

FM 8-10-26

**EMPLOYMENT
OF THE
MEDICAL COMPANY
(AIR AMBULANCE)**

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EMPLOYMENT OF THE MEDICAL COMPANY (AIR AMBULANCE)

1. Change FM 8-10-26, 16 February 1999, as follows:

Remove old pages

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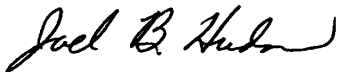
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PREFACE

The purpose of this publication is to provide doctrinal guidance for the employment of the medical company, air ambulance (AA). (In this publication, the medical company, AA will be referred to as the AA company.) In addition, this publication describes the tactics needed for implementation of its combat service support (CSS) role on the modern battlefield. This publication also provides the doctrinal requisites to support the Army’s Concept Based Requirements System processes for determining the Army Medical Department’s (AMEDD’s) aviation requirements.

This publication is primarily intended for the medical company, AA commander, his section leaders, and assigned personnel. Further, the medical command (MEDCOM), medical brigade, and medical evacuation (MEDEVAC) battalion commanders and their staffs will use this publication in planning combat health support (CHS). This publication is also applicable for use by the Army aviation community, to include members of the allied, coalition, and special operations forces, or contingency force operations that require AMEDD aviation support.

This publication embodies doctrine based on the L-edition Table of Organization and Equipment (TOE) 08447L200. The staffing and organizational structure presented in this publication reflects those established in the L-edition TOE, effective as of this publication date. However, such staffing is subject to change to comply with Manpower Requirements Criteria outlined in Army Regulation (AR) 71-32 and can be subsequently modified by your modification TOE (MTOE).

The proponent of this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Send comments and recommendations on Department of the Army (DA) Form 2028 directly to **Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-6175.**

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

Title	STANAG	QSTAG	AIR STD
Marking of Military Vehicles	2027	512	
Medical Employment of Air Transport in the Forward Area	2087	529	
Orders for the Camouflage of the Red Cross and Red Crescent on Land in Tactical Operations	2931		
Aeromedical Evacuation	3204		
Aeromedical Evacuation by Helicopter			44/36A

Title	STANAG	QSTAG	AIR STD
Selection, Priorities, and Classes of Conditions for Aeromedical Evacuation			61/71

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

Use of trade or brand names in this publication is for illustrative purposes only and does not imply endorsement by the Department of Defense (DOD).

CHAPTER 1

INTRODUCTION**1-1. America's Army Today**

a. America's Army has proudly served the Nation for over two centuries, providing for the common defense and serving in countless other ways. It is a unique institution bound closely to American society and culture. The Army's focus has changed from a Cold War, forward-deployed force, to a mostly US-based, power projection force. Although smaller now than at any time since before World War II (WWII), the Army is being called upon for an increasing number of diverse missions around the world. This accelerated pace has meant more frequent and longer deployments for America's soldiers. At the same time, constraints on resources devoted to defense make it more challenging to balance operational requirements, readiness, modernization, and quality of life.

b. The Army is an integrated, cohesive organization of the Active Component (AC) (Regular Army), Reserve Components (RC) (Army National Guard and Army Reserves) and civilian employees of the Army.

- The Regular Army provides the forces to support the forward presence; it also provides the initial forces for rapid deployment worldwide.

- The Army National Guard and Army Reserves provide trained units and individuals for active duty in time of war and provide reinforcements for contingency operations.

c. The Army is generally organized into combat, combat support (CS), and CSS units. The combat organization of the Army includes corps headquarters, divisions, separate brigades/regiments, artillery, air defense and aviation brigades, and special forces groups. A variety of CS and CSS units provide logistical, chemical, civil affairs, intelligence, communications, medical, transportation, supply, maintenance, and other types of support essential to the conduct of combat and stability operations and support operations.

d. The Army's goal is to be able to put the lead brigade of a contingency force on the ground in an operational area in four days; a division in 12 days; and two armored or mechanized divisions in 30 days; and a five-division corps within 75 days.

e. The fundamental mission of the Army remains the same: to deter war and, failing that, to fight and win wars quickly and decisively with minimum casualties.

1-2. Threat Environment

a. Ethnic, religious, territorial, and economic tensions, held in check by the pressures of bipolar global competition, erupted when Cold War constraints dissolved. The world has entered a period of radical and often violent change. The threats today are more diverse, yet less predictable, than during any other period in our history; they are, however, just as real.

b. The US faces no immediate threat to its national survival. Still, our worldwide interests require that we remain engaged in the world. The National Military Strategy notes four principal dangers

to which we must be prepared to respond: regional instability, proliferation of weapons of mass destruction, transnational dangers, and threats to democracy and reform. America has committed its forces to respond to such dangers nearly 40 times since the fall of the Berlin Wall.

c. Regional instability, often based on ethnic or territorial disputes, is evident throughout the world. Somalia, Rwanda, Haiti, and Bosnia are just a few examples of countries where America's interests have been affected by instability. Some regional powers, those with strong conventional armies and aggressive modernization programs, can threaten American interests directly. In addition, thousands of nuclear, biological, and chemical (NBC) warheads and strategic delivery systems exist throughout the world. These weapons of mass destruction could present a very real danger in the hands of terrorists or rogue states. Terrorism, drug trafficking, and other transnational dangers pose a significant threat to all if left unchecked. In response to threats to democracy and reform, the US is committed to strong, active support for nations transitioning into the community of democratic nations. The failure of democratic reform would adversely affect our nation and interests.

1-3. Health Threat Assessment

a. A critical element of the CHS assessment is a thorough appraisal of the health threat. This assessment includes the health threat to the deploying forces and to the residents in the area of operations (AO). The US soldier is placed at increased risk in stability operations and support operations scenarios as the incidence and exposure to infectious diseases and environmental hazards is greater in man-made or natural disaster areas and in developing nations. The health threat is derived through established intelligence channels and from a variety of informational sources outside of the military.

b. The ability to obtain, interpret, and use medical intelligence is critical to the success of the CHS mission. Regardless of whether the operation is conducted within the US or abroad, man-made and natural disasters can cause a resurgence of diseases once thought to be at low epidemiological levels. This may result in environmental contamination. A combination of factors can result in the spread of communicable diseases in epidemic proportions and increased opportunity for exposure to NBC hazards. These factors are—

- Disruption of sanitation services (such as garbage disposal or sewer systems).
- Contamination of food and water.
- Development of new breeding grounds for rodents and arthropods (such as in rubble or in stagnant pools of water).
- Disruption of industrial operations.
- Dispersion of biological or radiological waste by improper handling or terrorist activity.

(1) Medical intelligence is the product resulting from the collection, evaluation, analysis, integration, and interpretation of all available general health and bioscientific information. Medical

intelligence is concerned with one or more of the medical aspects of foreign nations or the AO and which is significant to CHS or general military planning. Until medical information is processed, it is not considered to be medical intelligence. Medical information pertaining to foreign nations is processed by the Armed Forces Medical Intelligence Center (AFMIC). Health threat information in AOs within the US can be obtained from—

- United States Army Medical Command.
- United States Army Medical Department medical centers and activities within the immediate area.
- United States Civil Affairs and Psychological Operations Command.
- Local public health officials.
- American Public Health Association (Field Manual [FM] 8-33).
- Centers for Disease Control.
- World Health Organization.

(2) The special training of preventive medicine (PVNTMED) personnel, as well as other medical professionals, is used to provide a clear assessment of the health threat. Preventive medicine personnel are specifically trained and equipped to collect, analyze, and interpret health information. When the assessment includes oral, dental, or maxillofacial considerations, the dental public health officer has similar specialized training in his field. The veterinary officer can provide expertise in the public health ramifications of zoonotic diseases and biological and chemical warfare agents. These personnel can make recommendations for types of activities to be accomplished and their priority for support. Using these skills maximizes the efficient use of limited CHS resources. For consultation purposes during the assessment, the medical personnel conducting the assessment must have access to all medical professionals within the CHS force and the local medical community.

c. Combat health support planners must acquaint themselves with the currently existing intelligence products. These products include national-level intelligence products such as the Medical Capabilities Studies, the AFMIC MEDIC CD-ROM, Disease Occurrence Worldwide, and access to Intellink that is located at brigade or higher level. These reports are specifically produced to support US military CHS operations conducted outside continental United States (OCONUS). These reports can be obtained through operational and medical intelligence channels (such as the medical evacuation battalion/medical brigade). (Refer to FM 8-10-8 for specific information.)

d. As CHS plans and operations progress, the requirements for additional medical intelligence will occur. All such requirements should be requested through intelligence channels as soon as they are validated; when required, coordination should be effected with local agencies.

e. In OCONUS operations, the CHS planner must make himself aware of the health threat posed by the disaster (such as continued flooding, earthquakes and aftershocks, or further explosions) and groups,

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factions, opponents, terrorists, or enemy forces operating within the AO. This threat also includes the capabilities and potential use of weapons systems and munitions, such as NBC, directed-energy weapons or devices, or conventional armaments, and the potential for terrorist attacks or incidents, including the use of chemical warfare and biological warfare agents without weapons delivery systems. Combat health support planning and force survivability necessitate that CHS units remain abreast of the complete intelligence picture.

f. The health threat includes the stress threat. The stress threat encompasses all stressors in the environment which are likely to threaten the mission and the soldier's current and future well being. The stress threat can result in—

- Misconduct stress behaviors.
- Post-traumatic stress disorder.
- Battle (conflict) fatigue.
- Neuropsychiatric disorders including organic mental disorders.

g. Should CHS personnel gain information of potential medical intelligence value while in the performance of their duties, they are required to report it to their supporting intelligence element (FM 8-10-8).

h. For additional information on infectious diseases and their prevalence, refer to FM 8-33.

i. For additional information on the health threat and intelligence preparation of the battlefield, refer to FM 8-10-8 and FM 8-55.

1-4. Medical Evacuation

a. The CHS system plays a vital role as a force multiplier. The CHS system sustains and protects the health of the soldier in war and in stability operations and support operations. Medical evacuation is a part of the CHS system. The Army is the only US military organization with dedicated assets to perform the mission of aeromedical evacuation of casualties from the battlefield.

b. Medical evacuation is the timely, efficient movement and en route care by medical personnel of the wounded, injured, or ill individuals from the battlefield and other locations to a medical treatment facility (MTF). The higher echelon of care is responsible for evacuation of patients from the lower echelon of care. Evacuation begins when medical personnel receive the injured or ill soldier and continues as far rearward as the patient's medical condition warrants, or the military situation requires.

1-5. Aeromedical Evacuation

Aeromedical evacuation is the process explained in paragraph 1-4 with the use of an aircraft (fixed or rotary wing) that has the capability to provide en route care. Use of aircraft for patient movement without the

capability of providing en route care is termed casualty evacuation (CASEVAC). Three systems are recognized for MEDEVAC or CASEVAC. These systems are labeled *dedicated*, *designated*, and *lift of opportunity*.

a. The dedicated system is one in which an aircraft is solely dedicated to the mission of aeromedical evacuation. The AA companies primarily perform this role. A question often asked is why should a commander dedicate critical assets to nonwarfighting duties. Several factors must be explored in order to understand the current significance of this basic imperative and why it must be preserved.

- *Preserving critical assets.* Commanders consider the dead and wounded an impediment to the conduct and continuance of the battle. Historically, they are reluctant to divert critical combat assets in the heat of battle to care for the wounded.

- *Maintaining the will to fight.* The will to fight and remain a cohesive unit in combat is predicated on defending your fellow soldier, on his defending you, and the knowledge that someone will care for you if you are wounded. The more cohesive and trained the unit, the more there is a need to conserve that force with evacuation and care.

- *Returning trained assets to duty.* As armies become skilled, the cost to replace a wounded soldier becomes more than the cost to treat and return to duty. Regardless of money, it takes *TIME AND DIVERTED FIGHTING ASSETS* to train replacements. Without evacuation and care, wounded and nonbattle injuries can render units ineffective.

- *Availability of medically trained assets.* The key to effective and timely evacuation is predicated on trained ambulance and medical personnel not being diverted to other tasks or located elsewhere.

b. The designated system is one in which an aircraft is identified for use as either an aeromedical or CASEVAC transportation platform. The difference between the two platforms is whether en route care is aboard. During mass casualty (MASCAL) situations, other aviation assets (such as CH-47 units) may be designated for CASEVAC missions.

c. The lift of opportunity is a system that utilizes empty aircraft during the backhaul.

1-6. Evacuation History

a. Current US AMEDD evacuation doctrine can be traced back to our country's most costly war, the Civil War. The beginning of the Civil War saw no true evacuation doctrine in place. Consequently, due to the medical department's performance at Manassas, both the Surgeon General (Colonel [COL] Finley) and the medical director of the Army of the Potomac were replaced by COL William A. Hammon and Major (MAJ) John Letterman, respectively. Major Letterman recognized that MEDEVAC doctrine was needed from the point of injury back to recovery. He quickly reorganized the Army of the Potomac's field medical support system and formulated an effective plan for an ambulance corps. This plan was approved by General (GEN) McClellan in August 1862. Major Letterman developed the concept of the higher echelon of care evacuating from the lower echelon of care. His concept has *remained the doctrinal basis for MEDEVAC to this day*.

b. Along with developing an effective plan for the ambulance corps, an echeloned system of casualty care and patient administration was also established. In response to the plan's success at Antietam (10,000 casualties evacuated) and Gettysburg (15,000+ casualties evacuated), public pressure, led by civilian medical societies, forced Congress to pass the Ambulance Corps Act of 1864. This act established a uniform system of ambulance service throughout the military forces.

c. World War II (1941-1945) saw a total of 963,000 battle dead and wounded; with nonbattle injuries included, the total rose to 1,078,000. World War II was the first war to use extensive fixed-wing MEDEVAC, with limited rotary-wing MEDEVAC (Burma). Although aeromedical evacuation was not solely responsible, its use contributed to reduced death rates. The death rates went from 8.5/1000 in World War I (WWI) to 4.5/1000 in WWII.

d. The helicopter's potential for rapid evacuation of casualties from battlefields to hospitals was demonstrated first at Carlisle Barracks in 1935. It was not until the Korean War that we saw the first mass employment of rotary-wing aircraft, the Bell H-13. The most dramatic and publicized use of helicopters in the campaign focused on the MEDEVAC of combat casualties. The war proved to be a major factor in initiating the concept of close unit aviation medical support rather than relying solely on the Air Force's area medical support.

e. In June 1950, Army Field Forces recommended to the DA that a helicopter organization be provided for each division and field army. The mission would be to provide aerial vehicles for MEDEVAC. It was further recommended that in a division this organization be placed under the control of the division surgeon; be operated by Army medical personnel; and be considered in the same category as a medical department ambulance unit.

f. Late in 1950, the Army deployed four helicopter detachments, which were placed under the operational control of the Eighth Army surgeon. Each detachment was authorized four OH-13 Sioux helicopters. At the outset of the Korean War, there were no Medical Service Corps (MS) aviators specifically trained in aeromedical evacuation; therefore, the helicopters were flown by other than medically trained pilots.

g. Three of the four helicopter detachments became operational in early 1951. The other detachment did not become operational because commanders transferred all of its aircraft to other nonmedical units.

h. At the height of the Korean conflict, the three operational helicopter detachments controlled only eleven aircraft. By the end of the war, however, they had evacuated about 17,700 casualties. This aeromedical evacuation success was supplemented by a considerable number of MEDEVAC missions performed by nonmedical helicopters organic to division light air sections and helicopters of Army cargo transportation companies. Marine and Air Force helicopters also made a sizable number of frontline evacuations.

i. In August 1952, after the three helicopter detachments arrived in Korea and operated with considerable success, DA authorized the activation of helicopter ambulance units and redesignated them medical detachments, helicopter ambulance. Requirements for medical service helicopter ambulance

detachments, recommended by the Materiel Requirements Review Panel on 31 July 1952, were approved by the Army Chief of Staff on 28 August 1952. With minor modifications (but numerous name changes), it is the framework for our fleet today.

j. Other types of rotary-wing aircraft which contributed to aeromedical evacuation during this time period were the H-23 Raven and the utility helicopter (UH)-19 Chickasaw.

k. A requirement for a permanent link to Army aviation was established with the Office of The Surgeon General (OTSG). This established an aviation section linking OTSG functions to aviation. This section advised DA on aeromedical issues and evaluated AA requirements. The AMEDD's participation in aircraft design was seen as a requirement if aeromedical evacuation was to evolve. The AMEDD established a linkage in the design of future medical/ambulance aircraft requirements. This was a direct result of numerous field expedients that were attempted in an effort to overcome design shortcomings on the H-13. With AMEDD participation, the XH-40 was selected as the replacement UH (future designation: UH-1 Iroquois).

l. Vietnam (1959-1975) was our longest conflict, with surprisingly few casualties—203,000 battle dead and wounded. This was the first conflict to make extensive use of airmobility and rotary-wing aircraft specifically designed for MEDEVAC. The beginning of the Vietnam conflict saw the introduction of the UH-1 series as an AA. There was no deployment doctrine to protect these dedicated assets. Due to the lack of doctrine, an attempt was made, early in the conflict, to absorb aeromedical assets for tactical use. The dedicated aeromedical mission was shown to be a viable combat multiplier and was protected from nonmedical use. The evolution of the medical detachment, helicopter ambulance, the AA platoon, and the medical company, AA showed an increase in survival rates to 97.5 percent of all wounded. This increased survival rate was due to the MEDEVAC of the injured from the point of wounding to an MTF in under 30 minutes. Additionally, the standardized 9-line MEDEVAC request evolved which guarded against the misclassification of casualties. At the peak of combat operations in 1968, aeromedical support was provided by 116 AAs. These were assigned to two companies and 11 separate detachments (see CMH 90-16).

m. The Vietnam conflict also showed the dangers of using an unarmed aircraft for MEDEVAC in a combat environment. Air ambulances routinely required armed escorts during patient extraction in unsecured landing zones (LZs). Due to the vulnerability and nature of the mission during the conflict, MEDEVAC losses to hostile fire were 3.3 times greater than all other helicopter missions. The Vietnam era officially ushered in the rotary-wing platform as a valuable resource for responsive and efficient patient evacuation.

n. Following Vietnam, aeromedical evacuation assets have been used in Grenada, Panama, the Persian Gulf War, Somalia, Haiti, and Bosnia. Air ambulance assets are forward stationed in Europe, the Pacific, and in Panama.

o. The AA organizations we have become familiar with over the years are being replaced by the 15-ship UH-60 units. It is anticipated that the UH-60A will eventually be replaced by the UH-60Q.

CHAPTER 2

ORGANIZATION AND FUNCTIONS**2-1. Assignment and Allocation**

a. The AA company is assigned to the MEDCOM, TOE 08611A000 or TOE 08611L000, or Medical Brigade, TOE 08422A100 or TOE 08422L100. It is normally further attached to the Headquarters, MEDEVAC Battalion, TOE 08446L000, for command and control (C2). The MEDEVAC Battalion controls a combination of three to seven ground and AA companies.

b. The basis of allocation.

(1) One unit is in support of each division or equivalent force supported. Further, one unit is in general support in the corps per two divisions or fraction thereof; or .333 units per separate brigades or armored cavalry regiments (ACRs).

(2) One unit per theater for the purpose of evacuating patients to and from the hospital ship(s).

(3) Other basis of allocation will be as determined by medical planners based on mission, enemy, terrain, troops, time available, and civilian considerations (METT-TC) or major regional conflict, east or west.

2-2. Mission and Capabilities

a. Mission. To provide aeromedical evacuation and support within the theater of operations (TO). Aeromedical evacuation is effected from the point of injury or as far forward as possible in the tactical commander's area of influence to division- and corps-level MTFs. The AA company provides the following services within a TO:

(1) Movement of patients between hospitals, aeromedical staging facilities, hospital ships, casualty receiving and treatment ships, seaports, and railheads in both the corps and communications zone (COMMZ).

(2) Emergency movement of medical personnel, equipment, and supplies, including blood products and biologicals.

(3) Movement of patient movement items (PMI) (see JP 4-02.2).

(4) Combat search and rescue (CSAR) operations, when assigned, function as an element of a component or joint CSAR task force (TF).

(5) Air crash rescue support.

b. Capabilities. At Level 1, this unit provides—

(1) Fifteen helicopter ambulances to evacuate critically wounded or other patients consistent with evacuation priorities and operational considerations.

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(2) Three forward support teams (three helicopters each) that can be individually or group deployed in support of unique or emergency operations worldwide.

(3) Flight medical aidmen for in-flight medical treatment and surveillance for patients.

(4) Aviation unit maintenance (AVUM) on all organic aircraft and unit-level maintenance on all organic avionics equipment. The company also performs unit-level maintenance on all organic ground equipment, less medical.

(5) Food service support to headquarters and headquarters detachment, MEDEVAC battalion, when collocated.

(6) Fuel handling and transport (to include hot refuel operations) for all organic aircraft which operate in four different geographic locations.

c. Lift Capabilities.

(1) UH-60A.

- *Maximum.* Six litter patients and one ambulatory patient; or seven ambulatory patients; or some combination thereof.

NOTE

Special floor-mounted hardware must be installed for the six litter patient configuration.

- *Normal.* Four litter patients and one ambulatory patient, or some combination thereof.
- *Total.* Total company patient lift capability is 90 litter patients; or 105 ambulatory patients; or some combination thereof.

(2) UH-1.

- *Maximum.* Six litter patients, or nine ambulatory patients, or some combination thereof.
- *Normal.* Three litter patients and four ambulatory patients.
- *Total.* Total company patient lift capability is 90 litter patients; or 135 ambulatory patients; or some combination thereof.

2-3. Limitations and Support Requirements

a. In a TO, aeromedical evacuation beyond 200 nautical miles (NM) may be augmented by the support of a high-capacity AA.

b. In deployment and sustainment of operations, this unit is dependent upon appropriate elements of the corps or theater Army (TA) elements for—

- Aviation intermediate maintenance (AVIM) support.
- Combat health support.
- Finance services.
- Food service support.
- Logistics.
- Medical supply and equipment.
- Military police (MP) support.
- Personnel and administrative services.
- Religious services.

2-4. Unit Organization and Functions

The mission of the AA company is stated in paragraph 2-2a. The AA company consists of a company headquarters, a flight operations platoon, an AVUM platoon, and an AA evacuation platoon (Figure 2-1). When assigned to the corps and in the general support (GS) role, the preferred location of the AA company and its assets is with the corps aviation brigade. When assigned to the division and in the direct support (DS) role, the preferred location of the AA company and its assets is with the division aviation brigade. The AA company commander will deploy assets of the area support MEDEVAC section (ASMS) and the forward support MEDEVAC team (FSMT) based on METT-TC.

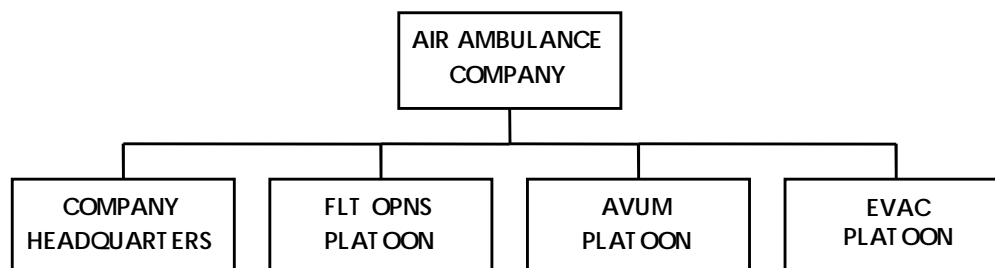


Figure 2-1. Air ambulance company.

- a. The company headquarters provides C2 for all elements of the company. It also provides—
- Unit-level administrative support.
 - Supply support.
 - Nuclear, biological, and chemical support.
 - Unit-level maintenance for assigned vehicles and power-generation equipment.
 - An aviation safety program for flight- and ground-related activities.
 - A standardized program for aircrew training.
 - A standardized program for nonrated crewmember training.

b. The unit flight operations platoon consists of a headquarters section, an operations section, and an airfield service section (Figure 2-2).

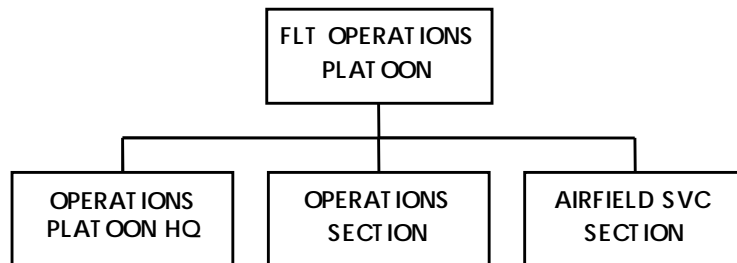


Figure 2-2. Flight operations platoon.

- (1) The headquarters section maintains C2 of the platoon and supervises all functions of the operations section and the airfield service section.
- (2) The operations section plans and coordinates all flight operations in the unit, to include—
 - (a) Operational planning.
 - (b) Flight dispatch.
 - (c) Maintenance of flight records, maps, and reports.
 - (d) Tactical communications support for the unit.

- (e) Uninterrupted monitoring of communications equipment for aeromedical requests.
 - (f) Coordination with the AA platoon and AVUM platoon for—
 - Assigning aircraft and crews to specific missions.
 - Receiving, processing, and filing flight plans.
 - Maintaining a current situation map, weather, records, and reports.
 - Supervising all other activities incidental to flight operations including the Flight Standardization Program.
- (3) The airfield service section—
- (a) Provides multiple-site refueling for all organic aircraft and vehicles on a 24-hour basis.
 - (b) Maintains bulk and package petroleum, oils, and lubricants (POL) for the company.
 - (c) Sets up and maintains the unit heliport or airfield, to include the installation of the heliport lighting equipment.
- c. The AVUM platoon consists of a platoon headquarters, an aircraft component repair section, and an aircraft maintenance section (Figure 2-3).

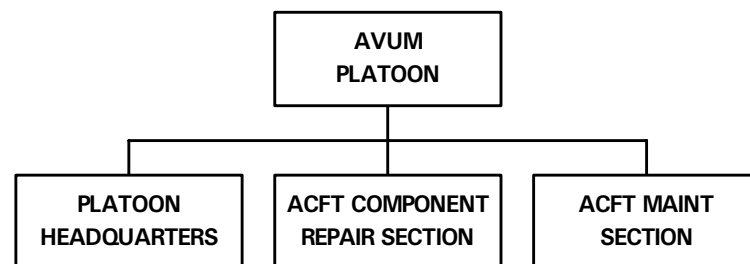


Figure 2-3. Aviation unit maintenance platoon.

- (1) The platoon headquarters manages the AVUM functions on organic aircraft and avionics equipment. It also coordinates with the supporting AVIM unit for additional support.
- (2) The aircraft component repair section provides AVUM-level maintenance on assigned aircraft in the following areas:

- Avionics.
- Power plant.
- Electrical.
- Power train.
- Structural.

(3) The aircraft maintenance section consists of three teams. This section provides AVUM-level maintenance, including—

- Aircraft inspections.
- Scheduled phase maintenance (limited).
- Unscheduled maintenance.
- Scheduled maintenance.
- Maintenance operational checks.
- Test flights.
- Aircraft entry and removal from storage.
- Preparation of aircraft for shipment by surface and air.

d. The AA evacuation platoon consists of a platoon headquarters, an ASMS, and three FSMTs (Figure 2-4).

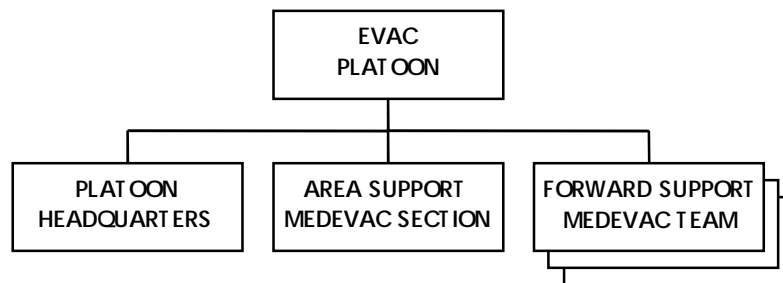


Figure 2-4. Evacuation platoon.

(1) The AA platoon headquarters provides C2 for the AA platoon; supervises the ASMS and the three FSMTs; and provides a point of contact for the commander, operations officer, and maintenance officer in the execution of the platoon’s day-to-day mission.

(2) The ASMS consists of six aircraft. It provides area aeromedical evacuation support in the vicinity of the AA company headquarters. This section also provides emergency movement of medical personnel and emergency delivery of whole blood and medical supplies and equipment. The AA company commander will locate ASMS assets in support of DS/GS missions, based on METT-TC. When in the DS role, the ASMS provides MEDEVAC/movement of patients from the main support medical company (MSMC)/FSMC to corps-level MTFs and from corps-level MTFs to mobile aeromedical staging facilities (MASFs). When in the GS role, the ASMS provides MEDEVAC/movement of patients from corps-level MTFs to EAC-level MTFs, from EAC-level MTFs to MASFs, and ship-to-shore evacuation/movement of patients. Aircraft assets of this section can be used to reinforce, reconstitute, or augment the FSMTs. The ASMS provides MEDEVAC from the MSMC/FSMC to a corps-level MTF.

(3) The three FSMTs provide a means to task-organize MEDEVAC assets. In addition to patient evacuation, these teams also provide emergency movement of medical personnel and emergency delivery of whole blood and medical supplies and equipment. These teams are dependent upon the supported unit for food service, communications support, and security. The AA company commander will locate FSMTs' assets in support of DS/GS missions based on METT-TC. When in the DS role, the FSMTs provide MEDEVAC of patients from the point of injury, battalion aid station (BAS), or ambulance exchange point (AXP) to brigade MTFs (see Figure 2-5). When in the GS role, the FSMTs provide MEDEVAC/patient movement from the MSMC/FSMC to corps-level MTFs, and from corps-level MTFs to EAC MTFs. Figure 2-6 displays a typical disposition of an AA company in support of a division and a corps.

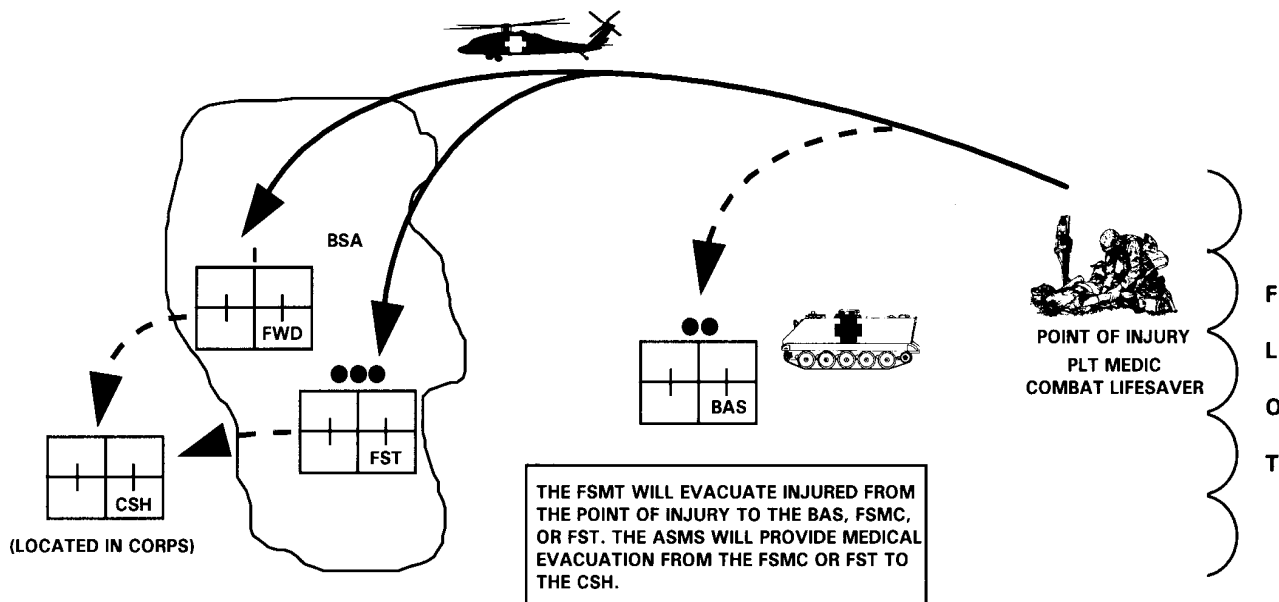


Figure 2-5. Division medical evacuation.

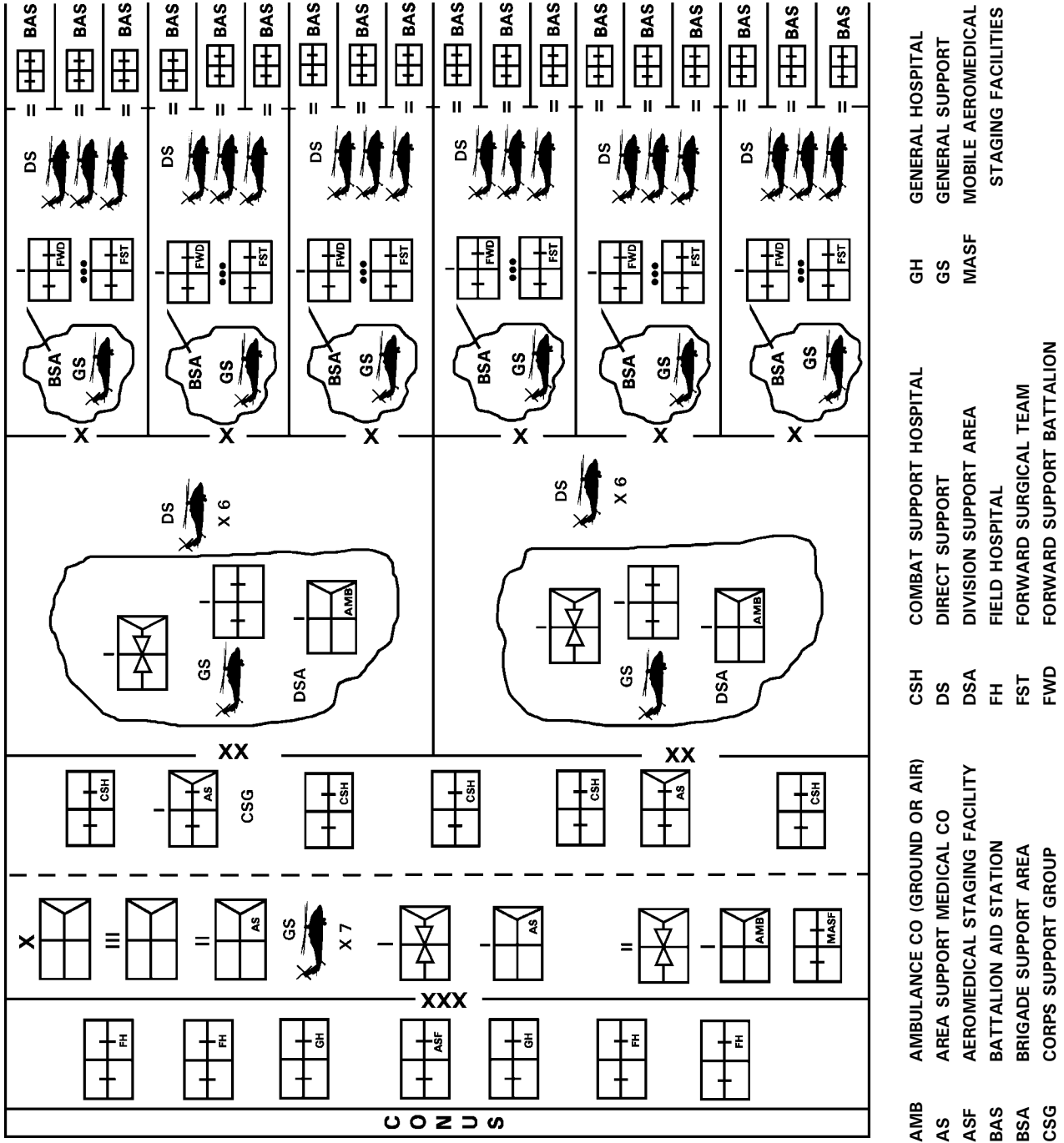


Figure 2-6. Typical disposition of an air ambulance company.

