

**Change 117**  
**Manual of the Medical Department**  
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To: Holders of the Manual of the Medical Department

1. **This Change** completely revises Chapter 19, Fleet Marine Force.
2. **Action**
  - a. Remove old Chapter 19 and replace with new Chapter 19.
  - b. Record this change 117 in the Record of Page Changes.



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Medicine and Surgery

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**Chapter 19**

# **Fleet Marine Force**



# Chapter 19

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# Section I

## RESPONSIBILITIES

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### 19-1 U. S. Marine Corps

#### (1) *The Commandant*

(a) The Commandant of the Marine Corps is directly responsible to the Secretary of the Navy for the administration, discipline, internal organization, training, requirements, efficiency, and readiness of the Marine Corps; the operation of the Marine Corps materiel support system; and the total performance of the Marine Corps.

(b) The Commandant of the Marine Corps is also directly responsible to the Chief of Naval Operations for the organization, training, and readiness of those elements of the operating forces of the Marine Corps assigned to the Operating Forces of the Navy. The Commandant is responsible for planning and determining Marine Corps needs. He plans, forecasts, and determines Marine Corps requirements for equipment, material, personnel, and supporting services. In meeting these responsibilities the required medical personnel, equipment, and supplies are allocated through coordination with BUMED.

(c) Medical duties and facilities available within the Marine Corps organization are detailed in MCWP 4-11.1, "Health Service Support Operations."

Additional information on the relationships between the Marine Corps and the Navy are provided in the U.S. Navy Regulations, Navy Department General Order No. 5, and the Marine Corps Manual.

#### (2) *The Medical Officer, U.S. Marine Corps*

(a) *Mission.* The Medical Officer, U.S. Marine Corps, advises the Commandant and staff agencies on all health services matters.

#### (b) *Functions*

(1) In coordination with the appropriate staff agencies, determines requirements for, and makes recommendations relative to medical support assigned to the Marine Corps.

(2) Initiates action to obtain medical personnel and material to meet Marine Corps needs.

(3) Assists staff agencies in the formulation of landing force and field medical doctrines, procedures, and programs.

(4) N093M, Deputy for Marine Corps Medical Matters, maintains liaison between the Commandant of the Marine Corps/Chief BUMED on all matters relating to the medical support of the Marine Corps.

#### (3) *The Dental Officer, U. S. Marine Corps*

(a) *Mission.* The Dental Officer, U.S. Marine Corps advises the Commandant and staff agencies on all dental matters.

(b) *Functions*

(1) In coordination with the appropriate staff agencies, determines requirements for, and makes recommendations relative to medical support assigned to the Marine Corps.

(2) Initiates action to obtain medical personnel and material to meet Marine Corps needs.

(3) Assists staff agencies in the formulation of landing force and field medical doctrines, procedures, and programs.

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**19-2**

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**Bureau of Medicine  
and Surgery**

(1) The Assistant Chief, Operational Medicine and Fleet Support (MED-02) administers and coordinates all of the BUMED aspects relating to fleet and Marine Corps medical support.

## Section II

# SUPPORT

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## 19-3 Medical Support

*(1) Medical support to the Fleet Marine Force (FMF) must satisfy three responsibilities:*

(a) The first responsibility is to conserve the combat power of the command by a continuous and dynamic preventive medicine program and by early return to duty of patients no longer requiring medical care. Because of diversity in climates, terrain, disease vectors present, and many other factors in areas of potential Marine deployment, individual and unit preventive medicine measures are necessary at all command levels. Supervision and technical direction of preventive medicine measures are functions of medical personnel.

(b) The second responsibility is to provide the best possible day-to-day care for the sick and injured. This encompasses essential diagnosis, evaluation or triage, initial medical treatment, and

evacuation by means available to medical facilities appropriately situated and equipped for definitive patient care. The chain and methods of evacuation are normally as shown in the table at the end of article 19-25. However, concepts of casualty evacuations are subject to change with individual situations; helicopters frequently bypass the aid stations, shock trauma platoons, and surgical companies, flying directly to the designated casualty receiving ships or to rear-area hospital installations.

