

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

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PREFACE

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

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

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

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

The supported units referred to throughout this publication include infantry, light infantry, armor, air assault, airborne, aviation, military intelligence, artillery, air defense artillery, chemical, military police, signal, engineer, DISCOM units, and other units assigned to the division or operating in the division area.

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

The staffing and organization structure presented in this publication reflects those established in living tables of organization and equipment (LTOEs). However, such staffing is subject to change to comply with manpower requirements criteria outlined in Army Regulation (AR) 570-2 and can be subsequently changed by your modified table of organization and equipment (MTOE).

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

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

CHAPTER 1

INTRODUCTION

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

1-1. Division

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

1-2. Division Support Command

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

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

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

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

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

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

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- Class VIII resupply and blood support.
- Medical maintenance.

b. The DMOC is also responsible for coordinating general support (GS) and direct support (DS) relationships of organic medical units and medical units/elements under operational control (OPCON) or attached to the division. Detailed responsibilities are addressed in paragraph 1-4. Appendix A discusses Geneva Conventions compliance for CHS operations.

1-4. Responsibilities of the Division Medical Operations Center

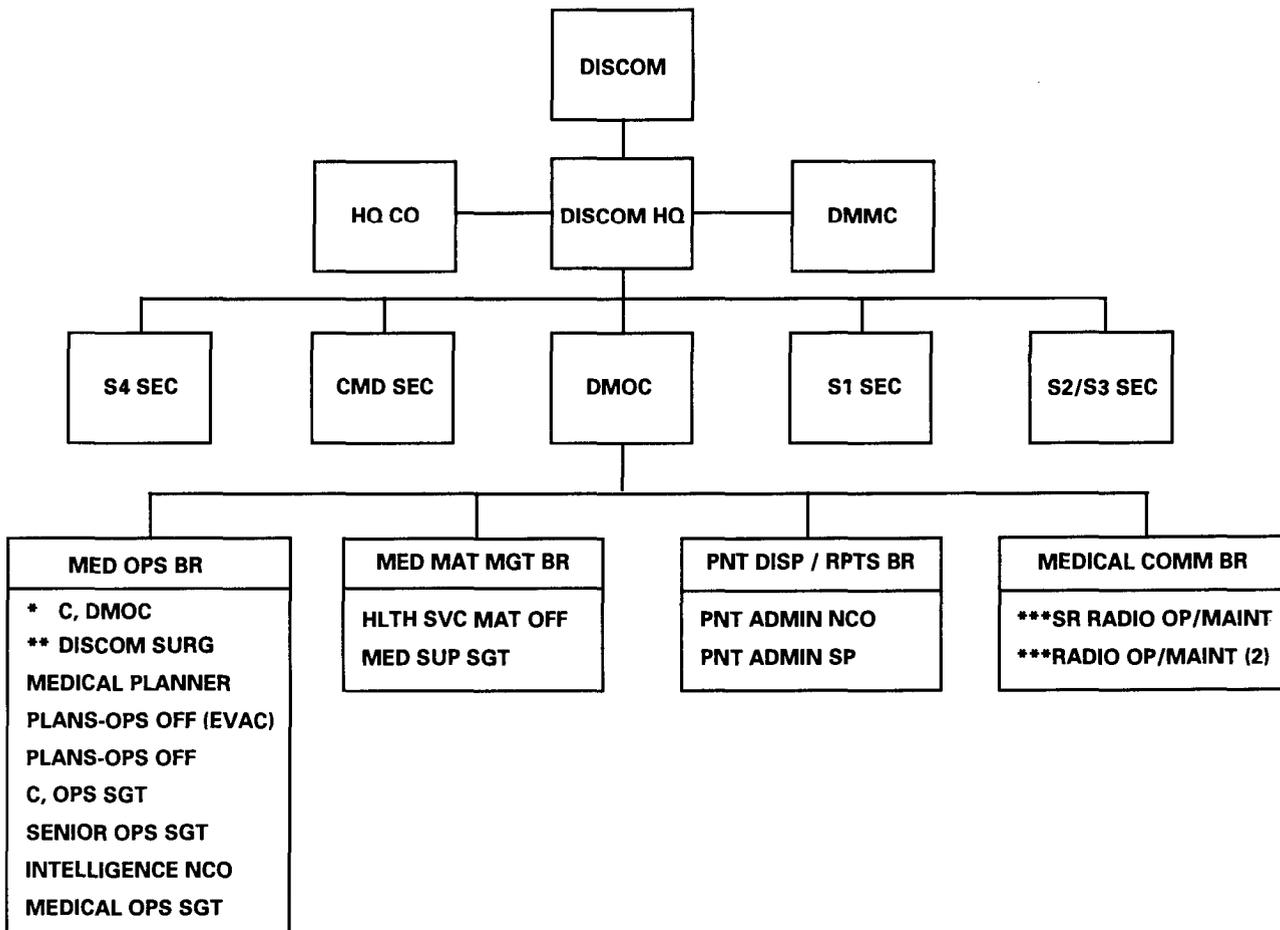
a. The DMOC staff is responsible to the DISCOM commander for staff supervision of CHS within the DISCOM. The division surgeon and DMOC chief will develop operating procedures which will enhance the flow of information and facilitate the synchronization of CHS operations within the division. It is imperative that the division surgeon and the DMOC chief work as a team. Both share equal responsibility for planning and overseeing CHS operations. The DMOC is responsible for monitoring CHS activities within the division area and keeping the DISCOM commander informed of the status of CHS. The division surgeon is informed of the DISCOM's CHS status through reports prescribed by the tactical standing operating procedures (TSOP) (see Appendix B).