CHAPTER 3

COMMAND, CONTROL, AND COMMUNICATIONS**3-1. Command and Control**

a. The MEDCOM is the senior medical headquarters assigned to a TO. It controls the majority of its assigned units through subordinate medical brigades. The medical brigade provides C2 of air and ground ambulance companies assigned to the corps through its subordinate MEDEVAC battalion headquarters. The MEDEVAC battalion with its attached units provides corps-level support to the divisions and area support to units operating within its sector of responsibility.

b. The AA company is normally employed in DS of a division and GS of a corps. The company is assigned to a medical brigade for C2. It may be further assigned to a MEDEVAC battalion. The designation of the type of C2 headquarters depends on factors such as mission, size of force, type of operation, anticipated duration, and medical resources assigned to the deployed force. When the AA company is in DS, it establishes liaison and provides aeromedical advice to the supported unit. During initial buildup or contingency operations, the senior medical C2 headquarters may be a medical brigade, MEDEVAC battalion, or medical task force headquarters.

3-2. Air Ambulance Company Command and Control Infrastructure*a. Company Commander.*

(1) The responsibility for command, control, and communications (C3) of the AA company begins with the commander. The company commander is responsible for what happens or fails to happen in the company. In addition, the commander alone is responsible for the outcome of his unit on the battlefield. The varieties of tasks that impact the AA company are unique. Although he commands a company-level organization, his focus of employment is often at division level and higher. These tasks require coordination with other aviation units as well as medical units, the integration of complex systems, and the sensible division of work. Air ambulance elements must be properly task-organized in order to accomplish all specified and implied tasks. The commander also has to integrate the critical support provided by other friendly elements.

(2) The commander analyzes the assigned mission, defines the requirements of the AA company, and directs its execution. All plans and orders are in concert with the senior commander's intent. Tactical decisions must constantly be aimed at synchronizing CSS efforts with those of other force assets. The commander must know the full range of the health threat. He must rely on the company staff and appropriate staffs of supported units. They advise and assist in planning and supervising operations. The commander must understand their capabilities and limitations.

b. First Sergeant. The first sergeant (1SG) is the senior enlisted advisor to the commander. He is the senior noncommissioned officer (NCO) in the AA company and supervises company headquarters operations. He plans, coordinates, supervises, and participates in activities pertaining to organization, training, and combat operations for the AA company. The 1SG maintains liaison between the commander and assigned NCOs; he provides guidance to enlisted members of the company and represents them to the commander. Due to the unique synchronization of aviation and medical assets, the 1SG must understand

and monitor the work environment of the diverse collection of unit military occupational specialties (MOSs). In addition, he is normally responsible for the following personnel and administrative functions:

- (1) Overseeing company-level administration.
- (2) Advising the commander of enlisted assignments, reassignments, promotions, and other personnel actions.
- (3) Supervising replacement activities, to include the orientation of newly assigned personnel.
- (4) Verifying and monitoring strength and personnel accounting reports, to include battle roster change reports and the Personnel Daily Summary.

c. Flight Operations Platoon Leader. The flight operations platoon leader is the executive officer. He must be prepared to assume command at any time. However, as the flight operations platoon leader, he has unique company-related responsibilities. He maintains personnel readiness through continuous training of all personnel. In addition, he maintains deployment readiness through the maintenance of equipment, effective load plans, and standing operating procedures (SOPs). He is responsible to the commander for the operation of the command post.

d. Flight Operations Officer. The flight operations officer functions as the company intelligence, operations, and training officer. Field Manual 101-5 covers the Intelligence Officer (US Army) (S2)/Operations and Training Officer (US Army) (S3) responsibilities in detail. He is responsible for the development and publication of the tactical standing operating procedures (TSOPs) (Appendix A) and other support policies and directives.

e. Aviation Unit Maintenance Platoon Leader. The AVUM platoon leader is the technical advisor to the commander for aircraft readiness, aviation maintenance policy and procedures, technical supply, production control, and quality assurance. He develops, integrates, implements, and monitors aviation maintenance operations. The AVUM platoon leader maintains interface with divisional AVIM, nondivisional AVIM, corps, installation, major Army command (MACOM), and DA maintenance units. During deployment operations, the AVUM platoon leader coordinates with supporting aviation maintenance units for AVUM support and Class IX air resupply.

f. Air Ambulance Platoon Leader. The AA platoon leader is responsible to the commander for the planning and deployment of the ASMS and the FSMTs. He provides the interface and liaison between the supported unit and the AA company (see paragraph *h*[3]). He is responsible to the operations officer for the development of the FSMT leader's guide.

g. Personal Staff.

(1) *Standardization officer.* The standardization instructor pilot is the key advisor to the commander on matters pertaining to aircraft standardization, utilization, and training. The standardization officer will—

(a) Develop, integrate, implement, monitor, and manage the aircrew training and standardization programs.

(b) Conduct the standardization and training interface from the AA company through the chain of command to the respected division, corps, installation, MACOM, DA, and joint Service agencies.

(2) *Safety officer.* The aviation safety officer advises the company commander on both aviation and ground safety matters. The safety officer will—

(a) Develop and implement company aviation and ground safety programs.

(b) Continuously monitor all company operations and evaluate them as they affect the overall safety program.

(c) Advise planners of critical safety issues associated with planned missions.

h. Coordinating Staff. The AA company does not have an organic coordinating staff. For this reason, the commander will have to appoint key additional duties to selected section leaders and/or warrant officers.

(1) *Supply officer.* The AA company does not have a supply officer on the TOE. However, the intense supply operation mission demands that an officer be appointed by the commander to this full-time position. This officer is the commander's technical advisor on property book, hand receipt, and budget matters. He facilitates requests for supply actions and monitors the unit's expensive operating budget. The supply officer will coordinate and facilitate all unit hand receipt inventories for the commander and hand receipt holders.

(2) *Personnel officer.* Like the supply officer, the personnel officer is an additional duty appointed by the commander. The personnel officer supervises the continuous mission of processing awards and preparing NCO evaluation reports, officer evaluation reports, and other command correspondence as required.

(3) *Liaison officer.* The liaison officer (LNO) provides the supported commander with technical and tactical advice on aeromedical evacuation matters to facilitate effective aeromedical evacuation support. He participates in the tactical decision-making process with the supported unit. Located at Appendix C is a LNO checklist to assist in preparing for this duty.

3-3. Command and Control Facilities

a. Company Command Post. The company commander will normally locate his command post (CP) with the supported unit's aviation brigade, but this decision is based on the evaluation of METT-TC. The CP is the primary C2 element of the AA company. It consists of those leaders required to conduct continuous current operations and to plan future operations. The flight operations officer normally

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supervises the CP. The CP includes the commander, the operations section, the communications section, and other elements as required. The CP monitors operations around the clock and serves as the pivot for AA coverage information for the supported unit. The CP has to maintain communication with the following units/elements for the specified reasons:

(1) The Army airspace command and control (A2C2) element of the supported unit has to keep real-time updates of current aviation weather, airspace control orders (ACOs), special instructions (SPINs), air tasking orders (ATOs), and other A2C2 information as required. This will normally be from the supported aviation brigade.

(2) The CP has to maintain continuous contact with the division medical planners when in support of a division to facilitate casualty information, MTF status, and critical medical information, as required.

(3) The CP has to maintain contact with forward deployed FSMTs. This is to ensure continuity of support, to include maintenance requirements, crew readiness issues, impending operations, and other support requirements.

(4) The AA company must be prepared to maintain contact with the MEDEVAC battalion tactical operations center (TOC) in order to keep the higher command advised of support provided. In the corps GS role, the AA company will normally coordinate its efforts through the MEDEVAC battalion S3.

b. Forward Support Medical Evacuation Team.

(1) The FSMT is the farthest forward element of AA support to a maneuver unit. The FSMT is normally comprised of three aircraft and MEDEVAC crews highly trained to provide continuous coverage to a maneuver brigade. The FSMT will normally establish their operating area, proximate to the FSMC in the BSA. This will facilitate communications and responsive MEDEVAC efforts for the maneuver brigade. The FSMT leader is the AA company's LNO to the maneuver brigade and must participate in the brigade CHS planning process. The FSMT relies on the supported unit for communications capabilities to respond to MEDEVAC missions. The FSMT leader must maintain constant communications with—

(a) *The forward support medical company commander.* This is accomplished through collocation with the FSMC. The FSMT leader must keep the FSMC commander advised of capabilities, limitations, and projected requirements for effective AA coverage.

(b) *The air ambulance company command post.* The FSMT leader must keep the AA company's CP advised of operations, maintenance status, crew status, and projected support requirements.

(c) *The brigade S3 air.* The FSMT leader must coordinate with the brigade S3 air for MEDEVAC airspace requirements in the brigade's airspace.

(2) During stability operations and support operations, the FSMT may be the only AA asset deployed in support of a joint or multinational operation. Detailed planning must take place to determine the best location for FSMT aircraft. The possibilities are diverse and are based on the evaluation of

METT-TC. However, the FSMT may be located with the aviation TF, an Echelon II MTF, or an Echelon III MTF (either Army or joint force).

(3) In the GS role, the FSMT may be employed in order to evacuate patients from Echelon II to Echelon III MTFs. In this case, the GS FSMT leader will have to ensure the team meets the airspace and communications requirements to fly between brigade, division, and corps boundaries to evacuate patients.

(4) During joint operations, the FSMT leader needs to establish communications links with all potential MTFs, to include hospital ships, joint MTFs, and so forth. This also includes implied tasks of coordinating airspace in and around these units.

3-4. Communications

Management and control of the AA company operations is dependent on the company headquarters' ability to communicate with its elements, the MEDEVAC battalion, the medical brigade, elements of the supported maneuver battalion/units, and other CSS units. Air ambulance company communications assets include amplitude-modulated (AM) and frequency-modulated (FM) radios and mobile subscriber equipment (MSE). The MSE is applicable to echelon corps level and below.

a. Communications Planning. A host-nation (HN) commercial communications system may be available. The area common user network interfaces with existing combined communications systems and any existing local telephone and telegraph systems. This is accomplished as outlined in applicable STANAGs and HN support agreements. It should be noted that military, civilian agency, and civilian law enforcement communications systems might not be compatible. Extensive communications planning is required for joint military-civilian stability operations and support operations. The company's operations platoon headquarters and the flight operations section must plan for communications requirements and usage for each phase of military operations—predeployment, deployment, sustainment operations, and redeployment.

b. Communications Support.

(1) Communications support for the AA company within a TO or stability operations and support operations is based upon its level of operations. In a TO, signal support will be requested through the corps Assistant Chief of Staff, G3 (Operations and Plans) and will be supported by the corps signal brigade. When the AA company is deployed as part of stability operations and support operations, signal support will be as addressed in the operation plan (OPLAN).

(2) Deployed elements of the AA company may rely on the MEDEVAC communications plan designed by the supported unit. Most units design their own plan to provide a system similar to the civilian 911 emergency communications system.

(3) The most efficient way to manage the evacuation of patients is to establish a dedicated MEDEVAC frequency in each zone of operation. For instance, in the maneuver brigade, the FSMC command net is an appropriate frequency to utilize for MEDEVAC requests. This facilitates a minimal

amount of frequency changes to transmit emergency patient information. Treatment elements can contact MEDEVAC elements quickly and efficiently and expedite a timely response. This principle should be applied to the greatest extent possible. In the case of division operations, the medical planners may establish a division wide MEDEVAC net, depending on evaluation of METT-TC.

(4) Once casualties leave the division area, formal medical regulating takes place between medical regulating office(r)s. In this case, corps medical planners should establish a communication link with the corps GS AA company. This will enhance patient evacuation support from Echelon II to Echelon III MTFs, intracorp MTF patient evacuation, and patient transfers to strategic aeromedical evacuation assets.

c. Staff Responsibilities. Each staff element of the company is responsible for adhering to signal support policies, procedures, and standards in their daily operations. The operations platoon headquarters coordinates communications support and interface requirements with higher headquarters and with the supporting signal unit.

d. Tactical Communications. Tactical communications architecture is generally divided into the following wide area networks:

- Area common-user system (ACUS).
- Combat net radio (CNR) system.
- Army data distribution system (ADDS).
- Broadcast communications system.

e. Area Common-User System.

(1) The ACUS is the primary means of communications. The ACUS is made of a series of network node switching centers connected primarily by line-of-sight (LOS) multichannel radios and tactical satellites. Interface between tri-service tactical communications (TRI-TAC) at echelons above corps (EAC) (Figure 3-1) and MSE at corps and division areas (Figure 3-2) provides an integrated communications network. Each MSE corps network includes at least two gateway connections to the EAC TRI-TAC network and adjacent corps. The TRI-TAC switch is programmed in the same way for the MSE gateway access into the corps network. This network provides voice and digital data transmission capabilities for C2, operations/intelligence, administration, and logistics functions.

(2) The ACUS provides a secure mobile, survivable communications system capable of passing voice, data, and facsimile (FAX) at EAC and below. Additionally, it provides a direct interface to other Services, NATO, CNR, and commercial communications systems. The ACUS is composed of multiple communications nodes with network features, which automatically bypass and reroute communications around damaged or jammed nodes. It integrates the functions of transmission, switching, control, and terminal equipment (voice and data) into one system and provides the user with a switched telecommunications system extended by mobile subscriber radiotelephones. Nodes are deployed from the

EAC rear boundary forward to the maneuver brigade rear area based on geographical and subscriber density factors. Node centers (NCs) make up the system's assemblage. Extension switches permit wire-line terminal subscribers (telephone, FAX, and data) to enter into the total area communications system.

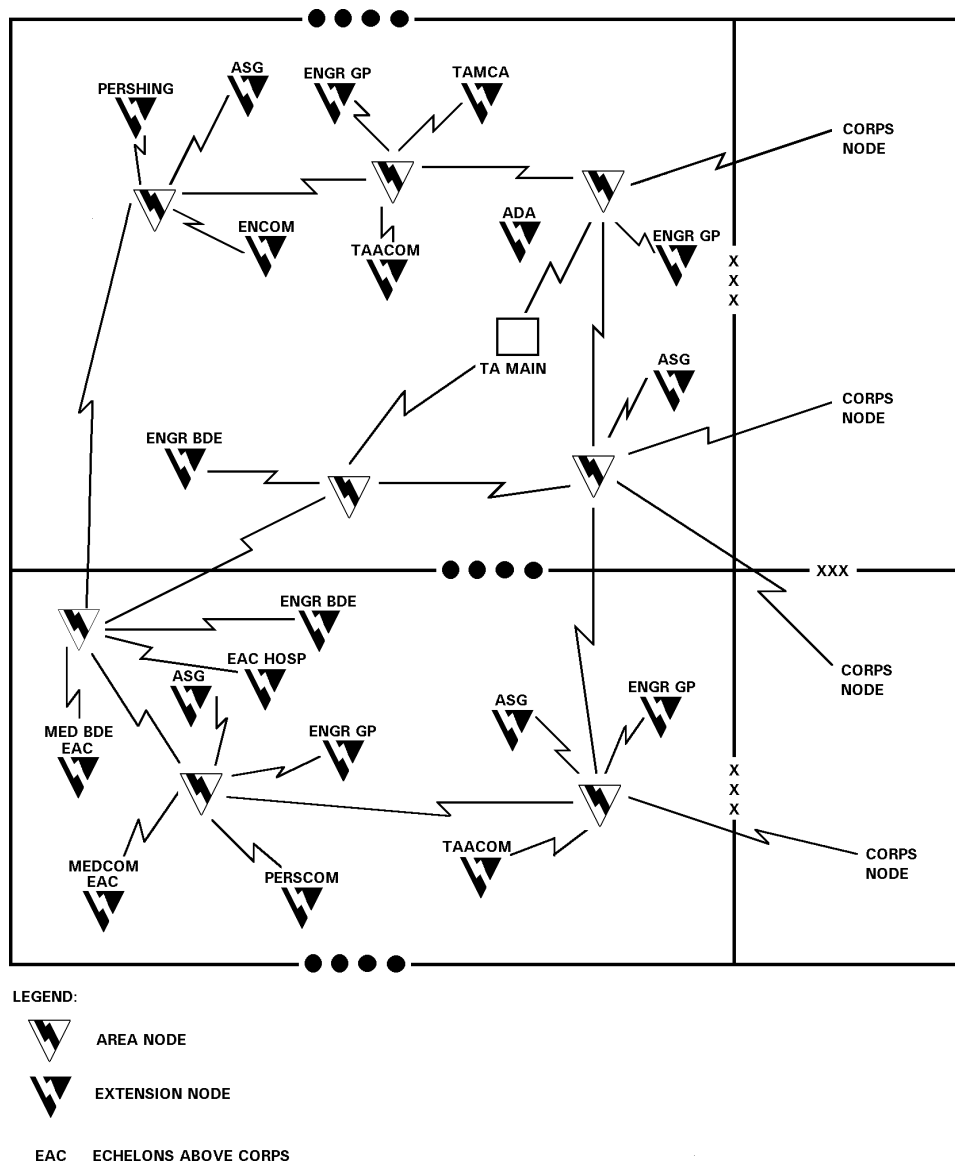


Figure 3-1. Sample area common-user system access at echelons above corps via switching nodes.

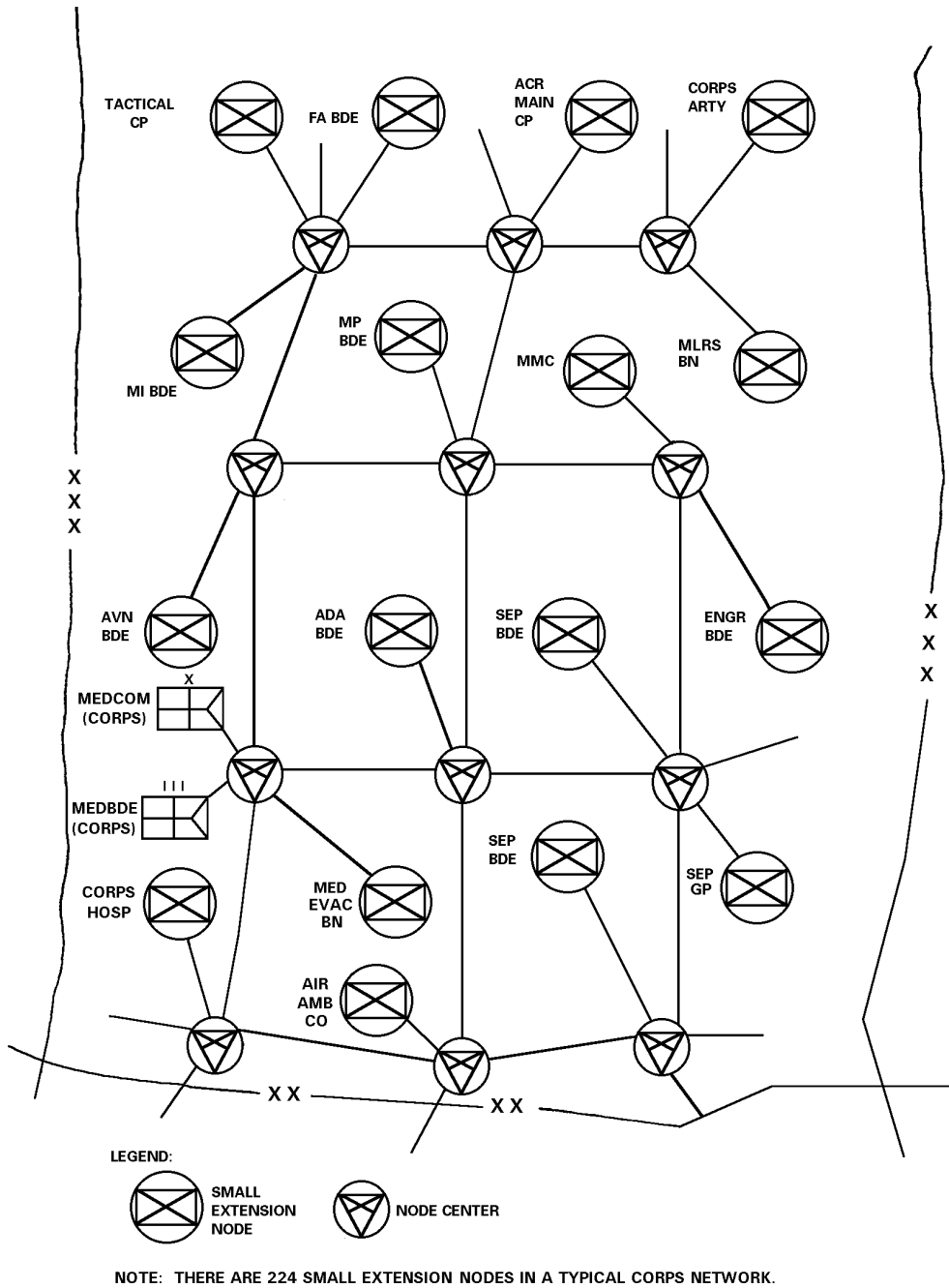


Figure 3-2. Typical division small extension node deployment.

(3) The AA company can enter the ACUS through radio access units (RAUs) or small extension nodes (SENs) operated by the supporting signal battalion. The system control centers (SCCs) provide the processing capability to assist in overall network management. At echelons corps and below, the MSE system lets subscribers communicate with each other using fixed directory numbers regardless of a subscriber's battlefield location. The MSE system is comprised of the following five functional areas:

- Area coverage.
- Subscriber terminals.
- Wire subscriber access.
- Mobile subscriber access.
- System control.

The AA company will participate in the first four of the above functional areas. Figure 3-3 shows how the system integrates the functions of transmission, switching, control, and terminal equipment.

(a) *Area coverage.* Area coverage means that the MSE system provides common-user support to a geographic area, as opposed to dedicated support to a specific unit or customer. Node centers are under the control of the supporting signal officer.

(b) *Subscriber terminal (fixed).* The MSE telephone, mobile radiotelephone, FAX, and data terminal, as part of the ACUS, are user-owned and operated (Figure 3-4). The company's operations section is responsible for running wire to the designated junction boxes. These boxes tie the company's MSE telephones into the extension switches, which access the system.

(c) *Wire subscriber access.* Wire subscriber access points provide the entry points (interface) between fixed subscriber terminal equipment owned and operated by users and the TRI-TAC and MSE area system operated by the supporting signal unit. The company's switchboard may tie into the area system. See FM 11-50 for definitive information pertaining to an MSE area communications system. The commander will designate the company's wire net system based on the mission. The deployed FSMTs must coordinate with the supported unit to access the MSE system.

f. *Combat Net Radio System.* The CNR equipment includes both the improved high-frequency radio (IHFR) system and the single-channel ground and airborne radio system (SINCGARS). These radios provide the primary means for voice transmission of C2 information. They provide a secondary means for transmission of administrative/logistics data. Data transmission will be required when data transfer requirements cannot be met by using the TRI-TAC and MSE systems. The improved high-frequency AM radio series provide mid-to-far-range communications capability. They interface with other AM high-frequency radios and have push-button frequency selection. The SINCGARS series' FM radios are designed for simple and quick operation using a 16-element keypad for push-button tuning. They are capable of short-range operation for voice or digital data communications and interfacing with the AN/VRC-12 series of FM radios. They also can operate in a jam-resistant, frequency-hopping mode.

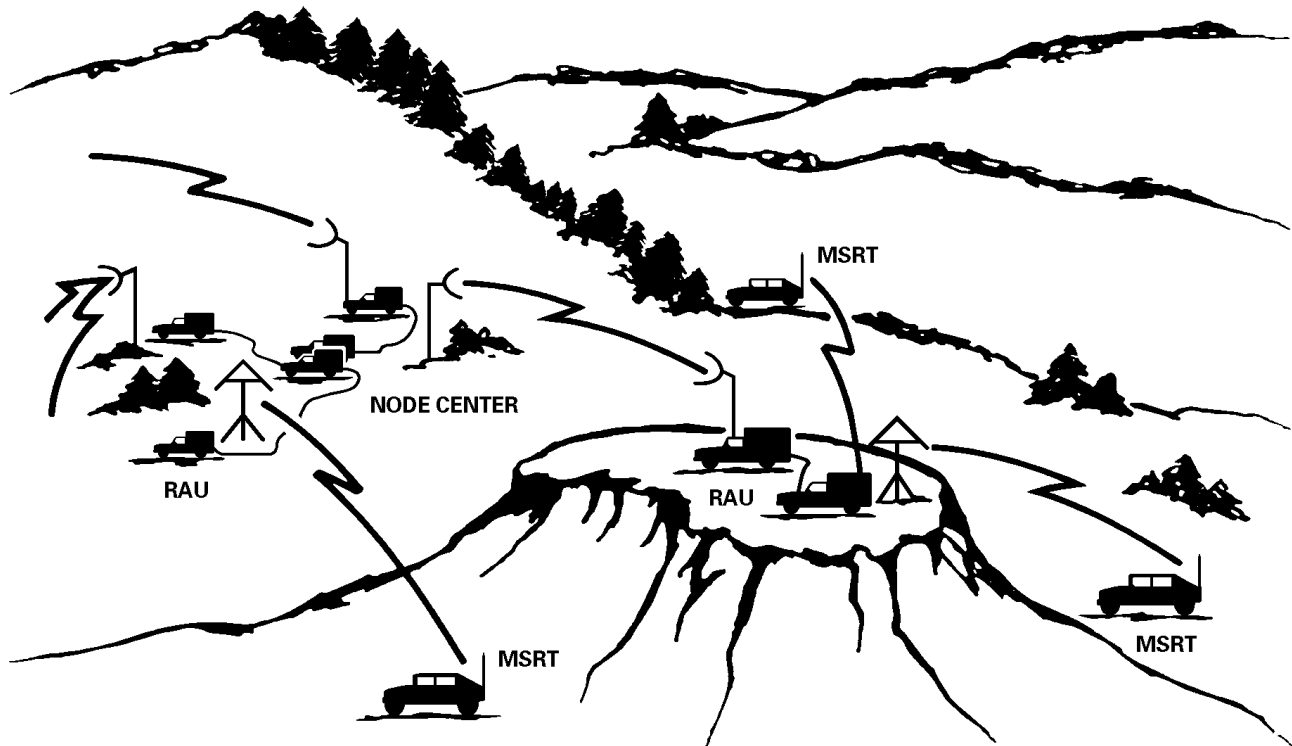
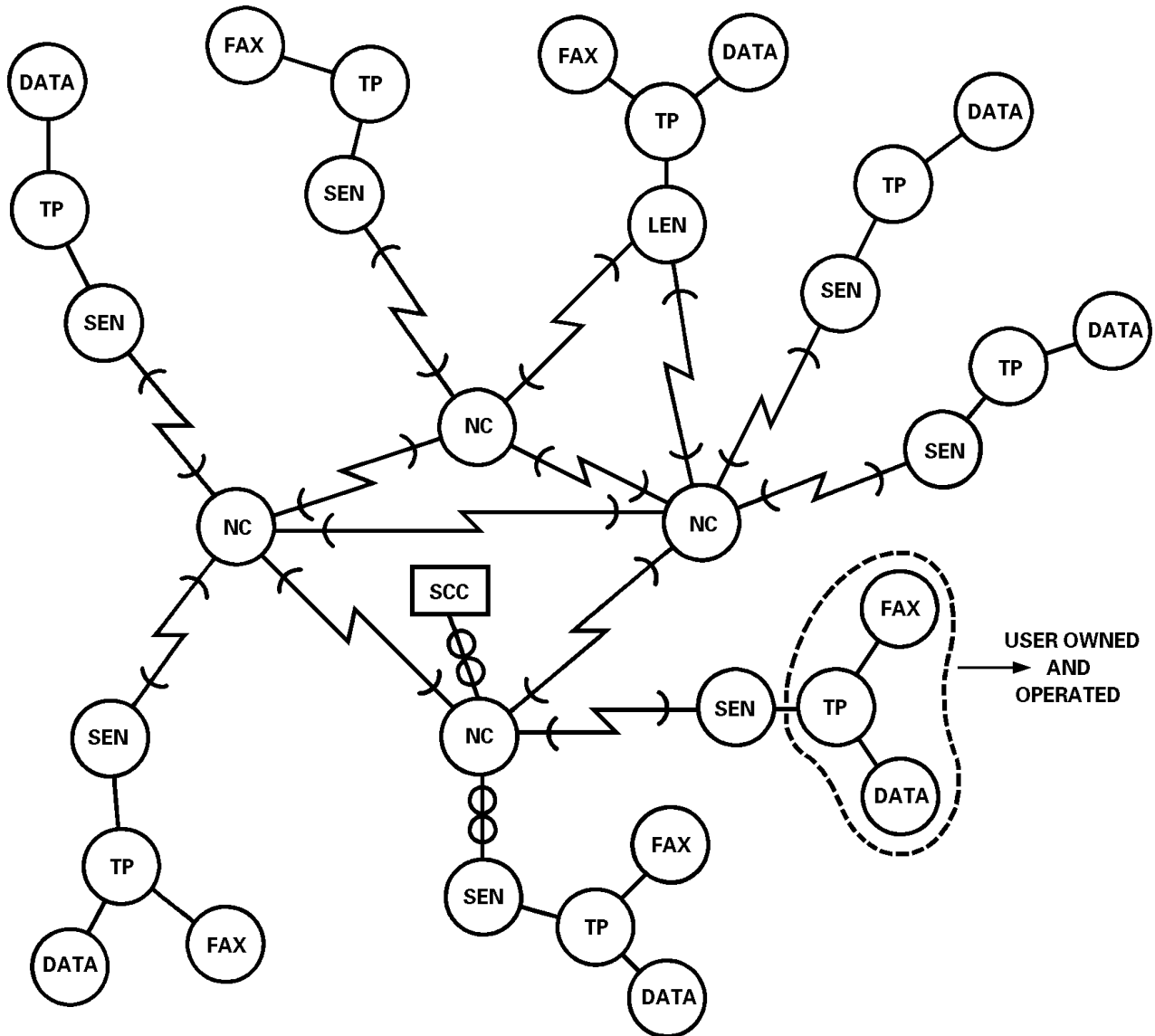


Figure 3-3. Typical mobile subscriber connectivity.

g. Army Data Distribution System. The ADDS is an integrated C2 communications system providing near real-time transmission capabilities to support low-to-medium volume data networks. The system automatically relays information from its origin to the destination transparent to the user. Subsystems are the joint tactical information distribution system and the enhanced position location reporting system.

h. Broadcast Communications System. This system uses technology similar to commercial radio stations. Transmit-only stations send information to high frequency radio systems, satellites, unmanned aerial vehicles, or other means. Weather, intelligence, and position/navigation (POS/NAV) information is derived from the broadcast system.

i. Company Radio Nets. The AA company depends on AM and FM radios and the area communications systems to operate. The company's radio nets are shown in Figure 3-5.



LEGEND:

DATA	TACTICAL ARMY CSS COMPUTER SYSTEM / ARMY TACTICAL C2 SYSTEM / MEDTCU	NC	NODE CENTER
FAX	AN UXC-7 FACSIMILE	SCC	SYSTEM CONTROL CENTER
LEN	LARGE EXTENSION NODE (SWITCHBOARD)	SEN	SMALL EXTENSION NODE (SWITCHBOARD)
		TP	DIGITAL NONSECURE VOICE TELEPHONE (DNVT-TA1942U)

Figure 3-4. Example of fixed subscriber terminals.

