

MOUT and the Medic

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"MEDIC!" is a call that comes often from the battle positions of an infantry platoon in an active combat situation. In most such situations, an aidman will rush to the side of the casualty and give him the best possible first-level medical care.

But when that same platoon is involved in military operations on urbanized terrain (MOUT), the problem of caring for casualties becomes significantly different. And because our infantry units are likely to be engaged in such operations in any future war, we must train today to make certain we can take care of our casualties tomorrow.

What follows, then, are the major health service concerns an infantry battalion's medical platoon leader as well as its infantry leaders must consider when planning a proper training program.

- Successful training depends on all elements of a command working together. Therefore, medical personnel must be involved in planning all MOUT training. Not only will this ensure prepared, high quality medical training and the integration of an important element of the combined arms team, it will also give infantry leaders a better understanding of the medical support concept of operations.

- All leaders must see to it that self-aid and buddy-aid training is regular, demanding and, above all, realistic. In a MOUT situation, more casualties will be caused by disease and burns, from crushing and fragmentation injuries, and from stress. These areas, therefore, should be highlighted during all MOUT training.

- The medical aidmen must be prepared to support their combat platoons for extended periods of time without

contact with the battalion aid station and the treatment squad. They must be given an adequate stockpile of medical supplies, along with a good dose of self-confidence, and they must be properly assimilated into the platoons to which they are assigned.

- In the platoons, the aidmen have to be trained to move in and around buildings as skillfully as the infantrymen. And they should be trained in such procedures as moving casualties from underground locations or from upper floors.

- The infantry soldiers must also be trained in the techniques of moving casualties in, over, and around obstacles. Because rubble will probably limit the use of ambulances, casualties may have to be man-carried long distances over difficult terrain to casualty collecting points.

- Units must develop methods of locating their wounded soldiers. And, so that they can properly support their dispersed units, the medical aidmen must understand the unit's standard procedures for moving down streets, entering



In urban operations, caring for casualties is significantly different from performing the same tasks in other types of terrain.



buildings, and going between rooms.

• If MOUT operations continue for any period of time, the infantry units must refine their expectations concerning the number and types of casualties they will encounter. This will be a team effort involving both the infantry and the medical leaders, and it will improve the medical platoon's chances of providing the best possible medical care to the infantry soldiers of the supported unit.

• Both the infantry and the medical units must always be ready and willing

to innovate. Every MOUT environment will be different, and medical support will have to be adjusted to meet the changing situation.

• Finally, all leaders should read *The Battle for Hue*, by Keith Nolan, a Vietnam war account of operations in a most difficult MOUT environment.

We know one thing for certain—in a future war we will conduct operations on urbanized terrain. Our infantry soldiers will be called on to fight in small teams scattered in buildings and rooms and will

meet the opposing force at almost every turn. Some will become casualties.

Accordingly, our MOUT training programs must consider these points if we expect good health service support to be available to those infantrymen when and where they need it.

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The British PT Corps

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The United States Army expends a considerable amount of resources in training people to conduct preventive maintenance on its equipment. But does it expend a comparable amount on training personnel to maintain the health and physical conditioning of its soldiers? Probably not.

By contrast, the British Army has made an investment in and a commitment to the

physical conditioning of its soldiers by establishing a permanently staffed Physical Training Corps—a single organization that is totally responsible for coordinating the Army's physical training efforts. This method has proved highly effective in maintaining the health and physical conditioning of British soldiers, and it may be beneficial for us to take a look at that Corps and how it works

The roots of the PT Corps go back to 1860 when 12 noncommissioned officers drawn from various units were sent to Oxford University for a course at the Gymnastic School. The first graduates, called "the Apostles," formed the nucleus of the Army Gymnastic Staff, which by the beginning of World War I numbered 172.

During the war, 2,000 officers and