HEALTH SERVICE SUPPORT OPERATIONS – CHAPTER 3: OPERATIONS

MCWP 4-11.1 (10 DEC 2012)
MARINE CORPS FORCES (MARFOR):

- Commanders are responsible for coordinating and integrating HSS (Health Service Support) within their area of operations.

- The MARFOR surgeon, dental officer, medical planner, preventive medicine officer, and medical administrative officer advise the MARFOR commander on matters relating to the health of the command, medical logistics, patient movement, OEHS (Occupational and Environmental Health Surveillance) activities, sanitation, safety, disease surveillance, medical intelligence, health threats, and other medical personnel issues, as well as current and future HSS planning.

- Additional duties include servicing as the liaison for the combatant commanders and other component surgeons and monitoring HSS aspects of the time-phased force deployment data flow.
MARINE EXPEDITIONARY FORCES (MEF):

• MEF commanders are responsible for coordinating and integrating HSS within their area of operations.

• The MEF surgeon, preventive medicine officer, medical planner, and hospital corpsman are responsible for establishing HSS requirements and ensuring HSS systems and established by the MEF’s major subordinate command form an integrated and responsive network of support.

• Just as the MARFOR Surgeon and medical staff advise the MARFOR commander, the MEF Surgeon and medical staff advise the MEF commander. Whereas the MARFOR Surgeon and medical staff advised the MARFOR commander on OPERATIONAL level of war, the MEF Surgeon and medical staff advise the MEF commander is more focused on TACTICAL level of war.
MARINE EXPEDITIONARY FORCES (MEF):

- HSS beyond the organic capabilities of the GCE and ACE are provided by task-organized units of the medical and dental battalions of the MLG (Marine Logistics Group).
- Additional support may be needed from designated casualty receiving and treatment ships (CRTSs), hospital ships (T-AHs), expeditionary medical facilities (EMF), US Army combat support hospitals, US Air Force expeditionary medical support, or other MTFs of the coalition partner nations.
MARINE DIVISION (MARDIV):

- Medical Staff:
  - Division Surgeon
  - Medical Plans Officer
  - General Psychiastrist
  - Operational Stress Control and Readiness Psychiatrist
  - Environmental Health Officer
  - Hospital Corpsman

- Division medical staff responsibilities are similar to the MEF’s but are more specifically related to the activities of the GCE.

- Planning occurs on all levels, with the hospital corpsmen assisting in the planning.
MARINE AIRCRAFT WING (MAW):

• Medical Staff:
  • Wing Flight Surgeon
  • Medical Plans Officer
  • Environmental Health Officer
  • Industrial Hygienist
  • Hospital Corpsmen

• Aircraft wing medical staff responsibilities are similar to the MEF’s but are more specifically related to the activities of the ACE.

• MAW is composed of Marine Aircraft Groups and Squadrons. Each group and squadron has a flight surgeon and several hospital corpsmen.
MARINE AIRCRAFT GROUP (MAG):

• Several Marine Aircraft Groups make up a MAW.
• Marine Aircraft Groups have subordinate units:
  • Marine Aircraft Squadron (Operational squadron) are supported by their own flight surgeon and a hospital corpsman.
  • Marine Wing Support Squadron has a medical staff comprised of a physician, which MAY be a flight surgeon and hospital corpsmen.
• Flight surgeon is the commander’s special staff officer that is directly responsible for the aeromedical safety and HSS for the command.
MARINE LOGISTICS GROUP (MLG):

• MLG’s HSS structure includes:
  • Medical Plans Officer
  • Hospital Corpsman
  • Supporting staff

• MLG has the majority of the MEF’s medical capability; a medical battalion with three surgical companies, and a H&S company.

• MLG surgeon advises the commander on the health of the command and the adequacy of organic MLG HSS. The surgeon also has cognizance over the operation of the group aid station.
HEALTH SERVICES SUPPORT OFFICER (HSSO):

• HSSO develops the MLG HSS plans and coordinates HSS for GCE and ACE units requiring medical and dental support that exceeds their organic capabilities.