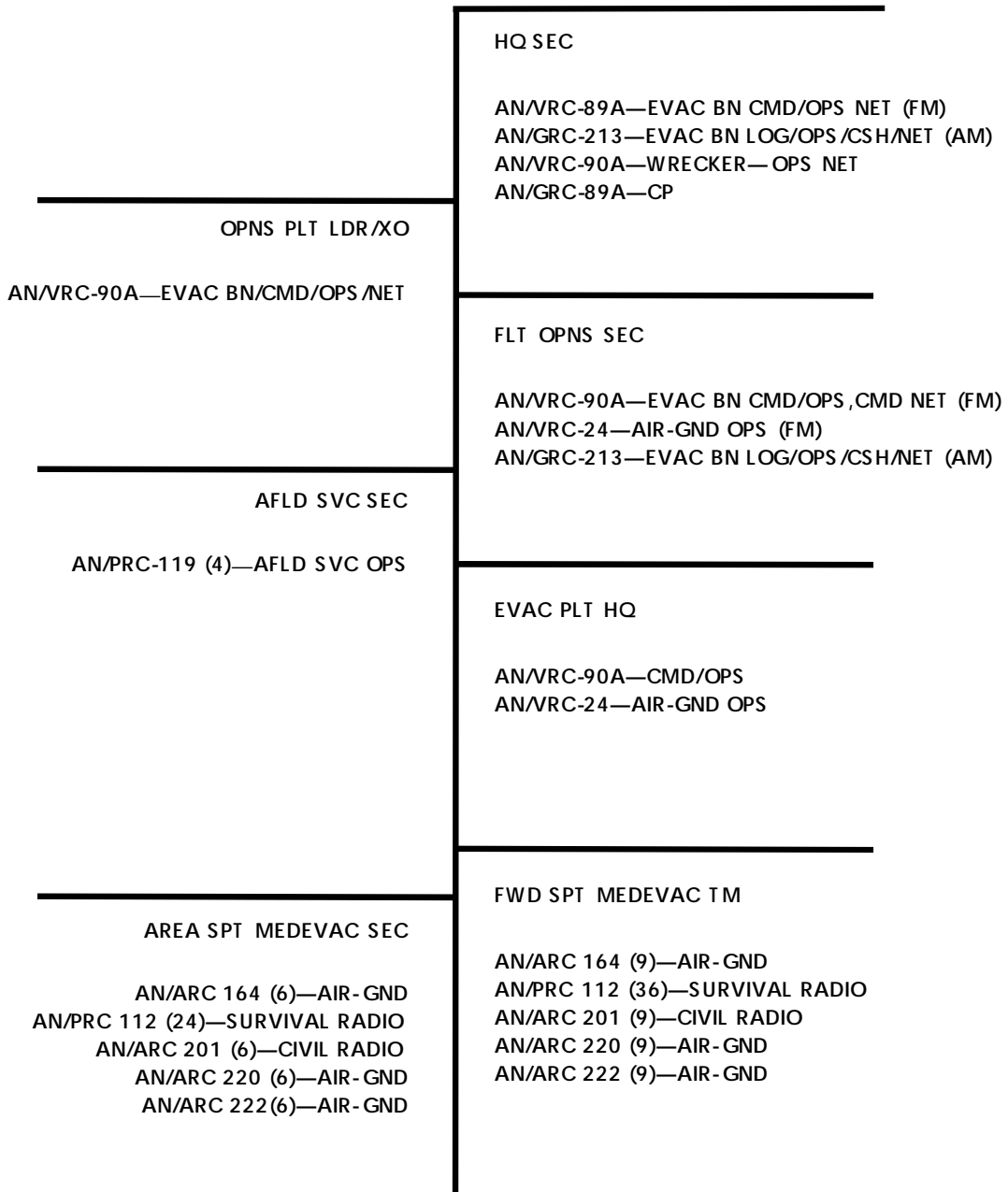


Figure 3-5. Air ambulance company command/operations net.

j. Signal Security. As part of the overall security program, all company elements must practice signal security (SIGSEC). The operations officer is responsible for SIGSEC and communications security (COMSEC). Some considerations include—

- Using terrain features, such as hills, vegetation, and buildings, to mask transmissions.
- Keeping transmissions short (less than 20 seconds if possible).
- Reporting all COMSEC discrepancies to appropriate authorities.
- Maintaining radio and radio-listening silence; using the radio only when absolutely necessary.
- Distributing codes on a need-to-know basis.
- Using only authorized call signs and brevity codes.
- Using authentication and encryption codes specified in the signal operation instructions (SOI)/air net control device (ANCD).

CHAPTER 4

EMPLOYMENT**4-1. Scope of Combat Health Support Operations**

a. The US Armed Forces have a primary mission to fight and win the Nation's wars. Future battlefields will be established based upon regional conflicts, most likely in areas where there are not forward deployed US forces. Combat health support assets of the AMEDD must be tailorable for specific missions to support the Army's role of *force projection* in deterring the threat of war.

b. There are other missions the military must be prepared to undertake. The US military, and particularly the US Army, with the appropriate array of CHS, will frequently be called upon to perform a variety of missions in two other diverse environments—

(1) *Peacetime.* In this environment, the US attempts to influence world events through actions which routinely occur between nations. Use of Army forces in peacetime helps keep day-to-day tensions between nations below the threshold of conflict. The execution of military operations will be consistent with the peacetime limitations imposed by legislation, departmental policy or regulations, budgetary considerations, local conditions, and other specific conditions prescribed by the Secretary of Defense (SECDEF) or the Chairman of the Joint Chiefs of Staff. Typical peacetime operations include, but are not limited to—

- Civil affairs.
- Disaster relief.
- Nation assistance.
- Security and advisory assistance.
- Counterdrug operations.
- Arms control.
- Support to domestic civil authorities.
- Peacekeeping.
- Humanitarian assistance.
- Noncombatant evacuation.

For a detailed description of the mission and scope of peacetime and domestic support operations, see FMs 100-7, 100-19, and 100-23.

(2) *Conflict.* This type of environment is characterized by confrontation and the need to engage in hostilities short of war to secure strategic objectives. Operations are normally undertaken to avert a crisis after a catastrophic event or in support of diplomatic initiatives.

NOTE

The Army classifies its activities during peacetime and conflict as stability operations and support operations.

4-2. Mobilization

a. Concept of Operations.

(1) In the event of contingencies in support of stability operations and support operations or war, the DOD initiates appropriate action for the deployment of forces in response to the scenario. Based on the situation, selected AC and RC AA companies are alerted through command channels. For those units located in the continental United States, the United States Army Forces Command (FORSCOM) uses the WARTRACE program, time-phased force and deployment data, time-phased force and deployment list based on the theater commander's requirements, and the air and sea resources available. For deployable AC AA companies, an increase in readiness posture (defense readiness conditions [DEFCON]) is directed by the post or installation commander, or by higher headquarters. For RC AA companies, mobilization notification constitutes an increase in readiness posture.

(2) Deployment operations for unit readiness validation are controlled through the post or installation emergency operations center (EOC) according to established plans and regulations. The EOC plans and coordinates all deployment preparation support for the deploying unit and monitors and controls all facets of the deployment operation, to include reporting to higher headquarters.

(3) The units may deploy by land, sea, or air (or a combination of these modes) from locations designated by higher headquarters. Priority of effort is given to those modes of movement outlined in current plans.

(4) To execute assigned missions, Active Component units maintain the capability for emergency deployment on short notice.

(5) Reserve Component units must attain and maintain the capability for mobilizing on short notice and arriving at their designated mobilization site according to unit mobilization plans.

(6) Once mobilization is validated, units prepare for deployment on short notice. During validation, appropriate status reports are submitted to higher headquarters.

b. Conduct of Operations.

(1) Commanders of deploying units develop movement plans and TSOPs to accomplish the necessary preparations for deployment. Provisions for accomplishing all required training and other requirements during all phases of the deployment are identified. The checklists contained in Appendix D can be used as a guide for developing deployment operation procedures in support of movement by air and surface modes, or a combination thereof. The checklists are applicable to both AC and RC units. The

checklists are detailed only as a guide for commanders. Installation mobilization stations and/or higher headquarters may prescribe different procedures for the deploying unit.

(2) Active Component units maintain the capability necessary to achieve a deployment posture in the time required by any alert warning order or deployment instructions received. For planning purposes, the readiness posture maintained is consistent with the shortest notification period presented in the mobilization plan.

(3) Reserve Component units maintain the readiness posture necessary to meet planned deployment dates contained in current FORSCOM and mobilization documents. Upon arrival at the designated mobilization site, units are placed in an increased or advanced deployability posture based on the published priorities of plans for which they are listed. The units are managed through the RC chain of command, with input by the mobilization installation commander during the premobilization period.

(4) All units are scheduled for deployment validation by unit line number based on the published validation schedule. Units can be expected to deploy within a specified time frame following validation. Actual deployment date and times are as directed by higher headquarters.

4-3. Deployment

When directed by higher headquarters through the port call or airlift message, the AA company will move to the port of embarkation (POE) for deployment. Deployment from the POE will be as directed by the US Transportation Command. Upon arrival at the theater point of entry, it is essential that the AA company contact the assigned medical brigade or MEDEVAC battalion immediately.

4-4. Planning Considerations

a. Planning Aeromedical Evacuation Operations. Sustaining the health of the fighting forces is a critical factor in the success or failure of the combat mission. Casualty evacuation from the battlefield is a critical element of the overall CHS system. It must be immediately available and capable of moving seriously wounded, injured, or ill personnel from the battlefield. Both air and ground evacuation must be totally integrated into the CHS mission in order to treat and evacuate casualties. Air evacuation will be the primary and preferred mode of evacuation. In planning aeromedical evacuation support operations, the company commander and his unit must consider several factors during the mission analysis. The three primary factors are the patient's condition, higher commander's intent, and METT-TC factors. After an analysis is completed, a concept of operation is developed. Orders are then issued for execution by subordinate elements. Other considerations include risk analysis and CSS.

b. Patient's Condition. The overriding consideration as to the evacuation platform and destination facility is the patient's medical condition. See Appendix B, paragraphs B-5 and B-6 for a continued discussion on medical evacuation support.

c. Higher Commander's Intent. The AA company commander must understand how his unit's actions complement the overall plan. Misinterpretations can lead to counterproductive actions and potentially

disastrous results. The higher commander's plans for conducting the battle will dictate the employment of the AA company. Therefore, the company commander must not only be cognizant of the mission, but also appreciate the ultimate objective of higher echelon actions.

d. Mission, Enemy, Terrain, Troops, Time Available, and Civilian Considerations. The factors of METT-TC include many areas that must be analyzed by the commander and his staff.

(1) *Mission.* The specified task or mission issued to the AA company must be fully understood. The company commander and his staff must determine whether his unit can fulfill the mission as prescribed. If not, he must convey to higher headquarters what augmentation or support he needs to accomplish the mission.

(2) *Enemy.* Commanders must know as much as possible about enemy doctrine, tactics, forces, and objectives; they must assess enemy capabilities and intentions, exploit enemy weaknesses, and focus intelligence assets. All information available about the enemy should be obtained through a detailed S2 intelligence preparation of the battlefield (IPB). This information must be continuously updated and thoroughly disseminated. The IPB is one of the most important aspects of planning. Field Manual 34-130 discusses the IPB in detail.

(3) *Terrain.* The terrain is as important as the mission and enemy. Many details about the terrain can be obtained through the IPB. However, several other factors should also be considered. These include environmental conditions of the AA company's AO, weather, and surface conditions that may affect both friendly and enemy operations.

(4) *Troops.* Troops available include those personnel assigned to the AA company as well as other forces that may be task-organized with the company. Troop characteristics, such as numbers, mobility, protection, training, and morale, influence plans for troop employment.

(5) *Time available.* Time is also a critical consideration. Time may include time of execution as well as time for preparation of a particular operation or mission. Ideally, planning at higher headquarters consumes one-third of the time allocated; subordinate units should be allowed two-thirds of the time for their planning and preparation.

(6) *Civilian considerations.* Civilian considerations are a key factor of the situation across the entire range of operations. Attitudes and activities of the civilian population in the AO influence the outcome of military operations. Refugees and humanitarian assistance requirements are frequent concerns, not only in stability operations or support operation, but also in conventional combat. Interagency operations bring to bear the civilian resources of DOD, non-DOD components of the government (such as the State Department, Central Intelligence Agency, and National Reconnaissance Office), private voluntary organizations, and nongovernmental organizations, thereby multiplying the effectiveness of Army operations.

4-5. Synchronization of Aeromedical Evacuation Assets

Synchronization of the AA company's assets is the arrangement of aeromedical evacuation activities to produce maximum relative support at the decisive point. Synchronization relies on the complementary and

reinforcing effects of the CSS system. The goal of synchronization is to use every asset where, when, and in the manner in which it will contribute the most to superiority at the point of decision. Therefore, careful and complete planning and coordination are extremely important for integrating the use of AA platforms with the ground evacuation system.

a. The MEDEVAC system complements the objectives of air and ground evacuation. Air and ground ambulance units do not always evacuate along the same routes, but should have an identical objective—the evacuation of the sick and wounded. The key is to plan operations that synchronize the AA plan with the A2C2 plan of the specified airspace and with the medical planners' plan for patient evacuation within the specified boundaries; hence increasing the warfighting effectiveness of the supported maneuver unit. Air ambulance company operations must be synchronized with the supported unit's CSS plan. The AA LNO must participate in the planning process to ensure that the MEDEVAC aircraft are synchronized to provide timely, efficient patient evacuation.

b. The AA companies are integrated into the support plan through LNOs and medical planners at division and corps level. Also, FSMT leaders coordinate face-to-face with medical planners and supported unit commanders.

4-6. Command and Support Relationships

The AA companies may operate with other maneuver, CS, or CSS elements during operations. These assets may be employed in either a command or support relationship, depending on METT-TC and the overall scheme of maneuver.

a. Command Relationships. Command relationships are assigned, operational control (OPCON), and attached less OPCON.

b. Support Relationships. Direct support and GS are the only support relationships that apply to aeromedical operations. For example, a corps may have one AA company in DS of each division, and one AA company in GS per two divisions employed.

(1) *General support* is that support which is given to the supported force as a whole and not to any particular subdivision thereof (Joint Publication 1-02).

(2) *Direct support* is the support provided by a unit or formation not attached or under the command of the supported unit or formation, but required to give priority to the support required by that unit or formation (Joint Publication 1-02).

c. Medical Evacuation Relationships.

(1) *Division.* Within the division area, the AA company provides aeromedical evacuation on a DS basis. This company may be attached (less OPCON) to the division aviation brigade, but may be called upon to provide area support depending on the maturity of the theater, number of corps units, and availability of echelons above division (EAD) MEDEVAC units. While the MEDEVAC battalion retains

C2, the operations are coordinated with the division/brigade surgeon's section. When elements of the AA company are forward deployed with the medical company of the forward support battalion (FSB), they coordinate through the FSB. Information critical for performing the aeromedical evacuation mission, such as A2C2, intelligence, weather forecasting, and CSS, comes from supported maneuver or brigade aviation elements (BAEs). For medical operations within the division, the evacuation battalion establishes initial contact with the division surgeon's office and division aviation brigade. In turn, the AA company establishes operational relationships with the division surgeon's office and GS aviation battalion or assault helicopter battalion.

(2) *Corps.* Within the corps area, AA companies provide area aeromedical evacuation support to corps troops. They also provide GS evacuation to the division and reinforcement of the AA company located within the division area, as necessary. At corps level, the decision of whether to attach (less OPCON) AA companies to the aviation brigade for support is made based on an evaluation of METT-TC. The AA company establishes initial contact and coordination with the corps aviation brigade for operations within the corps rear area. The MEDEVAC battalion maintains direct relationship with either the corps aviation brigade or the command aviation battalion. This relationship is to obtain or exchange aviation operational information, in much the same way as the AA company does within the division. The medical company and MEDEVAC battalions make the mission assignments.

(3) *Echelons above corps.* At EAC, MEDCOM, medical brigade, MEDEVAC battalions, and AA companies exercise C2 over MEDEVAC missions. Coordination with EAC aviation organizations is accomplished much the same as with the corps-level organizations. The decision of whether to attach (less OPCON) AA companies to the EAC aviation brigade for support is made based on an evaluation of METT-TC.

4-7. Employment Planning and Execution

a. Planning actions are initiated with an OPLAN/operation order (OPORD) or fragmentary order as received from a higher echelon. The OPLAN/OPORD will set in motion the following AA company planning actions. These actions assume the AA company commander retains C2 over the company's assets during the operation.

(1) *Liaison.* The AA company commander will establish liaison (if not already established) with the maneuver and aviation brigade commanders over whose ground space AA assets will operate. If possible, initial coordination should be conducted face-to-face between the AA company commander and the brigade commander(s).

(2) *Situational awareness.* The AA company leadership must seek and maintain situational awareness. Intelligence updates are the hinge upon which aeromedical evacuation operations are executed successfully. Continuous, accurate intelligence must be aggressively sought by the company headquarters, operations platoon, and the FSMTs. Simply waiting for the next higher command to transmit intelligence data fails to maintain focus on the company commander's intelligence requirements. The enemy's location and capabilities on the battlefield will significantly influence mission planning and execution.

(3) *Available airspace.* The AA company commander and subordinate leaders must be aware of all available airspace which can be used during any given AA operation. Airspace, which is

restricted from use or dedicated to other airspace users, will be indicated in the ACO. While the ACO contains all preplanned airspace control measures, it will not describe the most current air picture due to post-publishing changes and immediate airspace requests. Therefore, the operations officer and the FSMT leaders must continuously request airspace updates/changes from the appropriate A2C2 element. For example, in the division rear area, the operations officer should coordinate with the division aviation brigade A2C2 element. If possible, the AA company commander should place an experienced aviator in the aviation brigade TOC as an LNO. In the maneuver brigade areas, the FSMT leaders should coordinate with the brigade S3 air for A2C2 information and requirements.

(4) *Organization.* The AA company staff will determine the size of the AA team required to successfully complete the mission.

- For linear maneuver operations, the AA company commander will normally send one FSMT, comprised of three aircraft and crews, to support each maneuver brigade.

- For stability operations and support operations, the AA company commander may only be tasked to deploy an FSMT to a selected AO. Support requirements are situationally dependent based on each contingency.

(5) *Deployment.* When conducting AA operations in forward deployed locations, the AA company commander will select the most tactically advantageous position for AA teams. On the linear battlefield, the AA company commander will normally position the bulk of his assets with the division aviation brigade and forward site his FSMTs with the FSBs in the BSA. However, tactical situations may dictate that the AA company forward site small numbers of aircraft and crews with the FSBs to provide proximity coverage.

(6) *Air corridors.* The AA company will request an air route structure for MEDEVAC operations either by means of standard use Army aircraft flight routes or air corridors as required. In the maneuver brigades, the FSMT leaders will coordinate with the brigade S3 air to facilitate a route structure for MEDEVAC operations. In the division rear, the operations officer will coordinate with the division aviation brigade for required air routes. Once the operations officer has obtained critical information about airspace to include SPINs, an air tasking order, ACO, modes, and secure voice, he will transmit the information to the FSMTs.

NOTE

These divisional principles also apply to AA companies operating in the corps, except the coordination efforts will be with the appropriate corps A2C2 element.

(7) *Class VIII supplies.* The AA company will coordinate and provide technical expertise for the movement of Class VIII supply in their AO. The AA company has the capability to transport external and internal loads of Class VIII supplies and PMI, as required, and is prepared to train ground medical units on their procedures for sling-load operations.

(8) *Rules of engagement.* The AA company will obtain rules of engagement (ROE) for rotary-wing operations (see paragraph 4-15c). These rules will include weather minimums, airspace restrictions, Mode IV identification, friend or foe operation, communications security procedures, aircraft survivability codes, and warfighter management guidelines.

(9) *Class III supply support.* The AA company will integrate its own Class III requirements into the operation. This may involve the movement of personnel and equipment to forward deployed locations with the FSMTs. In addition, the AA company needs to forecast accurately its fuel requirements to the BSA/division support area (DSA) to facilitate effective refuel operations.

(10) *Medical evacuation frequency.* The AA company will ensure that all communications procedures have been coordinated with the supported unit. A standardized MEDEVAC frequency is recommended for all MEDEVAC requests. This system will ensure efficiency of MEDEVAC operations and will reduce radio traffic on other frequencies (for example, the command net, the administrative and logistics net, and the operations intelligence net).

b. The execution of aeromedical evacuation missions will be event-driven by a series of MEDEVAC requests from units in need. An example of an event for AA support would be enemy engagement of a battalion TF. The medical platoon of the battalion TF should initiate a MEDEVAC request to the FSMC on the MEDEVAC net. The FSMC will respond from the BSA to the requested pickup site when they receive the mission from the FSMC. The FSMC will respond to any and all MEDEVAC requests within their AO as long as they meet the predetermined ROE.

4-8. Offensive Operations

a. The following are the essential characteristics of aeromedical evacuation in offensive operations:

(1) As areas of casualty density move forward, the routes of evacuation lengthen, resulting in the forward displacement of MTFs and MEDEVAC assets.

(2) The heaviest patient workloads occur during disruption of enemy main defenses, at terrain or tactical barriers, and during assaults on final objectives.

(3) The major casualty area of the division is the zone of the main attack. As the attack accomplishes the primary division objective, it receives first priority in the allocation of combat power and related CS and CSS. The division commander's allocation of forces roughly indicates the areas, which are likely to have the greatest casualty density. The AA company commander coordinates with the division surgeon's office on the priority of effort for AA assets within the division.

(4) Aeromedical evacuation may be required for refugees, displaced persons, and indigenous civilians. This support is only given if it is authorized and does not adversely impact on providing evacuation of US forces. Evacuation is provided as a humanitarian act and to prevent interference with tactical operations. The extent of the support is determined by the tactical commander; however, assistance is normally confined to EMT and advanced trauma management (ATM). These patients are transferred to civilian facilities as soon as their medical conditions and the tactical situation allows.

(5) As with refugees and other indigenous civilians, enemy prisoners of war (EPWs) require aeromedical evacuation. The care and treatment afforded EPWs is governed by the Geneva Conventions. Medical planners at each echelon are required to forecast the expected number of EPWs. Air ambulance elements need to plan for the additional patient load expected from EPWs. Field Manual 8-55 provides planning guidance for estimating the CHS requirements for EPW patients.

b. Initially, all aeromedical assets in support of maneuver units are located as far forward as combat operations permit. This technique allows maximum use of these platforms at the initial location, thus enhancing the overall effectiveness of support.

c. Depending on the tempo of the battle, it may not be feasible to establish an entire clearing station. In fluid situations, medical care may be provided directly from the treatment vehicle, under cover of natural terrain features (such as defilade, caves, or rock overhangs), or under a minimal number of shelters. Forward-sited medical companies may be required to rapidly evacuate patients without holding them. For this reason, the FSMT leader needs to maintain close coordination with the FSMC commander to ensure that effective support is provided.

4-9. Defensive Operations

a. General. There are two types of defensive operations—the mobile defense and the area defense. The mobile defense employs a combination of offensive, defensive, and delaying actions to defeat the enemy attack. The area defense is usually conducted to deny the enemy access to specific terrain for a specified time. An in-depth discussion of the different categories of defensive operations is contained in FM 100-5.

b. Defensive Maneuvers. This type of maneuver includes the spectrum of activities from an absolute area defense designed exclusively to retain terrain, to the mobile defense that focuses only on the enemy. The defense and enemy offensive capabilities influence the character of the patient workload and its time and space distribution which, in turn, determine the allocation of CHS assets.

(1) Aeromedical evacuation support for defensive operations presents challenges for all CHS personnel. Patient workloads reflect a lower casualty rate, but forward area acquisition of patients is complicated by enemy action and the fact that the initial direction of the maneuver is to the rear. Medical personnel are permitted much less time to reach the patient, complete the necessary EMT, and evacuate him from the battle site. In addition, aeromedical evacuation assets face a heightened enemy threat risk as they evacuate from forward locations. Therefore, the FSMT leader needs to formulate a risk assessment associated with flying to forward battle positions. The assessment should be developed in concert with the maneuver commander.

(2) Heaviest patient workloads may be expected during the initial enemy attack and in the counterattack. The enemy attack may disrupt ground and air communications routes and delay evacuation of patients to and from forward areas.

(3) While wounded in action (WIA) rates are usually relatively low in defensive operations as compared to offensive operations, the battle fatigue casualty (BFC) rate will be higher in relation to the

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number of WIA. This is particularly true in an area defense characterized by a static element, heavy bombardment of the defensive forces, or adverse weather conditions when adequate shelter is not available.

(4) The depth and dispersion of the mobile defense creates significant time and distance problems in patient evacuation support to the covering forces. Covering forces may be required to withdraw while carrying their remaining patients to the rear. If the tactical situation permits, the use of AAs will expedite evacuation of these patients.

(5) The probability of initial enemy penetration may dictate that AAs be positioned farther to the rear than in offensive operations.

c. Aeromedical Evacuation Support to Covering Forces in Defensive Operations.

(1) The division covering force utilizes combat power to screen the forward line of own troops (FLOT) and force the early deployment of the enemy's main force.

(2) Organic CHS elements of the covering forces establish aid stations of minimal size or operate in the split team mode (FM 8-10-4). Ambulances are deployed well forward to promptly clear patients from combat units. Medical care is limited to EMT and ATM, followed by rapid evacuation whenever possible. The covering force surgeon maintains communications with attached aviation elements and uses these assets (augmented by medical personnel to provide en route medical care when feasible) to provide backhaul of casualties, rather than use ground ambulances. The early evacuation of patients from BASs ensures their mobility for rearward displacement. The separate brigade or ACR medical company/troop is prepared to receive patients generated in the covering force area. Depending upon the fluidity of the defensive situation, the FSMT may be required to rapidly evacuate patients further rearward to an FSMC, a MSMC, or a corps hospital.

(3) The wide dispersion of units and the manner in which they withdraw make patient acquisition difficult. When covering forces withdraw, patients are transported to the rear by the CHS element that has acquired them. Seriously wounded or injured patients are given priority for evacuation by air. (Usually few BFCs are generated during covering force operations, although delayed symptoms may occur once the element is withdrawn to a safe area.) Ground ambulances augmented by nonmedical transportation assets evacuate the remaining patients.

4-10. Retrograde Operations

a. A retrograde operation is a movement to the rear or away from the enemy. This type of operation may be forced by enemy action or may be executed voluntarily.

b. Aeromedical evacuation support in retrograde movements may vary widely depending upon the operations, the enemy reaction, and the situation. Firm rules that apply equally to all types of retrograde operations are impossible to establish. Factors to consider in planning aeromedical evacuation support for retrograde operations include—

(1) Patient's condition/status.

- (2) Mission, enemy, terrain, troops, time available, and civilian considerations.
- (3) Requirement for maximum efforts in secrecy and employment of aircraft survivability equipment.
- (4) Influence of refugee movement (which may impede military medical movements conducted in friendly territory).
- (5) Integration of evacuation routes and other Army aviation routes.
- (6) Difficulty in controlling and coordinating movements of the force which may produce lucrative targets for the enemy.

c. The effect of time on treatment and evacuation (the number of patients removed from the battlefield) is dependent upon the time and means available. In stable situations and in the advance, time is important only as it affects the physical well-being of the patient. In retrograde operations, however, time is more important. As available time decreases, the battalion, brigade, and division surgeons must evaluate their capability to collect, treat, and evacuate all patients.

d. The main supply route (MSR) and general evacuation routes are congested during retrograde operations; thus, more service will be required of AA assets. Command, control, and communications may be disrupted by the enemy. The measures taken to counteract factors impeding evacuation are beyond the control of the CHS commander and the FSMT leader.

e. Special emphasis must be placed on the type of evacuation platforms available. Seriously wounded patients should be evacuated by the fastest and most comfortable means and should receive medical care en route. Proper sorting (triage) and rapid evacuation of patients lessen the need for establishing a complete clearing station operation. Therefore, the FSMT leader should be prepared to surge his efforts in the retrograde. Battle fatigue casualty rates are usually low as compared to WIA rates during controlled retrograde operations, but increase after safety is reached.

f. The decision to displace aeromedical evacuation units must be made before they hamper the maneuver forces conducting the retrograde movement. During mission planning, the AA company integrates into the supported unit's displacement plan. The FSMT leader must coordinate with the FSMC commander for displacement decision points and locations.

4-11. Withdrawal Operations

A withdrawal operation is one in which a deployed force disengages from an enemy force. It may be forced by enemy pressure or conducted voluntarily.

a. Although the deployed force disengages from the enemy, contact is maintained by security elements while the main force moves to the rear, forms march columns, and moves to a pre-designated location. In the preferred method of withdrawal conducted voluntarily at night or during periods of poor

visibility (to include obscuration), the forces in contact with the enemy echelon to the rear. This is done by designating an element of combat forces to remain in contact with the enemy and to provide protection to the withdrawing force. Aeromedical evacuation elements must be prepared to support the withdrawing force as well as the force left in contact. Time available to acquire, treat, and evacuate patients from the line of contact may be critical.

b. The AA element supporting the withdrawing force must ensure it maintains sufficient station capability at its present location to support the patients while taking action to move to a new location. In addition to the evacuation support provided to the force left in contact, there is a requirement to support the force moving to the rear. If the move of the main force is by infiltration, patients are carried by their parent units to the assembly area or CHS elements in the rear areas. Combat health support assets are positioned in the assembly area to receive patients.

c. Division clearing stations are established at a minimal size and well to the rear of the first line of alternate positions. If combat and environmental conditions indicate a light patient workload and the road net permits rapid ambulance movement, another clearing station may be used to provide GS to all withdrawing brigades. Clearing stations leapfrog rearward, occupying successive positions placed deeply along the withdrawal route to minimize the requirement for multiple displacements by any one MTF. This avoids unnecessary interference with combat operations while providing continuous CHS. Division ambulances are employed no farther forward than the BAS, except that an ambulance squad may be required to support the covering force in a daylight withdrawal. Air ambulance elements will normally evacuate to division rear positions to avoid impeding the withdrawal of brigades. If the withdrawal is rapid, ambulance elements leapfrog rearward, pre-positioning ambulance teams to support each succeeding BAS location, rather than the customary shuttling of ambulances between BASs and division clearing stations. Preparation for the withdrawal operation includes distribution of extra medical consumable supplies and nonexpendable exchange items to each CHS element. The AA element can assist with this. This allotment is required to overcome effects of isolation of treatment elements and the possible intermittent operation of the MEDEVAC system.

d. If withdrawal is made under enemy pressure, the provision of aeromedical evacuation is modified. Since the time available is critical, aeromedical resources cannot remain in the forward areas. The assets are usually withdrawn as a unit. Patients occurring during the withdrawal are carried to the rear areas by the parent unit, normally using nonmedical vehicles.

4-12. Delaying Operations

Delaying operations occur when forces are insufficient to attack or to defend and when the defensive plan calls for drawing the attacker into an unfavorable situation.

a. The usual delay maneuver in successive positions employs the major force across a broad front. Delaying brigades split their combat power, moving their less mobile forces directly to the next defensive position while the elements remaining in contact fight to the rear. Aeromedical support is provided, as discussed in withdrawal operations.

b. The tactic of delay at alternate positions involves two maneuver units in a single sector. While the first is engaged, the second occupies the next position and assumes responsibility for the operation. The first force disengages and passes through and around the second. It then prepares to resume the delay from a position of greater depth, while the second force takes up the fight. Battalion aid stations establish facilities of minimum size and may split for rearward displacement. Ground ambulance support is deployed forward to provide extensive lateral coverage and expedite patient evacuation from the units in contact. One clearing station of minimal size provides adequate support for units in contact. Clearing stations leapfrog rearward as units displace. The FSMT may move to division rear areas to support this effort, as required, and avoid impeding the operation. They will attempt to evacuate patients from the BASs to the medical companies, as required. Additional Echelon II ambulances to support the forces in contact are deployed both at BASs and clearing stations to speed evacuation and to assist in moving patients during displacement.

4-13. Retirement Operations

a. A retirement operation is a rearward movement of a force not in contact with the enemy. It is conducted according to the force's OPLAN and without pressure by enemy forces.

b. Because the division is no longer in contact with the enemy, it can march (in multiple columns) directly to the rear. The CHS requirements for this type of operation are similar to those in a movement to contact. The patient workload is light. The FSMT leader will coordinate with the FSMC commander, and the AA company operations officer will coordinate with the division surgeon's office for guidance in the positioning of AA assets to support this operation.

4-14. Air Assault Operations

a. During air assault (AASLT) operations, MEDEVAC aircraft become OPCON to the AASLT TF commander, receiving mission guidance, weather data, and A2C2 from the aviation TF.

b. Medical evacuation assets will be positioned forward to reduce both response and patient transport times. Medical evacuation aircraft provides DS air evacuation from as far forward as the point of injury, the BASs, or the AXPs to FSMCs or surgical MTFs in the division rear area. Medical evacuation aircraft will have assured communication with the FSMC commander to ensure timely response to MEDEVAC requests. Actual positioning of MEDEVAC aircraft will be METT-TC dependent. During execution of the AASLT, the MEDEVAC aircraft will be under the control of the air mission commander.

c. All AASLT operations will include viable plans to utilize non-MEDEVAC platforms (UH-60s and/or CH-47s configured for CASEVAC) to remove casualties from the battlefield. During MASCAL situations when MEDEVAC aircraft assets are exhausted, the use of these alternate CASEVAC aircraft is essential to the division's evacuation plan.

d. Medical evacuation requests will initially be submitted over the combat aviation net (CAN) during AASLT operations. During sustainment operations, MSE (if available) or the evacuation net will be the primary means of requesting MEDEVAC support.

e. The TF FSB commander will designate the primary evacuation officer in charge (OIC). This officer will usually be either the FSMC commander or the FSB health service support officer (HSSO). The evacuation OIC will prioritize and pass evacuation missions to the MEDEVAC and CASEVAC aircraft aviators. These aviators will coordinate for air corridors and obtain launch authority from the aviation TF commander using the air battle net airborne.

f. Based on the enemy situation, MEDEVAC missions may require an attack aviation escort. Medical evacuation missions are not administrative; they are combat critical operations. They will be meticulously coordinated, well rehearsed, aggressively executed, and monitored to protect casualties from further enemy actions or possible fratricide.

g. A discussion of AASLT operations should include the following:

(1) Air assault operations are those in which assault forces (combat, CS, and CSS), using the firepower, mobility, and total integration of helicopter assets, maneuver on the battlefield under the control of the AASLT TF commander to engage and destroy enemy forces or to seize and hold key terrain.

(2) Air assault operations require MEDEVAC to occur in fluid scenarios over great distances. Combat casualties can occur at points of injury (POIs) anywhere from the original pickup zone (PZ), along the aviation axis to designated LZs; on LZs themselves; on or near objectives; or in the vicinity of the forward operating base (FOB) (once established).

(3) The primary means of MEDEVAC during AASLT operations is by MEDEVAC helicopter and alternate CASEVAC aircraft. Medical evacuation assets will be positioned forward to reduce both response and patient transport times. Medical evacuation aircraft provides DS air evacuation from as far forward as BASs to FSMCs or surgical MTFs in the division rear area. Once AASLT operations are completed and the FSMC is established, CASEVAC is conducted by either ground or air.

(4) The FSB commander will be the primary person responsible for the brigade TF CHS plan. In order to clear the battlefield of casualties, it is important the evacuation request process be streamlined with one person responsible for establishing evacuation priorities. The FSB commander, in conjunction with the AASLT TF commander, has overall responsibility for establishing evacuation priorities and for CASEVAC in support of the brigade AASLT TF. Other officers responsible for helping develop the brigade TF CHS plan are the brigade surgeon, brigade Adjutant (US Army) (SI), FSB HSSO, FSMC commander, the FSMT leader, and the assault battalion S3 air.

h. The following procedures will be followed when conducting MEDEVAC planning and execution for AASLT operations:

(1) Medical evacuation aircraft are the primary means of MEDEVAC during AASLT operations. However, the AASLT TF commander and air mission commander may designate lifting aircraft as CASEVAC aircraft.

