

**DIVISION MEDICAL OPERATIONS CENTER
TACTICS, TECHNIQUES, AND PROCEDURES**

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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.

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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).

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

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—

- Emergency medical treatment.
- Advanced trauma management.
- Emergency and general dental treatment.
- 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.