b. Figure 1-1 shows the typical organization and staffing of the center. The DMOC consists of a medical operations branch, a medical materiel management branch (MMMB), a patient disposition and reports branch, and a medical communications branch.

c. The DMOC staff assists the division surgeon in planning and conducting division CHS

operations. Specific functions of the DMOC include—

- Planning and ensuring that Echelons I and II CHS for the division is provided in a timely and efficient manner.
- Developing and maintaining the DISCOM medical troop basis, revising as required, to ensure task organization for mission accomplishment.
- Planning and coordinating CHS operations for DISCOM organic medical assets, attached, or OPCON corps assets. This includes reinforcement and reconstitution.
- Coordinating with the DISCOM Operations and Training Officer (US Army) (S3), and division surgeon to prioritize the reallocation of organic and corps medical augmentation assets as required by the tactical situation.
- Overseeing division TSOPs, plans, policies, and procedures for CHS, ensuring they are prepared and executed as applicable.
- Overseeing medical training and providing information to the division surgeon and DISCOM commander.
- Coordinating and prioritizing combat health logistics (CHL) blood management requirements for the division.



- * MAY BE CARRIED IN THE DISCOM COMMAND SECTION OR MAY BE SHOWN UNDER THE DMOC.
- ** DUAL-HATTED AS THE MSMC COMMANDER.
- *** NOT AUTHORIZED WHEN SINGLE-CHANNEL GROUND AND AIRBORNE RADIO SYSTEMS (SINGARS) ARE FIELDDED.

NOTE: THIS FIGURE DEPICTS THE STAFFING FOR A HEAVY DIVISION AS AUTHORIZED BY THE BASE TOE. THE LIGHT INFANTRY, AIRBORNE, AND AIR ASSAULT DIVISIONS HAVE SIMILAR STAFFING. PERSONNEL RESOURCES ARE SUBJECT TO CHANGE. THE LATEST BASE AND MODIFIED TOEs SHOULD BE CHECKED FOR CURRENT STAFFING AUTHORIZATIONS.

Figure 1-1. Division medical operations center.

- Collecting and disseminating medical threat information and coordinating combat health intelligence requirements with the division Assistant Chief of Staff (Intelligence) (G2) according to FM 8-10-8.
- Facilitating functional integration between CHS and military intelligence staff elements within the division. This is done in support of the intelligence preparation of the battlefield.
- Coordinating and directing patient evacuation from division-level medical treatment facilities (MTFs) to corps-level MTFs. This is accomplished through the medical brigade/group medical regulating officer (MRO).
- Coordinating the medical evacuation of all enemy prisoner of war (EPW) casualties.
- Coordinating and managing the disposition of captured medical materiel.
- Coordinating, planning, and prioritizing PVNTMED missions.
- Coordinating corps dental support when the tactical situation permits.
- Coordinating with the supporting veterinary element pertaining to subsistence and animal disease surveillance.