(2) Each AASLT TF commander will normally receive one OPCON MEDEVAC section (three aircraft). The AASLT TF commander will usually delegate OPCON authority to the assault battalion

commander. The brigade designated as the main effort could receive up to six OPCON MEDEVAC aircraft to support an AASLT operation.

(3) Operation plans will designate primary and alternate casualty collection points (CCPs) within each LZ. Location of CCPs is METT-TC dependent. The medical platoon leader (from the first battalion flying into an LZ) will designate CCPs. The location and marking of CCPs will be briefed as part of the air mission brief and will be rehearsed during the CHS rehearsal.

(4) From the time the C2 aircraft goes into the restricted operations zone (ROZ), until the evacuation OIC is on the ground and has established the evacuation net, requests for MEDEVAC will be transmitted by the requester over the CAN to the AASLT TF commander. The AASLT TF commander will pass missions to the MEDEVAC aircraft (normally located in a MEDEVAC ROZ unless engaged in MEDEVAC missions). Once notified, the MEDEVAC crew will receive sequence information from the air mission commander over the air battle net. The MEDEVAC crew will contact the requesting unit for mission specific information using the radio frequency found in Line 2 of the MEDEVAC request.

(5) Once the evacuation OIC is prepared to assume control of MEDEVAC requests, he will notify the AASLT TF commander on the CAN, using a preplanned code word (for example, "Band-Aid"). The AASLT TF commander will rebroadcast the message to all stations by using the same preplanned code word. Once this code word has been transmitted, all requests for MEDEVAC will be sent to the evacuation OIC over this primary evacuation net (the FSMC command net). The CAN will become the alternate CASEVAC net for requesting MEDEVAC once the primary evacuation net is established.

(6) It is critical to establish forward medical treatment capabilities during the first stages of AASLT operations. Air movement tables will place a medical treatment team and the evacuation OIC by designated hour plus 2 into an area secured by elements of the brigade AASLT TF. The evacuation OIC will locate himself with either the AASLT TF tactical CP or a CCP containing a medical treatment team.

(7) Brigade AASLT TF planners, FSMT leaders, and assault battalion planners will have continuous coverage by MEDEVAC and/or CASEVAC aircraft during AASLT and sustainment operations. This requirement may necessitate designating additional/alternate flight crews to fly available aircraft to maintain continuous aeromedical evacuation coverage.

(8) Medical treatment teams will be equipped to perform tailgate Echelon I care. Additionally, these teams will be equipped to initiate blood transfusions and deliver oxygen therapy, if required. The number of treatment teams required for an AASLT depends on the number of LZ(s) and the casualty estimate completed by the brigade S1/brigade surgeon during the mission analysis process.

(9) Individual units *are responsible* for casualty collection from the POI to CCPs. URGENT and PRIORITY casualties should receive Echelon I medical care *before* they are evacuated. Casualties will be evacuated to Echelon II or Echelon III facilities by MEDEVAC aircraft. Medical evacuation crews will pass requests for Class VIII resupply and backhaul supplies, as needed, during the conduct of aeromedical evacuation missions.

(10) Once an LZ is clear of casualties, MEDEVAC aircraft will be stationed in a laager site, a ROZ, or at the intermediate staging base (ISB) depending on the OPLAN. This location will be METT-TC

dependent and will be designated by the assault battalion commander after consideration of recommendations from the AASLT TF FSB commander. Medical evacuation crews will await MEDEVAC mission requests or evacuate CCPs at coordinated times.

i. As an integral part of all operations, brigade TF planners must anticipate and plan for potential MASCAL situations.

(1) Combat engagements can produce a large number of casualties in a short period of time, quickly overwhelming available medical treatment and MEDEVAC assets. Simply briefing that “all aircraft will backhaul casualties” has proven to be the formula for failure. As in all AASLT operations, detailed planning, thorough rehearsals, good communications, battlefield situation awareness, and aggressive execution of the MEDEVAC and CASEVAC mission have proven to be the formula for success.

(2) Air assault TF and CHS planners will preplan the use of alternate CASEVAC aircraft, in addition to their OPCON MEDEVAC aircraft, during AASLT (and follow-on sustainment) operations.

(3) In the event of a MASCAL situation during AASLT operations, both MEDEVAC and CASEVAC aircraft will evacuate casualties to the ISB or a designated MTF as determined by the division evacuation plan. Casualty evacuation missions will be requested through the AASLT TF commander by the evacuation OIC.

(4) Alternate MEDEVAC assets (air and ground) will have medical personnel and equipment designated and prepared to provide en route medical care to URGENT and PRIORITY casualties. The FSMC commander will be prepared to staff CASEVAC aircraft with uncommitted medics and/or medical officers (physicians or physician assistants [PAs]) in case of a MASCAL situation requiring the extended use of CASEVAC assets.

j. A CHS rehearsal will be conducted in conjunction with the AASLT rehearsal.

(1) The CHS portion of the AASLT rehearsal may include review of the enemy and friendly situation and C2 relationships. It may rehearse communications, casualty collection, casualty treatment, evacuation, and the use and manning of MEDEVAC and CASEVAC aircraft for each phase of the operation using the brigade synchronization matrix and/or the brigade operations schedule.

(2) Specifically, the CHS portion of the rehearsal may include—

- A walk-through of casualty collection from POI to CCPs.
- Locations and markings of CCPs.
- Insertion of medical treatment teams and the evacuation OIC.
- Changeover from the CAN to the evacuation net for MEDEVAC requests.
- Transmission of MEDEVAC requests.

- Tracking of casualties and MEDEVAC missions from the POI to Echelon II MTFs.
- Procedures for contacting, manning, and calling forward MEDEVAC and CASEVAC aircraft.
- Switching back to the CAN if the evacuation net fails or is compromised during AASLT operations.
- Planned location and daytime/nighttime marking of the MEDEVAC pad located near the FSMC.
- Switching to another designated net if MSE and the evacuation net fail during sustainment operations.
- Assumption of the evacuation OIC's responsibilities by the S1 during sustainment operations if the evacuation OIC is compromised.

k. Some of the support relationships for MEDEVAC/CASEVAC aircraft and crews are discussed below:

(1) Medical evacuation and CASEVAC crews/teams/sections are responsible for conducting their own AVUM support.

(2) Medical evacuation aircraft are tasked-organized to the assault battalion. The assault battalion will provide all requested aviation support and limited logistical/administrative support for its MEDEVAC/CASEVAC crews and aircraft.

(3) All MEDEVAC/CASEVAC crews/sections/teams will coordinate for their AVIM support.

(4) Medical evacuation and CASEVAC aircraft are authorized use of all aviation fuel points.

(5) When MEDEVAC crew(s) are deployed forward, the supported FSB will provide all classes of supply, minus Class IX air.

l. Evacuation OICs and FSMCs will develop a system for tracking MEDEVAC/CASEVAC missions and for tracking individual casualties that are evacuated within and away from the brigade TF.

(1) The FSMC commander will ensure the MEDEVAC pad is appropriately marked and easily identifiable for conducting day and night MEDEVAC operations.

(2) Once the FSMC has established a dedicated MEDEVAC pad, the location of the pad will be disseminated throughout the brigade TF, to the FSMC, and to the assault battalion.

(3) The FSMC and MEDEVAC/CASEVAC pilots will coordinate with the division surgeon's office whenever a casualty requires evacuation from the brigade TF area to a Echelon III facility.

(4) The division surgeon's office will track all casualties evacuated to corps Echelon III MTFs.

(5) Based on the enemy situation, MEDEVAC/CASEVAC missions may require an attack aviation escort. The BAE and the brigade S2/S3 will closely monitor all MEDEVAC missions and arrange for an attack aviation escort to protect MEDEVAC/ CASEVAC crews and their casualties from further enemy actions (if warranted).

(6) The FSB commander will conduct and supervise a communications exercise with all participants of the CHS rehearsal prior to initiation of TF AASLT operations.

4-15. Peacekeeping Operations

a. General. A detailed description of the mission and the scope of peacekeeping operations is found in FM 100-23.

b. Mission Analysis. A clearly defined mission is the key to the successful planning and execution of a peacekeeping operation. The AA company must coordinate with higher authorities to ensure that their mission is well defined. In peacekeeping operations, the conditions for success are often difficult to define.

c. Rules of Engagement. In peacekeeping operations, well-crafted ROE can make the difference between success and failure. The ROE are directives that delineate the circumstances and limitations under which US forces initiate and/or continue engagement with belligerent forces.

(1) Rules of engagement define when and how force may be used in peacekeeping operations. The ROE may reflect the law of armed conflict and operational considerations, but are principally concerned with restraints on the use of force. Rules of engagement are also the primary means by which commanders convey legal, political, diplomatic, and military guidance to the military force. In aeromedical evacuation missions, ROE are the primary vehicle for defining the boundaries by which FSMTs operate.

(2) Military commanders develop ROE and must consider the direction and strategy of their leaders. This process must balance mission accomplishment with political considerations while ensuring protection of the force. Medical missions are particularly sensitive in terms of political implications. In all cases, restraint remains a principle of peacekeeping operations and should guide ROE development, particularly in light of collateral damage, post-conflict objectives, desired end states, and the legitimacy of the operation and authorities involved.

(3) Rules of engagement seldom anticipate every situation. Commanders and leaders at all levels must understand the intent of ROE and act accordingly. The AA unit leader in charge of providing AA support for a peacekeeping operation must coordinate with the commander responsible for ROE formulation. They both should consider including an intent portion that describes the desired end state of aeromedical evacuation as well as support termination considerations. Rehearsing and war-gaming ROE in a variety of scenarios will help AA unit soldiers and leaders better understand the ROE. During rehearsals and war gaming, commanders should make sure that soldiers understand their inherent right to self-defense.

(4) All commanders must instruct their forces carefully concerning ROE and the laws that govern armed conflict. Rules of engagement should be included in OPLANs and OPORDs and address all means of aeromedical evacuation support. The Staff Judge Advocate should review all ROE. Rules of engagement should be issued in an unclassified form to all personnel, who should adhere to them at all times.

(5) The ROE in multinational operations can create unique challenges. Commanders must be aware that there will most likely be national interpretations of the ROE. Close coordination of ROE with multinational partners may preclude problems.

(6) Commanders should be firm and determined when executing ROE in peacekeeping operations. Failure of the AA crew to comply with established ROE may result in an unnecessarily high level of adverse response or an escalation in the overall level of violence. Finally, aeromedical evacuation ROE must be impartially applied to preclude any perceptions of favoritism to the forces involved.

d. Force Protection. Commanders attempt to accomplish a mission with minimal loss of personnel, equipment, and supplies by integrating force protection considerations into all aspects of operational planning and execution. The AA unit leader must integrate force protection considerations into the tactical commander's plan. For the AA unit, force protection consists of operations security (OPSEC), health and morale, safety, and avoidance of fratricide. In peacekeeping operations, OPSEC includes such areas as COMSEC, neutrality, photography, sites, accommodations and defensive positions, roadblocks, personnel vulnerabilities, personal awareness, security measures, sniper threats, coordination, and evacuation.

(1) *Communications security.* Communications security is as important in peacekeeping operations as it is in conventional military operations. Belligerent parties can monitor telephone lines and radios. However, in peacekeeping the need to maintain transparency of the force's intentions is a factor when considering COMSEC.

(2) *Neutrality.* Maintaining neutrality contributes to protecting the force. Manifesting neutrality and evenhandedness could afford the AA element a measure of protection. If one side suspects that the AA support is giving special treatment to the other side, either deliberately or inadvertently, it could result in accusations of favoritism. One or both parties to the dispute may then become uncooperative and jeopardize the success of the operation, putting the force at risk.

(3) *Photography.* Prohibiting photography of local areas or people might contribute to neutrality. However, this should not impede collection efforts in support of protecting the force.

(4) *Sites, accommodations, and defensive positions.* Precautions should be taken to protect positions, headquarters, support facilities, and accommodations. These may include obstacles and shelters. Units must also practice alert procedures and develop drills to rapidly occupy positions. Engineer support will be needed to meet all of the survivability requirements of the unit. When conducting peacekeeping, units should maintain proper camouflage and concealment.

(5) *Roadblocks.* Military police forces may establish and maintain roadblocks. If MP forces are unavailable, other forces may assume this responsibility. As a minimum, the area should be highly visible and defensible with an armed overmatch.

(6) *Personnel vulnerabilities.* A peacekeeping operation force is vulnerable to personnel security risks from local employees and other personnel subject to bribes, threats, or compromise.

(7) *Personal awareness.* The single most proactive measure for survivability is awareness by soldiers in all circumstances. Soldiers must look for things out of place and patterns preceding aggression. The AA leader should ensure soldiers remain alert, do not establish routine procedures, maintain proper appearance and bearing, and keep a low profile.

e. Evacuation. A peacekeeping force may need to evacuate if war breaks out or if the HN withdraws its consent to the mandate. In a United Nations (UN) operation, the UN force headquarters develops a plan to evacuate all peacekeeping forces. The AA leader should plan his unit's evacuation plan to include routes, rehearsals, contingencies, and so forth.

f. Health and Morale. Peacekeeping operations often require special consideration of soldier health, welfare, and morale factors. These operations frequently involve deployment to an austere, immature theater with limited life-support systems. In addition, peacekeeping operations place unique demands on soldiers, such as periods of possible boredom while performing endless MEDEVAC duty. Soldiers must deal with these stresses while under the constant scrutiny of the world press. The AA company commander must consider these factors when assigning deployment crews and planning rotations into and within the theater.

g. Safety. The AA company commander in peacekeeping operations may reduce the chance of mishap by conducting risk assessments and assigning a safety officer to the deployment. The safety program should begin with training conducted before deployment and be continuous. Training will include factors that could have an effect on safety, such as the environment, terrain, flight conditions, crew management procedures, aviation standardization rules, access or possession of live ammunition, unlocated or unclear mine fields, and driver's safety. Safety is also important during off-duty and recreational activities. If possible, the safety officer coordinates with the environmental science officer concerning environmental and health concerns. The US force presence should not adversely impact the environment.

h. Avoidance of Fratricide. Most measures taken to avoid fratricide in peacekeeping operations are no different than those taken during combat operations. Accurate information about the location and activity of both friendly and hostile forces (situational awareness) and an aggressive airspace management plan will assist the AA leaders in avoiding fratricide. In addition, operational aviation survival equipment will minimize the risk of fratricide during AA support operations. Liaison officers increase situational awareness and enhance interoperability.

i. Liaison Teams. The AA unit leader may consider finding friendly force liaison teams to deal with situations that develop with the local population. These teams are designed to free up maneuver elements and facilitate negotiation. Unit ministry, engineers, civil affairs, counterintelligence, linguists, and logistics personnel may be candidates for such teams. For the AA element, there may be a particular need to utilize linguist support to facilitate the treatment and transportation of urgent patients.

j. Public Affairs Considerations. Peacekeeping operations are carried out under the full glare of public scrutiny. Public affairs personnel support the commander by working to establish the conditions that

lead to confidence in the Army and its conduct of peacekeeping operations. Because reports of peacekeeping operations are widely visible to national and international populations, public affairs is critical in peacekeeping operations. News media reports contribute to the legitimacy of an operation and the achievement of political and diplomatic goals. Public affairs must monitor public perceptions and develop and disseminate clear messages.

(1) Every soldier is a spokesperson. Public affairs guidance should be widely disseminated. Although the commander is normally the unit's official spokesperson, informed junior soldiers may also be honest, accurate, forthright, and insightful spokespersons. The degree of media attention focused on a peacekeeping operation may lead to soldier-media interaction; members of the media may seek soldier commentary.

(2) The media is an important information channel to the American public. In the highly visible, politically sensitive peacekeeping operation environment, public opinion is a critical element. By proactively assisting news media representatives, commanders help them understand the Army's role in peacekeeping operations and produce stories that foster the confidence of the American public. Nevertheless, commanders must balance OPSEC and other operational requirements with these needs.

k. Legal Considerations. Numerous legal issues may arise because of the unique nature of peacekeeping operations. The UN, a regional organization, or the National Command Authority may authorize peacekeeping operations. Regardless of who has authorization over the peacekeeping operation, international law and US domestic laws and policy apply fully. For example, the laws of war and fiscal law and policy apply to US forces participating in the operation.

4-16. Nuclear, Biological, and Chemical Operations

As stated earlier in the threat, NBC munitions, weapons of mass destruction, and strategic delivery systems exist throughout the world. The corps' and division's sustainment and support capabilities are prime targets for the enemy's NBC weapons. The AA company can expect to conduct operations in an NBC environment. Although the AA company and its elements may not be specifically targeted, locating it on major airfields, close to other CS and CSS units, and near road junctions make it vulnerable to NBC weapons. Aviation forces may be the first to encounter NBC conditions on the battlefield. Therefore, commanders must implement an internal organization that will not only support the unit's mission, but also support operations in an NBC environment. However, in order to expedite patient evacuation, LZs should be established in uncontaminated areas, if possible, based upon mission requirements. Prompt notification of, and reaction to, downwind hazard messages in the event of NBC employment will enhance company operations and individual and equipment NBC defensive measures. Defensive measures include all measures necessary to increase the effectiveness of operations and degradation to operational tempo and to minimize casualties. These measures may be either proactive or reactive in nature. They include contamination avoidance and control, protection, and decontamination. Field Manuals 3-3, 3-3-1, and 3-4 provide specific guidance for NBC avoidance protection. For a comprehensive discussion on operations in an NBC environment, see FMs 3-3, 3-3-1, 3-4, 3-4-1, 3-5, 8-9, and 8-10-7.

CHAPTER 5

GARRISON OPERATIONS

The primary mission for soldiers is to prepare for war. Garrison activities are indicative of the way soldiers will perform in combat.

5-1. Garrison Mission

a. The garrison mission of an AA company is dependent on several factors. They include the unit's primary wartime mission, peacetime/garrison mission requirements, and whether it deploys away from its support base. Every garrison MEDEVAC mission is unique to that specific garrison. During peacetime/garrison mission requirements, Memorandums of Understanding or Memorandums of Agreement (MOAs) are normally used to define C2 relationships, installation support, and overall CHS garrison activities. In nearly every case, the AA company commander can expect to provide 24-hour immediate response MEDEVAC coverage to the installation to which they are assigned. Some organizations also have the further responsibility of providing Military Assistance to Safety and Traffic support to the local community (see AR 500-4).

b. The AA company flight operations personnel coordinate activities and work directly with adjacent and higher-level staff sections. These may be the organizations aligned with during wartime, or the home installation/garrison operations supported during peacetime. Frequent support requests from the garrison for personnel and equipment can be expected. Commanders should carefully weigh the ramifications of repeated negative responses to these requests. Supporting the requests of the garrison operations cell will often impact unit missions, daily operations, flight operations, and unit training. This chapter contains guidance that can assist the commander in the development of training strategies and unit tactical training procedures while continuing to be responsive to the needs of the local garrison command and community. The challenge of the AA company during peacetime is to balance the myriad garrison requirements with wartime readiness training requirements.

5-2. Garrison Mission Scheduling

a. Medical Evacuation Mission Assignment. Medical evacuation crew selection is normally made by the commander after completing a thorough risk assessment. It is the responsibility of the operations officer to determine types of shifts and workload division for MEDEVAC missions, peacetime and wartime, within the unit. The AA company normally receives the unit's MEDEVAC missions from the battalion S3 or garrison operations representatives. These missions are assigned to unit elements by the operations section based on mission priorities, section capabilities, and the unit SOP.

b. Pre-mission Planning. Initial contact is made with the supported unit, and mission details are obtained; for example, points of contact, support locations, equipment required, radio frequencies, and pickup points. The unit commander, operations officer, or platoon leader—

(1) Establishes and monitors aviation unit-level maintenance, search and rescue procedures, MEDEVAC, crash rescue, and downed aircraft recovery procedures.

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- (2) Conducts a preliminary premission briefing for each crew in accordance with AR 95-1.
- (3) Explains the procedures for aborted missions.
- (4) Informs crews of information received during initial contact with supported units.
- (5) Conducts a crew debriefing upon mission completion.
- (6) Submits an after-action report (AAR) to operations.
- (7) Develops, maintains and exercises, at least annually, a MASCAL plan.
- (8) Provides local flight following that—
 - (a) Is posted on a flight following log.
 - (b) Shows aircraft designation and call sign.
 - (c) Shows a route of flight.
 - (d) Shows the point of departure.
 - (e) Provides an estimated time en route.
 - (f) Shows the actual time of arrival.
 - (g) Provides a passenger and crew manifest.

5-3. Flight Planning Area

a. The flight planning area of the unit operations should be set up in accordance with applicable regulatory requirements. This may include the following items:

- (1) An E6B computer and flight plotters.
- (2) An accurate clock depicting local time and coordinated universal time (or Zulu time).
- (3) A flight planning table with a surface large enough to lay out navigational charts.
- (4) A Class A telephone so that aircrews can contact the airfield weather station or the Federal Aviation Administration flight service station.

(5) Message boxes in which information for aircrews can be left and picked up by aircrews at their convenience.

(6) An aircrew bulletin board displaying current flight and safety information.

(7) Relevant Army regulations, Federal Aviation regulations, and flight information publications; the aircrew information reading file; the unit SOP; and any other pertinent publications.

(8) A wall display of the local area depicted on an aeronautical chart. The chart should depict special visual flight rule corridors, local training areas, nap-of-the-earth training areas, range information, and an updated map showing all hazards to flight operations.

b. The flight planning area can be as well equipped as the operation requires, but it should be as mobile as possible. When the unit deploys to the field, it must be mobile enough and have the necessary assets to take most of the flight planning equipment.

5-4. Aircrew Training

The commander is responsible for establishing the aircrew training program in accordance with TC 1-210. He normally assigns the platoon leaders, instructor pilots, and standardization officer the responsibility for conducting the training. Aircrew training records are maintained by the unit's flight operations and are monitored by the standardization officer.

5-5. Flight Records

The management of flight records is a major function of aviation unit operations. The records must be properly maintained because they become permanent DA records for statistical and historical data on aviators and flight surgeons. Rated and nonrated crew members also may use the records as proof of flight experience.

a. Flight records are maintained on aviators in operational and nonoperational aviation positions. They are also maintained on entry aviators and personnel (rated and nonrated) who are authorized to take part in aerial flights and for whom the Army certifies and keeps flight records. Records on aviators in nonoperational aviation positions and those personnel restricted or prohibited by statute from flying Army aircraft will be maintained according to AR 95-1. All other records will be distributed and maintained according to AR 95-1 and FM 1-300.

b. The forms used to maintain flight records are filed in DA Form 3513. Army Regulation 25-30 provides guidance on the requisition of blank forms.

c. Other forms are maintained as a permanent part of the flight records. They include initial aviator aeronautical certification, initial crew wing orders, and orders placing an individual on flying status

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or terminating that flying status. They also include certificates of completion awarding further aeronautical designations and senior or master aviator or crew member orders.

5-6. Operations Training and Evaluation

Aviation operations specialists should be evaluated when they arrive in the unit. This evaluation will determine their ability to perform all tasks in Soldier's Training Publication (STP) 1-93P24-Soldier's Manual (SM)-Trainer's Guide (TG) and STP 1-93P1-SM for the appropriate individual skill level. Tasks that cannot be adequately performed should be incorporated into an individual, formalized, on-the-job training program. Each unit should develop programs to comply with STPs 1-93P24-SM-TG, 1-93P1-SM, 21-1-Soldier's Manual of Common Tasks (SMCT), and 21-24-SMCT.

5-7. Communications

The establishment of communications is vital to any mission success. The typical AA unit maintains a 24-hour-a-day radiotelephone operation for local missions and provides communications equipment and procedures training opportunities. The operations officer must ensure that an adequate number of personnel are trained in the use and care of the communications equipment and that the equipment is serviceable and complete. This includes all pertinent COMSEC equipment. **Units should operate their communications equipment in the "GREEN" as often as possible**, to include routine local missions. Communications security and the acquisition/destruction of COMSEC materials must be addressed in the unit SOP and should be supervised and practiced routinely. Radio operators should also be trained in—

- Radio net procedures.
- Radio and equipment preventive maintenance checks and services.
- Antenna setup and siting.
- Signal operation instructions.

5-8. Aircraft Servicing

Unit operations should furnish a copy of the daily flight schedule to the POL section. Aircraft refueling will be accomplished according to this schedule. Unit aircraft requiring fuel will request it through the unit operations or directly from the POL section. This may include, but is not limited to, transient parking or billeting, emergency maintenance, or information support and communications.

5-9. Training

a. Training is essential to the successful accomplishment of any mission. Table 5-1 provides a recommended eight-step training model.

Table 5-1. Eight-Step Training Model

STEP	ACTION
1	PLAN THE TRAINING
2	TEACH THE LEADERS WHO WILL EXECUTE THE TRAINING DOCTRINE/TACTIC, TECHNIQUES, AND PROCEDURES REQUIRED; CERTIFY LEADERS' READINESS TO TRAIN SUBORDINATES ON THE GIVEN COLLECTIVE TASKS
3	RECON THE TRAINING SITE; DO TERRAIN WALK WITH THE LEADERS
4	ISSUE COMPLETE OPERATION ORDERS FOR THE TRAINING
5	REHEARSE (ANY FORM)
6	EXECUTE THE TRAINING
7	CONDUCT AFTER-ACTION REVIEW
8	RETRAIN UNTIL THE STANDARD IS MET

b. The operations officer is responsible for ensuring that assigned personnel are adequately trained and competent in all aspects of unit operations in a garrison or tactical environment. This training includes, but is not limited to, the types described below:

(1) *Cross training.* Each individual should be cross-trained in the various functions of tactical operations. This will help ensure mission accomplishment in case of personnel shortages.

(2) *Garrison medical evacuation training.* Unit personnel must be trained to support the MEDEVAC requirements of the installation and surrounding community.

(3) *Field operations training.* Unit personnel must be trained in designated duties and responsibilities. The training should be conducted **before** the unit deploys for training exercises or combat operations. These include—

(a) Perimeter guard and TOC security.

(b) Establishing and monitoring CSAR procedures, MEDEVAC, crash rescue, and downed aircraft recovery procedures.

(4) *Army airspace command and control training.* Selected flight operations personnel should be trained in A2C2 procedures. Training will be in accordance with FMs 1-120 and 100-103 and local SOPs.

(5) *Driver and generator operator training.* At a minimum, drivers and assistant drivers should be trained and licensed in the type of vehicles or generators that they will drive or operate. They also should be trained in—

- (a) Safety procedures.
 - (b) Load plans.
 - (c) Vehicle preventive maintenance checks and services.
 - (d) Convoy operations.
 - (e) Ambush procedures.
 - (f) Vehicle emplacement.
 - (g) Cover and concealment.
 - (h) Blackout driving procedures.
 - (i) Night vision device driving and emergency recovery procedures.
 - (j) Nuclear, biological, and chemical detection and decontamination procedures.
 - (k) Vehicle recovery operations and emergency repairs.
- (6) *Guard and cover training.* Guards and personnel providing cover should be trained in—
- (a) Range cards.
 - (b) Fighting positions.
 - (c) Perimeters of fire.
 - (d) Air guard procedures.
 - (e) Cover and concealment.

(7) *Field training, command post exercises, and situational training exercises.* The AA company should, at a minimum, conduct quarterly section- or platoon-level field training exercises (FTXs) and one company-sized FTX annually. This FTX should be conducted in accordance with the AA company Mission Training Plan (MTP) and should be evaluated by the appropriate higher command staff elements. Command post exercises (CPXs) should be conducted at the company level on an annual basis or as directed by higher headquarters. The CPX is an exercise in which the forces are simulated, involving the commander, section leaders, and communications within and between headquarters. Situational training exercises (STXs) should be pre-made and executed at the FSMT or section level on a frequency to be determined by the training assessment of the unit commander. These exercises should cover—

- (a) Predeployment preparation and planning.

- (b) Deployment (order of march/convoy procedures).
- (c) Redeployment preparation and planning.
- (d) Synchronizing asset use.
- (e) Conducting IPB.
- (f) Understanding time and distance factors.
- (g) Practicing the procedures addressed in the unit SOPs.
- (h) Understanding internal and external augmentation and support requirements.
- (i) Nuclear, biological, and chemical reporting, protection, and contaminated casualty disposition.
- (j) Training that progressively increases difficulty of conditions.

5-10. Aircraft/Vehicle Maintenance

The maintenance platoon leader and motor sergeant of the AA unit have much the same responsibilities as any maintenance officer. They are responsible for taking all actions necessary to retain or restore an item to a specified condition. This includes inspecting, testing, servicing, classifying as to serviceability, repairing, and recovering. It also includes all maintenance supply actions. Simply stated, the term *maintenance* includes taking all repair actions necessary to keep a military force in the condition needed to carry out its mission. The garrison SOP should address all garrison-specific maintenance issues, as well as hazardous material and safety regulations/issues.

5-11. Supply

The AA company supply is responsible for developing workable supply channels and relationships in order to keep the unit functioning. These relationships are typically established through the battalion Supply Officer (US Army), or, in the absence of a battalion staff, the garrison logistics liaison personnel. An effective unit supply will develop a coherent SOP that addresses requisition, maintenance, distribution techniques, and resupply of each class of supply utilized by the AA unit. The plan should complement daily garrison training, real world missions, tactical mission scenarios, and provide basic load and usage calculations for any and all mission planning purposes.

5-12. Alert Notification and Procedures

Upon receipt of an alert notification, the operations officer ensures that all personnel are performing their duties according to the unit personnel notification and recall procedures (PNRP) annex to the unit SOP.

This includes submitting timely readiness reports and maintaining communications with higher headquarters per the frequency and times indicated by the higher headquarters SOP. The PNRP should be exercised at least quarterly. Results of the PNRP should be organized on the AAR and briefed to the commander.

5-13. Remote Site Support

a. Peacetime remote site support requires the pulling together of all of the techniques and procedures discussed throughout this FM. The FSMT leaders must be mature and competent as they will be making life and death decisions without the luxury of extensive planning time and, frequently, without guidance or input from their chain of command. It is imperative that the unit develop a remote site support in addition to their SOP. This type of support requires almost excruciating levels of detailed planning and playing the “what if” game. The following are some of the items that should be addressed in the SOP. This is only a recommended list and should be added to frequently and updated with information gathered from AARs associated with the support:

- After-action reports (frequency, responsibility, and level of detail).
- Standardization (local airspace, crew mix recommendations).
- Safety (aviation safety and crew endurance).
- All classes of supply.
- Memorandums of understanding/MOAs (living and working facilities support, dining facility usage, Class III supply, maintenance, MTFs, and supported unit augmentation for MASCAL).
- Class III supply (times, locations, priorities).
- Maintenance recovery procedures.
- Communications (MEDEVAC frequencies, key telephone numbers, and COMSEC).
- Weather.
- Flight planning/following procedures.
- Mission request procedures.
- Proximity (how far can the duty crew go from the support site, beepers, cell phones).
- Mode IV operations.

b. The AA unit operations section must ensure that the remote site crew has the tools it needs to safely and effectively provide the required support. Remote site support is the closest thing to FSMT

deployment during contingency operations. It provides excellent indicators of the deployment status of the organization and its ability to accomplish the wartime mission.

c. Table 5-2 is an example of a predeployment checklist. It is not all-inclusive but can provide a foundation for unit-specific checklists and SOPs.

Table 5-2. Sample Predeployment Checklist

FORWARD SUPPORT MEDICAL EVACUATION TEAM DEPLOYMENT CHECKLIST

NAME: _____ DUTY POSITION: _____ AIRCRAFT#: _____
 DATE: _____ ROTATION: _____ THRU: _____

FORWARD SUPPORT MEDICAL EVACUATION TEAM LEADER

- UNIT SOP
- MEMORANDUMS OF UNDERSTANDING OR MOAS
- REQUEST FOR ORDERS SUBMITTED FOR ALL CREW MEMBERS
- DEPLOYMENT PLAN
- ORDERS RECEIVED FOR ALL CREW MEMBERS
- INSPECTION OF AIRCRAFT AND MEDICAL GEAR
- REVIEW AIRCRAFT LOGBOOKS
- PUBLICATIONS AND SPECIAL FORMS
- AREA OF OPERATIONS BRIEF
- ATTEND ALL IN PROGRESS REVIEWS/BRIEFINGS OF SUPPORTED UNIT
- MAPS
- MODE IV/COMSEC

SECTION SERGEANT

- ORDERS ISSUED
- INSPECT ALL MEDICAL GEAR
- INVENTORY ALL REQUIRED EQUIPMENT

COMMUNICATIONS-ELECTRONICS

- ORDERS ISSUED
- TOOLBOX ON HAND AND INVENTORIED
- LOGBOOK CHECKED AND ALL MAINTENANCE ISSUES COMPLETED PRIOR TO DEPARTURE (FOR EXAMPLE, SERVICES, FAULTS, AND SO FORTH)
- UNIT LOAD LISTS INVENTORIED/FUNCTIONS CHECKED
- TECHNICAL MANUALS (TMS) INVENTORIED
- EQUIPMENT CALIBRATED
- PAY ADVANCE (IF REQUIRED)
- SURVIVAL KITS (IF REQUIRED) GOOD THROUGH ROTATION
- FIRST-AID KITS GOOD THROUGH ROTATION

Table 5-2. Sample Predeployment Checklist (Continued)

-
- FIRE EXTINGUISHERS SERVICED THROUGH ROTATION
 - SUPPLY OF FORMS AND RECORDS TO LAST THROUGH ROTATION
 - LUBRICANTS
 - GREASE GUN
 - ANY PARTS REQUIRED FOR LIMITED MAINTENANCE (OIL SAMPLE BOTTLES, TUBES, AND SAFETY WIRE)
 - SHOP TOWELS
-

MEDIC

- ORDERS ISSUED
 - PAY ADVANCE (IF REQUIRED)
 - MEDICAL GEAR COMPLETE, INSPECTED, AND INSTALLED ON AIRCRAFT
 - DATED ITEMS GOOD THROUGH ROTATION
-

PILOT IN COMMAND

- ORDERS ISSUED
 - PAY ADVANCE (IF REQUIRED)
 - AIR MISSION BRIEF (DA FORM 5484-R) COMPLETED AND BLANK FORMS AVAILABLE
 - CURRENT PUBLICATIONS
 - REVIEW AIRCRAFT LOGBOOK AND ENSURE AIRCRAFT IS GOOD THROUGH ROTATION
 - LIMITED TECHNICAL INSPECTION ORDERS
 - ENSURE MAINTENANCE PERFORMS A DAILY INSPECTION ON THE AIRCRAFT UPON RETURN TO HOME STATION
-

APPENDIX A

**TACTICAL STANDING OPERATING PROCEDURE
FOR AIR AMBULANCE COMPANY OPERATIONS****A-1. Tactical Standing Operating Procedure**

This appendix provides a sample TSOP that may be modified for an AA company. It provides the tactics, techniques, and procedures for company operations. This TSOP is not all-inclusive. Commanders should consult AR 385-95 and other references to ensure all mandatory SOP requirements are addressed. It may be supplemented with information and procedures required for operating within a specific command, contingency, or environment.

