DIVISION MEDICAL OPERATIONS CENTER
TACTICS, TECHNIQUES, AND PROCEDURES

TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td>INTRODUCTION</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>1-1</td>
<td>Organization and Function of the Division Medical Operations Center</td>
<td>1-1</td>
</tr>
<tr>
<td></td>
<td>1-2</td>
<td>Division Support Command</td>
<td>1-1</td>
</tr>
<tr>
<td></td>
<td>1-3</td>
<td>Missions and Capabilities of the Division Medical Operations Center</td>
<td>1-2</td>
</tr>
<tr>
<td></td>
<td>1-4</td>
<td>Responsibilities of the Division Medical Operations Center</td>
<td>1-1</td>
</tr>
<tr>
<td></td>
<td>1-5</td>
<td>Division Medical Operations Center Chief</td>
<td>1-4</td>
</tr>
<tr>
<td></td>
<td>1-6</td>
<td>Medical Operations Branch</td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>1-7</td>
<td>Medical Materiel Management Branch</td>
<td>1-7</td>
</tr>
<tr>
<td></td>
<td>1-8</td>
<td>Patient Disposition and Reports Branch</td>
<td>1-8</td>
</tr>
<tr>
<td></td>
<td>1-9</td>
<td>Medical Communications Branch</td>
<td>1-9</td>
</tr>
<tr>
<td>II</td>
<td>1-10</td>
<td>Division Medical Operations Center Interface for Combat Health Support Operations</td>
<td>1-9</td>
</tr>
<tr>
<td></td>
<td>1-11</td>
<td>Interface with the Division Support Command Staff</td>
<td>1-9</td>
</tr>
<tr>
<td></td>
<td>1-12</td>
<td>Interface with Division Staff</td>
<td>1-10</td>
</tr>
<tr>
<td></td>
<td>1-13</td>
<td>Interface with the Major Commands of the Division</td>
<td>1-13</td>
</tr>
<tr>
<td></td>
<td>1-14</td>
<td>Interface with the Main Support Battalion</td>
<td>1-13</td>
</tr>
<tr>
<td></td>
<td>1-15</td>
<td>Interface with the Forward Support Battalions</td>
<td>1-15</td>
</tr>
</tbody>
</table>

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

*This publication supersedes FM 8-10-3, 1 March 1991.
CHAPTER 2. ESTABLISHMENT OF THE DIVISION MEDICAL OPERATIONS CENTER

Section I. Command Post Setup ......................................................... 2-1
2-1. Command Post, Division Support Command .................................. 2-1
2-2. Communications ........................................................................ 2-1
2-3. Patient Disposition and Reporting Procedures ............................. 2-5

Section II. Monitoring and Managing Activities for Echelon II Combat
Health Support Elements in the Division ........................................... 2-8
2-4. Medical Regulating from the Division ......................................... 2-8
2-5. Division Medical Supply Office .................................................. 2-9
2-6. Division Preventive Medicine Section ......................................... 2-13
2-7. Division Mental Health Section .................................................. 2-15
2-8. Division Optometry Section ....................................................... 2-16
2-9. Division Dental Services ............................................................ 2-16

CHAPTER 3. DIVISION COMBAT HEALTH SUPPORT OPERATIONS

Section I. Planning Combat Health Support for Division Operations ....... 3-1
3-1. Division Combat Health Support Planning .................................. 3-1
3-2. Division Support Command Operation Plan and Operation Order .... 3-2

Section II. Conducting Combat Health Support for Combat and Military
Operations Other Than War ............................................................. 3-3
3-3. Combat Health Support for Division Offensive Operations ............ 3-3
3-4. Combat Health Support for Division Defensive Operations .......... 3-5
3-5. Retrograde Operations ............................................................... 3-6
3-6. Military Operations Other Than War .......................................... 3-8
3-7. Mass Casualty Operations ......................................................... 3-8
3-8. Integrated Battlefield ................................................................. 3-8

APPENDIX A. GUIDE FOR GENEVA CONVENTIONS COMPLIANCE

A-1. General .................................................................................. A-1
A-2. Distinctive Markings and Camouflage of Medical Facilities and Evacuation Platforms .................................................. A-1
A-4. Enemy Prisoners of War ......................................................... A-2
A-5. Compliance with the Geneva Conventions ................................. A-2
<table>
<thead>
<tr>
<th>APPENDIX B</th>
<th>TACTICAL STANDING OPERATING PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Page</td>
</tr>
<tr>
<td>B-1</td>
<td>General</td>
</tr>
<tr>
<td>B-2</td>
<td>Sample Tactical Standing Operating Procedure</td>
</tr>
<tr>
<td>GLOSSARY</td>
<td></td>
</tr>
<tr>
<td>REFERENCES</td>
<td></td>
</tr>
<tr>
<td>INDEX</td>
<td></td>
</tr>
</tbody>
</table>
PREFACE

This publication provides information on the structure and operation of the division medical operations center (DMOC), division support command (DISCOM). It is directed toward the chief and staff members of the DMOC within divisions organized and operating under L-edition table(s) of organization and equipment (TOE).