(c) The third responsibility is medical planning in support of operations and encompasses the determination of, and formulation of plans to supply, the expected medical needs (equipment, personnel, training, and supporting services) of the FMF.

*(2) Operation of medical support in the FMF is a command function.* Commanders are provided medical personnel and equipment to meet their needs or mission. When organic capability is inadequate for a particular situation, additional medical support must be requested from the next higher level. Medical support is planned to conform to the tactical plans and policies of the commander.

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**19-4**

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**Dental Support**

(1) **General.** Dental support to the FMF is provided at the Marine Expeditionary Force (MEF) level by the dental battalion assigned to the force service support group (FSSG) by Dental and Medical Service Corps officers. These officers are clinically and administratively assisted by Navy enlisted dental technicians as well as enlisted Marine Corps personnel attached to force dental units.

(2) **Mission.** The mission of the FMF dental organization is to maximize the dental health and readiness of FMF personnel to ensure the combat effectiveness both in garrison and while deployed. During contingency or mass casualty situations, FMF dental personnel augment the medical effort under the direction of the cognizant medical authority.

(3) **Information.** See chapter 6, section XII, for more complete information on dental support to the Marine Corps.

## Section III

# FMF GENERAL ORGANIZATION

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## 19-5

### General

(1) The Marine Corps, within the Department of the Navy, is organized as a general purpose “force in readiness” to support national needs. Deploying for combat as combined-arms Marine air-ground task forces (MAGTFs), the Marine Corps provides the National Command Authority with a responsive force that can conduct operations across the spectrum of conflict. For a complete and thorough breakdown of the organization of the U.S. Marine Corps consult the Marine Corps Reference Publication “Organization of Marine Forces” (MCRP 5-12D).

## 19-6

### Organization and Chain of Command

(1) *Two parallel chains of command—Service and operational—exist within the Marine Corps.* The Service chain begins with the President, through the Secretary of Defense, and continues through the Secretary of the Navy and the Commandant of the Marine Corps. The operational chain runs from the President, through the Secretary of Defense, directly to commanders of combatant commands for missions and forces assigned to their commands. Marine Corps component commanders provide operational forces to commanders of combatant commands and other operational commanders as required. The Marine Corps is divided into four broad categories: operating forces; the Marine Corps Reserve; the supporting establishment; and Headquarters, U.S. Marine Corps.



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**19-7** Marine Corps  
Operating Forces

(1) *The Marine Corps' operating forces consist of:*

- (a) Marine Corps forces.
- (b) Marine Corps security forces at naval installations.
- (c) Marine security guard detachments at embassies and consulates around the globe.
- (d) Marine Corps forces are organized as MAGTFs and are either employed as part of naval expeditionary forces or separately as part of larger joint or combined forces.

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**19-8** Marine Corps  
Forces Reserve

(1) The Marine Corps Forces Reserve is a vital element of the Marine Corps total force and is organized under the Commander, Marine Corps Forces Reserve. It can augment and reinforce any operations in which Marine Corps forces participate and contains some capabilities that are not resident in the active forces, such as civil affairs and graves registration.

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**19-9** Supporting  
Establishment

(1) The Marine Corps supporting establishment consists of those personnel, bases, and activities that support the Marine Corps operating forces. This infrastructure consists primarily of 16 major bases and stations in the United States and Japan and all the personnel, equipment, and facilities required to operate them.

(2) This equates to approximately 30,000 Marines. The supporting establishment also includes the Marine Corps Recruiting Command, the Marine Corps Combat Development Command and the Marine Corps Systems Command, as well as all training activities and formal schools. Additionally, the supporting establishment includes those civilian activities and agencies that provide support to Marine Corps forces.