A-2. Purpose of the Tactical Standing Operating Procedure

The TSOP prescribes policy, guidance, and procedures for the routine tactical operations of a specific unit. It should cover broad areas of unit operations and be sufficiently detailed to provide newly assigned personnel the guidance required for them to perform their mission. A TSOP may be modified by TSOPs and OPLANs/OPORDs of higher headquarters. It applies to a specific unit and all subordinate units assigned and attached. Should a TSOP not be in conformity with the TSOP of the higher headquarters, the higher headquarters' TSOP governs. The TSOP is periodically reviewed and updated annually.

A-3. Format for the Tactical Standing Operating Procedure

a. There is not a standard format for all TSOPs; however, it is recommended that a unit TSOP follow the format used by its higher headquarters. The TSOP can be divided into sections (specific functional areas or major operational areas). The TSOP may contain one or more annexes, each of which may have one or more appendixes. The appendixes may each have one or more tabs. Appendixes can be used to provide detailed information on major subdivisions of the annex, and tabs can be used to provide additional information (such as report formats or area layouts) to that addressed in the appendix(es).

b. Regardless of the format used, the TSOP follows a logical sequence in the presentation of material. It should discuss the chain of command, major functions and staff sections of the unit, operational requirements, required reports, necessary coordination with higher and subordinate elements for mission accomplishment, programs (such as command information, CSAR, and AVUM), and other relevant topics.

c. Pagination of the TSOP can be accomplished by starting with page 1 and numbering the remaining pages sequentially. If the TSOP is subdivided into sections, annexes, appendixes, and tabs, a numbering system that clearly identifies the location of the page within the document should be used. Annexes are identified by letters and are listed alphabetically. Appendixes are identified by numbers and arranged sequentially within a specific annex. Tabs are identified by a letter and are listed alphabetically within a specific appendix. After numbering the initial sections using the standard numbering system (sequentially starting with page 1 through to the end of the sections), number the annexes and their subdivisions. They are numbered as the letter of the annex, the number of the appendix, the letter of the tab, and the page number. For example, page 4 of Annex D is written as "D-4"; page 2 of Appendix 3 to Annex D is written as "D-3-2"; page 5 of Tab A to Appendix 3 of Annex D is written as "D-3-A-5." This system of numbering makes the pages readily identifiable as to their place within the document.

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d. In addition to using a numbering system to identify specific pages within the TSOP, a descriptive heading should be used on all pages to identify the subordinate elements of the TSOP.

(1) The first page of the TSOP should be prepared on the unit's letterhead. The remaining pages of the sections should include the unit identification in the upper right hand corner of the paper (for example, "XXX Air Ambulance Company").

(2) A sample heading for an annex is "Annex Q (Forward Support Medical Evacuation Team) to XXX Air Ambulance Company."

(3) A sample heading for an appendix to Annex Q is "Appendix 1 (Reports) to Annex Q (Forward Support Medical Evacuation Team) to XXX Air Ambulance Company."

(4) A sample heading for a tab to Appendix 1 to Annex Q is "Tab A (Situation Report) to Appendix 1 (Reports) to Annex Q (Forward Support Medical Evacuation Team) to XXX Air Ambulance Company."

e. As the TSOP is developed, there may be an overlap of material from one annex to another. This is due in part to similar functions that are common to two or more staff sections. Where overlaps occur, the material presented should not be contradictory. All discrepancies will be resolved prior to the authentication and publication of the TSOP. The company commander will authenticate the TSOP.

f. Tactical standard operating procedure writers should review the appropriate MTP to ensure the TSOP is thorough and doctrinally correct (see Army Training and Evaluation Program [ARTEP] 8-279-30-MTP).

A-4. Sample Tactical Standing Operating Procedure (Sections)

The information contained in this paragraph can be supplemented. It is not intended to be an all-inclusive listing. Different commands will have unique requirements that need to be included.

a. The first section of the AA medical company TSOP provides the scope, purpose, applicability, references, and general information.

(1) *Scope.* This TSOP establishes and prescribes tactical procedures to be followed by the AA medical company.

(2) *Purpose.* This document provides policy and guidance for routine tactical operations of the AA medical company.

(3) *Applicability.* Except when modified by policy guidance, TSOP, or OPLANs/OPORDs of the higher headquarters, this TSOP applies to this unit. These orders, however, do not replace judgment and common sense. In cases of nonconformity, the document of the higher headquarters governs. Each subordinate element will prepare a unit TSOP, conforming to the guidance herein.

(4) *General information.*

- (a) Required state of readiness.
- (b) Primary mission.
- (c) Secondary missions.
- (d) Procedures for operating within another command's AO.

1. Coordination.

- Brigade S3 air.
- Forward support medical company commander.
- Aviation brigade.
- Task force commander.

2. Security measures.

(e) Procedures for resolution of conflicts with governing regulations, policies, and procedures.

(5) *References.* This paragraph can include any pertinent regulations, policy letters, higher headquarters TSOP, or any other appropriate documents.

b. The second section of the TSOP discusses the AA company organization.

(1) *Organization.* This paragraph furnishes specific information concerning the authority for establishing the unit, such as applicable MTOE or other staffing documentation.

(2) *Succession of command.* The guidance for determining the succession of command is discussed—commander, flight operations platoon leader, AVUM platoon leader, and AA platoon leader.

(3) *Task organization.* Task organization is contingent on the mission and will be approved by the headquarters ordering deployment. Include examples of how to task organize with aviation brigades, evacuation battalions, and so forth.

c. The third section of the TSOP discusses AA company functions. It will supplement the company organizational chart(s). The functions of the company sections, to include personnel and some of their responsibilities, are provided in Chapter 2 of this publication. For a more detailed description of personnel duties, see FM 101-5, AR 611-101, and AR 611-201.

- d. The fourth section of the TSOP pertains to section operations and is subdivided into annexes.

A-5. Sample Tactical Standing Operating Procedure (Annexes)

Annexes are used to provide detailed information on a particular function or area of responsibility. The commander determines the level of specificity required for the TSOP. Depending upon the complexity of the material to be presented, the annex may be further subdivided into appendixes and tabs. If the annex contains broad guidance or does not provide formats for required reports, paragraphs may be used. The annex should not require further subdivision. However, as the material presented becomes more complex, prescribes formats, or contains graphic materials, the annex will require additional subdivision. Applicable references, such as ARs, FMs, and TMs, should be provided in each annex. The number of annexes and their subdivisions should be based on command/contingency requirements. Each annex should contain information relating to mission, organization, duties and/or responsibilities, and procedures. The following sample annexes are provided as a guide and are not considered all-inclusive.

- a. *Annex A, Company Organizational Charts* (Figure A-1). Also, see Chapter 2.

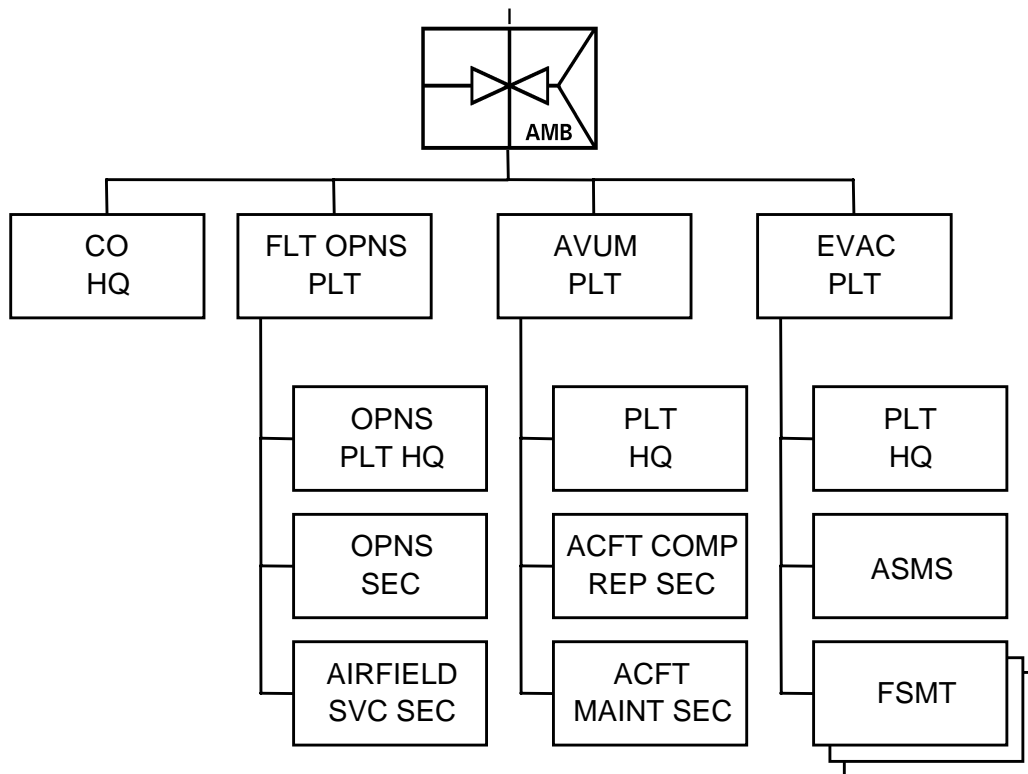


Figure A-1. Company organizational chart.

b. Annex B, Company Headquarters. This annex discusses the company commander, headquarters personnel, and their responsibilities. The day-to-day operations shall include a review of activities occurring during the day and the implementation of directives received from higher headquarters.

(1) The daily assessment of unit operations is accomplished via daily/scheduled reports, unusual occurrences, and forthcoming missions.

(2) The commander and his section leaders, in the conduct of daily operations, can use personal and telephonic contact to become aware of personnel, logistical, and administrative problems which may affect the overall unit operations.

(3) Regularly scheduled meetings and review of reports and programs can be used to monitor the effectiveness and efficiency of operations.

(4) The commander, during command visits or contacts with higher headquarters, can be apprised of the tactical situation. The commander provides higher headquarters the unit's overall status, to include aircraft availability, aircrew status, missions, logistical requirements, and other information as he deems appropriate. The company commander maintains liaison with the medical evacuation battalion, the FSB/FSMC, supported units, and corps support organizations.

(5) The company commander may activate the CP based on the tactical situation. (See Annex C for a discussion on CP operations.)

(6) This annex should also address the C2 structure for all assigned personnel of the unit. The annex outlines procedural guidance for, but is not limited to, the following:

- Company operations, to include crew and aircraft status and aircrew shifts.
- Company standardization program.
- Safety (air and ground operations).
- Company-level administration.
- Reenlistment and extension programs.
- Billeting, to include fire safety, sanitation (including field sanitation), and key control.
- Security, assignment, accountability, and maintenance of weapons.
- Perimeter security.
- Life support and site improvement.
- Welfare and recreational activities.

- Unit supply.
- Duty rosters.
- Physical fitness.
- Training.
- Uniform Code of Military Justice actions.

c. *Annex C, Command Post.* Areas covered by this annex include—

(1) *Definition.* The CP is the element of the company containing communications and personnel required to C2 and coordinate AA company support operations. The CP is located within a secure, controlled area, whether at a main CP or forward CP.

(2) *Purpose.* The purpose of the CP is to provide a secure area where the commander and key staff can assemble to estimate the situation, assess the requirements, and react to varying problems such as area defense, NBC operations, MASCAL situations, and company operations.

(3) *Responsibilities.* The commander has overall supervision and control over the CP. The operations officer (flight operations platoon leader) has primary staff responsibility in the absence of the commander. Daily operations of the CP are the responsibility of the flight operations section.

(4) *Operations.* The CP will operate on a 24-hour basis. It is principally staffed by each primary staff section furnishing necessary manpower, as required. The CP should be of sufficient size to allow for establishment of maps, storage of individual weapons and chemical defense equipment, and facilitate communications among the staff. Secure and nonsecure telephone communications connect the CP to other staff sections within the CP area. Access to the CP is strictly controlled by means of an access roster, and if available, security badges. Only essential personnel and authorized visitors are allowed to enter. Each staff section will maintain a TSOP on the organization and operation of its element. All elements within the CP will, when appropriate, maintain a current situational map of their specific operations. Discussion and portrayal of tactical plans outside of the security area is prohibited.

(5) *Composition of the command post.* This is a listing of those personnel comprising the CP. It normally includes the commander, flight operations platoon leader, flight operations officer, command sergeant major, principal staff members, and other specific staff members such as the S3 or the company AVUM officer.

(6) *Company command post configuration.* This is a schematic representation of the physical layout of the CP. It can be included as an appendix to the annex.

(7) *Site selection planning factors.* The CP/flight operations section should be centrally located near aviation operations area. Other factors to consider are COMSEC, OPSEC, and communication maintenance with higher headquarters and aircraft.

(8) *Equipment*. This portion discusses the primary communication links, the flight operations CP vehicle, and the flight/mission planning area.

(9) *Message center*. This center establishes procedures for the handling of classified messages; provides delivery and service of IMMEDIATE and FLASH messages to the appropriate staff section; establishes procedures for preparing outgoing messages; and establishes a delivery service to the servicing message center for transmission of outgoing messages.

(10) *Appendixes*. The addition of appendixes to this annex is permissible and may cover topics such as—

- Schematics of the physical layout.
- Change of shift procedures.
- Security requirements, to include guard duties and identification badges.
- Briefing requirements.
- Overlay preparation.

(11) *Camouflage*. This portion of the annex discusses what camouflage procedures are required, to include type and amount of required camouflage materials (such as nets and shrubs); display of the Geneva Conventions' distinctive emblem on facilities, vehicles and aircraft on the ground (STANAG 2931); and other pertinent policies, guidance, or procedures.

d. Annex D, Operations. This annex establishes the procedures necessary to operate in a tactical environment under the C3 capabilities of the unit's CP/flight operations, including CP/flight operations procedures, communications, deployed FSMT C3, and reporting.

(1) *Responsibilities*.

(a) *Commander*. The commander has overall control, supervision, and command responsibility of unit from CP/flight operations site. He monitors the MEDEVAC process to assure mission accomplishment. In addition, the commander focuses on supporting future battles.

(b) *Flight operations platoon leader*. The flight operations platoon is responsible to the commander for the control and daily operations of the CP/flight operations. He coordinates with higher headquarters for required support. He briefs the commander on unit readiness and overall support requirements.

(c) *Flight operations officer*. The flight operations officer is normally delegated the responsibility for the daily operations of the CP. He prepares plans, operations, and orders in support of today's battles. He develops the Aeromedical Evacuation Plan. He briefs aircrews and missions, as required. This officer maintains 24-hour operations and a C3 information processing center. He coordinates

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with outside sources for critical operational information and support. He monitors crew endurance, aircraft availability, operational readiness, and OPSEC/COMSEC. He displaces the airfield service section, as required, to support operations.

(d) *Flight operations noncommissioned officer in charge.* This NCO maintains 24-hour communications and operations support requirements at the CP. He maintains specific COMSEC requirements; establishes the message/information processing center; supervises communication link installation and operations; serves as designated OPSEC custodian in absence of flight operations officer; maintains mission status board; updates operational overlays; and coordinates support requirements for platoon.

(e) *Flight operations specialist(s).* This specialist assists with C3 requirements of unit aircrews and assigned missions and completes unit-level maintenance on communications equipment.

(f) *Communications specialist(s).* This individual maintains and establishes external and internal communications links; assists the unit clerk in establishing internal wire communications; completes unit-level maintenance on communications equipment; and assists other flight operations specialists (as required).

(g) *Base defense security team sergeant (as required).* This sergeant provides 24-hour protection and information safeguarding of CP/flight operations. Priority of protection is as follows:

- Operations security/COMSEC.
- Personnel.
- Equipment.

(h) *Flight platoon leader.* The flight platoon leader monitors aircrews and missions; provides C2 to assigned aircrews; briefs missions, as required; coordinates and communicates with deployed FSMTs for mission accomplishment; assists in monitoring crew endurance and aircraft status; develops Air Movement Plans; coordinates directly with the flight operations officer on all missions; and assists the commander in planning future operations.

(2) *Operations security.*

(a) Operations security provides information security in accordance with AR 380-5.

(b) The unit OPSEC officer/flight operations officer is responsible for the program in accordance with AR 350-1.

(c) Maintenance of OPSEC classified files will be in a triple barrier container marked "Classified." Access will be limited to the commander, flight operations officer, platoon sergeant, and/or NCO. The container will be under constant guard and protection.

(d) Classified documents will be maintained in accordance with AR 380-5 and AR 380-40.

(e) All operations material is classified as OPSEC and will be disseminated under a need-to-know basis. Access rosters will be posted and adhered to at all times in accordance with AR 604-5 and AR 380-40.

(f) A daily OPSEC report will be submitted to higher headquarters not later than 1800 daily, utilizing the higher headquarters' report format.

(g) Emergency destruction criteria.

1. *Authorization.* Higher headquarters, commander, flight operations officer/NCO only.

2. *Method.* Fire in accordance with AR 380-5 and AR 380-40.

3. *After-action report.* Will be forwarded to higher headquarters on final disposition of classified materials.

(h) Security clearances.

1. Unit headquarters will process security clearance (as required) in accordance with appropriate security regulations/directives.

2. At a minimum, all aircrew members, E7 and above, and communications/operations personnel must have a "Secret Clearance" to conduct unit operations.

3. Clearance verification will be maintained at the unit headquarters (for example, IPB).

(3) *Flight operations functions.*

(a) The flight operations platoon will provide flight planning and following services in accordance with FM 1-300.

(b) Mission briefings will be conducted for all teams/crews prior to deployment by CP/flight operations/AA platoon leader. Format will adhere to five-paragraph OPORD (FM 101-5) and nine-line MEDEVAC request.

(c) Evacuation request procedures (FM 8-10-6).

1. Evacuation requests will be made to CP/flight operations in accordance with governing OPLAN/OPORD for supported corps/division/brigade. Immediate requests will be transmitted over an AM net. Normally, URGENT, URGENT-SURG, and PRIORITY requests will be transmitted over FM nets direct to operations. Routine requests will usually be made telephonically or by messenger.

2. Formats must follow the standard nine-line request. Requests will then be logged and forwarded directly to first-up crew to accomplish.

3. Approval authority.

- Commander.
- Flight operations officer.
- Flight platoon leader.
- Team leader.
- Commander-designated authorities.

4. In-flight requests require the same approval authority unless different criteria is established during the mission briefing.

5. The medical evacuation dispatch will be logged onto the daily flight log with aircraft number, aircraft crew members, estimated time of departure, estimated time of return, actual time of departure, and mission.

(d) Flight following.

1. Flight following net.

- Frequency modulated—Secure primary.
- Ultra high frequency—Secondary.
- High frequent—Non-LOS communications.

2. Mandatory reports.

- Departure.
- Frequency change.
- If tactical situation permits—
 - Mission completion.
 - Distance from airfield—per TSOP.
- Operations area arrival.

3. A military flight plan, Department of Defense (DD) Form 175, will be utilized for all missions.

4. Aircrews on MEDEVAC standby will have mission briefing/flight plan on file throughout duty period.

5. Army airspace command and control (aerospace management) brigade.

- Daily (if possible)—the corps/division aviation officer and/or aviation
- Contacted for current governing A2C2 plan.
- Current A2C2 will be posted in flight operations.
- Army airspace command and control requests will be forwarded to the divisional airspace management element not later than 24 hours prior to commencing operations.

Unit-level A2C2 measures will consist of—

required per TSOP.

- Mandatory reporting point around airfield operations area as
- Ingress/egress routes to aviation operations area.
- Forward area helicopter refueling traffic pattern.
- Forward area helicopter refueling holding area.
- Emergency holding area(s).

(4) *Communications.*

(a) *General.* The AA company will adhere to all communications instructions contained in higher headquarters SOPs, OPLANs, and OPORDs. In the absence of a governing headquarters, the following will be accomplished (at a minimum):

(b) *Communications.*

1. *Establish communications nets.*

- Higher headquarters command net—FM.
- Unit command net—FM secure.
- Immediate MEDEVAC request net—AM.
- Unit flight following—FM.

- Internal flight communications—FM.
 - Higher headquarters secure—single side band phones.
 - Higher headquarters—wire.
 - Internal communications—wire.
 - Internal administrative/logistics—VHF-HF PRC127.
2. *Operator instructions.* In accordance with SOI/ANCD.
3. *Switchboard operations.* An external/internal switchboard will be established in the CP acting as the message center for unit. The unit ISG is responsible for coordinating installation and 24-hour operation, once established.
4. *Electronic signature.* All means possible will be utilized to reduce the unit's electronic signature in a high threat environment. Specific actions include—
- Terrain masking.
 - Utilization of low power.
 - Remote antenna locations (when possible).
 - Transmission restraint.
 - Maximum utilization of messenger and wire communications.
5. *Net control station.*
- Command post/flight operations will act as net control station.
 - Daily at 0001 local, all stations will enter the net as required.
6. *Communications maintenance.*
- Completed daily by the operators.
 - Unit level completed by assigned individuals (MOS 31U).
 - Feeder data, DA Form 2406, will be submitted not later than 0700 daily to the headquarters motor sergeant.
 - Wire maintenance is responsibility of user.

(c) *Communications security.*

1. Communications security custodian/security manager are the two individuals primarily responsible for COMSEC in the CP.

2. Communications security materials.

- Only those codes, ciphers, authentication systems, and keying materials produced by National Security Agency/US Army Security Agency are approved for use.

- A COMSEC inventory will be conducted daily by the custodian at the beginning of a CP/flight operations shift change. In addition, all expired material will be destroyed with both shifts present as witnesses. Procedures will be in accordance with higher headquarters' destruction instructions.

- Communications security codes will be keyed daily by CP/flight operations personnel at 2400 Zulu unless otherwise dictated by higher headquarters. If aircraft are conducting missions without the next period's code keyed, aircrews will transmit in the RED utilizing SOI/ACND and proper phraseology until new codes are keyed.

- KY-57 present codes:

- Fill 1—current period.
- Fill 2—next period.
- Fill 3—supported unit.
- Fill 4—alternate.
- Fill 5—alternate.
- Fill 6—not utilized/main carrier.

- Keying devices will be maintained only at CP/flight operations in triple barrier containers. Forward support medical evacuation teams requiring code installation will be furnished codes daily by CP/flight operations messenger for centrally located FSMTs. Deployed FSMTs will request code installation from flight operations.

- Unless otherwise noted, identification, friend or foe (radar) codes will be installed and maintained similar to KY-57 equipment, except—

- The flight operations officer is responsible for verifying current codes through higher headquarters on a daily basis.

via secure FM.

- Emergency installations will be requested through flight operations
- In MEDEVAC standby aircraft, codes will not be zeroed, unless—
 - Directed by CP/flight operations.
 - Downed aircraft.
 - Base defense alert (RED).
- The primary code mode is “A.”

(d) *Signal operation instructions/standing signal instructions.*

1. *Signal operation instructions codes.* When operating in nonsecure modes, all operators will utilize SOI/ANCD codes and brevity lists.

- *Signal operation instructions.* Signal operation instructions will be issued to all leader’s and aircrews (as required). Missions will be performed to the maximum extent possible utilizing a daily brevity list/sheet versus carrying the entire SOI/ANCD on missions.

- *Aircraft call signs.* External aircrews will utilize SOI/ANCD call signs as dictated in SOI for service and support missions. Internal aircrews will utilize assigned SOI prefix, followed by the last two digits of the aircraft tail number.

2. *Standing signal instructions authentication instructions.*

- Authentication tables will be utilized throughout all operations.
- Mandatory authentication requirements.
 - In-flight mission requests.
 - Change of mission.
 - Any change in operational requirements.
 - Entering the net.
 - Combat service support requests.

(e) *Meaconing, intrusion, jamming, and interference (MIJI) instructions.* Actions when suspecting jamming and intrusion include—

- Continuing to transmit; shifting to higher power; transmitting during lulls in activity; and utilizing relay.

- Utilizing alternate frequency/radio.
- Not announcing problem on jammed/intruded frequency.
- Transmitting MIJI report to CP/flight operations or higher headquarters.

(5) *Deployed forward support medical evacuation team command, control, and communications.*

(a) *Command and control.*

1. The FSMT is attached to the supported element for mission support. Command and control remains internal to the AA company, specifically the AA platoon leader/sergeant.

2. Daily, the unit will establish liaison with the team and its supported element to develop mission essential requirements and information. Normally, the AA platoon leader and platoon sergeant will accomplish this liaison as part of their daily duties.

(b) *Communications.*

1. The FSMT does not require any internal communications at the supported unit location other than a messenger.

2. Primary links will be maintained with the AA medical company CP/flight operations on internal ultra high frequency and very high frequency nets. The FM frequency will be the secondary communications links to higher headquarters and the command net.

3. Communications security will remain the responsibility of the AA medical company. Daily, the flight platoon leader/platoon sergeant will provide keying devices to deployed FSMT to maintain speech secure and identification, friend or foe (radar) capabilities (as required).

(c) *Flight operations.*

1. Flight plans/mission briefs are an internal FSMT responsibility.

2. Flight following is accomplished through the corps/division flight following net(s) or flight operation centers. Secondary flight following will be accomplished through AA medical company FSMT.

(d) *Mission essential information.*

1. Mission essential information will be coordinated jointly through the FSMT leader, the flight platoon leader, and the supported unit staff.

2. Mission briefings are the FSMT leader's responsibility.

(6) *Reporting.*

(a) *External reports.* These are reports prepared in accordance with governing higher headquarters.

(b) *Internal reports.*

1. The situation report, transmitted upon contact, requests mission status; it is submitted daily at 1800 local time for deployed FSMTs.

2. The personnel, equipment, and aircraft status report is transmitted or sent by messenger not later than 0700 local time daily.

3. Nuclear, biological, and chemical 1/3—NBC reports.

4. Bombing report—report of surface fires received.

5. Meaconing, intrusion, jamming, and interference report.

6. Medical equipment resupply request.

(c) *Format.* All reports submitted in accordance with published format.

(7) *Documents supporting aircraft operations.* All allied documents relating to aircraft operations will be maintained and destroyed as follows:

(a) Documents relating to dispatch, clearance, control of aircraft, and supervision of clearance and normal servicing facilities for locally based and transit aircraft will be maintained for a period of 2 years. Included are departure logs, schedules reflecting takeoff time, destination, passenger manifest and similar data, and requests for and cancellation of flights and related papers.

(b) All aforementioned documents will be destroyed after 2 years.

e. *Annex E, Medical/Evacuation Operation Procedures.*

(1) *General.* This paragraph outlines the operations and procedures necessary to conduct MEDEVAC operations in support of the corps/division/brigade/battalion. Mission essential procedures include—

(a) Medical evacuation operations.

(b) Medical resupply.

(c) Search and rescue operations.

- (d) Downed aircraft recovery.
- (e) Hoist operations.
- (f) Nuclear, biological, and chemical contaminate area evacuation operations.

(2) *Medical evacuation operations.*

(a) *Mission statement.* The AA company provides aeromedical evacuation support to the corps/division at a specified location. Locations may include corps hospital, FSBs, and mobile aeromedical staging facilities, as required. The primary support asset to deploy and accomplish the mission is the FSMT.

(b) *Medical evacuation standby.*

1. *Organization.* The principal element that accomplishes a MEDEVAC mission is the individual aircraft and crew. Therefore, the focus of this portion of the SOP will be at the AA crew level.

2. *Aircrews.*

- Normal aircrew alert shift is 24 hours commencing at 1800 local time. For missions requiring night vision goggle (NVG) support, the shift will commence 1 hour prior to evening nautical twilight through 1 hour before morning nautical twilight.

- In accordance with regulatory requirement, aircrews will be designated by the commander as a day, unaided night, or NVG crew and briefed for each mission. Day/unaided night crews will perform mission, as required, during normal shift.

- Aircrew duty rosters will be established and posted in accordance with the flight platoon/FSMT leaders.

- A ready area will be established and designated by the flight platoon/FSMT leader in a central location to flight operations and/or aviation operations area.

3. *Aircraft configuration.* Aircraft will be configured (as required) into four basic configurations with all mission essential equipment. It should be noted that the aircraft may also be configured with the internal rescue hoist.

- One—3 litter/4 ambulatory patients.
- Two—6 litter patients.
- Three—9 ambulatory patients.
- Four—4 litter patients.

4. *Medical equipment sets.* Medical equipment sets will be configured in accordance with established MEDEVAC configuration.

(c) *Medical evacuation mission essential equipment.*

1. Six litters are part of the medical equipment set (AA). The aircraft will be configured in accordance with METT-TC. Only cotton litters will be utilized for United States Air Force (USAF) transfers.

2. New litters will be procured through the supporting medical logistics element.

3. Litter exchange will be accomplished on a one-for-one basis.

(d) *Medical equipment set (air ambulance).* This set is procured in accordance with MEDEVAC configuration sheets.

(e) *Medications.* The unit will follow formularies designed by higher headquarters.

(f) *Medic's aide bag.*

(g) *Intravenous solutions.* The unit will carry a basic load of intravenous solutions, tubing, and needles as required, including—

1. Lactated ringers.

2. Sodium chloride—9 percent.

3. Sterile water.

4. Syringes/needles. Syringe/needle security procedures will be established by the AA platoon sergeant and/or the FSMT. At a minimum, needles will be secured in the medical equipment set and inventoried daily.

(h) *High performance hoist, jungle penetrator, and/or SKED litter.*

(i) *Oxygen bottles (D size).*

(j) *Water (5-gallon can).*

(k) *Chemical agent alarm.*

(3) “*Second Up.*”

(a) *Organization.* “Second Up” will be considered the next aircrew to be on standby during a normal duty shift. “Second Up” will become the primary MEDEVAC standby crew when the first crew departs for a mission.

(b) *Operations.* Designated “Second Up” crews must stay in communication with flight operations, the flight platoon leader, or the deployed FSMT leader throughout the period of “Second Up” designation.

f. *Annex F, Administration and Personnel.* This annex outlines procedures relating to administrative and personnel matters and associated activities. The administrative and personnel functions will be as required by higher headquarters. As identified in paragraph 3-2h(2), the individual responsible for administrative and personnel functions will be an additional duty as appointed by the company commander.

g. *Annex G, Intelligence and Security.* This annex pertains to intelligence requirements and procedures and OPSEC considerations (see paragraph 3-2d).

(1) *Intelligence.* The flight operations officer has the responsibility of collecting information to assist the commander in reaching logical decisions as to the best courses of action to pursue. Essential elements of information (EEI) include, but are not limited to, the location, type, and strength of the air defense threat and location and type of defense radars known. In addition to EEI, the commander’s critical intelligence requirements are also considered.

(2) *Intelligence reports.* The flight operations officer is responsible for disseminating all applicable estimates, analyses, periodic intelligence reports, and intelligence summaries generated within the battalion or received from higher headquarters. Information on submission of reports and suspenses on intelligence products and reports should also be addressed in this appendix.

(3) *Weather data.* Weather conditions can disrupt air and ground evacuation efforts; therefore, AA companies must have accurate and timely weather information.

(4) *Reports.* These include information acquired during the routine performance of duty by pilots, ambulance drivers, and medics.

(5) *Counterintelligence.*

(a) *Camouflage.* When ordered or directed by the tactical commander, all units will initiate and continually strive to improve camouflage operations of positions, vehicles, and equipment. Noise and light discipline is emphasized at all times.

(b) *Communications security.* These measures will be enforced at all times. The specific requirements and considerations are included.

(c) *Signs and countersigns.* This paragraph lists the signs and countersigns to be used during hours of darkness. It also includes reporting requirements and procedures if the sign/countersign is lost or compromised.

(d) *Signal operation instructions.*

(e) *Document security.* This paragraph discusses the procedures for marking and safeguarding classified material, both working documents and completed documents. (Reporting requirements in the event of a compromise are also included.)

(f) *Captured personnel, equipment, supplies, and documents.* This appendix provides specific guidance on the handling of captured personnel, equipment, supplies, and documents. The disposition of captured medical equipment and supplies is governed by the Geneva Conventions and is protected against intentional destruction.

(g) *Security.* This appendix discusses weapons security and checks, aircraft security, SOI/ANCD (communications) security, CP security, the Sensitive Item Status Report, and escape and evasion.

h. *Annex H, Operations.* This annex establishes procedures for operations within the company and provides a basis for standardization of MEDEVAC operations in a tactical environment. It is essential that these procedures be standardized to ensure common understanding, facilitate control and responsiveness, and enhance mission accomplishment. Information on readiness, threat, and warning levels, camouflage, security, area damage control, and operations is also included.

(1) *Operational situation report.* Requirements for format, preparation, and submission of this report are discussed in this appendix.

(2) *Operations security.* This appendix provides the guidance and procedures for secure planning and conducting combat operations.

(a) *Essential elements of information and classification.*

(b) *Responsibilities.* The commander is ultimately responsible for denying information to the enemy. The flight operations officer is responsible to the commander for the overall planning and execution of operations. He has the principal staff interest in assuming the required degree of OPSEC and has the primary staff responsibility for coordinating the efforts of all other staff elements in this regard. The flight operations officer is responsible for the preparation of the EEI and providing classification guidance. Additionally, he identifies the priorities for the OPSEC analysis and develops OPSEC countermeasures.

(c) *Hostile intelligence threat.* The different sources of intelligence (human intelligence, signal intelligence, and so forth) are discussed.

(d) *Operations security program.* This includes physical security, information security, SIGSEC, and deception.

(e) *Document downgrading/declassification and classification authority.*

(3) *Operations security and countermeasures.* This appendix discusses camouflage, light discipline, noise discipline, physical security, information security, and SIGSEC.

(4) *Unit location update.* This appendix provides timely information on the location of main and forward CPs, subordinate unit CPs, helipads, and POL points.