1-5. **Division Medical Operations Center Chief**

The chief, DMOC, has overall responsibility for directing and coordinating the activities of the DMOC. The chief, DMOC—

- Coordinates Army Medical Department (AMEDD) personnel assignments and replacements with the division surgeon.
- Requests DISCOM AMEDD personnel replacements through the DISCOM Adjutant (US Army) (S1).

NOTE

The division surgeon coordinates with the Assistant Chief of Staff (Personnel) (G1) for AMEDD personnel assignments and replacements for the division.

- Identifies division CHS requirements.
- Prioritizes CHS activities for division operations.
- Provides input to the DISCOM's service support annex.
- Provides analysis of medical threat to DISCOM commander, division surgeon, and appropriate DISCOM staff elements.
- Integrates medical intelligence into division-level CHS operations planning and execution.
- Coordinates command relationships of corps-level medical augmentation

according to CHS requirements and the TSOP.

- Advises, assists, and mentors FSMC commanders and battalion-level medical platoon and section leaders on all CHS issues.

1-6. Medical Operations Branch

The medical operations branch is typically staffed with—

- Chief, DMOC.
- The DISCOM surgeon (assigned to MSMC and dual-hatted as DISCOM surgeon).
- Medical planner.
- Plans and operations officer (evacuation).
- Plans operations officers.
- Chief operations sergeant.
- Senior operations sergeant.
- Intelligence noncommissioned officer (NCO).
- Medical operations sergeant.
- Administrative specialist.

a. *Responsibilities.* The medical operations branch is responsible for—

- Developing and coordinating patient evacuation support plans among the DISCOM, division,

and the corps medical group's medical evacuation battalion.

- Coordinating corps-level CHS for the division with the corps medical brigade/group.
- Submitting Army airspace command and control (A2C2) requirements for aeromedical evacuation elements to the division Assistant Chief of Staff (Operations and Plans) (G3) and aviation brigade.
- Ensuring A2C2 information is provided to supporting corps air ambulance assets. The A2C2 information is normally provided by G3 Air at division and by the brigade S3 Air in the maneuver brigades.
- Coordinating for aviation weather information from US Air Force (USAF) WX (weather) detachment in the aviation brigade.
- Ensuring road clearance information is provided to the DISCOM movement control office (MCO) and all ground ambulance assets. This information may include—
 - Nuclear, biological, and chemical (NBC) threat.
 - Priorities for use of evacuation routes.
 - Information reported by medical evacuation assets.

- Monitoring medical troop strength to determine task organization for mission accomplishment.
- Forwarding all medical information of potential intelligence value to the DISCOM Intelligence Officer (US Army) (S2)/S3 section.
- Obtaining updated medical threat and intelligence information through the DISCOM S2/S3 section for evaluation and applicability.
- Managing the disposition of captured medical materiel according to TSOPs.
- Coordinating CSC team support to forward areas with MSMC and division mental health section (DMHS).
- Monitoring division optometry services.

b. Chief Division Medical Operations Center. The duties and responsibilities of the chief, DMOC, were discussed in paragraph 1-5 above.

c. Division Support Command Surgeon. The DISCOM surgeon is dual-hatted as the MSMC commander. For a description of his duties as MSMC commander, see FMs 8-10-1 and 63-21. In his duties as the DISCOM surgeon, he provides staff advice on medical issues to the DISCOM commander and the chief, DMOC. He maintains and manages medical priorities within the DISCOM.

(1) He commands and provides technical assistance to specific elements of the

MSMC that provide divisionwide services. These include the—

- Preventive medicine section.
- Mental health section.
- Optometry section.

(2) Responsibilities of the DISCOM surgeon also include—

- Coordinating with adjacent units on health policies, procedures, and medical threats, as necessary.
- Providing the chief, DMOC, with update briefings on health-related programs, policies, and threats, as necessary.
- Providing technical input to the division CHS plan.
- Monitoring the division PVNTMED program to ensure its effectiveness.
- Monitoring the division mental health program for implementation of stress prevention measures.
- Assisting in implementing the division surgeon's medical training programs and training policy.
- Developing CHS estimates.

d. Medical Planner. The medical planner develops and maintains the medical troops basis. He ensures task organization for mission

accomplishment. He is the chief of the medical operations branch. He is the primary architect of the division CHS plan, based on the commander's intent, guidance from the chief, DMOC, and input from the division surgeon. He monitors brigade and division operations to ensure adequacy of CHS for the supported force.

