <b>Section</b>  | <b>IV.</b>  | <b>Employment of the Area Support Medical Battalion Command Post</b> .....  | 4-30 |
|                 | 4-20.       | Establishment of the Battalion Headquarters Command Post .....  | 4-30 |
|                 | 4-21.       | Command Post Layout .....   | 4-32 |
| <b>Section</b>  | <b>V.</b>   | <b>Employment of Battalion Headquarters' Assets</b> .....   | 4-36 |
|                 | 4-22.       | Logistics/Medical Supply .....  | 4-36 |
|                 | 4-23.       | Battalion Maintenance Section Employment .....  | 4-39 |
|                 | 4-24.       | Preventive Medicine Section Employment .....  | 4-41 |
|                 | 4-25.       | Mental Health Section Employment .....  | 4-44 |
|                 | 4-26.       | Optometry Section Employment .....  | 4-45 |
| <b>CHAPTER</b>  | <b>5</b>    | <b>EMPLOYMENT AND OPERATION OF AREA SUPPORT MEDICAL COMPANIES</b> .....   | 5-1  |
| <b>Section</b>  | <b>I.</b>   | <b>Employment</b> .....   | 5-1  |
|                 | 5-1.        | Employment of Area Support Medical Companies .....  | 5-1  |
|                 | 5-2.        | Establishment of the Company Headquarters .....   | 5-5  |
|                 | 5-3.        | Employment of the Treatment Platoon .....   | 5-7  |
|                 | 5-4.        | Employment of the Ambulance Platoon .....   | 5-9  |
| <b>Section</b>  | <b>II.</b>  | <b>Operation</b> .....  | 5-10 |
|                 | 5-5.        | Staff Surgeons .....  | 5-10 |
|                 | 5-6.        | Medical Support Requests .....  | 5-10 |
|                 | 5-7.        | Mortuary Affairs Responsibilities .....   | 5-11 |
|                 | 5-8.        | Patient Disposition and Reporting Procedures .....  | 5-12 |
|                 | 5-9.        | Guide for Geneva Conventions Compliance .....   | 5-14 |
| <b>APPENDIX</b> | <b>A.</b>   | <b>AREA SUPPORT MEDICAL BATTALION, ARMY OF EXCELLENCE, LIVING TABLES OF ORGANIZATION AND EQUIPMENT, NUMBERS 08456L000 AND 08457L000, 1 APRIL 1987</b> ..... | A-1  |
| <b>Section</b>  | <b>I.</b>   | <b>Organization and Functions</b> .....   | A-1  |
|                 | A-1.        | Area Medical Support .....  | A-1  |
|                 | A-2.        | Organization .....  | A-1  |
|                 | A-3.        | Command and Technical Relationships .....   | A-4  |
| <b>Section</b>  | <b>II.</b>  | <b>Communications</b> .....   | A-4  |
|                 | A-4.        | Battalion Communications .....  | A-4  |
|                 | A-5.        | Combat Net Radio System .....   | A-4  |
|                 | A-6.        | Area Support Medical Battalion Radio Nets .....   | A-4  |
|                 | A-7.        | Signal Security .....   | A-4  |
| <b>Section</b>  | <b>III.</b> | <b>Battalion Headquarters Element</b> .....   | A-6  |
|                 | A-8.        | Organization and Functions .....  | A-6  |
|                 | A-9.        | Command Section .....   | A-7  |

|                 |  | <b>Page</b> |
|-----------------|--|-------------|
|                 | A-10. Battalion Adjutant Section .....   | A-7         |
|                 | A-11. Battalion Intelligence/Operations and Training Section .....                     | A-7         |
|                 | A-12. Battalion Supply/Medical Supply Section .....                                    | A-7         |
|                 | A-13. Battalion Maintenance Section .....  | A-7         |
|                 | A-14. Preventive Medicine Section .....  | A-8         |
|                 | A-15. Optometry Section .....  | A-9         |
|                 | A-16. Mental Health Section .....  | A-9         |
| <b>Section</b>  | <b>IV. Support Company Element</b> .....   | A-10        |
|                 | A-17. Organization and Functions of the Support Company Elements .....                 | A-10        |
|                 | A-18. Support Company Headquarters .....   | A-11        |
|                 | A-19. Treatment Platoon .....  | A-13        |
|                 | A-20. Ambulance Platoon .....  | A-14        |
| <b>Section</b>  | <b>V. Area Support Medical Company</b> .....   | A-14        |
|                 | A-21. Mission, Organization, and Functions .....                                       | A-14        |
|                 | A-22. Company Headquarters .....   | A-15        |
|                 | A-23. Area Support Medical Company Treatment Platoon .....                             | A-16        |
|                 | A-24. Area Support Medical Company Ambulance Platoon .....                             | A-16        |
| <b>APPENDIX</b> | <b>B. SAMPLE TACTICAL STANDING OPERATING PROCEDURE<br/>FORMAT</b> .....                | B-1         |
|                 | B-1. General .....   | B-1         |
|                 | B-2. Purpose of the Tactical Standing Operating Procedure .....                        | B-1         |
|                 | B-3. Format for the Tactical Standing Operating Procedure .....                        | B-1         |
|                 | B-4. Sample Tactical Standing Operating Procedure (Sections) .....                     | B-2         |
|                 | B-5. Sample Tactical Standing Operating Procedure (Annexes) .....                      | B-3         |
| <b>APPENDIX</b> | <b>C. TELEMEDICINE TACTICS, TECHNIQUES, AND<br/>PROCEDURES</b> .....                   | C-1         |
|                 | C-1. General .....   | C-1         |
|                 | C-2. Telementoring Use .....   | C-2         |
|                 | C-3. Telementoring Procedures .....  | C-2         |
|                 | C-4. Teleconsultation Procedures .....   | C-3         |
|                 | C-5. Complete Telementoring/Teleconsultation Session .....                             | C-3         |
|                 | C-6. Telementoring/Teleconsultation Communications/Data Equipment<br>and Systems ..... | C-3         |
|                 | C-7. Patient Condition Codes .....   | C-5         |
| <b>APPENDIX</b> | <b>D. AREA SUPPORT MEDICAL DETACHMENT</b> .....  | D-1         |
|                 | D-1. Mission, Organization, and Assignment .....                                       | D-1         |
|                 | D-2. Headquarters and Support Section .....  | D-1         |
|                 | D-3. Treatment Section .....   | D-2         |
|                 | D-4. Ambulance Section .....   | D-2         |
|                 | D-5. Area Support Medical Detachment Employment .....                                  | D-3         |