(5) *Flight operations.* This appendix provides information concerning Army aviation LZs throughout the corps area; required reports; and mission debriefing.

(6) *Communications-electronics.* This appendix establishes communications policies, procedures, and responsibilities for the installation, operation, and maintenance of communications-electronics equipment.

(7) *Responsibilities of the company communications-electronics NCO in charge.*

(a) Concept of operations.

(b) Command and control.

(c) Radio communications.

(d) Radio teletypewriter communications.

(e) Message/communications center.

(f) Message handling procedures.

(g) Wire communications.

(h) Switchboard operations.

(i) Communications security.

(j) Intelligence security.

(k) Meaconing, intrusion, jamming, and interference reporting and communications-electronic countermeasures.

(l) Security violations. This prescribes procedures for reporting any event or action which may have jeopardized the security of communications.

(m) Destruction of material.

(n) Daily shift inventory.

(o) Physical security.

(p) Transmission security.

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(q) Security areas. This discusses access procedures and rosters, access approval requirements, and prohibited items.

(r) Inventory of classified documents.

(s) Communications security officers and custodians. The appointment procedures, orders requirements, and duties of personnel are described.

(t) Safety.

(u) Power units.

i. *Annex I, Nuclear, Biological, and Chemical Defense.* This annex prescribes the policy, guidance, and procedures for NBC defensive operations.

(1) *Responsibilities.*

(2) *Nuclear, biological, and chemical reporting requirements and procedures.*

(a) *Patient evacuation in a contaminated environment.*

(b) *Contamination avoidance.*

(c) *Protection.* Protection pertains to those measures each soldier must take before, during, and after an NBC attack to survive and continue the mission.

(d) *Decontamination.* This discusses equipment requirements, procedures, and types of decontamination (such as immediate).

(e) *Mission-oriented protective posture.* This appendix provides guidance on the garments required for the different mission-oriented protective posture (MOPP) levels and identification procedures for personnel in MOPP.

(f) *Radiation exposure guide.* Establishes operational exposure guide. Discussion in this appendix includes, but is not limited to, determining what constitutes a radiological hazard, prescribing acceptable limits of potential casualty-producing doses of radiation, minimizing exposure, and protecting against electromagnetic pulses.

j. *Annex J, Logistics.* This annex must address all classes of supply. It establishes unit logistics priorities and procedures.

(1) *Supply and services.* A discussion of applicability, responsibilities, policy, classes of supply, requisition and delivery procedures, hours of operation, and other supply-relevant topics and available services (such as laundry and bath) can be addressed in this section.

(2) *Food service.* This appendix discusses responsibilities, hours of operation, Class I supplies, sanitation requirements, layout of field kitchen, fuel storage, maintenance, safety precautions, and administration, such as headcounts, required reports, shift schedules, meals ready to eat, and inspections/visits of subordinate unit kitchens.

(3) *Transportation/movement requirements.* This appendix may cover the following areas: applicability, responsibilities, and policies on speed, vehicle markings, transporting flammable materials, transporting ammunition and weapons, and so on; convoy procedures; safety; and accident reporting.

(4) *Supply accountability.* This appendix discusses the classes of supplies to include the procedures for each class of supply.

(5) *Field hygiene and sanitation.* This appendix provides uniform guidance and procedures for the performance of functions related to field hygiene and sanitation. It includes policies, communicable disease control, field water supply, water containers and cans, water purification bags, food sanitation, latrines, liquid waste disposal, and garbage and rubbish disposal.

(6) *Conventional ammunition download/upload procedures.* This appendix delineates responsibilities and provides guidance and procedures for the requisition, storage, and distribution of ammunition and weapons, reporting requirements, and safety.

(7) *Petroleum, oils, and lubricants accounts.*

(8) *Medical logistics support.* The health service logistics concept of operations, requisition and distribution procedures, accountability, and reports are provided in this appendix.

(9) *Maintenance.* This appendix includes information on the maintenance requirements of the company and the location and hours of operation of supporting maintenance units and collection points. Maintenance for medical equipment, vehicles, aircraft, and communications, and other categories of equipment are discussed.

k. Annex K, Safety. This annex establishes minimum essential safety guidance for the commander and unit/section. It includes accident reporting, safety measures, emergency procedures, vehicle safety, ground guide procedures, fire prevention and protection, antennas, climate, survival training, animal and arthropod hazards, personal protective measures, hearing conservation, carbon monoxide poison, helicopter safety, and refueling operations.

l. Annex L, Civil-Military Operations. This annex discusses participation in civil-military operations (CMO). Medical elements are often involved in CMO, humanitarian assistance, and disaster relief operations. The activities which may be covered include providing DS for MEDEVAC, providing guidance on developing a MEDEVAC system in a HN, and providing training to a HN's medical infrastructure.

m. Annex M, Mass Casualty Situations. This annex discusses the procedures for providing MEDEVAC support to MASCAL situations, to include coordination for nonmedical transportation assets and the augmentation of these assets with medical personnel to provide en route patient care.

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n. Annex N, Hoist Operations. This annex discusses unit hoist operations. See TM 1-1520-237-10, Training Circular (TC) 1-211, and TC 1-212.

o. Annex O, Helicopter Shipboard Operations. This annex discusses unit helicopter shipboard operations. See FM 1-564 and Naval Warfare Publication (NWP) 42 (Rev. J).

p. Annex P, Combat Search and Rescue Operations. This annex discusses unit CSAR operations. See FM 1-100 and JP 3-04.1.

APPENDIX B

**THE FORWARD SUPPORT MEDICAL EVACUATION
TEAM LEADER'S GUIDE****B-1. General**

The FSMT of the AA company provides aeromedical evacuation to all categories of patients consistent with evacuation precedences and other operational considerations. It is designed to be a light and mobile element that is capable of relocating frequently with its supported units. The FSMTs provide medical evacuation of patients from the POI, BAS, or AXP, to brigade MTFs. The ASMS provides medical evacuation from the FSMC to a corps-level MTF.

B-2. Capabilities

- a.* The FSMT consists of three UH-60A aircraft, each with a four-man crew that provides—
- (1) Continuous 24-hour operation.
 - (2) Aeromedical evacuation and in-flight medical care of patients.
 - (3) Rapid movement of medical personnel.
 - (4) Delivery of blood products, medical supplies, and medical equipment.
 - (5) On-call support (from a laager site or by accompanying the AASLT TF) for AASLT operations.
 - (6) Combat search and rescue operations.
 - (7) Refueling of aircraft.
- b.* When tasked organized, the FSMT can be augmented with a—
- (1) Flight operations clerk.
 - (2) Forward area refueling equipment team.
 - (3) Technical inspector.

B-3. Location of the Forward Support Medical Evacuation Team

a. The location of the FSMT is METT-TC dependent; however, it is usually collocated with the headquarters and headquarters detachment, FSB, or the FSMC within the BSA when in support of a division.

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b. The FSMT is most efficiently deployed when collocated with the FSB headquarters support operations cell IF mission information is available at that location. The FSMT can augment the supporting cell with their flight operations specialist to support the increased requirements.

c. When the FSMT is operating independently of the AA company, it will require maintenance, communication, logistical, intelligence, and security support.

d. In a TF scenario for contingency operations, the FSMT should be collocated with the aviation TF to facilitate—

- (1) Army airspace command and control.
- (2) Aviation intermediate maintenance.
- (3) Class IX repair parts.
- (4) Gunship escort.
- (5) Downed aircraft recovery operations.

B-4. Command and Control Relationships

Table B-1 reflects the C2 relationships between the FSMT and the supported units. The specific C2 relationship will be addressed in the OPLAN.

Table B-1. Command and Control Relationships

	RECEIVES MISSIONS AND TASKS FROM:	UNDER THE COMMAND OF:	UNDER THE CONTROL OF:
GENERAL SUPPORT	SUPPORTED GROUND UNIT	AA CO	HQ RECEIVING GS
DIRECT SUPPORT	SUPPORTED GROUND UNIT	AA CO	HQ RECEIVING DS
OPCON	SUPPORTED GROUND UNIT	AA CO	DIRECTED BY HQ EXERCISING OPCON

**This paragraph implements STANAGs 2087 and 3204,
QSTAG 529, and AIR STDs 44/36A and 61/71.**

B-5. Medical Evacuation Support

a. Definition. Medical evacuation support is the process of moving patients from the POI or illness to an MTF or between MTFs. Each stop in the process provides medical treatment to enhance the patient's early return to duty or to stabilize him for further evacuation.

b. Principles of Evacuation.

- (1) Rapid and efficient movement to MTFs.
 - (a) Minimize fatalities.
 - (b) Speed return to duty.
 - (c) Clear the battlefield.
 - (d) Build morale.
- (2) En route care is essential for optimum success.
 - (a) Increases survival chance of critical patients.
 - (b) Lessens additional injuries during transport.
 - (c) Provides continuous care.
- (3) Higher evacuates from lower.
- (4) Evacuation assets must have equal or greater mobility.
- (5) A single, dedicated MEDCOM authority is needed for management.
- (6) Considerations for selecting the appropriate mode of evacuation.
 - (a) Patient/casualty condition.
 - (b) Availability of resources.

(c) Destination of MTF.

(d) Tactical situation.

(e) Weather.

c. *Considerations for Evacuation Planning.*

(1) Patient's condition/status.

(2) Mission, enemy, terrain, troops, time available, and civilian considerations.

(3) Risk assessment.

(4) Location and type of MTFs available.

(5) Protection under the Geneva Conventions.

(6) Army airspace command and control plan.

(7) Time and distance factors.

(8) Weather conditions.

(9) Others.

(a) Tactical commander's plan.

(b) Anticipated patient load.

(c) Expected areas of patient density.

(d) Medical evacuation resources available.

d. *Categories of Precedence for Evacuation.*

(1) Priority I—URGENT is assigned to emergency cases that should be evacuated as soon as possible (within a maximum of 2 hours) to save life, limb, or eyesight, to prevent complications of serious illness, or to avoid permanent disability.

(2) Priority IA—URGENT-SURG is assigned to patients who must have far forward surgical intervention to save life and stabilize for further evacuation.

(3) Priority II—PRIORITY is assigned to sick and wounded personnel requiring prompt medical care. This precedence is used when the individual should be evacuated within 4 hours or his

medical condition will deteriorate to such a degree that he becomes an URGENT precedence, or whose requirements for special treatment are not available locally, or who will suffer unnecessary pain or disability.

(4) Priority III—ROUTINE is assigned to sick and wounded personnel requiring evacuation but whose condition is not expected to deteriorate significantly. The sick and wounded in this category should be evacuated within 24 hours.

(5) Priority IV—CONVENIENCE is assigned to patients for whom air evacuation is a matter of medical convenience rather than necessity.

B-6. Aeromedical Evacuation Requests

a. Communication Capability.

(1) The ability to effectively communicate is essential for the successful accomplishment of the MEDEVAC mission. The FSMT does not have an organic communications capability and is dependent upon the supported unit for this vital function.

(2) A dedicated net with a secure capability (MSE, FM SINCGARS, and tactical satellite) is required in order to pass a MEDEVAC request.

b. Request Format.

(1) The format for all MEDEVAC requests is the standard nine-line format as per FM 8-10-6.

(2) A decision to request MEDEVAC places certain responsibilities on the requesting unit in the overall evacuation effort. The unit should—

(a) Ensure the tactical situation permits successful evacuation.

(b) Ensure that patients are ready for pickup when the request is submitted and provide patient information as required.

(c) Move patients to the safest aircraft approach and departure point if they are to be evacuated by air.

(d) Ensure that ground personnel are familiar with the principles of helicopter operations.

(3) Medical evacuation request can be received on one of the following nets:

(a) Administrative/logistics net.

(b) Dedicated CHS net.

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- (c) Forward support medical company net.
- (d) Designated MEDEVAC net as per the SOI/ANCD.

(4) The FSMC commander and the TF brigade surgeon will coordinate with the FSMT to designate the best net to process all MEDEVAC requests. Normally, all MEDEVAC requests are called into the FSMC. The FSMC surgeon determines the required mode of evacuation (air or ground) and, if by air, the FSMC notifies the FSMT via a secure net. The FSMT receives the latest intelligence information and executes the mission.

B-7. Nondivisional Aviation Intermediate Maintenance

Nondivisional AVIM companies, normally located in the corps area, support corps nondivisional aviation assets and reinforcing divisional AVIM companies. The nondivisional AVIM company provides the full scope of support services to nondivisional aviation units. In its reinforcing role and as the need arises, it also performs all the functions normally tasked to the divisional AVIM in support of its aviation brigades. This support includes forward team maintenance and recovery operations. All divisional AVIM units are structured to transfer 25 percent of their workload to their supporting nondivisional AVIM unit. The aviation maintenance battalion manages the cross leveling of nondivisional work.

B-8. Army Airspace Command and Control

The intent of A2C2 is to coordinate the efficient employment of airspace users to accomplish the ground commander's mission by means of deliberate planning and execution of tasks. Simply stated, the objective of A2C2 is to maximize combat effectiveness and reduce fratricide.

a. The A2C2 system involves four basic functional activities—C2, fire support coordination, air defense, and air traffic control. The A2C2 element—

- (1) Is located within the CPs at each tactical echelon.
- (2) Is manned by personnel from other staff sections.
- (3) Is responsible for determining how the commander's airspace needs can be met at each echelon.
- (4) Provides a vertical and horizontal channel through which airspace control information and requirements are coordinated/disseminated.
- (5) Involves the following:
 - (a) Identifying/resolving airspace user conflicts.

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- (b) Maintaining A2C2 overlays.
- (c) Developing A2C2 procedures, plans, SOPs, and annexes.
- (d) Coordinating/integrating airspace use requirements with other components/adjacent units.
- (e) Approving/staffing requests for airspace control measures.
- (f) Advising subordinate/higher headquarters of significant activities affecting airspace use.

b. The A2C2 elements by echelon are the—

(1) *Numbered Army*. The G3 of the field Army is staff proponent for A2C2 matters. The A2C2 focus at this level is development and implementation of joint force (theater) airspace control plans, broad policies, and procedures.

(2) *Corps/division*.

- (a) Dedicated A2C2 element.
- (b) Assistant chief of staff responsibility.
- (c) Assistant chief of staff air-supervisory responsibility.

(d) Main CP A2C2 representatives/members, G3 air, fire support element representative, Air Force Tactical Air Control Party representative, ADA element representative, air traffic services liaison element representative, aviation element representative, G2 collection management section representative (as required), Assistant Chief of Staff, G4 (Logistics) section representative (as required), air naval gunfire liaison company representative, and others as required.

(3) *Brigade/battalion*.

- (a) No dedicated A2C2 element.
- (b) Brigade may retain responsibility for battalion's A2C2 functions.
- (c) Operations and training officer staff responsibility.
- (d) Operations and training officer air-supervisory responsibility.

(e) Members may include S3 air, fire support officers, air LNO, LNOs (aviation ADA), S2, and others as required.

c. *The G3 Air/Assistant G3 Air*. The G3 air is normally located in the main CP and is under the staff supervision of the G3. The description of duties and responsibilities addresses only those associated

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with airspace management. Duties and responsibilities of the G3 air/assistant G3 air concerning airspace C2 are that he—

- (1) Serves as the management focal point within the A2C2 element for the implementation of the airspace control system.
- (2) Supervises the actual operations of the A2C2 element.
- (3) Coordinates Army airspace user requirements with maneuver fire support operations.
- (4) Consolidates and deconflicts lower unit airspace user requirements/ requests.
- (5) Develops and recommends airspace control measures concerning air support—minimum risk routes (MRR), close air support, contact points, and initial points.
- (6) Advises operations of the impact of airspace control measures/activities, to include ROZ, coordination altitudes, high density airspace control zones, ROEs, MRR, and standard-use Army aircraft flight routes.

B-9. Risk Management

a. Risk Management. Risk management is the process of making operations safer without compromising the mission. For additional discussion, see Appendix F.

b. Risk Management Rules. Three rules guide the risk management process. They are—

- (1) *Accept no unnecessary risk.* An unnecessary risk is one that, if eliminated, still allows mission accomplishment.
- (2) *Make risk decisions at the proper level.* Make risk decisions consistent with the commander's guidance and unit SOPs. The team leader responsible for the mission should make the risk decisions.
- (3) *Accept risks if benefits outweigh the costs.* Necessary risks must be taken to accomplish the mission. Risk taking requires a decision-making process that balances mission benefits with costs.

c. Risk Management Process. There are five steps to the risk management process. They are—

- (1) *Identify the risks.* Identify specific risks associated with all specified and implied tasks. Determine the hazards causing these risks. Consideration of METT-TC factors can help identify risks and is crucial to the second step of assessing risks.
- (2) *Assess the risks.* Determine the magnitude of risks. This includes an estimate of loss, cost, and probability. The METT-TC format provides an excellent guideline of factors to consider in risk assessment. Consider the following aspects:

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- (a) Mission—complexity and difficulty.
- (b) Enemy—equates to specific hazards identified.
- (c) Terrain—all aspects of the physical environment including weather and visibility.
- (d) Troops—includes supervision, experience, training, morale, endurance, and equipment.
- (e) Time—time available for execution, planning, and preparation.
- (f) Civilian considerations.

(3) *Make decisions and develop controls.* Balance risk benefits against risk assessments and eliminate unnecessary risks. Reduce the magnitude of mission-essential risks through the application of controls. Controls range from hazard awareness to the development of detailed operational procedures. Involve the chain-of-command if necessary risks or controls prevent assigned mission requirements.

(4) *Implement controls.* Integrate specific controls into plans, orders, SOPs training performance standards, and rehearsals. Knowledge of controls down to the individual soldier is essential.

(5) *Supervise.* Enforce controls and standards. This is key. Evaluate mission progress and changes to METT-TC, then begin appropriate corrective action. After mission completion, evaluate risks, decisions, and controls for inclusion in lessons learned.

d. Countermeasure Options.

(1) *Eliminate the hazard.* Eliminate the hazard totally, if possible, or substitute a less hazardous alternative.

(2) *Control the hazard.* Reduce the magnitude of the hazard or provide containment or barriers.

(3) *Change operational procedures.* Modify operational procedures to minimize risk exposure consistent with mission needs.

(4) *Educate.* Train personnel in hazard recognition and avoidance.

(5) *Motivate.* Motivate personnel to use effective hazard avoidance actions.

e. Landing Sites. The FSMT leader must coordinate with the supported unit to determine the set up and marking of PZs and LZs. If available, the safety officer should accompany the FSMT leader when establishing the PZs and LZs. The FSMT leader, with the supported units, should address selection criteria, markings, communications, and signaling procedures. Landing sites that must be addressed include the FSMC, AXPs, and BAS landing sites.

f. Review.

APPENDIX C

LIAISON OFFICER CHECKLIST AND BRIEFING**C-1. Purpose**

This appendix provides two suggested formats for use by the LNO. Paragraph C-2 presents a suggested format for the LNO checklist. It contains a list of required equipment for effective LNO operations, as well as a list of information needed and actions to take at both the parent headquarters and the supported unit. Paragraph C-3 is a suggested format for the LNO briefing. This briefing contains essential information the LNO should provide to the supported unit commander or point of contact as soon as possible after arriving at the supported unit. These are intended only as suggested formats and may be modified as the situation dictates.

C-2. Suggested Format for the Liaison Officer Checklist

1. REQUIRED EQUIPMENT. THIS EQUIPMENT LIST IS THE MINIMUM ESSENTIAL EQUIPMENT FOR AN LNO TO SUSTAIN OPERATIONS AND PROVIDE ESSENTIAL SUPPORT:
 - A. VEHICLES TO MATCH THE MOBILITY OF THE SUPPORTED UNIT.
 - B. CAMOUFLAGE (IF REQUIRED) TO COVER VEHICLE.
 - C. COMMUNICATIONS EQUIPMENT CAPABLE OF REACHING PARENT UNIT FROM SUPPORTED UNIT. MUST INCLUDE REMOTE OPERATION CAPABILITY AND SPARE BATTERIES.
 - D. TENTAGE.
 - E. MAPBOARD OF THE AO.
 - F. GLOBAL POSITIONING SYSTEM.
 - G. NIGHT OBSERVATION DEVICES (IF AVAILABLE).
 - H. PAPER, ACETATE, ALCOHOL, SHOP TOWELS, PENS, PAPER, ALCOHOL MARKERS, AND TAPE.
 - I. CLASS I SUPPLIES.
 - J. A CURRENT SOI/ANCD.
 - K. REFERENCE MATERIALS (TYPE OF REFERENCE MATERIAL WILL VARY DEPENDING ON THE MISSION).
 - L. SIGNALING DEVICES (STROBE LIGHTS, INFRARED CHEMICAL LIGHTS, BEANBAG LIGHTS).
 - M. RADIOTELEPHONE OPERATOR.

2. ACTIONS PRIOR TO DEPARTURE TO SUPPORTED UNIT.
 - A. LOCATION OF SUPPORTED UNIT.
 - B. POINT OF CONTACT (BY NAME IF POSSIBLE).
 - C. FREQUENCY AND CALL SIGN OF SUPPORTED UNIT.

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- D. CHALLENGE AND PASSWORD OF SUPPORTED UNIT.
- E. CURRENT UNIT STATUS.
 - AIRCRAFT STATUS.
 - PERSONNEL STATUS/CREW CYCLES.
 - COMMUNICATIONS.
 - SECURITY EQUIPMENT.
- F. LOCATIONS.
 - SUPPORTED UNIT'S TOC (CURRENT AND FUTURE).
 - SUBORDINATE UNITS.
 - FORWARD ARMING AND REFUELING POINT (FARP) (CURRENT AND FUTURE).
- G. INTELLIGENCE UPDATE.
 - ENEMY SITUATION.
 - KNOWN LOCATIONS.
 - PROBABLE COURSES OF ACTION (COAS).
 - WEATHER OUTLOOK FOR THE ANTICIPATED MISSION TIMES.
- H. MISSION.
 - SPECIAL EQUIPMENT REQUIREMENTS.
 - UNDERSTANDING OF THE MISSION AND COMMANDER'S INTENT.
 - COPY OF GRAPHICS AND OPORD.
 - READINESS CONDITION STATUS.
- I. GENERAL INFORMATION.
 - FRIENDLY AIR DEFENSE ARTILLERY LOCATIONS.
 - FRIENDLY GROUND UNITS IN THE AO (CALL SIGNS AND FREQUENCIES).
 - DECONTAMINATION SITES.
 - MEDICAL SUPPORT IN THE AO.
 - DECISION POINTS TO LAUNCH THE MISSION.
 - BOUNDARIES AND REQUIRED COORDINATION.
 - ARMED ESCORT AVAILABILITY (CALL SIGN AND FREQUENCY).

3. ACTIONS AT SUPPORTED UNIT.
 - A. DETERMINE LOCATIONS OF CHS ELEMENTS IN THE DSA/BSA.
 - B. DETERMINE THE FRONT LINE TRACE OF FRIENDLY UNITS.
 - C. FIND OUT THE LOCATION OF ALL ARTILLERY POSITION AREAS FOR ALL FIRING BATTERIES.
 - D. DETERMINE THE LOCATIONS OF ALL FRIENDLY ADA ASSETS OPERATING IN THE AO.
 - E. BRIEF POINT OF CONTACT ON THE CAPABILITIES OF THE AVIATION ASSETS SUPPORTING HIM.
 - F. DETERMINE THE GROUND TACTICAL PLAN (GROUND SCHEME OF MANEUVER).
 - G. DETERMINE SUPPORTED UNIT'S COMMUNICATIONS PLAN.
 - H. COORDINATE AIRSPACE FOR THE AIRCREWS OPERATING IN THE AO.
 - I. DETERMINE H-HOUR.

C-3. Suggested Format for the Liaison Officer Briefing

1. INTRODUCTION.
 - A. CLASSIFICATION OF THE BRIEFING.
 - B. PURPOSE OF THE BRIEFING.
 - C. WHAT UNIT THE LNO IS FROM.
2. INTELLIGENCE.
 - A. ENEMY ACTIONS IN AND AROUND THE SUPPORTING AVIATION UNIT'S AA (PAST 24 TO 48 HOURS).
 - B. EXPECTED ENEMY CONTACT IN THE AVIATION UNIT'S AO.
 - C. AVIATION CONSTRAINTS THAT MAY AFFECT THE MISSION (WEATHER).
3. OPERATIONS.
 - A. CURRENT LOCATION OF THE SUPPORTING AA COMPANY.
 - B. LOCATION OF SUPPORTING AA COMPANY IN THE NEXT 24 TO 48 HOURS.
 - C. ATTACHMENTS TO THE AA COMPANY.
 - D. DETACHMENTS FROM THE AA COMPANY.
 - E. COMMITTED AIRCRAFT NOT AVAILABLE FOR SUPPORT (MAINTENANCE).
 - F. NUMBER AND TYPE OF AIRCRAFT AVAILABLE TO SUPPORT THE MISSION.
 - G. NUMBER OF DAY AND NIGHT CREWS AVAILABLE FOR THE MISSION.

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4. LOGISTICS.
 - A. CURRENT AIRCRAFT STATUS.
 - B. EXPECTED AIRCRAFT STATUS IN THE NEXT 24 TO 48 HOURS.
 - C. CURRENT FUEL STATUS.
5. COMMAND AND SIGNAL.
 - A. CALL SIGN AND FREQUENCY OF AA COMPANY AND LNO.
 - B. CURRENT CHAIN OF COMMAND.
 - C. PLANNED LOCATION OF THE LNO—BEFORE, DURING, AND AFTER THE OPERATION.
 - D. PROCEDURAL AND POSITIVE CONTROL MEASURE(S) THAT EXIST IN THE SUPPORTED UNITS AO (A2C2).
6. CROSS COORDINATION (THINGS THE LNO SHOULD GET FROM THE SUPPORTED UNIT).
 - A. PLANNING TIME LINE.
 - B. MISSION (TWO LEVELS UP).
 - C. COMMAND RELATIONSHIPS.
 - D. INITIAL PLANNING GRAPHICS.
 - E. CALL SIGN AND FREQUENCIES.
 - F. TIME HACK.
7. SUMMARY. ONCE THIS INFORMATION HAS BEEN RECEIVED, THE LNO SHOULD RETURN TO THE PARENT AVIATION UNIT AND CONTINUE TO GO BETWEEN THE SUPPORTED UNIT AND THE PARENT UNIT AS NECESSARY TO COORDINATE MISSION DETAILS AND CONDUCT MISSION COORDINATION.

APPENDIX D

COMMANDERS' CHECKLIST**Section I. PERSONNEL CHECKLIST—MOBILIZATION****D-1. Personnel and Administration**

- a.* Maintain individual records alphabetically by last name. If records are maintained by an activity separate from the unit, provide that activity an updated personnel roster as of the 15th of each month to arrive not later than the 20th. Reserve Component units use the most current DA Form 1379.
- b.* Identify nondeployable personnel and initiate procedures for reassignment and/or separation.
- c.* Identify and color code all reference publications to be taken with the unit upon deployment.
- d.* Maintain personnel readiness folders and review them quarterly.
- e.* Ensure that unit members' identification tags and Geneva Convention cards are on hand and are in serviceable condition.
- f.* Identify files to accompany the unit in case of deployment, as well as those to be destroyed.
- g.* Maintain a 60-day supply of blank forms for deployment.
- h.* Maintain a deployment set of DA Form 3955 on all assigned personnel in alphabetical order.
- i.* Appoint a (unit) family member's assistance officer.
- j.* Conduct personal affairs briefing according to AR 220-10.
- k.* Identify personnel shortages by grade and MOS.
- l.* Submit requisition for personnel shortages.
- m.* Ensure that assigned personnel have enrolled their dependents in the Defense Eligibility Enrollment Reporting System.
- n.* Ensure that dependent care plans are on file and adequate for service members who are sole parents, or are married to another service member and have children.
- o.* Appoint unit mail clerk.
- p.* Requisition and maintain recreational equipment and supplies.
- q.* Appoint a unit safety officer and NCO.

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- r.* Maintain in a current status the personnel data cards for all personnel assigned.
- s.* Appoint a unit records management coordinator to pick up and transport the unit's individual records (personnel, medical, dental, and finance) in case of a deployment.
- t.* Ensure assigned personnel maintain current MOS evaluation scores; where personnel have failed to verify their MOS, conduct training in deficient tasks.
- u.* Establish procedures to recall personnel absent from the unit in the event of increased readiness conditions.
- v.* Obtain sufficient boxes to carry unit files and personnel, dental, and medical records.

D-2. Finance

- a.* Maintain a current roster of all assigned personnel.
- b.* Ensure that orders for purchasing officer and Class A agent are current and that each individual is thoroughly briefed on his duties.
- c.* Upon mobilization, ensure that the Class A agent contacts the mobilization station finance and accounting office (FAO) and identifies any immediate finance requirements.
- d.* Establish contact with FAO upon arrival at the mobilization station to enhance personnel processing.
- e.* Arrange for emergency financial assistance as required.
- f.* Advise personnel to adjust or initiate allotments for dependents, as appropriate.
- g.* Upon mobilization and deployment notification, advise personnel of the amount of cash and/or credit cards they should bring.

D-3. Medical

a. Ensure that the home station MTFs and dental treatment facilities (supporting mobilization/deployment operations) record the deploying soldier's essential health- and dental-care information on DA Form 8007. The health record (DA Form 3444 or DA Form 8005-series) folders of deploying soldiers will not accompany them to combat areas. For additional information, see AR 40-66.

(1) The preparation and use of DA Form 8007 is applicable to deploying military personnel as well as civilian employees who may accompany the unit.

(2) If the health record is not available, DA Form 8007 will be completed based on soldier interviews and any other locally available data.

(3) The company will maintain the DA Form 8007 for reference as needed. The field file will consist of, in part, DA Form 8007, and possibly, SF 600, SF 558, SF 603, or DD Form 1380.

- b.* Ensure that immunizations for unit personnel are current.
- c.* Verify temporary physical profiles every 3 months.
- d.* Maintain a record copy of all permanent physical profiles.
- e.* Ensure all personnel requiring spectacles have at least two pairs, as well as optical inserts for their protective mask.
- f.* Ensure that each individual has a duplicate panoramic dental X ray on file.
- g.* Requisition and maintain medical supplies based upon MTOE, mission(s), and contingency plans.
- h.* Ensure that each individual has an ample supply of all personal medications and other personal supplies.
- i.* Ensure that the correct blood type is posted to individual records.
- j.* Request information on the medical threat in the deployment area.

D-4. Discipline, Law, and Order

- a.* Prepare plans for security of unit equipment, weapons, and ammunition.
- b.* Designate unit physical security officer.
- c.* Brief unit personnel on the policy that prohibits bringing privately owned firearms to the mobilization station.
- d.* Conduct a shakedown inspection for contraband prior to movement to the mobilization station.
- e.* Dispose of privately owned vehicles (POVs), firearms, pets, and other personal property.

D-5. Religion

- a.* Ensure that religious services are available.
- b.* Provide necessary training for chapel activity specialists.

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- c. Obtain appropriate religious equipment and supplies.

D-6. Legal

- a. Obtain assistance from the servicing legal office in preparing unit for deployment.

- b. Dispose of all military justice and administrative proceedings. Determine which personnel are nondeployable due to administrative or military justice actions. Nondeployable personnel can include witnesses, court members, and other personnel who are not the subject of the administrative or military justice action.

- c. Obtain assistance from the servicing legal office for all other command issues. Those issues could involve administrative and civil law matters, claims, contracting issues, and international law issues.

- d. Obtain the support of the servicing legal office for the following matters:

- (1) *Legal briefing*—A legal briefing for unit personnel and family members that covers all the legal areas a family should be concerned with. This briefing specifically includes discussion on wills and powers of attorneys.

- (2) *Consultation*—An opportunity to obtain a will and power of attorney and assistance with any other family legal issues. A will and power of attorney are optional; not mandatory.

D-7. Public Affairs

- a. Make provisions to recall unit personnel through the use of electronic media outlets; that is, radio and television stations.

- b. Brief personnel on the nature and background of the emergency that has required the mobilization.

- c. Brief unit personnel on the history, geography, religion, language, and customs of the country or area of eventual military operations.

- d. Make sure assigned personnel are aware of required actions to take if contacted by members of the news media.

- e. Inform personnel of actions to take and agencies available to support their family members after mobilization; for example, legal assistance, health care, financial arrangements, and so forth.

- f. Advise personnel not to discuss sensitive information outside of the unit; for example, movement dates, times, departure points, troop lists, means of transportation, special training, special equipment, status of morale, and so forth.

Section II. OPERATIONS CHECKLIST—MOBILIZATION

D-8. Operations

- a.* Maintain current alert notification rosters (both telephonic and nontelephonic); update monthly and conduct alert exercises periodically.
- b.* Brief key personnel on contingency plans and exercise requirements.
- c.* Report attainment of deployability posture according to FORSCOM alert and deployment procedures and plans and policies of the mobilization site.
- d.* Monitor unit preparation for oversea movement operations and request guidance and assistance as required.
- e.* Provide current access roster to the EOC and update as needed.
- f.* Prepare company movement plans.
- g.* Establish liaison and communications with the EOC.
- h.* Obtain mission briefing and plans required for execution of deployment mission.

D-9. Security and Intelligence

- a.* The flight operations officer accomplishes all duties related to security and intelligence matters. The commander is briefed as required.
- b.* Review the personnel security status of the unit and request, in order of priority, interim security clearances to ensure the correct personnel have proper clearance consistent with mission requirements, to include classified material escort responsibilities.
- c.* Ensure appropriate personnel are familiar with duties and responsibilities in conjunction with movement and shipment of classified material, protection of movement data, and execution of classified moves, as applicable.
- d.* Prepare to enforce primary Wartime Information Security Program.
 - (1) Appoint primary censor.
 - (2) Prepare requisition for censorship stamp.
 - (3) Initiate censorship education program.