e. Plans and Operations Officer for Evacuation. The plans and operations officer for medical evacuation plans and coordinates patient evacuation to corps-level medical facilities by Army assets. This officer develops and coordinates medical evacuation plans with the supporting corps-level medical elements. He coordinates with division A2C2 elements to ensure that the supporting corps aeromedical evacuation units receive up-to-date overlays and A2C2 information. He coordinates for aviation weather information from the USAF WX detachment in the aviation brigade.

f. Plans and Operations Officer. The plans and operations officer assists the medical planner with developing and coordinating the division CHS plan. He monitors and tracks CHS operations and updates the medical planner and chief, DMOC, as necessary. He coordinates with division command and control (C2) elements to ensure task organization for mission accomplishment. Based on the commander's intent and guidance from the DISCOM surgeon, he plans for the distribution of PVNTMED and division mental health resources.

g. Chief Operations Sergeant. The chief operations sergeant assists the chief, DMOC, in accomplishing his operational duties. He coordinates and supervises the administration functions within the DMOC.

h. Senior Operations Sergeant. The senior operations sergeant assists the medical planner. He supervises the activities of subordinate enlisted personnel assigned to this branch.

i. Operations Sergeant for Evacuation. The operations sergeant for evacuation assists the plans and operations officer for evacuation in accomplishing his duties.

j. Intelligence Noncommissioned Officer. The intelligence NCO reviews information of potential intelligence value. He coordinates intelligence information with DISCOM S2/S3 section. He works in conjunction with the DISCOM S2 in determining likely enemy movement and expected enemy actions which will affect CHS requirements and operations. He assists in coordinating the disposition of captured medical materiel with the medical logistics (MEDLOG) battalion (forward). This NCO prepares and monitors the division medical intelligence program.

k. Medical Operations Sergeant. The medical operations sergeant assists the senior operations sergeant and the plans and operations officer with the accomplishment of their duties.

l. Administrative Specialist. The administrative specialist provides administrative support for the DMOC. He is also designated as a driver.

1-7. Medical Materiel Management Branch

a. The MMMB is responsible for planning, coordinating, and prioritizing CHL and medical equipment maintenance programs for the division. The branch is staffed with a health service materiel officer (HSMO) and a medical supply sergeant.

b. The specific responsibilities of this branch include the following:

- Providing the division CHL input to the CHS plan in coordination with supporting MEDLOG battalion (forward).

- Coordinating medical maintenance training with supporting MEDLOG battalion (forward), as required.
 - Establishing maintenance priorities for repair and exchange of medical equipment (this is coordinated by the division medical supply office [DMSO]) using the Theater Army Medical Management Information System (TAMMIS).
 - Ensuring that a viable preventive maintenance program is established and monitored.
 - Coordinating the evacuation and replacement of medical equipment with the MEDLOG battalion (forward).
 - Verifying emergency supply requests for submission to the corps MEDLOG battalion (forward), and taking the necessary action to expedite shipment.
 - Analyzing division medical supply operations, identifying trends in performance, and providing technical advice, as necessary.
 - Establishing and managing, in coordination with the division and DISCOM surgeons, the medical critical items list.
 - Interfacing with the division materiel management center (DMMC) and MCO to ensure necessary coordination with the division supply and transportation system occurs.
 - Establishing transportation procedures, based on the tactical situation, with the MEDLOG battalion (forward).
 - Providing technical staff assistance for the DMSO, as required, to ensure divisionwide support for CHL and blood management.
 - Establishing coordination procedures for the disposition of captured medical materiel.
- c. Health Service Materiel Officer.* The HSMO assigned to the MMMB coordinates and manages the CHL support for the division. The HSMO also coordinates and monitors medical equipment maintenance programs for the division.
- d. Medical Supply Sergeant.* The medical supply sergeant assists the HSMO in accomplishing medical supply duties.