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**19-10** Headquarters,  
U. S. Marine Corps

(1) Headquarters, U.S. Marine Corps, consists of the Commandant of the Marine Corps and those staff agencies that advise and assist the Commandant in discharging those responsibilities prescribed by law and higher authority. The internal organization of Headquarters, U.S. Marine Corps is described in the Headquarters Marine Corps Organization Manual.

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**19-11** Marine Air-Ground  
Task Force  
(MAGTF)

(1) The MAGTF is the Marine Corps' principle organization for the conduct of all missions across the range of military operations. MAGTFs are balanced, combined-arms forces with organic ground, aviation, and sustainment elements. They are flexible, task-organized forces that can respond rapidly to a contingency anywhere in the world and are able to conduct a variety of missions. Although organized and equipped to participate as part of naval expeditionary forces, MAGTFs also have the capability to conduct sustained operations ashore. MAGTFs are organized, trained, and equipped to perform missions ranging from humanitarian assistance to peacekeeping to intense combat and can operate in permissive, uncertain, and hostile environments.

(2) Although MAGTFs are task organized, each MAGTF, regardless of its size or mission, has the same basic structure. Each MAGTF has four core elements: A command element (CE), a ground combat element (GCE), an aviation combat element (ACE), and a combat service support (CSS) element (CSSE).

(a) The CE is the MAGTF headquarters. It is task organized to provide command and control capabilities (including intelligence and communications) necessary for effective planning, direction, and execution of all operations.

(b) The GCE is task organized to conduct ground operations in support of the MAGTF mission. It is normally formed around an infantry organization reinforced with requisite artillery, reconnaissance, armor, and engineer forces and can vary in size and composition from a rifle platoon to one or more Marine divisions.

(c) The ACE is task organized to support the MAGTF mission by performing some or all of the six functions of Marine aviation. The ACE is normally built around an aviation organization that is augmented with appropriate air command and control, combat, combat support, and CSS units.

(d) The CSSE is task organized to provide the full range of CSS functions and capabilities needed to support the continued readiness and sustainability of the MAGTF as a whole. It is formed around a CSS headquarters and may vary in size and composition from a support detachment to one or more Marine FSSG.

## Section IV

# FMF MEDICAL STAFF OFFICERS

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## 19-12 Force Surgeon

(1) The Force Surgeon advises the Marine force commander on all medical matters, develops training policy of medical personnel and medical units, and prepares force medical plans. He also coordinates the medical service of the Marine Expeditionary Force (MEF) with that of other services, both in planning and during operations. He is a special staff officer and has no command function.

## 19-13 Force Dental Officer

(1) The Force Dental Officer advises the marine force commander on all dental matters. He works with the Force Surgeon on issues of medical logistics and dental support of operational plans. He coordinates with the commander in chief and other component dental officers on mutual support issues. He is a special staff officer and has no command function.

## 19-14 MEF Surgeon

(1) The MEF surgeon advises the MEF commander on all medical subjects, supervises training of medical personnel and medical units, and prepares MEF medical plans. He also coordinates the medical service of the landing force with that of the amphibious task force, both in planning and during operations. He is a special staff officer and has no command function.

## 19-15 MEF Dental Officer

The Dental Battalion Commander has additional duty as the MEF Dental Officer. He advises the MEF Commander on all dental matters. He coordinates with the MEF Surgeon to develop the dental portion of the Health Service Support portion of operational plans. As the MEF Dental Officer, he is a special staff officer and has no command function.

## 19-16 Division Surgeon

(1) The Division Surgeon functions as a special staff officer under the cognizance of the Assistant Chief of Staff for Logistics (ACS/G-4). He advises and represents the Division Commander in all division medical service matters.

(a) **Responsibilities include:**

(1) Supervise all division medical activities and instruct medical personnel.

(2) Ensure all medical supplies and equipment are properly stored, issued, and maintained.

(3) Prepare division's medical plans and supervise the system of medical treatment and evacuation.

(4) Recommend to the division commander medical training and employment of all personnel to promote the medical welfare of the command.