• The HSSO serves as the OIC (Officer in Charge) of the medical section of the COC (Chain of Command) during exercises or operations.
DENTAL BATTALION:

- The dental battalion, MLG provides field dental services to the MEF and advises the commander on dental issues.
- By attaching task-organized dental sections and detachments to HSS units of the MAGTF, battalion personnel maintain dental readiness during exercises, deployments, operations other than war, and combat operations.
- In an operational environment, the dental battalion’s PRIMARY mission is to provide dental health maintenance with a FOCUS on EMERGENCY CARE.
- Personnel from these detachments may also provide postoperative, ward, central sterilization, supply room support, and other medical support as determined to be appropriate by the medical battalion and surgical company (SC) commanders.
- Dental battalion commanders is a special staff officer who advises the commanders on all professional, administrative, and operational matters to optimize use of dental assets.
MEDICAL LOGISTICS COMPANY:

• Class VIII (Class 8) medical supplies and equipment for the MEF are managed by the Medical Logistics Company (MEDLOGCO).

• MEDLOGCO issues the AMALs (Authorized Medical Allowance Lists) and ADALs (Authorized Dental Allowance Lists) and handles resupply issues.

• MEDLOGCO is a medical supply depot directly responsible to the supply battalion commanding officer supporting the medical battalion.

• MEDLOGCO:
  • Maintains medical equipment
  • Maintains centralized acquisition, storing, and stock rotation
  • Constructs medical supply sets (AMAL/ADAL)

• NOTE: See also PPT MCWP 4-11.1 Appendix A.
MEDICAL BATTALION:

• The medical battalion is organized to execute HSS functions in support of the MAGTF’s mission.
• The medical battalion provides initial resuscitative HSS to the units of the MAGTF above their organic medical capability.
• The medical battalion PRIMARY mission is to perform those emergency medical and surgical procedures that, if not performed, could lead to loss of life, limb, or eyesight.
MEDICAL BATTALION SURGICAL COMPANY:

- A medical battalion surgical company contains:
  - Forward Resuscitative Surgical System (FRSS)
  - Shock Trauma Platoon (STP)
  - Ward Unit
  - En Route Care Systems
  - PVNTMED

- Note: 1st Medical Battalion has one additional surgical company.
PREVENTIVE MEDICINE [PVNTMED]:

• PVNTMED section is composed of:
  • Environmental Health Officer
  • Entomologists
  • PVNTMED Technicians

• The PVNTMED unit is significant force enabler, capable of providing full scope of PVNTMED and OEHS activities for the purpose of ensuring a healthy, deployable force.
HEADQUARTERS AND SERVICE COMPANY (H&S):

- Headquarters and Service Company has the capabilities of a FSC in order to provide surgical care as a general support capability for the MLG.

- Headquarters and Service Company consists of:
  - Battalion Headquarters S-1 Personnel/Administration
  - S-2/S-3 Intelligence and Operations
  - S-4 Logistics
  - Motor-T Section
  - Ambulance Section
  - Utilities Section
  - S-6 Chaplain Section
  - PVNTMED
  - Combat Stress Platoon (three teams)
  - Pharmacy Platoon
  - 2 Surgical Platoons
HEADQUARTERS COMPANY SECTION:

• Headquarters Company Section includes:
  • 2 Surgical Platoons
  • Each Surgical Platoon consists of:
    • 1 FRSS
    • 1 STP
    • 1 X-ray
    • 1 Lab
    • 1 Ward
    • 1 ERCS
    • 1 Ambulance

• The Headquarters Company Section is designed for 24-hour operations.
SURGICAL COMPANY (SC):

- Support regimental-sized operation and receives casualties from units (I.E. FRSS, STP) or individuals providing first response, ROLE 1 Medical Treatment.
- SC also prepare and evacuate casualties whose medical requirements exceed the established theater evacuation policy. Base operating support is required from the assigned CLB.
- The SC plans, coordinates and supervises assigned functions of medical support for the battalion.
- The SC is structured to facilitate task organization for operations conducted by the battalion to support the MEF, MEB, or any combination of smaller MAGTFs.
- Since the SC is a major link in the chain of evacuation, it should be located in close proximity to an airfield capable of aeromedical evacuation either fixed or rotary wing aircraft, when possible.
SURGICAL PLATOON:

• Consists of:
  • 1 FRSS
  • 1 STP
  • 1 X-ray
  • 1 Lab
  • 1 Ward
  • 1 ERCS
  • 1 Ambulance sections
• Designed for 24-hour operations.