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- e.* Conduct OPSEC training according to AR 530-1 and local supplements.
- f.* Prepare briefing for company personnel to be conducted when movement is imminent. Include the following:
 - (1) Subversion and Espionage Directed Against US Army and Deliberate Security Violations.
 - (2) Procedures for classified moves.
- g.* Ensure access rosters are current; prepare and submit access rosters to the appropriate mobilization site staff and higher headquarters, if appropriate.
- h.* Expedite processing of pending security clearance actions.
- i.* Ensure all personnel, including fillers, are briefed on OPSEC practices.
- j.* Brief company personnel on the nature of the threat of electronic warfare (EW) and signal intelligence.
- k.* Ensure personnel are aware of intelligence acquisition tasks, responsibilities, techniques, and reporting procedures.
- l.* If sealed-off staging areas are used—
 - (1) Conduct mission briefings at the latest possible time prior to out-loading.
 - (2) Restrict briefed personnel to sealed-off area.
 - (3) Establish and enforce controlled pass procedures.
 - (4) Monitor and control telephone use.
- m.* Identify classified documents that will not accompany the unit.
- n.* Review plans for the conduct of a counterintelligence inspection of the company area upon departure.
- o.* Ensure timely transfer or destruction of classified material not to accompany the unit.
- p.* Request assistance for security briefings.
- q.* Ensure all plans contain OPSEC and communications-electronics security planning considerations.
- r.* Maintain a list of map requirements and prestock. Submit requirements to the appropriate staff section at the mobilization site.

- s. Ensure SIGSEC plans include—
 - (1) Nature and amount of information to be transmitted or protected.
 - (2) Communications system capabilities and limitations.
 - (3) Selection of available SIGSEC kits and instructions for use.
 - (4) Basic load, source, and manner of resupply for key cards, authentication codes, and other security-related codes.
 - (5) Operating procedures to include electronic counter-countermeasures techniques and any special requirements.
 - (6) Emergency destruction of classified operating instructions and associated materials.
- t. Identify all intelligence requirements and submit to the appropriate security staff at the mobilization site.
- u. Identify all linguist-qualified personnel and potential translator needs based upon mission(s) and contingency plans.
- v. Review plans for the conduct of a classified move according to AR 220-10 and AR 380-5.
- w. If deployment is from a civilian port, make a request for port security to Intelligence and Security Command through the appropriate staff at the mobilization site or home station.
- x. Coordinate with the appropriate staff for any unique unit requirements.

D-10. Training

- a. Train field sanitation teams (FM 21-10-1).
- b. Conduct training in air and rail movement.
- c. Conduct MOS training as required.
- d. Conduct PVNTMED refresher training (FM 21-11). Training should include—
 - Endemic and epidemic diseases prevalent in the AO.
 - Poisonous plants, wild animals, and reptiles (land and water).
 - Pest management.

- e.* Conduct weapons qualification and NBC training.
- f.* Conduct training for potential civic action programs, which include medical operations (FM 8-42).

Section III. LOGISTICS CHECKLIST—MOBILIZATION

D-11. Subsistence

a. Update Class I basic load requirements and request additional requirements from the troop subsistence officer.

b. Complete ration requirements for air deployment.

c. Identify rations required for personnel to accompany sea-deploying equipment.

d. If the company is to operate its own dining facility—

(1) Coordinate with the appropriate staff section to close accounts and turn in or transfer dining facility supplies and equipment.

(2) Coordinate for subsistence support of unit personnel during the period between the closure of the unit's dining facility and unit deployment.

e. If the unit is subsisting in another organization's dining facility—

(1) Coordinate with the supporting dining facility manager to withdraw unit food service personnel during deployment preparations.

(2) Prepare plans to collect and turn in meal cards issuing authority.

(3) Prepare a roster of all deployable and nondeployable personnel receiving basic allowance for subsistence; for example, separate rations. For deployable personnel, establish a termination date for the basic allowance for subsistence and coordinate with the supporting dining facility and the finance officer.

D-12. Supplies and Equipment

a. Ensure assigned personnel have all required individual clothing. Cover shortages by individual purchases or DA Form 3078.

b. Ensure personnel have all required organizational clothing and equipment and that items are marked as required. Cover shortages by requisition, statement of charges, report of survey, cash collection vouchers, or individual purchases.

c. Expendable supplies.

(1) Prepare a list of expendable supplies required for 15-day usage.

(2) Ensure all expendable supplies required are on hand, requisitioned, or readily available through the self-service supply center (SSSC) or General Service Administration.

(3) Ensure unit draft loading plan makes provisions for carrying the 15-day supply of expendables to accompany troops (TAT) baggage.

d. Medical sets, kits, and outfits and tools.

(1) Have all sets, kits, and outfits on hand or on order, follow up with status card or upgrade the priority.

(2) Prepare shortage annexes for all sets, kits, and outfits on hand.

(3) Document all shortages by shortage annex, report of survey, statement of charges, or cash collection voucher.

(4) Place all shortages on requisition.

(5) Ensure all supply catalogs are on hand and current.

e. Identify all station property and coordinate to ensure turn in during deployment preparation.

f. Ensure supply personnel are familiar with procedures to close out SSSC and other accounts.

D-13. Petroleum, Oils, and Lubricants

a. Determine requirements for packaged products for deployment. Ensure necessary items are on hand, requisitioned, or readily available through supply channels.

b. Bulk POL.

(1) Have required 5-gallon fuel cans on hand or on requisition.

(2) Have bulk POL containers serviceable, or initiate appropriate repair or replacement action.

(3) Coordinate with the appropriate staff element for the purging of bulk containers prior to deployment. Have replacement filters on hand or on requisition for this equipment.

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D-14. Ammunition

- a.* Compute unit basic load and have computations verified by the appropriate staff element at the mobilization site/home station.
- b.* Prepare and submit DA Form 581 for basic load.
- c.* If appropriate, include that portion of the basic load in unit TAT load plans.
- d.* Identify requirements for guard ammunition for equipment and classified material escorts.

D-15. Major End Items

- a.* Ensure all TOE/MTOE-required items are on hand or on requisition.
- b.* Have all excesses identified and turned in prior to deployment.
- c.* Have all requisitions for shortages screened for status, proper unit movement data, and priority.
- d.* Identify impact of shortages to the appropriate headquarters and in unit readiness report.
- e.* Initiate the preparation and transportation of aircraft (FMs 55-1 and 55-12).

D-16. Medical Supplies and Equipment

- a.* Have all required medical supplies and equipment items on hand, or requisitioned through the supporting Class VIII organization.
- b.* Have requisitions for shortages validated and obtain latest status.
- c.* Address the effect of shortages to the appropriate headquarters and in the unit readiness report.
- d.* Ensure that enough refrigerated and heated storage is available for shipment of temperature-controlled items.
- e.* Ensure that medical supplies requiring special handling are identified and on hand or on requisition.

D-17. Prescribed Load List

- a.* Review unit's prescribed load list (PLL) on all equipment.
- b.* Provide PLL to the appropriate supporting staff.

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- c.* Have all PLL items on hand or on requisition.
- d.* Include PLL in unit loading plans.
- e.* Include blocking, bracing, packing, crating, and tie-down (BBPCT) necessary to protect PLL in the unit's BBPCT forecast.
- f.* Adjust PLL to reflect continuous equipment operations.
- g.* Provide list of PLL shortages having or anticipated to have an impact on unit readiness to the appropriate staff element or higher headquarters.

D-18. Maintenance

- a.* Initiate equipment records for all newly received items in accordance with DA Pamphlet (Pam) 738-750.
- b.* Identify all excess equipment and coordinate with the support activity for turn in.
- c.* Have all items requiring DS- or GS-level maintenance, to include equipment to be purged, job-ordered to the appropriate support activity.
- d.* Ensure calibration of equipment is completed, or scheduled for completion.
- e.* Upgrade job order priorities to reflect anticipated deployment dates.
- f.* Notify the EOC or higher headquarters of any conflict or shortfalls between estimated completion date of equipment repairs versus the required-to-load date for deployment.
- g.* Request maintenance assistance in conducting final inspection of major equipment prior to movement and loading.

D-19. Laundry

- a.* Review procedures necessary to close out laundry account; prepare and submit paperwork as necessary.
- b.* Notify laundry manager of anticipated deployment date.

D-20. Transportation

- a.* Keep the unit's automated unit equipment list and computerized movement and status system reports current.

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b. Train unit personnel in the following areas:

- (1) How to load unit equipment on aircraft, trucks, and railcars for deployment.
- (2) Preparation of packing lists.
- (3) Marking of containers.
- (4) Preparation of the DD Form 1384.
- (5) Preparation of personnel manifests as required by the Air Mobility Command.
- (6) Use of BBPCT material.
- (7) Determining center of gravity and marking vehicle and cargo loads.
- (8) Loading vehicles for both air and/or sea deployment as appropriate.
- (9) Preparation of movement documents for items requiring special handling and packing and hazardous materials certification.

c. Review with the Installation Transportation Officer, Port Support Activity, or Arrival/Departure Airfield Control Group the support requirements for the following areas:

- (1) Preparing, packing, and marking loads.
- (2) Augmenting vehicle requirements to support movement to POE and other transportation requirements.
- (3) Providing materials handling equipment support to assist in loading.
- (4) Load team and driver team requirements.
- (5) Application of logistics applications of automated markings and reading symbols labels.
- (6) Operation of marshaling area at POE.

d. Prepare unit movement plans to include—

- (1) Convoy or move to POE.
- (2) Logistical support of unit elements at POE.
- (3) Guard personnel and equipment at POE.

(4) Handling of hazardous and special cargo and preparation of necessary certificates.

(5) Preparation of equipment and items which use or store combustibles (that is, generators, water heaters, and so forth) for shipment.

D-21. Miscellaneous Logistics

a. Establish guidance and plans for the establishment of a rear detachment, to include transfer of property and signature cards (DA Form 1687).

b. Establish procedures to terminate all signature cards and authorizations on departure of the last unit element.

c. Personal property.

(1) Ensure proper disposition of all civilian and personal property.

(2) Have on hand or on order sufficient C-boxes and inventory forms for packing and storing of personal items that cannot be disposed of by the individual.

(3) Train supply personnel in inventorying, packing, marking, and transferring personal property.

d. Provide personnel with a list of personal comfort items that should be obtained and a list of prohibited items based upon projected deployment locations, local customs and religion, and PVNTMED guidance.

e. Establish a list of personnel support items to be obtained based upon projected deployment locations such as lip balm, bug repellent, sunscreen, and mosquito netting.

D-22. Engineer

a. *Blocking, Bracing, Packing, Crating, and Tie-Down.*

(1) Compute unit BBPCT requirements for both air and sea deployment. Have requirements validated by the transportation support activity and place a job order for BBPCT.

(2) Analyze supplemental packing and crating requirements and, if required, submit appropriate request to the USAF for those requirements that cannot be met. This request should be for fabrication of supplemental packing and crating for—

(*a*) Air deployment.

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(b) Rail deployment.

(c) Surface (sea) deployment.

(3) Maintain supplemental packing and crating items.

b. *Billeting.*

(1) Advise personnel who reside in bachelor officer quarters (BOQ), bachelor enlisted quarters (BEQ) and off-post housing of necessary termination and clearance procedures on notification of deployment.

(2) Prepare a listing of personnel who will have their basic allowance for quarters (BAQ) terminated upon deployment.

c. *Real Property Facilities.*

(1) Maintain a current roster of real property facilities (RPF) managers for all RPF assigned to the unit.

(2) Identify interim RPF managers who will not deploy and will assume accountability for assigned RPF.

D-23. Contracting

Notify the contracting activity of the anticipated termination date of any supply or service support provided by civilian contractors.

Section IV. PERSONNEL CHECKLIST—DEPLOYMENT

D-24. Personnel and Administration

a. Upon notification of deployment, recall all personnel, including those on leave, special duty, and temporary duty (except MOS-producing schools).

b. Submit personnel status report.

c. Conduct final preparation of replacements for oversea movement (POR) qualification. Identify nondeployable personnel and initiate procedures for reassignment and/or separation.

- d.* Have unit records management coordinator assist the officer in charge at the POR processing site.
- e.* Clear nondeployable personnel from the unit after final POR. Return their records and update the personnel roster.
- f.* Following final POR, receipt for medical and dental records. Pack them in boxes to accompany the unit. Personnel records will remain at the installation for 90 days pending determination of where to ship them. Dental records (necessary for identification of remains) will not be transported on the same vessel or airplane as service members.
- g.* Ensure that a set of DA Form 3955 accompanies the unit for filing at the postal activity in the AO.
- h.* If not initiated, submit DA Form 17 for publications and blank forms.
- i.* Pack files, publications, and blank forms, which will accompany the unit. Retire or destroy remaining files. Turn in excess publications and blank forms.
- j.* Carry copies of the movement orders with the unit.
- k.* Carry a copy of the current enlisted promotion list with the unit.
- l.* Ensure that personnel are cleared of post activities; follow-up on discrepancies.
- m.* Conduct safety orientation for all unit personnel regarding the deployment operation.
- n.* Orient personnel on the Status of Forces Agreement in the AO.
- o.* Conduct personal affairs briefing in accordance with AR 220-10.
- p.* Close unit Morale Support Fund account and dispose of fund property.
- q.* Arrange for emergency financial assistance of company personnel, as needed, with Army Emergency Relief and Red Cross, or other appropriate agencies.
- r.* Inform the installation postal officer, in writing, of the day and time of the last postal pick up; provide the postal officer a copy of the movement orders.
- s.* Initiate action to terminate separate rations as of the day the unit departs the installation.
- t.* Turn in recreational services clothing and equipment except for items accompanying the unit.

D-25. Medical

- a.* Ensure convoy and serial commanders know the sources and methods of obtaining emergency medical support while en route and at the POEs.

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b. Identify medical personnel to provide EMT during convoy and stationary operations. Ensure that enough litters and other equipment are set aside for their support.

c. Identify evacuation and medical treatment support (usually on an area basis) for each stage of deployment and movement.

D-26. Discipline, Law, and Order

a. Have service members' POVs placed in temporary storage or ensure that other suitable arrangements have been made for disposal or upkeep. For POVs temporarily stored on the installation, have service member provide power of attorney authorization to a responsible individual to pick up the vehicle, or have the service member arrange for long-term commercial storage at his own expense.

b. Report assigned personnel who are absent without leave.

c. Prepare for disposition of privately owned weapons stored in the unit arms room.

d. Dispose of weapons, pets, and other personal property.

D-27. Religion

Ensure that religious services are available to all personnel.

D-28. Legal

a. Coordinate with servicing legal office to obtain a unit personnel and family member legal affairs briefing.

b. Provide opportunities for unit personnel and family members to obtain a will, power of attorney, and obtain counseling regarding other legal issues, such as debt and contract problems. A will and power of attorney are optional documents; not mandatory.

c. Coordinate with servicing legal office for training support on such topics as ROE, the law of war, Code of Conduct, Status of Forces Agreements, and Standards of Conduct.

d. Dispose of military justice claims and other legal actions.

D-29. Public Affairs

a. Keep unit personnel apprised of the current overall emergency situation requiring mobilization and deployment.

- b.* Apprise personnel of any operational changes to the unit's mission.
- c.* Brief personnel on their eventual AO.
- d.* Use the hometown news release program, if warranted.
- e.* Continue coordination with installation.
- f.* Continue the command information program throughout the period of mobilization and deployment.

Section V. OPERATIONS CHECKLIST—DEPLOYMENT

D-30. Operations

- a.* Conduct overseas orientation in accordance with AR 220-10.
- b.* Report attainment of deployability posture in accordance with FORSCOM emergency action procedures and installation EOC policies and procedures.
- c.* Monitor unit preparation for oversea movement operations, and provide guidance and assistance, as required.
- d.* Prepare appropriate plans and orders.
- e.* Coordinate unit movement.
- f.* With the approval of the unit commander, appoint an officer or NCO as rear detachment commander.

D-31. Security and Intelligence

- a.* Review the personnel security status to ensure sufficient numbers of personnel are properly cleared consistent with mission requirements to include classified material escort responsibilities.
- b.* Ensure appropriate personnel are familiar with the duties and responsibilities in conjunction with classified movement and shipment, if applicable.
- c.* Initiate a censorship education program.
- d.* Conduct an OPSEC program.

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e. Prepare a briefing for unit personnel to be conducted when movement is imminent. Briefing will include, but not be limited to, the following:

- (1) Dissemination of movement data on a need-to-know basis.
- (2) Procedure for handling movement documents.
- (3) Procedures for handling classified material in transit.
- (4) Subversion and Espionage Directed Against US Army and Deliberate Security Violations.
- (5) Procedures for classified moves.

f. Ensure all personnel, including fillers, are briefed on OPSEC practices.

g. Brief command and staff personnel on the nature of the threat's EW/signals intelligence capabilities.

h. If sealed-off staging areas are used—

- (1) Establish strict security.
- (2) Enforce blackout camouflage.
- (3) Conduct mission briefings at the latest possible time prior to out-loading.
- (4) Restrict briefed personnel to sealed-off area.
- (5) Establish and enforce controlled pass procedures.
- (6) Monitor and control telephone use.

(7) Ensure personnel hospitalized or confined during staging are isolated until public announcement of the operation.

(8) Collect letters and other personal mail and place in sealed mailbags until public announcement of the operation.

i. Identify classified documents that will not accompany the unit.

j. Ensure timely transfer or destruction of classified material not to accompany the unit.

k. Review plans for the conduct of a counterintelligence inspection of the area upon departure.

l. Review plans for the return of cryptographic material, not accompanying the unit, to the office of record or issue; transfer as appropriate.

- m.* Ensure all plans contain OPSEC, COMSEC, and electronic security planning considerations.
- n.* Plan for the distribution of maps and related topographical materials.
- o.* If deploying from a civilian port, forward request for port security to the United States Army Intelligence and Security Command through appropriate channels.

Section VI. LOGISTICS CHECKLIST—DEPLOYMENT

D-32. Subsistence

- a.* Store Class I basic load with TAT cargo.
- b.* Draw rations to support deployment and load in a readily accessible manner.
- c.* Arrange subsistence support to any portion of the unit that will not accompany the main body.
- d.* For units operating their own dining facility—
 - (1) Close out all accounts and hand receipts.
 - (2) Turn in or transfer all unused rations and condiments.
 - (3) Make arrangements to subsist assigned personnel at another activity from time of closure of the dining facility until deployment.
- e.* For a unit supported at another activity's dining facility—
 - (1) Make arrangements for final turn in of meal cards.
 - (2) Coordinate with supporting dining facility for the release of deploying food service personnel.
- f.* Submit the necessary paperwork to the finance office to terminate basic allowance for subsistence for any personnel receiving it; arrange to subsist personnel on the termination of their basic allowance for subsistence.

D-33. Supplies

- a.* Pack the unit's 15-day supply of expendables with TAT cargo.
- b.* Report significant shortfalls in expendable supplies to the supporting element.

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- c.* Report shortfalls in individual clothing items to the supporting element.
- d.* Report shortfalls in organizational clothing and equipment to the supporting element.
- e.* Report shortfalls in tools and/or test equipment to the supporting element.
- f.* Close out all station property accounts.
- g.* Close out SSSC account; complete credit and turn in.

D-34. Ammunition

- a.* Draw basic load of ammunition; include in the TAT cargo load plans.
- b.* Draw necessary ammunition to guard equipment during deployment.

D-35. Major End Items

- a.* Turn in all excess items and other equipment not accompanying the unit.
- b.* Pick up all incoming items of equipment on the property records.
- c.* Report shortages to the EOC and the supporting element.

D-36. Medical Items

- a.* Ensure all medical items and supplies are received and included in the loading plans.
- b.* Report shortages to the EOC and the supporting element.
- c.* Ensure that all medical supplies requiring special handling (paragraph D-16*d*) are on hand and included in the loading plans.

D-37. Repair Parts

- a.* Adjust PLL to reflect any equipment increases and expected increased utilization; have PLL at 100 percent fill; if not, report critical shortage to the supporting element.
- b.* Prepare loading plans that place the PLL in a readily available location.

D-20

D-38. Maintenance

- a.* Complete calibration.
- b.* Close out DS and GS job orders at the maintenance support facility.
- c.* Conduct inspection of vehicles and other major end items to ensure that they are ready for deployment. Take corrective action as required.
- d.* Complete equipment records for newly received equipment according to DA Pam 738-750.
- e.* Have unit mechanics available to support convoy moves to the POE. Arrange for toolboxes.
- f.* Arrange for recovery support, both internal and external, and address in the movement plans.
- g.* Maintain floats for those that cannot be taken out of support maintenance.

D-39. Transportation

Transportation planning and requirements represent the most detailed and transient elements of the deployment process. As a result, a complete checklist of all possible requirements would be too bulky for meaningful use by the commander. Therefore, the commander and the unit movement coordinator must be thoroughly familiar with FORSCOM and installation mobilization requirements. Presented below are major topics that are common to the various modes of deployment.

- a. General.*
 - (1) Configure unit aircraft for appropriate deployment (FMs 55-1 and 55-12).
 - (2) Configure unit vehicle loads for air and/or sea deployment, as appropriate.
 - (3) Mark all vehicles, crates, and pallets as required.
 - (4) Have all vehicles clean and free from leaks and seeps.
 - (5) Have fuel pods and bladders prepared and certified.
 - (6) Have all required BBPCT on hand and properly used.
 - (7) Mark all TAT cargo with 3-inch red or yellow disk and stencil "TAT" on the disk.
 - (8) Prepare DD Forms 1750.
 - (9) Designate armed guards for classified and sensitive cargo.

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b. Convoy Operations.

(1) Submit road clearances (DD Form 1265) and oversized cargo clearance (DD Form 1266) to the supporting transportation element for unit moves to POE.

(2) For movement to seaport POE.

(a) Provide convoy and serial commanders with strip maps, EMT and emergency maintenance instructions, and other points of contact.

(b) Coordinate and finalize billeting and messing arrangements for drivers.

(c) Ensure priority for unit recovery capability is given to POE convoy.

(3) Allocate maintenance personnel to each convoy to assist in final preparation of vehicles for loading.

(4) Brief each serial commander on refueling and defueling requirements.

(5) Arrange, as required, for civilian or military escort.

c. Forms.

(1) Have DD Form 1384 completed; one form for each vehicle or other exterior container.

(2) Have load plans completed for each vehicle; load plans will reflect necessary last minute adjustments.

(3) Submit request to Air Mobility Command for personnel being air transported.

(4) Prepare DD Form 1387-2 for hazardous cargo to be airlifted.

(5) Prepare DA Form 2940-R for vehicles, trailers, military-owned demountable containers, pallet loads, or other exterior shipping containers.

(6) Prepare aircraft load plans as required by Military Airlift Command.

D-40. Miscellaneous Logistics

a. Finalize support arrangements for rear detachment, if required.

b. Have all supply and maintenance accounts closed out and signature cards canceled.

c. Notify the appropriate activity, in writing, of the termination date of any contract that provides supplies or services.

- d. Secure personal property.
 - (1) Inventory and pack personal property.
 - (2) Provide service members with a copy of the personal property inventory.
 - (3) Transfer all personal property to the supporting transportation element.

D-41. Engineer

a. Blocking, Bracing, Packing, Crating, and Tie-Down.

(1) Determine, in coordination with the appropriate office, specific BBPCT requirements for deployment based on actual personnel and equipment for movement; actual method of movement; equipment for movement; and POE.

(2) Request any necessary BBPCT support from the USAF. The request should identify—

(a) The location of the POE at which the support is required.

(b) The date and time which unit personnel will report to the POE, and the date and time they will depart (deploy).

(3) Request any packing and crating support necessary to supplement organic assets for sealing previously fabricated supplemental packing items.

(4) Provide space in the unit area for packing and crating operations.

(5) Deliver equipment and supplies to the designated packing and crating base of operations.

(6) Maintain a packing list for each box packed.

(7) Provide sufficient trained teams to execute rail, air, and sea loading operations. Type team is dependent upon specified method of deployment.

b. Billeting.

(1) All personnel in BOQ or BEQ will clear quarters.

(2) Notify finance of the cutoff date for BAQ for all single personnel.

(3) Brief dependent families on family quarters policies and procedures.

(4) All personnel residing off-post will either terminate their leases or make other suitable arrangements.

c. Real Property Facilities.

- (1) Request termination of assigned RPF.
- (2) Request designation of interim RPF manager through command channels.
- (3) Transfer accountability for RPF to the interim RPF manager prior to deployment.

APPENDIX E

THE GENEVA CONVENTIONS**E-1. Historical Perspectives of the Law of War**

a. The conduct of armed hostilities on land is regulated by the Law of Land Warfare which is both written and unwritten (see DA Pam 27-1 and FM 27-10). It is inspired by the desire to diminish the evils of war by—

- (1) Protecting both combatants and noncombatants from unnecessary suffering.
- (2) Safeguarding certain fundamental human rights of persons who fall into the hands of the enemy, particularly prisoners of war (POW), the wounded and sick, and civilians.
- (3) Facilitating the restoration of peace.

b. The basic principles of the law of war are—

(1) *Prohibitory effect.* The law of war places limits on the exercise of a belligerent's power in the interest mentioned above. It prohibits belligerents from employing excessive violence or force that is not necessary to accomplish the military objective or advantage. Application of the basic principles requires the decision maker to balance the use of force with unnecessary suffering. Specifically, the loss of life and damage to property incidental to military action must not be excessive in relation to the concrete and direct military advantage expected to be gained.

NOTE

The prohibitory effect of the law of war is not minimized by "military necessity." Military necessity has been defined as that principle which justifies those measures not forbidden by international law which are indispensable for securing the complete submission of the enemy as soon as possible.

(2) *Binding on states and individuals.* The law of war is binding not only upon states as such, but also upon individuals and, in particular, the members of their armed forces.

c. The principle sources of the law of war are—

(1) *Conventional law.* Contractual obligations between two nations (or high contracting) in the form of treaties, that binds each of its terms.

(2) *Customary international law.* Body of written and unwritten rules recognized and practiced by nations that requires individual compulsion and legal obligation to proscribe behavior.

E-2. Protected Personnel and Geneva—Wounded and Sick Emblems

a. Protected personnel under Geneva—Wounded and Sick (GWS) include—

- (1) Army Medical Department personnel exclusively engaged in the—
 - Search for or collection, transport, or treatment of the wounded or sick.
 - Prevention of disease.
 - Administration of medical units and establishments.
 - Veterinary staff functions relating to the administration of medical units and establishments.
 - (2) Non-AMEDD personnel while assigned to AMEDD units (less veterinary units).
 - (3) Chaplains.
- b.* Each protected individual must—
- (1) Carry a special water-resistant, pocket-size identity card (DD Form 1934) which—
 - Bears the red cross on a white background.
 - Is worded in the national language of the issuing force.
 - Contains the surname and first name, date of birth, rank, social security number, protected capacity serving, photograph, signature, and/or fingerprints of carrier.
 - Is embossed with the stamp of the appropriate military authority (AR 600-8-14).
 - (2) Wear on the left arm a water-resistant armband bearing the red cross emblem of the Geneva Conventions.

This paragraph implements STANAGs 2027 and 2931 and QSTAG 512.

- c.* The GWS emblems and the protection afforded with use of the emblems are as follows:
- (1) Identification of medical units, facilities, and vehicles under GWS.
 - Heraldic emblem of the red cross on a white background.
 - Red Crescent (Turkey).

- The Red Lion and Sun (Iran).
- Red Shield of David (Israel).

NOTE

Camouflage of the GWS emblem is authorized on medical facilities (medical units, medical vehicles, and medical aircraft on the ground) when the lack of camouflage might compromise tactical operations. The camouflage of medical facilities may be ordered by a NATO commander of at least brigade level or equivalent. Such an order is temporary and local in nature and is countermanded as soon as circumstances permit. Camouflage of the red cross means covering it up or taking it down. The black cross on an olive background is not a recognized emblem of the GWS.

(2) The GWS protects from attack any medical vehicle appropriately marked and exclusively employed for—

- The evacuation of the sick and wounded.
- The transportation of medical personnel and equipment.

(3) The GWS prohibits the use of medical vehicles for transporting nonmedical troops and equipment.

E-3. Medical Aircraft

a. Treaty Provision. Aircraft exclusively employed for the removal of wounded and sick and for the transport of medical personnel and equipment—

- Shall not be attacked, but shall be respected by the belligerents, while flying at heights, times, and on routes specifically agreed upon between the belligerents concerned.

- Shall bear, clearly marked, the distinctive emblem prescribed in Article 38, together with their national colors, on their lower, upper, and lateral surfaces. They shall be provided with any other markings or means of identification that may be agreed upon between the belligerents upon the outbreak or during the course of hostilities.

- Unless agreed otherwise, are prohibited from flying over enemy or enemy occupied territory.

- Shall obey every summons to land. In the event of landing thus imposed, the aircraft with its occupants may continue its flight after examination.

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- In the event of a landing, occupants will permit an inspection of the aircraft for the purpose of confirming that the aircraft is not abusing its protected status. After the inspection, the aircraft with occupants may continue its flight.

b. Converted Aircraft. There is no objection to converting ordinary aircraft into medical aircraft or to using former medical aircraft for other purposes, provided the distinctive markings are removed.

E-4. Self-Defense

a. All personnel have an inherent right to self-defense.

b. Use of arms for personal defense and for the protection of the wounded and sick under their charge against marauders and other personnel violating the law of war is considered self-/patient defense.

c. Medical personnel may not employ such arms against enemy forces acting in conformity with the law of war.

d. Medical personnel who use their arms in circumstances not justified by the law of war expose themselves to penalties for violation of the law of war. Provided they have been given due warning to cease such acts, they may also forfeit the protection of the medical unit or establishment of which they form a part, or which they are protecting.

E-5. Captured United States Medical Personnel

Medical personnel who become captured are not considered POW but retained personnel, unless in the event of a medical aircraft involuntarily landing in enemy or enemy-occupied territory. In this instance, the wounded and sick, as well as the crew of the aircraft, shall be POW.

E-6. Captured Medical Supplies and Equipment

Because medical supplies and equipment captured from the enemy are considered neutral and protected, they are not to be intentionally destroyed. If these items are considered unfit for use, or if they are not needed for US and allied forces, noncombatants, or EPW patients, they may be abandoned for enemy use. Since captured medical personnel are familiar with their medical supplies and equipment, the captured items are especially valuable in the treatment of EPW. Use of these captured items for EPW and the indigenous population helps to conserve other medical supplies and equipment. When the capture of US medical supplies and equipment by enemy forces is imminent, these items are not to be purposely destroyed. Every attempt must be made to evacuate them. Those items that cannot be evacuated should be abandoned; however, such abandonment is a command decision.

E-7. Medical Treatment for Enemy Prisoners of War and Civilians*a. Enemy Prisoners of War.*

(1) Military police and medical units jointly exercise responsibilities for the custody and treatment of the sick, injured or wounded enemy personnel and detained civilian personnel.

(2) Sick, injured, or wounded prisoners are treated and evacuated through normal medical channels but are physically segregated from US and allied patients.

(3) They are guarded by persons other than medical personnel, normally military police.

(4) Evacuation of POW patients from the combat zone is initiated as soon as their medical conditions permit.

(5) Enemy medical personnel are considered retained personnel rather than POW. They are employed to the maximum extent possible in such CHS duties as caring for POW patients, preferably those of their own armed forces.

b. Medical Treatment of Civilians.

(1) When the US is the occupying power, US forces have the responsibility to ensure that all civilian and refugee subsistence and health service needs are provided.

(2) Sick or injured civilian persons resulting from military operations are provided initial medical treatment, as required, in conformance with established theater policies; they are then transferred to appropriate civil control authorities as soon as possible.

(3) When such persons are evacuated, proper accommodations must be provided, including satisfactory conditions of hygiene, health, safety, and nutrition.

E-8. Geneva—Wounded and Sick Violations and Possible Consequences*a. Violations of GWS include—*

- Making medical treatment decisions for the wounded and sick on any basis other than medical priority, urgency, or severity of the wounds.
- Allowing the interrogation of enemy wounded or sick even though medically contraindicated.
- Allowing anyone to kill, torture, mistreat, or in any way harm a wounded or sick enemy soldier.
- Marking nonmedical unit facilities or vehicles with the red cross, or making any other unlawful use of the red cross emblem.

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- Using medical vehicles marked with distinctive Geneva emblems for transporting nonmedical troops and equipment/supplies, or using medical vehicles as a TOC.
- Using medical personnel to man any offensive-type weapons or weapon system; placing mines in and around medical units.
- Using the site of a medical unit as an observation post, a fuel dump, or to store arms or ammunition for combat.

NOTE

If the local non-AMEDD commander situates a medical unit where enemy attacks may imperil its safety, then that commander should provide adequate protection for the medical unit and its personnel.

- b.* Possible consequences of violations of GWS include—
- Loss of protected status for the medical unit and medical personnel.
 - Medical facilities/units attacked and destroyed by the enemy.
 - Medical personnel being considered POW rather than retained personnel when captured.
 - Decrementing CHS capabilities.
 - Criminal prosecution for war crimes.
 - Reprisals taken against our wounded in the hands of the enemy.

E-9. The 1977 Protocols to the Geneva Conventions

Amendments to the GWS have been ratified by some of our allies and potential adversaries. The US representatives to the diplomatic conference signed these amendments, but our government has not officially ratified them.

APPENDIX F

RISK MANAGEMENT**F-1. Command Responsibility**

- a.* Commanders are responsible for effectively managing risk. They must—
- (1) Willingly determine the proper balance that will achieve optimum performance from their command.
 - (2) Select the best risk-reduction options from those that the staff provides.
 - (3) Accept or reject residual risk, based on perceived benefits.
- b.* Operations officers ensure integration of risk management in all aspects of planning, directing, coordinating, and controlling to support force protection. In the risk management process, each leader must—
- (1) Recommend appropriate control measures.
 - (2) Use risk management to assess his or her functional area.
 - (3) Recommend appropriate control measures to reduce or eliminate risk.
 - (4) Integrate selected risk control into plans and orders.
- c.* Platoon/section leaders—
- (1) Review control measures for feasibility.
 - (2) Report risk issues beyond their control or authority to their seniors for resolution.
 - (3) Recommend changes to improve synchronization of their operations in support of the higher commander's plan.
 - (4) Use the risk management process to identify, assess, and control hazards for their mission.

F-2. Risk Assessment Procedures

During planning, risk assessment procedures include the first three steps of the five-step risk management process.

- a. Step 1.* Identify the major events that are expected to occur during the operation and the hazards associated with all specified and implied tasks. The staff reviews and expands, as appropriate, the list of hazards and major events during the war game. This procedure helps to ensure that all significant hazards have been identified, and the staff can determine the appropriate force protection measures.

b. Step 2. Assess hazards. By assessing hazards and evaluating battlefield-framework synchronization, the staff can—

- (1) Figure out the level of risk associated with a given hazard.
- (2) Decide where and when control measures are appropriate to protect the force.