(5) Advise and recommend preventive medicine, environmental sanitation, and vector control measures; and the care, treatment, and evacuation of the sick and wounded.

(6) Ensure records are kept and reports are made.

(7) Assign and replace medical personnel.

(8) Monitor medical aspects of research and development.

## 19-17 Group Surgeon

(1) The Group Surgeon is a special staff officer under the cognizance of the Assistant Chief of Staff for Logistics (ACS/G-4). He advises the Force Service Support Group (FSSG) commander in all matters relating to the health of the command.

(a) **Responsibilities include:**

(1) Supervise all group medical activities and instruct medical personnel.

(2) Prepare group medical plans and orders.

(3) Recommend to the group commander medical training and employment of all personnel to promote the medical welfare of the command.

(4) Advise and recommend preventive medicine, environmental sanitation, and vector control measures; and the care, treatment, and evacuation of the sick and wounded.

(5) Ensure records are kept and reports are made.

(6) Assign and replace medical personnel.

(7) Monitor the medical aspects of research and development.

(8) Supervise the operation of the group aid station.

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**19-18**

**Group Dental  
Officer**

(1) The Dental Battalion Commander is also the Group Dental Officer. The Group Dental Officer advises the FSSG Commander on all dental support matters for all MEF personnel. He works with the Group Surgeon to develop employment plans for dental personnel assigned to the FSSG in support of deployment of MEF operations.

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**19-19**

**Wing Surgeon**

(1) The Wing Surgeon advises and represents the Wing Commander in all Marine Aircraft Wing medical service matters. He is a special staff officer and has no command function.

(a) ***Responsibilities include:***

(1) Supervise all wing medical activities and instruct medical personnel.

(2) Prepare wing medical plans and orders.

(3) Recommend to the wing commander medical training and employment of all personnel to promote the medical welfare of the command.

(4) Advise and recommend preventive medicine, environmental sanitation, and vector control measures; and on the care, treatment, and evacuation of the sick and wounded.

(5) Ensure records are kept and reports made.

(6) Assign and replace medical personnel.

(7) Monitor the medical aspects of research and development.

## Section V

# FMF MEDICAL ORGANIZATION

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## 19-20

### Battalion Aid Station

(1) **General.** Each Marine battalion has within its organization a battalion aid station (BAS). The BAS of an infantry battalion is the most forward deployed and most mobile of the medical treatment facilities supporting MAGTFs. They are comprised of one to two medical officers (battalion surgeon) and up to 65 hospital corpsmen depending on the size of the battalion. The hospital corpsmen are further assigned to the line and weapons companies as needed.

(2) **Mission.** The mission of the BAS is to provide direct support to company and platoon corpsmen, and to provide advanced trauma life support under fire.

#### (3) *Tasks*

- (a) Conduct triage.
- (b) Treat casualties to minimize mortality, prevent further injury and stabilize for further evacuation.
- (c) Record all casualties received and treated and report to appropriate unit sections for preparation of casualty reports.
- (d) Provide temporary shelter in conjunction with emergency treatment.
- (e) Return patients to duty when possible.
- (f) Transfer evacuees to evacuation vehicles.
- (g) Initiate treatment of combat stress casualties.
- (h) Provide routine sick call for battalion personnel.
- (i) Maintain medical records of battalion personnel.
- (j) Provide personnel replacement and medical resupply for company medical platoons.

## 19-21 Squadron Medical Section

(1) **General.** Each flying squadron has a medical section consisting of a flight surgeon and three to four corpsmen, depending on the type and size of the squadron.

(2) **Tasks.** Squadron medical sections are capable of conducting routine sick call as well as aviation medical functions. However by virtue of the centralization inherent in airfield organization and support, squadron medical sections are usually colocated and work in conjunction with other medical sections in the BAS established by the Marine Wing Support Group.