• May be augmented with dental platoon to provide dental support and will assist in triage, care and evacuation of casualties.

• Combat stress capabilities are available in the battalion and can be task organized from the H&S company if given the mission.
FORWARD RESUSCITATIVE SURGICAL SYSTEM (FRSS):

- Is the smallest possible units for provision of surgical care.
- Is the primary unit for resuscitative treatment.
- It is employed when the tactical situation precludes use of a surgical company ashore and when rapid casualty transport to CRTS or to land-based surgical facilities is unavailable.
- Is used to support one or more maneuver elements, augmented by a STP or BAS.
- Patient holding is no more than 4 hours.
- It is supported by an STP or BAS for initial triage, communications, security, and patient movement.
- Once a patient is stabilized, patient needs to be evacuated, the FRSS requires en route care team to support movement to a higher level of care.
FORWARD RESUSCITATIVE SURGICAL SYSTEM (FRSS):

• Without resupply, the core package can perform approximately 18 salvage surgical procedures or 20 trauma resuscitations over a period of 48 hours before requiring resupply and relief of personnel.

• The FRSS is designed to provide increase in the capacity and capability of any medical unit.

• A FRSS is highly mobile and may be deployed by any method of transport.

• The equipment weighs approximately 6,300 pounds, excluding personal gear and environmental control units, and has a total volume of 640 cubic feet.
FORWARD RESUSCITATIVE SURGICAL SYSTEM (FRSS):

• The following personnel comprise the FRSS:
  • 2 Surgeons
  • 1 Anesthesiologist
  • 1 Critical Care Nurse
  • 1 IDC (Surgery/Emergency Room)
  • 1 Field Medical Technician
  • 2 Operating Room Technicians

• The composition and size of the FRSS makes it one of the lightest and most mobile of units.
FORWARD RESUSCITATIVE SURGICAL SYSTEM (FRSS):

• The FRSS may be added to a BAS or STP to maximize the effectiveness of the skills possessed by the FRSS that can support initial treatment and post-operative holding of casualties.

• The FRSS’s organization and staffing allows a wide spectrum of resuscitative trauma care ranging from triage/advanced trauma life support/stabilization through salvage surgical procedures; thus, the team can be appropriately employed in any situation where trauma surgical capability is needed.

• FRSS’s may deploy and/or redeploy rapidly with small to moderate airlift requirements (such as MV-22, CH-46, or CH-53), and operate in a shelter of opportunity. Or use of medium tactical vehicle replacement, trailers, and high-mobility multipurpose wheeled vehicle can be utilized for ground transport.
FORWARD RESUSCITATIVE SURGICAL SYSTEM (FRSS):

• The FRSS is easily established in the four early phases of combat casualty care:
  • Triage
  • Immediate therapy/resuscitation
  • Salvage surgery
  • Post-operative care

• The team can fluidly cover any of these roles as directed by the situation. Patients receive salvage surgery based on resources and tactical/clinical situations.
FORWARD RESUSCITATIVE SURGICAL SYSTEM (FRSS):

• The additional capabilities extend trauma surgical care where it cannot be provided by other units. Example of missions that may be appropriate for the FRSS include:
  • Triage/therapy/salvage surgery no farther forward than the BAS
  • Surgical care of critically injured patients within the collecting and clearing point
  • Surge augmentation of an existing deployed SC or other facility
  • Ramp up/down phases of classic deployments
  • Civilian disasters; augmentation of existing resources
  • Special operations
  • Surgical support for split expeditionary strike group operations
FORWARD RESUSCITATIVE SURGICAL SYSTEM (FRSS):

• The team’s equipment and personnel are selected to provide resuscitative trauma care and resuscitative or damage control trauma surgery.