This publication outlines the responsibilities of the DMOC of the DISCOM headquarters and headquarters company (HHC) for light infantry, airborne, air assault, and heavy divisions. 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 DMOC within the DISCOM HHC, the interface with the division surgeon and other division elements, and the interface with supporting corps medical elements in accomplishing the CHS mission. It further defines each staff element of the DISCOM DMOC and lists the functions and operational requirements associated with each. Information pertaining to the organizational structure and operation of the HHC, DISCOM, is provided in Field Manuals (FMs) 63-2 and 63-2-1.

The forward support medical company (FSMC) of the forward support battalion (FSB) provides Echelons I and II CHS in the brigade support area (BSA) in each division. The FSMC, a DISCOM asset, communicates and coordinates with the DMOC pertaining to division CHS. Definitive information on operations, functions, and capabilities of the FSMC is provided in FMs 8-10-1 and 63-20.

The main support medical company (MSMC) is organic to each main support battalion (MSB) in all divisions and is a DISCOM asset. The MSMC provides Echelons I and II CHS in the division support area (DSA). Definitive information on operations, functions, and capabilities of the MSMC is provided in FMs 8-10-1 and 63-21.

The supported units referred to throughout this publication include infantry, light infantry, armor, air assault, airborne, aviation, military intelligence, artillery, air defense artillery, chemical, military police, signal, engineer, DISCOM units, and other units assigned to the division or operating in the division area.
The proponent of this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Submit changes for improving this publication on Department of the Army (DA) Form 2028 to Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 E. 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 organization structure presented in this publication reflects those established in living tables of organization and equipment (LTOEs). However, such staffing is subject to change to comply with manpower requirements criteria outlined in Army Regulation (AR) 570-2 and can be subsequently changed by your modified table of organization and equipment (MTOE).

This publication implements and/or is in consonance with the following North Atlantic Treaty Organization (NATO) International Standardization Agreements (STANAGs) and American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG).

<table>
<thead>
<tr>
<th>TITLE</th>
<th>STANAG</th>
<th>QSTAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marking of Military Vehicles</td>
<td>2027</td>
<td>512</td>
</tr>
<tr>
<td>Orders for Camouflage of the Red Cross and Red Crescent on Land in Tactical Operations</td>
<td>2931</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

Section I. ORGANIZATION AND FUNCTION OF THE DIVISION MEDICAL OPERATIONS CENTER

1-1. Division

The division is the basic unit of the combined arms and services of the Army. It is the smallest unit in which all arms and services are represented in sufficient strength to permit large-scale operations. To achieve and maintain readiness, division commanders need the right supplies, equipment, and personnel at the right place, at the right time, and in the right quantity. The DISCOM is responsible for monitoring this readiness and ensuring that the force is manned, armed, fueled, fixed, and moved, and that soldiers and their systems are sustained.

1-2. Division Support Command

a. The DISCOM is organized to provide the maximum amount of combat service support (CSS) within prescribed strength limitations while providing the most effective and responsive support to tactical units in a combat environment. In order to provide responsive support to the tactical commander, logistics, medical, and personnel services support must be effectively organized and positioned as far forward as necessary to support the tactical plan.

b. Division-level CHS is coordinated and provided by the DISCOM medical elements listed below:

- Division medical operations center, DISCOM HHC, located in the DSA.
- Main support medical company, MSB, located in the DSA.
- Forward support medical company, FSB, located in the BSA.

1-3. Missions and Capabilities of the Division Medical Operations Center

a. The DMOC’s mission is to plan, coordinate, and synchronize the division’s CHS with technical medical advice from the division surgeon. The division surgeon and the DMOC chief have joint responsibilities for CHS operations in the division. Their staff positions in the division and DISCOM require a close working relationship and coordination of their CHS activities. This CHS includes but is not limited to Echelons I and II medical treatment which involves—

- Advanced trauma management.
- Preventive dentistry.
- Limited radiological services.
- Limited laboratory services.
- Limited pharmacy services.
- Limited patient holding capabilities.
- Psychiatric consultation and combat stress control (CSC).
- Preventive medicine (PVNTMED).
- Limited optometry services.
- Medical evacuation support by air and ground ambulances.