## 19-22 Medical Battalion

(1) **General.** Within the MEF, the medical battalion is the primary source of medical support above aid station level. The primary purpose of the medical treatment facilities of the battalion is to provide initial resuscitative (level II) treatment. Treatment capabilities include emergency surgical procedures which, in themselves, constitute resuscitation and without which death or serious loss of limb or body function is likely.

(2) **Mission.** The medical battalion provides direct and general medical support to the MEF, to sustain the combat effort.

### (3) Tasks

(a) Provide health care through the second level of medical care, to include initial resuscitative care, resuscitative surgery, and temporary hospitalization of casualties.

(b) Provide medical regulating services to the MEF and smaller MAGTFs.

(c) Evaluate, recommend, and apply preventive medicine measures for the prevention and control of disease.

(d) Assist in the collection, analysis, and dissemination of medical intelligence.

(e) Provide medical care at casualty decontamination stations.

(f) Provide casualty evacuation support to forward medical elements and coordinate casualty evacuation rearward to appropriate levels of medical care.

(g) Provide medical support for management of mass casualties and combat stress casualties.

(h) Assist in identification of human remains and preparation of death certificates, as required, in support of graves registration programs.

(4) **Organization.** The medical battalion consists of a headquarters and service company (H&S Co.) and, three identical surgical companies. Its organization and equipment allow flexibility of employment to meet the varied and specialized conditions of an amphibious operation.

(a) **H&S Co.** The H&S Co. is organized and equipped to perform administrative and service functions for the battalion. It is comprised of the battalion staff and company headquarters, operations, supply, medical intelligence, motor transport, and communications sections. Light weight, highly mobile shock/trauma platoons are detached from and are under the command and control of H&S Co.

(b) **Surgical Company.** The surgical company is organized and equipped to be the primary 2<sup>nd</sup> level care facility supporting a MAGTF. A full surgical company has three operating rooms and a 60-bed ward with supporting laboratory, x-ray, preventive medicine, and pharmacy services. By virtue of its larger size, a fully deployed surgical company is best suited for a support role from a location less likely to require displacement and relocation. However, the company's structure and organization lends itself to dividing into three independently capable units for deployment.

(c) *Shock Trauma Platoon (STP)*. The STP is the smallest, most mobile medical support platoon of the medical battalion. It can serve as a beach evacuation station, reinforce a battalion aid station (BAS), operate as an intermediate casualty collecting and clearing point between forward medical elements and the surgical company, or serve as the forward element of a surgical company (i.e., triage/evacuation platoon) preparing to relocate. An STP reinforced with preventive medicine, group aid station, and dental personnel may also provide HSS to a Combat Service Support Detachment or MEU Service Support Group (MSSG). An STP can also be augmented with NBC personnel and made capable of providing casualty decontamination before treatment. Having just 10 patient holding beds, in its pure form, it is designed to be mobile and transport itself with organic equipment composed of: two 5 ton trucks, two high mobility multipurpose wheeled vehicle (HMMWV) ambulances, one HMMWV truck, two utility trailers, and one 400 gallon water trailer.

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## 19-23

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## Dental Battalion

(1) In garrison, the dental battalion provides level 4 comprehensive dental services to the MEF. It provides task-organized detachments that attach to medical battalion units to provide level 1, 2, or 3 dental service support to the MAGTF. Dental battalion personnel maintain dental readiness during exercises, deployments, operations other than war, and combat.

(2) In an operational environment, the dental battalion's primary mission is to provide dental health maintenance with a focus on emergency care. Dental detachment personnel's secondary mission is to provide medical augmentation during periods of casualty overload. This support may include postoperative, ward, central sterilization, supply room support, and other medical support as determined to be appropriate by the onsite medical commander. The dental battalion commander has additional special staff officer duties as the MEF and FSSG dental officer.