• Specific capabilities for early trauma care and stabilization include but limited to:
  • Airway management
  • Fluid resuscitation
  • Advanced trauma life support skills, that:
    • Control hemorrhage
    • Control of intra-abdominal contamination
    • Stabilization of fractures
    • Major wound debridement
EN ROUTE CARE PLATOONS:

• The ERCS are an essential follow-on for the FRSS, composed of one critical care nurse and one corpsman (8404), with three teams per SC.

• The ERCS are capable of providing medical care for two critically injured/ill, but stabilized, patients for 2 hours during flight.

• En route care systems provide a capability to support expeditionary maneuver warfare by meeting an operational requirement to evacuate patients up to 240 nautical miles using opportune lift medium lift aircraft.

• En route care systems are employed when the tactical situation requires prompt transport of critically injured/ill patients from forward surgical and treatment elements to the shore- or sea-based treatment facilities.
MARINE EXPEDITIONARY UNIT (MEU):

- Each MEU element deploys with its own organic HSS capability.
- HSS above this organic level is provided by a health service support detachment (HSSD) task-organized from the headquarters and general support CLR and attached to the MEU CLB.
- The HSSD structure falls primarily under the CLB and includes:
  - Emergency Physician
  - Physician Assistant
  - Critical Care Nurse
  - Medical Plans Officer
  - Independent Duty Corpsman
  - 8404 Corpsman
MARINE EXPEDITIONARY UNIT (MEU):

- Adjunct medical staff may include:
  - Industrial hygiene
  - Entomology officer and staff
- Medical specific staff include:
  - Shock trauma platoon
  - Headquarters and service company, medical battalion elements
  - MEDLOGCO detachments
  - Dental detachment
- Tactical situation ashore dictates the size of the HSSD capability ashore.
- Normally the elements of an STP are of sufficient size to manage most medical situations.
PHASING SUPPORT ASHORE:

- During the movement phase of amphibious operations, the commander, amphibious task force (CATF) and his principal medical advisor, the CATF surgeon, have overall responsibility for HSS services to embarked personnel.

- Amphibious task force (ATF) ships augment ATF medical and dental departments by providing care to embarked landing force personnel using ship’s company medical facilities and supplies.

- Landing force Class VIII equipment and supplies should not be used aboard ship unless authorized by the MAGTF commander in support of an overwhelming emergency.
PHASING SUPPORT ASHORE:

• There are three phases:
  • Assault echelon
  • Assault follow-on echelon
  • Follow-on forces

• The stages described in the following slides and shown in Figure 3-3 represent only notional phasing. Other variations and combinations resulting from such factors as threat level, mission, terrain, geography, weather, force at risk, opposing forces, etc., are possible.
ASSAULT ECHELON:

• HSS ashore is limited to the capabilities of medical sections organic to combat units.
• First response medical care for assault forces is provided by self-aid, buddy aid, and hospital corpsman of landed rifle platoons.
• When tactical situations permits, BASs are established and care is delivered from a healthcare provider.
• Battalion aid stations are normally divided into two sections, with assigned battalion non-medical litter bearers divided between them.
  • One section lands with the battalion combat train and provides in-close support to the assault force.
  • Second section lands with the field train and establishes interim evacuation stations until relieved by follow-on HSS.
ASSAULT ECHELON:

• Evacuation stations are then expanded and staffed by the supporting medical battalion, drawing assets from the STPs or triage/evacuation platoons of the SCs.

• When established with the landing force support party (LFSP), the supporting medical battalion constitutes the beach evacuation section(s) of the LFSP.

• The primary role of a BAS is to evacuate assault force casualties to designated CRTSs.
ASSAULT ECHelon:

- When evacuation stations attached to the LFSP become operational ashore, established BASs are relieved to conduct their mission in primary support of parent battalions.

- Following the landing of supporting evacuation stations, expansion of HSS facilities ashore begin.

