

At the Breach

Task Force Combat Health Support

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Many task forces training at the National Training Center (NTC) have trouble evacuating casualties from the battlefield in a timely manner and have high died-of-wounds rates throughout their rotations. As a result, soldiers in the unit lose faith in the casualty evacuation system. They begin to believe that if they are wounded on the battlefield they will have little chance of surviving. This article outlines a technique based upon published doctrine for the employment of combat health support (CHS) assets in support of a task force deliberate breach.

The breach of a complex obstacle presents a significant challenge to the task force battle staff and combat service support (CSS) planners. To further complicate planning, no doctrinal templates or published techniques are available to employ forward oriented unit level CHS assets in support of a task force deliberate breach.

Units training at the NTC encounter a battalion defensive area three to five kilometers wide and up to two kilometers deep. The obstacles consist of several different types of barriers, each designed to complement the effects of the others. The linear obstacles consist of belts of surface-laid, antitank mines with antihandling devices, and possibly antipersonnel mines, supplemented by a tank ditch and several wire obstacles. The fighting positions are backed up by antiarmor weapon systems.

Once the task force commander determines that the breaching operation is beyond the means of a single company or team, he must task organize to

conduct a deliberate breach. The task force designates subordinate companies or teams to serve as the support force, breach force, and assault force.

Accordingly, the medical platoon leader must organize his platoon to support the deliberate breach. The treatment squad is split to form treatment teams A and B. The medical platoon leader then organizes the rest of his organic ambulance section and the direct-support ambulances from the forward support medical company (FSMC). The ambulances are distributed between the two treatment teams.

At the company or team level, there is no change to the doctrinal employment of medical assets. Each task force company is allocated one armored ambulance (M113) and combat medics. If the commander assigns the engineer company to serve as the breach force, he should consider positioning an armored ambulance and medics with it. The task organization influences this decision. The company CSS assets move as the fourth platoon, led by the company first sergeant. This fourth platoon may move in the company formation for increased protection, or trail this formation by 500 to 1,000 meters, depending on mission, enemy, terrain, troops, and time available (METT-T).

If the company is the assault, support, or breach force, the fourth platoon remains close enough to provide immediate support. As the companies move through the breach lane, the fourth platoon should follow. Staffs and commanders at the NTC often claim that company trains and elements of the

task force combat trains are too far forward. These CSS assets are normally directed to remain on the near (friendly) side of the breach until all the maneuver forces have passed through. This thinking leads to an increased morbidity rate as evacuation routes and times lengthen.

Elements of the task force medical platoon need to be positioned forward to provide rapid casualty evacuation and treatment. Locating ambulances and a treatment team forward shortens lines of support and facilitates quick medical intervention, enabling medical officers to provide advanced trauma management. There is a need for stabilizing care on the far side of the breach until a second or third lane is established and rearward evacuation begins.

At the Line of Departure

As the task force crosses the line-of-departure with its CHS assets, the treatment teams are prepositioned within the task force formation. This prepositioning helps medical assets in their move forward to the breach and enables them to synchronize their actions with those of the maneuver elements they are following and supporting.

Treatment team A, led by the field medical assistant and the physician assistant, follows one of the support companies and establishes the treatment team approximately one terrain feature behind the company. The support force usually deploys into support-by-fire positions to bring direct fires on enemy forces overwatching the obstacle. After establishing its treatment site, treatment

team A is now prepared to support the near side of the breach.

Treatment team B, led by the battalion surgeon (medical platoon leader), follows the task force formation. This team must remain uncommitted so that it is prepared to move through the breach once a lane has been opened. When enough maneuver space is created, the treatment team moves through the breach and establishes a treatment site on the far side of the obstacle.

The ambulance exchange point (AXP), operated by the FSMC, must be integrated into the task force scheme of maneuver. The AXP, augmented with a treatment team and wheeled ambulances, should move forward with the task force combat trains. The combat trains and the AXP should move, preferably within four kilometers (no more than 10) behind the lead elements of the task force. If this AXP is not planned for and integrated into the scheme of maneuver, task force medical elements will lose their ability to move forward, as casualties awaiting evacuation collect at the treatment locations of teams A and B.

CHS Assets at Execution

The positioning of CHS assets is necessary during the synchronization of the breach and assault. This allows the task force to maintain the flexibility to establish a treatment team on each side of the breach. The decision of when to send treatment team B through the breach lane to support the fight on the enemy side is critical, because the team must be given maximum protection if it is to survive and do its job. This move must be tied to a maneuver event and clearly spelled out in the task force operations order.

Support Force. As companies begin to occupy positions in preparation for the breach, the task force CHS assets begin to move into position. Treatment team A establishes a treatment site behind the support element it has followed to its support-by-fire position. From this position, the treatment team is preparing to support the near side of the breach. Treatment team A assists the company medics by dispatching its

remaining ambulances in an area support role. After casualties have been treated and stabilized by team A, they are evacuated to the AXP for further evacuation to the brigade support area where the medical company is located.

Breach Force. While the breach force is trying to reduce the obstacle, the only medical assets forward at the breach site are those task organized in the fourth platoon of the breach company. The company medics, in an M113 ambulance, establish a casualty collection point near the entrance to the breach lane but out of the fire sack. Casualties from the breach element are moved to the company collection point where they are prepared for evacuation to treatment team A. If the number of casualties at the breach company collection point exceeds the evacuation capability of the company ambulance, treatment team A can help by dispatching its area support ambulances. When a damaged vehicle is removed from the lane, the casualties can be extracted and evacuated to the company collection point at the lane entrance. As the breach force reduces the obstacle and opens a lane, the company medics follow the company through the lane to a planned collection point on the far side of the breach.

Assault Force. When the obstacle has been breached, the assault force moves through the lane to destroy the enemy forces defending the obstacle. The assault force may continue to attack, expanding the lodgement area and rolling the flanks of the enemy. The assault force medics must be prepared to establish a casualty collection point on the far side of the breach, where they will treat and stabilize casualties until treatment team B can move forward. As the task force begins to move through the breach, treatment team B moves forward and travels through the breach lane behind the second company through the obstacle. This treatment team establishes a task force casualty collection point near the breach lane exit and sends out its area support ambulances to begin collecting casualties from the company collection points. Depending

upon the number of lanes created, the task force should not plan on evacuating casualties through the obstacle until all task force maneuver elements have moved to the far side.

After treatment team B has established a position on the far side of the breach, treatment team A prepares to move forward. Treatment team A will not displace from its location, however, until all casualties have been evacuated, or until the AXP comes forward to team A's location to assume responsibility. After evacuating the casualties or transferring responsibility for them to the AXP, treatment team A moves forward and follows the task force to its objective, providing continuous support.

All leaders in a unit are charged with the welfare of their soldiers. Leaders must ensure that systems are functional and soldiers trained on them. The casualty evacuation system and methods of employing CHS assets are historically poorly understood and receive little training emphasis as a system. Leaders must start with doctrine, apply it on the basis of METTT, and incorporate casualty evacuation into their training events.

Task force medical assets must be positioned forward to provide timely and effective forward-oriented CHS. The CSS planners must be integrated into the task force planning process to ensure that the support elements are synchronized with the maneuver elements. The movement of the treatment teams is driven by events. If the task force is to succeed, the teams must be positioned forward where they can quickly react to change as in the tactical situation.

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