(3) Use risk assessment matrices to provide a simple analysis method of subdividing an operation into its major operational events; this allows the staff to discover areas where they might eliminate or reduce risks. Each unit should develop its own risk assessment matrix with applicable major operational events similar to the one shown in TC 1-210. Units can use the risk-assessment matrix alone or with other analysis techniques. The matrix is nearly always more effective than intuitive methods in identifying the extent of risk. When using a risk assessment matrix, the risk assessor must—

(a) Review each situation to ensure he has evaluated all significant areas of concern, even if the matrix does not include them.

(b) Use the matrix to analyze risk and target areas of concern for risk-reducing techniques.

(c) Review individual areas of concern before recommending options.

(d) Use the METT-TC risk assessment procedure (another technique that may be used). Leaders can subjectively decide the likelihood and extent of accidental loss based on this type of analysis. When using the METT-TC format, the risk assessor must—

- Determine the mission's complexity and difficulty.
- Assess the enemy situation and identify specific hazards.
- Consider all aspects of the terrain as well as weather and visibility.
- Determine the supervision required and evaluate the experience, training, morale, and endurance of units and their equipment.
- Determine the time available for planning and executing the mission.

c. Step 3. Develop controls and balance a COA's benefits with its potential risks. The staff must—

- (1) Identify hazards and assess risk.
- (2) Focus on critical events first.
- (3) Eliminate unnecessary risks.
- (4) Reduce the amount of mission-essential and prudent risks by applying controls.

(5) Develop control options that synchronize the operation that eliminate or reduce risks.

(6) Recommend options for the commander's decision. In order of priority, options are to eliminate risks through controls or materiel solutions. Leaders should check for residual effects before carrying out risk-reduction options, visualizing what will happen once they implement the option. Often, reducing one risk can create another that could, in turn, introduce other risks or inhibit the execution of Army operations.

The commander's decision and supervision of fratricide countermeasures occurs later in tactical decision making (after completing the COA analysis). The preceding are important points. They are the means by which the commander benefits from his staff's work.

d. Step 4. Decide, implement controls, and integrate specific controls into plans, OPORDs, SOPs, and rehearsals. Knowledge of controls, from the commander to the individual soldier, is essential for successfully implementing and executing controls.

e. Step 5. Supervise. The commander must enforce controls. Leaders monitor, follow-up, verify, and correct or modify, as appropriate, controls that the commander imposes on his subordinates. When monitoring operational activities, leaders must—

(1) Avoid administrative intrusions on their subordinates' time.

(2) Go where the risks are and spend time at the heart of the action.

(3) Analyze and think through issues, not just watch. Work with key personnel to improve operational procedures after the action. (Leaders must not hesitate to assess imminent danger issues on the spot.)

(4) Fix systemic problems that are hindering combat effectiveness.

(5) Capture and distribute lessons learned from mishaps and near misses for future use.

(6) Balance the cost of risks with the value of the desired outcome. Leaders must consider and manage risks in making such decisions using the following three general rules:

(a) Never accept an unnecessary risk. The leader who has the authority to accept or reject a risk is responsible for protecting his soldiers from unnecessary risks. If he can eliminate or reduce a risk and still accomplish the mission, the risk is unnecessary.

(b) Make risk decisions at the appropriate level. The leader who must answer for an accident is the person who should make the decision to accept or reject the risk. In most cases, he will be a senior officer, but small-unit commanders and first-line leaders might also have to make risk decisions during combat. Therefore, they should learn to make risk decisions during training.

(c) Ensure that the benefits of a prudent risk outweigh the possible cost of the risk. Leaders must understand the possible risk and have a clear picture of the benefits to be gained from taking that risk.

APPENDIX G

**AVIATION COUNTERMEASURE TECHNIQUES AND
SURVIVABILITY EQUIPMENT**

This appendix describes the aviation survivability equipment and countermeasures that enhance MEDEVAC aircrew survivability and sustainability on the modern battlefield. It provides an overview of nomenclatures and systems and a basic description of functions.

Section I. AIR COUNTERMEASURE TECHNIQUES

Threat air defense weapons opposing Army aviation units are the most lethal ever faced in the history of military operations. These weapons may be encountered anywhere, even deep in the rear AO. The survivability of Army aircraft depends on well-organized coordination with ground forces and the aircrew's ability to employ effective countermeasures.

G-1. Countermeasure Techniques Suppression

a. Fire. Suppression by direct or indirect fire is the most effective active countermeasure against threat weapons and their operators. During combined arms operations, direct and indirect fires are integral to the scheme of maneuver.

(1) During MEDEVAC operations, aircraft may not have sufficient support from infantry, armor, or attack helicopter resources. However, indirect artillery fire support or tactical air support may be available to assist with this mission.

(2) When using fire suppression as a countermeasure, aircrews should first suppress the closest or most immediate threat while maneuvering to a *standoff* range. Firing first, firing in heavy volume, and firing accurately will gain the advantage. Fire suppression causes the enemy to button up and take cover, which limits its ability to deliver effective fire and denies visual acquisition. Fire suppression may also destroy enemy forces and their weapon systems.

b. Smoke. Smoke is very effective in suppressing those weapons dependent on optical acquisition. Smoke can impair normal vision and degrade infrared optical devices used by many threat weapon systems. However, smoke can also obscure the battlefield for friendly forces. For example, smoke suppression can obscure the pickup area when helicopters are employed from *standoff* ranges. Wind speed and direction may work to the disadvantage of friendly forces. Smoke munitions can be delivered by mortar, artillery, and attack helicopter weapon systems. The employment of smoke requires careful considerations of the factors discussed above.

G-2. Terrain Flight Techniques

a. General.

(1) All air defense weapons depend on either visual or radar acquisition, and the most effective passive countermeasure is to avoid detection. Terrain flight techniques degrade the threat's ability to acquire Army aircraft. Also, the basic LOS limitations associated with radar provide an effective means of denying acquisition while aircraft are en route. A thorough intelligence briefing and a careful flight or map reconnaissance during pre-mission planning can help aircrews select the best routes for detection avoidance.

(2) To avoid acquisition by threat radars, aviators must keep terrain features between the aircraft and any known threat radar weapon systems. Aviators should not assume that foliage or thinly wooded areas are an effective barrier against radar systems. A solid terrain feature, such as a hill, may reflect a radar image to reveal an aircraft's location even though the aircraft appears to be masked. Subsequent unmasking or repositioning of the aircraft can thereby be anticipated, thus reducing the time required for threat radar acquisition and engagement.

b. Standoff Techniques. Aviators should use standoff flight techniques when they engage in flying near known or suspected enemy positions. These techniques are important countermeasures against small arms, armored combat vehicle weapons, tanks, and antitank weaponry. Avoiding detection by using terrain flight techniques enables aircrews to surprise the enemy. Employing standoff techniques prevents engagement by enemy weapons.

c. Exposure Time.

(1) Aircrews can reduce exposure time by using available terrain to mask the aircraft. Aviators must always be aware of the range and effectiveness of threat radar weapon systems and the time the weapons require for target engagement. Because aircraft survivability equipment does not provide this information, aviators must memorize it.

(2) Medical evacuation aircraft depends on terrain flight, good route planning, and speed to surprise the enemy and reduce exposure time. The MEDEVAC missions requiring hoist operations (if aircraft exposure is necessary) must remain beyond the range of air defense weapons or rely on previously mentioned suppression techniques.

d. Aircraft Signature. Aviators can take advantage of the surrounding environment to minimize aircraft signature. Terrain folds and shadows can avoid glint from the rotor and from Plexiglas™ or metal parts. Flight routes, PZs, and/or LZs should provide terrain backgrounds that prevent skylining and radar signatures. Aviators can also take advantage of color tones that blend with the terrain. Night flight is an effective means of avoiding detection by threat forces. The avoidance of loose debris, dust, snow, and vegetation in the area prevents rotor-wash signature. At high temperatures, hovering may produce a heat signature that enables the threat system to detect aircraft masked behind vegetation. To avoid detection under these conditions, the aviator must either mask the aircraft or maintain some forward speed. The aviator can also reduce aircraft signature by presenting the threat with the front (smallest/coolest part) of the aircraft.

(1) *Doppler effect.* More advanced pulse Doppler radar will detect the Doppler shift produced from the aircraft's rotating surfaces. The Doppler effect is prominent when helicopters are flown close to the ground such as in a masked or hoist position. When aviators are aware that they are being acquired by radar, they should reposition the aircraft laterally before unmasking.

(2) *Radar tracking.* Some threat radars have autotracking features that use computers to track aircraft movement. Once radar lock is established, computers predict the speed and direction of the aircraft. After break lock is indicated, aviators should continue to alter their course and speed to prevent radars from predicating their new location. When the direction of threat radars is known or suspected, aircrews should use signature reduction techniques to minimize the silhouette viewed by tracking radars. At a hover, this can be accomplished by presenting the smallest cross section possible toward the tracking radar (nose or tail of the aircraft). At speeds above a hover, aircrews can achieve the same result by changing the course or the flight path.

G-3. Ground Passive Defense Initiatives

During combat operations, helicopters may be on the ground as much as two-thirds of the time. The enemy can use a variety of sensors to locate helicopters on the ground, and the enemy has a variety of weapons to attack targets that it detects. Helicopters will be used extensively on the battlefield. Therefore, they will be high priority targets for air and artillery attacks. Aviation unit commanders must seize every opportunity to confuse enemy efforts to detect, locate, and destroy aviation support areas and aircraft on the ground. Unit personnel must use camouflage and concealment procedures that reduce the detectability of aviation assets. The enemy can easily detect a glint from aircraft canopies. Therefore, unit personnel should install canopy covers as soon as possible after the engines and rotors stop. Deception and camouflage techniques include dispersing aircraft on the ground, parking aircraft in nonsymmetrical patterns, and camouflaging aircraft and support equipment with terrain features as much as possible. Battlefield deception personnel from the division or corps can assist unit personnel with the deception operations and equipment.

a. Means. Helicopters on the ground can be acquired and attacked in several ways. The simplest scenario is observation of a target by an armed aircraft, followed by an attack. The helicopter would be a target of opportunity for an aircraft that is flying a specified route based on some form of intelligence. A sophisticated scenario would have the following sequence of events:

- (1) Acquisition of a cueing signal.
- (2) Confirmation of the target.
- (3) Development of an attack plan.
- (4) The attack.

Other scenarios may include observation of helicopters by enemy ground forces, followed by artillery or other ground-based fire or air-delivered fire. Helicopters on the ground can be located by any of these means:

- Radar.
- Television.
- Infrared detectors.

- Infrared surveillance.
- Visual (unaided and aided).
- Satellite and other photography.
- Human intelligence (visual and acoustic).
- Air-ground based electronic surveillance.

b. Locations.

(1) *Pickup zones.* Radio communications are required to conduct operations at PZs. Detection of communication signals will enable the enemy to determine the approximate location of the PZ. However, the enemy will need to employ a secondary means of detection before it can attack. Helicopter stay time in the PZ is usually about 10 minutes. This should be less time than the enemy needs to obtain confirmation of the PZ's location. Electronic surveillance, therefore, does not pose a significant threat if PZs are used on a one-time basis. Electronic acquisition is also less likely if communications in the PZ are limited to the period when pickups are actually conducted. Any detection means, accompanied by an attack, poses a significant threat to helicopters in the PZ. These include armed aerial observers, artillery observers, and armed long-range reconnaissance patrols. Although radar is not a primary means for detecting helicopters on the ground, it is a threat to helicopters arriving and departing PZs.

(2) *Landing zones.* The same detection means to locate PZs also applies to LZs. However, LZs are more likely to be observed by armed aerial observers, artillery observers, and ground forces.

(3) *Forward arming and refueling points.* The FARPs are vulnerable to detection by the means identified for PZs and LZs. The FARP will remain in place for an extended period, will use communications, and will produce thermal images from aircraft and fuel storage bladders. These may be sufficient to permit location by the enemy and result in an attack. Helicopters at FARPs will be high priority targets for armed reconnaissance aircraft and armed ground observers. Ground observers who do not attack a FARP will probably report the FARP's location for an aerial attack. All FARP operations should be organized efficiently to reduce the time that aircraft will stay in the FARP. The FARPs must be kept to the smallest size that can support the operational requirement and should be moved frequently. Communications must be kept to a minimum, and aircrews should be familiar with and use approved approach and departure procedures. The use of infrared, thermal, and antiradar camouflage screens over equipment and helicopters at the FARP can preclude detection of the FARP. When available, ballistic nets should be used to protect fuel storage bladders.

(4) *Forward staging areas.* Helicopters may stay at forward staging areas (FSAs) long enough to permit detection by the enemy. All of the detection means identified for PZs and LZs should be considered a threat.

(5) *Command posts.* The detection threat to CPs is similar to that for FARPs. Communications from CPs will increase the threat or electronic detection. Also, identification of a target as

a CP will give it a high-attack priority. The use of secure communications equipment with an electronic countermeasure capability can degrade the enemy's electronic detection efforts.

(6) *Downed aircraft positions.* A downed helicopter is vulnerable to all of the identified target detection means. Other helicopters associated with rescue, removal, or repair may be detected by the same means.

(7) *Company and maintenance areas.* Helicopters at company and maintenance areas are lucrative targets within a corps. They are vulnerable to all of the detection means identified for PZs and LZs.

c. Camouflage and Concealment. The probability of detection and subsequent targeting of helicopters on the ground increases when helicopters are not camouflaged or when poor camouflage techniques are used. As the means of threat detection changes from visual to infrared, radar, and thermal detection systems, the more critical it becomes to conceal helicopters on the ground. Concealment is enhanced by the use of ultralight camouflage systems designed to degrade threat detection capabilities.

(1) *Camouflage sets.* Camouflage sets are being developed to meet the demands of aviation units worldwide. The sets will be available in different sizes and designs. Colors and patterns will correspond to primary seasonal or environmental characteristics.

(a) *On-board camouflage sets.* The on-board camouflage set consists of a canopy (glare) cover and camouflage material. The crew emplaces the glare cover while the helicopter is on the ground and the engines are not running. Camouflage material can be used to cover or break up the shape of rotor blades or other portions of the helicopter. The use of helicopter camouflage paint would enhance the value of the on-board camouflage set.

(b) *Clamshell camouflage set.* The clamshell camouflage set consists of prefabricated panels. The panels are kept close to the location of the helicopter to be camouflaged. Once the helicopter is in position, two people can put each panel in place.

(c) *Freestanding camouflage set.* Camouflage sets must be rapidly erected in company and maintenance areas. In providing freestanding camouflage sets for helicopters, the covering of the rotors will require large structures. Despite the challenges of constructing freestanding camouflage sets, the possibility of increasing helicopter survivability appears to justify the effort.

(2) *Operational restrictions.* Helicopters will occupy several locations while executing missions. This will place some restrictions on the use of camouflage. Camouflage sets cannot be used at PZs and LZs because of short stay times and other operational requirements. However, camouflage sets can be erected and used at company and maintenance areas where the stay times are longer. In more stable areas, freestanding camouflage sets could contribute significantly to the survivability of helicopters. Some operations can be protected by the use of on-board camouflage sets. Easily transportable and employable, camouflage sets can be used at CPs, FSAs, FARPS, and downed aircraft positions.

d. Deception. Deception delays and/or diverts threat reconnaissance, intelligence, surveillance, and target acquisition efforts; it denies fire and maneuver opportunities; and provides false targets. Decoys

and other special effect devices can be used to portray real items of equipment, personnel, or ground positions such as FSAs, FARPs, and maintenance areas. Decoys aid survivability because they draw fire from real assets. Aviation units can gain the advantage by deceiving the enemy's target detection efforts. Providing false information about helicopter ground positions may allow actual ground operations to continue unhindered.

(1) *Devices.*

(a) Aviation passive defense initiatives, such as aircraft silhouettes and inflatable decoys, are being developed and evaluated as deception products. These products represent actual FARP equipment, personnel, and helicopters.

(b) Decoys and other special effect devices are available from corps and division battlefield-deception elements. These elements may be contacted through the corps or division G-3. Aviation units may also use unserviceable real assets for decoys or construct deception sites with the assistance of deception element personnel.

(2) *Guidelines.*

(a) *Determine the purpose of the deception.* Determine the purpose of the deception and ensure that it supports the commander's scheme of maneuver. If the purpose is to draw direct and/or indirect fires, the decoy site must be located to avoid collateral damage to real assets.

(b) *Reinforce preconceived notions.* Prepare the decoy location to make the enemy believe something it wants to believe. For example, if an actual forward assembly area is normally moved every 40 to 165 minutes, then the decoy forward assembly area should be moved within that time. If camouflage is usually used on real aircraft equipment, it should likewise be used on phony aircraft and equipment.

(c) *Plan the site layout carefully.* Construct the phony site so it looks real. Use only decoys of assets that are normally found at the real site or unit type.

(d) *Coordinate with adjacent friendly units.* Coordinate the location of phony sites with adjacent friendly units to avoid collateral damage from hostile fire.

Section II. AVIATION SURVIVABILITY EQUIPMENT

The aircraft's survivability equipment discussed below has been fielded or is under development. The proper nomenclature of each system and a brief description of its basic function are provided. The applicable operator's manual contains specific information about the equipment's operation, characteristics, capabilities, and limitations. Also, aircrews can review the applicable aircraft survivability equipment-training lesson to learn more about the equipment. Survival depends on the aircrew's action when the aircraft has been acquired or engaged by a threat air defense system. Knowing the capabilities of on-board

aircraft survivability equipment is only the first step toward survival. Aircrews must also know precisely how to employ the equipment within the time constraints dictated by the threat.

G-4. Radar Warning Receivers

a. AN/APR-39(V)1 and AN/APR-39A(V)1. The AN/APR-39(V)1 is a lightweight radar-warning receiver for tactical aircraft. It provides visual, directional, and aural warnings of pulsed radar-directed threats. Proper response to the warnings allows the aircrew time to execute evasive maneuvers and deploy active countermeasures. The AN/APR-39A(V)1 is an upgraded version of the AN/APR-39(V)1. This system extends coverage into other frequencies. A digital processor accurately identifies threat systems. It provides an alphanumeric display of a system's direction and lethality and a synthetic voice warning.

b. AN/APR-39(V)2 and AN/APR-39A(V)2. The AN/APR-39(V)2 radar detecting set is a version of the AN/APR-39(V) family and designed especially for special electronic mission aircraft (SEMA). Like the AN/APR-39(V)1, this system uses a digital processor and an alphanumeric display to warn of pulsed radar-directed threats. The AN/APR-39A(V)2 is an upgraded version of the AN/APR-39(V)2. This system extends the frequency band of coverage. A dual-stack, high-capacity digital processor sorts and identifies radar-directed threats. It provides an alphanumeric display of the system's direction and lethality, along with an aural warning.

G-5. Radar Jammers

a. The AN/ALQ-136(V)1 countermeasures set is designed for the AH-1 aircraft. It is an automatic pulse radar jammer that analyzes incoming radar signals. When threat signals are identified, jamming begins automatically and continues until the threat radar breaks lock. The system then ceases jamming but continues to receive and analyze radar signals.

b. The AN/ALQ-136(V)2 countermeasures set is an automatic radar jammer similar to the (V)1 version but is designed for SEMA with possible applications for the UH-60Q.

G-6. Chaff and Decoy Systems

The M-130 general-purpose chaff dispensing system uses the M1 chaff cartridge. It reduces or eliminates the threat's ability to detect, lock onto, and destroy aircraft with radar-controlled anti-aircraft artillery. The M-130 is employed on SEMA and tactical aircraft. It is operated manually in the chaff mode of operation.

G-7. High-Energy Laser Coatings

Laser coatings can counter the effects of laser weapons. The canopy and airframe of the aircraft may be treated with laser-resistant substances to minimize the effects of lasers on the aircraft and crew.

G-8. Expandable Jammers

Electro-optical expendable jammers use smoke or other obscurants to degrade threat acquisition by aided or unaided means.

G-9. Infrared Jammers

a. AN/ALQ-144(V)1. The AN/ALQ-144(V)1 is an active, continuously operating, omnidirectional, electrically fired infrared jammer system designed for tactical helicopters. It protects helicopters equipped with low reflectance paint and engine exhaust suppressors by confusing or decoying the seeker head of threat infrared missiles.

b. AN/ALQ-144(V)3. The AN/ALQ-144(V)3 is identical to the (V)1 except for the operator control unit. The (V)3 operator control unit also contains the power switch for the AN/ALQ-136(V)1.

c. AN/ALQ-144A(V)1 and (V)3. These models represent modular upgrades of the standard (V)1 and (V)3. They provide greater protection against threat infrared missiles.

G-10. Infrared Suppression

a. Exhaust Plume Suppressors. Exhaust plume suppressors are available for rotary- and fixed-wing aircraft. They reduce the infrared radiation from hot-metal engine exhaust, thereby reducing the infrared signature. This reduction lessens the probability of an aircraft being acquired or tracked by heat-seeking missiles.

b. Infrared Suppressive Paint. Infrared suppressive paint reduces sun glint and glare, making aircraft painted with infrared suppressive paint difficult to detect. Also, its low reflectance makes it blend with the background during a nap-of-the-earth flight. When used with an infrared suppressor, this low reflectance degrades the seeker lock-on capability of threat infrared missiles.

GLOSSARY

ABBREVIATIONS, ACRONYMS, AND DEFINITIONS

A2C2 Army airspace command and control

AA air ambulance

AAR after-action report

AASLT air assault

ABCA American, British, Canadian, and Australian

AC Active Component

ACFT aircraft

ACO airspace control order

ACR armored cavalry regiment

ACUS area common-user system

ADA air defense artillery

ADDS Army data distribution system

aeromedical evacuation system—(DOD) A system which provides—

- a.* Control of patient movement by air transport.
- b.* Specialized medical attendants and equipment for in-flight medical care.
- c.* Facilities on or in the vicinity of airstrips and air bases for the limited medical care of in-transit patients entering, en route via, or leaving the system.
- d.* Communication with originating, destination, and en route medical facilities concerning patient transportation.

aeromedical staging unit—(NATO) A medical unit operating transient patient beds located on or in the vicinity of an enplaning or deplaning air base or airstrip that provides reception, administration processing, ground transportation, feeding, and limited medical care for patients entering or leaving an aeromedical evacuation system.

AFLD airfield

AFMIC Armed Forces Medical Intelligence Center

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AIR STD air standard

ALERT Any form of communication used by Headquarters, Department of the Army, or other competent authority, to notify the United States Army National Guard or the United States Army Reserve unit commanders that orders to active duty are pending for the units. Simultaneously with the alert, or as soon as possible during the alert period, the unit is given the effective date of entry on active duty, its mobilization station, mobilization table(s) of organization and equipment, and other basic data as determined by the orders issuing authority.

AM amplitude modulated

AMB ambulance

AMEDD Army Medical Department

AMEDDC&S Army Medical Department Center and School

ANCD air net control device

AO *See* area of operations.

AR Army regulation

area of operations That portion of an area of conflict necessary for military operations. Areas of operation are geographical areas assigned to commanders for which they have responsibility and in which they have authority to conduct military operations.

(DOD, NATO) That portion of an area of war necessary for military operations and for the administration of such operations.

ARTEP Army Training and Evaluation Program

ARTY artillery

ASG area support group

ASMS area support MEDEVAC section

ATM advanced trauma management

ATO air tasking order

attn attention

Glossary-2

AVIM	aviation intermediate maintenance
AVN	aviation
AVUM	aviation unit maintenance
AXP	ambulance exchange point
BAE	brigade aviation element
BAQ	basic allowance for quarters
BAS	battalion aid station
BBPCT	blocking, bracing, packing, crating, and tie-down
BDE	brigade
BEQ	bachelor enlisted quarters
BFC	battle fatigue casualty
BN	battalion
BOQ	bachelor officer quarters
BSA	brigade support area
C2	command and control
C3	command, control, and communications
CAN	combat aviation net
CASEVAC	casualty evacuation
CCP	casualty collection point
CHS	combat health support
CMD	command
CMH	Center of Military History
CMO	civil-military operations

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CNR combat net radio

CO company

COA course of action

COL colonel

combat service support—(DOD) The essential logistic functions, activities, and tasks necessary to sustain all elements of an operating force in an area of operations. Combat service support includes, but is not limited to, administrative services, chaplain services, civil affairs, finance, legal service, health services, military police, supply maintenance, transportation construction, troop construction, acquisition and disposal of real property, facilities engineering, topographic and geodetic engineering functions, food service, graves registration, laundry, dry cleaning, bath, property disposal, and other logistic services.

COMMZ communications zone

COMSEC communications security

CP command post

CPX command post exercise

CS combat support

CSAR combat search and rescue

CSH combat support hospital

CSS *See* combat service support.

DA Department of the Army

DD Department of Defense

debarkation—(DOD) The unloading of troops, equipment, or supplies from a ship or aircraft.

DEFCON *See* defense readiness condition.

defense readiness condition A uniform system of progressive alert postures for use between the Joint Chiefs of Staff and the commanders of unified and specified commands and for use by the Services. Defense readiness conditions are graduated to match situations of varying military severity (status of alert). Defense readiness conditions are identified by the short title DEFCON (5), (4), (3), (2), and (1), as appropriate.

deployment—(DOD, NATO) In naval usage, the change from a cruising approach or contact disposition to a disposition for battle.

- a.* The movement of forces within areas of operations.
- b.* The positioning of forces into a formation for battle.
- c.* The relocation of forces to desired areas of operations.

DOD Department of Defense

DS direct support

DSA division support area

EAC echelons above corps

EAD echelons above division

EEI essential elements of information

embarkation—(DOD) The loading of troops with their supplies and equipment into ships and/or aircraft.

ENCOM Engineer Command

ENGR engineer

EOC Emergency Operations Center

EPW enemy prisoner of war

EVAC evacuation

EW electronic warfare

FA field artillery

FAO finance and accounting office

FARP forward arming and refueling point

FAX facsimile

1SG first sergeant

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FLOT forward line of own troops

FLT flight

FM field manual (when used with a number); frequency modulated

FOB forward operating base

FORSCOM United States Army Forces Command

fragmentary order An abbreviated form of an operation order used to make changes in mission to units and to inform them of changes in the tactical situation.

FSA forward staging area

FSB forward support battalion

FSMC forward support medical company

FSMT forward support MEDEVAC team

FST forward surgical team

FTX field training exercise

FWD forward

G3 Assistant Chief of Staff, G3 (Operations and Plans)

G4 Assistant Chief of Staff (Logistics)

GEN general

GND ground

GP group

GS general support

GWS Geneva—Wounded and Sick

HF high frequency

HN host nation

Glossary-6

HOSP hospital

HQ headquarters

HSSO health service support officer

IHFR improved high-frequency radio

IPB intelligence preparation of the battlefield

ISB intermediate staging base

Law of War—(DOD) That part of international law that regulates the conduct of armed hostilities. It is often termed the law of armed conflict. *See also* rules of engagement.

LDR leader

LNO liaison officer

LOG logistics

LOS line of sight

LZ landing zone

MACOM major Army command

MAINT maintenance

MAJ major

MASCAL mass casualty

MASF mobile aeromedical staging facility

MEDCOM medical command

MEDEVAC medical evacuation

METT-TC mission, enemy, terrain, troops, time available, and civilian considerations

MI military intelligence

MIJI meaconing, intrusion, jamming, and interference

MLRS Multiple Launch Rocket System

MMC Materiel Management Center

MOA Memorandum of Agreement

mobilization The act of assembling and organizing national resources to support national objectives in the time of war or other emergencies. The process by which the Armed Forces or part of them are brought to a state of readiness for war or other national emergency. This includes activating all or part of the Reserve Components as well as assembling and organizing personnel, supplies, and materiel. Mobilization of the Armed Forces includes the following categories:

- a. *Selective mobilization.* Expansion of the active Armed Forces resulting from action by Congress and/or the President to mobilize Reserve Component units, individual ready reservists, and the resources needed for their support to meet the requirements of a domestic emergency that is not the result of an enemy attack.
- b. *Presidential call-up of 200,000 selected reservists (not considered a mobilization).* The President may augment the active forces by call-up of units or individuals of the selected reserve, up to 200,000 personnel, for 90 days, with an additional 90 days, if necessary, to meet the requirements of an operational mission.
- c. *Partial mobilization.* Expansion of the active Armed Forces resulting from action by Congress (up to full mobilization) or by the President (not more than 1,000,000) to mobilize ready Reserve Component units, individual reservists, and the resources needed for their support to meet the requirements of a war or other national emergency involving an external threat to the national security.
- d. *Full mobilization.* Expansion of the active Armed Forces resulting from action by Congress and the President to mobilize all Reserve Component units in the existing approved force structure, all individual reservists, retired military personnel, and the resources needed for their support to meet the requirements of a war or other national emergency involving an external threat to the national security.
- e. *Total mobilization.* Expansion of the active Armed Forces resulting from action by Congress and the President to organize and/or generate additional units or personnel, beyond the existing force structure, and the resources needed for their support, to meet the total requirement of a war or other national emergency involving an external threat to the national security.

mobilization station The designated military installation (active, semiactive, or state owned/controlled) to which a Reserve Component unit is moved for further processing, organizing, equipping, training, and employment, and from which the unit may move to a port of embarkation.

MOPP mission-oriented protective posture

MOS military occupational specialty

MP military police

MRR minimum risk route

MS Medical Service Corps

MSE mobile subscriber equipment

MSMC main support medical company

MSR main supply route

MSRT mobile subscriber radiotelephone terminal

MTF medical treatment facility

MTOE modification table(s) of organization and equipment

MTP mission training plan

NATO North Atlantic Treaty Organization

NBC nuclear, biological, and chemical

NC node center

NCO noncommissioned officer

NM nautical mile

NVG night vision goggles

NWP Naval Warfare Publication

OCONUS outside continental United States

OIC officer in charge

OPCON operational control

operation order A directive issued by a commander to subordinate commanders for affecting the coordinated execution of an operation; includes tactical movement orders.

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operation plan A plan for a military operation. It covers a single operation or series of connected operations to be carried out simultaneously or in succession. It implements operations derived from the campaign plan. When the time and/or conditions under which the plan is to be placed in effect occur, the plan becomes an operation order.

OPLAN See operation plan.

OPNS/OPS operations

OPORD See operation order.

OPSEC operations security

OTSG Office of The Surgeon General

PA physician assistant

pam pamphlet

patient A sick, injured, or wounded person who receives medical care or treatment from medically trained (military occupational specialty-specific or area of concentration-specific) personnel. A casualty becomes a patient when first treated by a medically trained individual.

PERSCOM Personnel Command

PLL prescribed load list

PLT platoon

PMI patient movement items

PNRP personnel notification and recall procedures

POE See port of embarkation.

POI point of injury

POL petroleum, oils, and lubricants

POR preparation of replacements for oversea movement

port of embarkation An air or sea terminal at which troops, units, military-sponsored personnel, unit equipment, and materiel board and/or are loaded.

POS/NAV position/navigation

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POV privately owned vehicle

POW *See* prisoner of war.

prisoner of war—(DOD) A detained person as defined in Articles 4 and 5 of the Geneva Convention Relative to the Treatment of Prisoners of War of August 12, 1949. In particular, one who, while engaged in combat under order of his government, is captured by the armed forces of the enemy. As such, he is entitled to the combatant's privilege of immunity from the municipal law of the capturing state for warlike acts that do not amount to breaches of the law of armed conflict. For example, a prisoner of war may be, but is not limited to, any person belonging to one of the following categories who has fallen into the power of the enemy: a member of the armed forces, organized militia, or volunteer corps; a person who accompanies the armed forces without actually being a member thereof; a member of a merchant marine or civilian aircraft crew not qualifying for more favorable treatment; or individuals who, on the approach of the enemy, spontaneously take up arms to resist the invading forces.

PVNTMED preventive medicine

PZ pickup zone

QSTAG Quadripartite Standardization Agreement

RAU radio access unit

RC Reserve Component

REP repair(er)

ROE *See* rules of engagement.

ROZ restricted operations zone

RPF real property facility

rules of engagement—(DOD) Directives issued by competent military authority which delineate the circumstances and limitations under which United States forces will initiate and/or continue combat engagement with other forces encountered. *See also* Law of War.

S1 Adjutant (US Army)

S2 Intelligence Officer (US Army)

S3 Operations and Training Officer (US Army)

SCC system control center

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SEC section

SECDEF Secretary of Defense

SEMA special electronic mission aircraft

SEN small extension node

SEP separate

SIGSEC signal security

SINGARS single-channel ground and airborne radio system

SM soldier's manual

SMCT soldier's manual of common tasks

SOI signal operation instructions

SOP standing operating procedure

SPIN special instruction

SPT support

SSSC self-service supply center

STANAG standardization agreement

STP soldier's training publication

STX situational training exercise

SVC service

TA theater Army

TAACOM Theater Army Area Command

TAMCA Theater Army Movement Control Agency

TAT to accompany troops

TC training circular

TF task force

TG trainer's guide

time-phased force and deployment data—(DOD) Also called TPFDD. The computer-supported database portion of an operation plan that contains time-phased force data, nonunit-related cargo personnel data, and movement data for the operation plan, including—

- a.* In-place units.
- b.* Units to be deployed to support the operation plan with a priority indicating the desired sequence for their arrival at the port of debarkation.
- c.* Routing of forces to be deployed.
- d.* Movement data associated with deploying forces.
- e.* Estimates of nonunit-related cargo and personnel movements to be conducted concurrently with the deployment of forces.
- f.* Estimates of transportation requirements that must be fulfilled by common-user lift resources as well as those requirements that can be fulfilled by assigned or attached transportation resources.

time-phased force and deployment list—(DOD) Also called TPFDL. Appendix 1 to Annex A of the operation plan. It identifies types and/or actual units required to support the operation plan and indicates origin and ports of debarkation or ocean area. It may also be generated as a computer listing from the time-phased force and deployment data.

TM team/technical manual (when used with a number)

TO theater of operations

TOC tactical operations center

TOE table(s) of organization and equipment

TRI-TAC tri-service tactical communications

TSOP tactical standing operating procedure

UH utility helicopter

UN United Nations

US United States

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USAF United States Air Force

VHF very high frequency

warning order A preliminary notice of an action or order that is to follow. Usually issued as a brief oral or written message designed to give subordinates time to make necessary plans and preparations.

WARTRACE The Army WARTRACE Program aligns Army units under wartime gaining commands and provides units with detailed information concerning their wartime mission. The program organizes and integrates AC and RC units to meet America's Army wartime requirements. The ultimate purpose of the Army WARTRACE Program is to form the basis for unit commanders to enter into cohesive planning associations and to provide training opportunities with their designated wartime chains of command.

WIA wounded in action

WWI World War I

WWII World War II

XO executive officer

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08611A000. Medical Command.
08611L000. Medical Command.

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