|                        |           |   | <b>Page</b>         |
|------------------------|-----------|---|---------------------|
| <b>APPENDIX</b>        | <b>E.</b> | <b>STRATEGIC DEPLOYABILITY DATA .....</b> | <b>E-1</b>          |
|                        | E-1.      | General .....                             | E-1                 |
|                        | E-2.      | Strategic Deployability Data .....        | E-1                 |
| <b>GLOSSARY .....</b>  |           |   | <b>Glossary-1</b>   |
| <b>REFERENCE .....</b> |           |   | <b>References-1</b> |
| <b>INDEX .....</b>     |           |   | <b>Index-1</b>      |

## PREFACE

This field manual (FM) provides information on the mission, organization, and operation of the area support medical battalion (ASMB). This manual sets forth tactics, techniques, and procedures (TTP) for providing area medical support in the corps and echelons above corps (EAC). It is intended to assist the commanders and staffs of the ASMB headquarters and headquarters detachment (HHD); it is also designed to be used by subordinate area support medical company (ASMC) commanders and their staffs. Information provided in this manual is based on doctrine found in FMs 8-10, 8-10-6, 8-10-26, 8-10-8, 8-55, 100-5, and 100-10.

This publication outlines the functions and operations of each section within the ASMB and how the ASMB staff integrates its activities. It includes the combat health support (CHS) activities for the corps areas and within the communications zone (COMMZ). This manual describes the many coordination links the ASMB HHD must maintain with supported and supporting units.

The staffing and organizational structure presented in this publication reflect those established under the Medical Reengineering Initiative (MRI) and those approved by the Department of the Army (DA) in Tables of Organization and Equipment (TOE) 08456A000 and 08457A000, dated May 1997. However, staffing is subject to change to comply with manpower requirements criteria outlined in Army Regulation (AR) 71-32 and can be subsequently modified. The staffing and organizational structure for the ASMB and ASMCs, Medical Force 2000, based on the L-series TOEs, is provided at Appendix A for those ASMBs and ASMCs that have not converted to the MRI A-series TOEs.

This publication implements the North Atlantic Treaty Organization (NATO) Standardization Agreement (STANAG) 2931, Orders for the Camouflage of the Red Cross and the Red Crescent on Land in Tactical Operations.

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.

## CHAPTER 1

**COMBAT HEALTH SUPPORT FOR ARMY OPERATIONS****1-1. Army Operations Doctrine**

The Army's keystone doctrinal manual, FM 100-5, expresses how the Army expects forces to operate while allowing for boldness, creativity, and initiative. It guides the conduct of campaigns, major operations, battles, and engagements, in conjunction with other Services and allied forces. Army forces accomplish missions worldwide by combining and executing offensive, defensive, stability, and support operations. Operations encompass rapid deployment, decisive application of military power, and the staying power necessary to achieve long-term success. This manual provides information on the Army's operational concept and operational guide principles. It explains how concepts, principles, functions, and operating systems combine to enable units to execute categories of operations. The capstone manual for the AMEDD, FM 8-10, explains the purpose of CHS in its support of Army operations. It is the primary guide for obtaining and providing CHS for the theater of operations (TO).

**1-2. Combat Health Support Mission**

The CHS mission—to conserve the fighting strength—dictates that casualties be collected, sorted (triaged), treated, and identified as return to duty (RTD) or nonreturn to duty (NRTD) patients as far forward as possible. Additionally, CHS resources must be employed to provide the greatest benefit to the maximum number of personnel in support of the combat mission. The accomplishment of this mission is dependent on the CHS plan and the synchronization of CHS. Synchronization means more than just coordinated action. It results from an all-prevailing unity of effort throughout the force. The action of each element within a command must flow from an understanding of the higher commander's concept and intent. The CHS plan is the primary vehicle for providing the CHS operational information required to support the commander's tactical plan.

**1-3. Army Medical Department Battlefield Rules**

The AMEDD has developed medical battlefield rules to assist leaders, working in a complex environment, to establish priorities for providing CHS. The CHS planner and operator applies the following rules, in order of precedence, when priorities are in conflict:

- Maintain medical presence with the soldier.
- Maintain the health of the command.
- Save lives.
- Clear the battlefield.
- Provide state-of-the-art care.
- Return soldiers to duty as early as possible.

For additional information on the AMEDD's Battlefield Rules, refer to FM 8-55.