## Section VI

# MEDICAL EVACUATION

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## 19-24                      Levels of Care

(1) The concept of care at each level of the Health Service Support (HSS) system is limited by four interacting factors:

- (a) Urgency of patients' needs.
- (b) Requirement for mobility of medical personnel and facilities.
- (c) Capabilities of HSS personnel, their equipment and supplies.
- (d) The workload of each level of care relative to its capacity.

(2) Wartime casualties are evacuated through the HSS system according to their need until they arrive at a facility with the capabilities to begin decisive intervention, the time required to perform necessary procedures and the bed capacity to retain the patient.

(3) Levels of care, as described here, illustrate the continuum of care as it is designed and structured to support a MAGTF in combat.

(a) **Level I: First Aid/Emergency Medical Care**

(1) **Unit Hospital Corpsman (First Aid).**  
The unit corpsman represents the first point at which a wounded, sick or injured Marine might receive medical attention from medical department personnel. This care includes examination and evaluation followed by emergency or lifesaving measures.

(2) **BAS.** This level of treatment is distinguished by the availability of a physician's clinical judgment and skills. Care is provided in a relatively safe environment with sufficient time to initiate an appropriate treatment plan. Treatment may include surgical airway support, intravenous fluids, antibiotics, and appropriate splints and bandages. At this level, care is aimed at preparing the patient for return to duty or transportation to the level of care demanded by their condition.

(b) **Level II: Initial Resuscitative Care**

(1) This level of care is characteristic of a surgical company or a casualty receiving and treatment ship.

(2) This level of care is distinguished by the application of clinical judgment and skill by a team of physicians, nurses, and medical technicians. It includes surgical capability, basic laboratory, x-ray, pharmacy, and ward holding facilities.

(3) The objective of this phase of treatment is to perform those emergency surgical procedures which constitute resuscitation.

(c) **Level III: Resuscitative Care**

(1) This level of care is normally provided at combat zone fleet hospitals and hospital ships. The scope of treatment requires clinical capabilities normally found only in a hospital properly staffed, equipped, and located in an environment with a low level of threat from enemy action. For a given patient, this level of care is the initial step toward restoration of functional health. For many patients, resuscitative care constitutes the definitive treatment that is needed to return them to full duty.

(d) *Level IV: Definitive Care*

(1) The definitive phase of treatment provides a level of care adapted to the precise condition of a patient. Such care is normally provided by a fully staffed hospital, and embraces those endeavors necessary to complete the patient's recovery.

(e) *Level V: Convalescent, Restorative and, Rehabilitative Care*

(1) This level of care is normally provided by military and/or Department of Veterans Affairs hospitals inside of the Continental United States. The convalescent phase of care is a period of minimal care and increasing physical activity necessary to restore a patient to functional health and allow a return to duty. Patients requiring restorative and rehabilitative care are normally not candidates for return to full duty.

**19-25 Patient Movement**

(1) Current Marine Corps doctrine is to use "lifts of opportunity" for moving patients between theater medical facilities and levels of care. The table below indicates how these lifts would normally be accomplished.

<b>From</b>	<b>Mode of Transport</b>	<b>To</b>
<b>Front Line</b>	Helicopter, Litter Bearers, Walking	Aid Station
<b>Aid Station/STP</b>	Ambulance, Amphibious Vehicle, Helicopter Ambulance, Amphibious Vehicle, Helicopter Amphibious Vehicle, Landing Craft, Helicopter	Shock Trauma Platoon (STP) Surgical Company Casualty Receiving Ships
<b>Surgical Company</b>	Ambulance, Amphibious Vehicle, Helicopter Ambulance, Amphibious Vehicle Landing Craft, Helicopter Aircraft	Fleet Hospital Casualty Receiving Ships/ Hospital Ship Rear Area Hospital
<b>Shore Evacuation Station</b>	Amphibious Vehicle, Landing Craft, Helicopter	Casualty Receiving Ships
<b>Fleet Hospital</b>	Ambulance Helicopter, Amphibious Vehicle Landing Craft Casualty Receiving Ships, Aircraft	Hospital Ship  Out of Objective Area (CONUS)