1-8. Patient Disposition and Reports Branch

a. Staffing and Responsibilities. The patient disposition and reports branch is responsible for coordinating patient disposition throughout the division. It is typically staffed with a patient administration NCO and a patient administration specialist. The branch obtains and coordinates disposition of patients with the DMOC medical operations branch and corps MRO. It prepares and forwards appropriate medical statistical reports as required.

b. Patient Administration NCO. The patient administration NCO assists the operations officer for evacuation in the coordination of patient disposition in the division. This NCO prepares the

required patient statistical reports and coordinates their timely submission to higher headquarters. He also supervises the patient administration specialist.

c. Patient Administration Specialist. The patient administration specialist assists the patient administration NCO in preparing patient statistical reports and in performing other patient administration functions. He also operates the Tactical Army CSS Computer System (TACCS).

1-9. Medical Communications Branch

a. Responsibilities of the Medical Communications Branch. The medical communications branch is responsible for the operation of the radio and wire communications systems for the DMOC. This branch is typically staffed with a tactical communications chief, a senior radio operator, and single-channel radio operators. The medical communications branch establishes external radio and internal wire communications systems and performs the following:

- Coordinates radio communications with the DISCOM communications branch and with the division signal battalion.
- Establishes amplitude modulated (AM), improved high-frequency radio (IHFR), and frequency

modulated (FM) communications. Establishes and maintains AM and IHFR communications with subordinate DISCOM medical companies and supporting corps medical units.

- Coordinates wire and mobile subscriber equipment (MSE) communications requirements with the DISCOM communications branch and division signal battalions.
- Coordinates through the operations officer with the assistant division signal officer (ADSO) for additional information support systems, as required, to meet mission requirements. This may include the use of single- and multichannel satellite assets.

b. Senior Radio Operator/Maintainer. The senior radio operator/maintainer supervises the enlisted personnel in the operation of the radio and wire communications systems. He is responsible for operating the field radio and for supervising the single-channel radio operators.

c. Radio Operators/Maintainers. There are two radio operators/maintainers that operate the single-channel field radio on a 24-hour basis.

Section II. DIVISION MEDICAL OPERATIONS CENTER INTERFACE FOR COMBAT HEALTH SUPPORT OPERATIONS

1-10. Interface with the Division Support Command Staff

The S1 provides and coordinates personnel support for the command. The DISCOM S1's responsibilities are listed in FM 63-2.

(1) The S1's responsibilities include—

- Tracking critical medical military occupational specialties (MOS).

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- Reporting casualties.
- Conducting replacement operations.
- Making casualty projections for the DISCOM.
- Monitoring patient evacuation and mortality.

(2) Reports submitted from the DMOC to the S1 should be identified in the DISCOM TSOP. These reports may vary depending on the needs of the command.

(3) The DMOC and the S1 must work together and coordinate their staff and operational activities to ensure mission accomplishment.

b. The S2/S3 section is primarily involved with plans, operations, intelligence, and security. The elements of the S2/S3 and its numerous responsibilities are listed in FM 63-2.

(1) Elements of the DMOC and elements of the S2/S3 work together to synchronize CHS activities to division operations. Examples of the coordination that must take place between elements of the DMOC and elements of the S2/S3 section are shown in Table 1-1.

(2) The S2/S3 and the chief, DMOC, must be informed of staff activities and be involved with the decision-making process.

c. The DISCOM Supply Officer (US Army) (S4) is responsible for all logistics matters pertaining to DISCOM units. The DISCOM S4's responsibilities are listed in FM 63-2.

(1) The DMOC is dependent on the DISCOM S4 for logistics support other than medical.

(2) The DMOC must coordinate with the S4 for—

- Assignment of facilities and locations within the DISCOM headquarters area.
- Critical supply items list (nonmedical).

1-11. Interface with Division Staff

a. Interface with the division staff sections on division CHS is performed for the DISCOM commander by the DMOC in consultation with the division surgeon. The DISCOM commander and S2/S3 are kept informed, as required, when DMOC elements interface with division staff elements.

b. The chief, DMOC, monitors and coordinates CHS to division units according to technical guidance provided by the division surgeon.

c. The chief, DMOC, keeps the division surgeon informed on all division CHS activities.

d. The interface between the DMOC and division staff sections will normally occur through the DISCOM headquarters or through the division surgeon. Direct interface between the DMOC and division staff sections maybe required. Examples of subject areas where direct interface may occur are shown in Table 1-2, page 1-12.

e. The DMOC and division staff share a mutual interest in a number of areas. These areas are depicted in Table 1-3, page 1-12.