- Typically established at logistic support areas or forward arming and refueling points.
ASSAULT FOLLOW-ON ECHELON:

- Majority of logistic support capabilities during the assault follow-on echelon continue to be sea-based, projected HSS capabilities ashore expand along with the LCE. Capabilities could be additional FRSS/STPs with mobile combat logistics companies. When progress of assault units is such that the beachhead is relatively secure, HSS is enhanced from follow-on forces.
FOLLOW-ON FORCES

• Health services support shifts its posture to achieve shore-base health care consistent with the expected combat intensity and duration of sustained operations ashore, independent of sea-based facilities. This phasing is achieved by upgrading capabilities ashore by consolidating HSS capabilities ashore with those not yet landed.

• If a sustained land campaign is envisioned, additional HSS will normally be provided by theater hospitalization (expeditionary medical facilities, hospital ships, or other Service-equivalent facilities such as combat support hospitals, expeditionary medical support).
CAPABILITIES EXTERNAL TO THE MAGTF:

- Casualty receiving and treatment ship (CRTS) have the largest medical capability of any amphibious ship in the ATF.
- CRTS includes 4 to 6 OR, 15-bed ICU, a quiet room, 45 ward beds and 6 isolation and overflow beds. CRTS include dental spaces including general dental operations.
- CRTS are augmented by 84 medical department personnel to achieve full casualty treatment capability.
- CRTS receive patients by helicopter and surface craft.
- Amphibious assault ship (Multipurpose) (LHD) and Amphibious assault ship (General purpose) (LHA) are used for CRTS.
- The CATF’s Annex Q designates platforms to serve as CRTSs.
- For medical support capabilities of these vessels and their roles; See MCRP 3-31B, Amphibious Ships and Landing Craft Data Book.
EXPEDITIONARY MEDICAL FACILITY:

- Expeditionary medical facilities are medically and surgically intensive and deployable in a variety of operational scenarios.
- EMF may be used with CCDRs (Combatant Commanders), Navy and Marine Corps component commanders, and Joint Task Force commanders.
- EMF is task-organized and may require base operations support and transport support.
- Its ability to relocate is independent of size (see Navy Tactics, Techniques, and Procedures 4-02.4, Expeditionary Medical Facilities).
- Hospital Ships (T-AHs) are floating surgical hospitals. Their mission is to provide acute medical care in support of combat operations at sea and ashore.
- Primarily receives patients by helicopter but has limited capacity for receiving patients by surface craft.
AUGMENTATION:
• Fleet Surgical Teams:
  • Fleet Surgical Teams (FSTs) are HSS augmentation teams assigned to the CCDR.
  • There are 9 teams between the Pacific and Atlantic Fleets.
  • Provides surgical capability to the LHA/LHD for deployment and inter-deployment surgical readiness groups when deployed with a MEU.
  • The OIC and medical regulation and control officer are part of the SQUADRON staff, WHILE the rest of the team is temporarily assigned to the LHA/LHD medical department.
  • The OIC of the FST is the CATF surgeon and is the senior medical authority afloat for the amphibious readiness group and the principle medical advisor to the commander or CATF.
AUGMENTATION:

• Health Services Augmentation Program:
  • HSAP is the means by which medical support personnel are brought to operational units from Navy’s MTFs.
  • The program’s personnel are Marine Corps assets managed in PEACE time by Bureau of Medicine and Surgery (BUMED), US Fleet Forces Command, and the office of the office of the Chief of Naval Operations (CNO).
  • The program falls under the respective Marine Corps component during WARTIME.
  • In special cases, staffing may be above authorized staffing or in addition to authorized billets when directed by CNO.
  • Units participating in the HSAP include Fleet CRTS, MARFOR HSS units, EMFs, and Hospital ships.
TERMINOLOGY:

• ACE; Aviation Combat Element
• CLB; Combat Logistics Battalion
• Cognizance; knowledge
• FSC; Forward Support Company
• GCE; Ground Combat Element (Grunts/Bullet Catchers)
• MAGTF; Marine Air-Ground Task Force
• PVNTMED; Preventive Medicine