

CHAPTER 14

COMMAND, CONTROL, COMMUNICATIONS,
COMPUTERS, AND INTELLIGENCE**Section I. COMMAND AND CONTROL****14-1. Command and Control Terms**

a. Command. Command is the authority that a commander exercises over his subordinates by virtue of his rank or assignment. Command includes the authority and responsibility for effectively using available resources and for planning, organizing, directing, coordinating, and controlling military forces for the accomplishment of assigned missions. It includes responsibility for health, welfare, training, and discipline of assigned and attached personnel.

b. Operational Control. Operational control is that control which comprises functions of command involving composition of subordinate forces, assignment of tasks, designation of objectives, and the authoritative direction to accomplish the mission. Operational control is delegated by authority of the individual who has overall force control. It does not include administration, discipline, and internal organization or unit training.

c. Technical Control. Technical control is defined as that specialized or professional guidance exercised by an authority in technical matters. The corps surgeon normally exercises technical control over the health services of the corps. In a practical sense, one can say that the corps surgeon has authority to deal through technical channels of communication with surgeons of subordinate commands in matters pertaining to the practice of medicine, with full expectation that his policies will be carried out.

14-2. Command and Control of Corps Medical Units.

a. Under the medical command and control concept, all nondivisional corps medical units are placed under the command of the major medical command and control headquarters within the corps (COSCOM). (See FM 8-10.) This headquarters is normally a medical brigade headquarters. Under certain circumstances, however, when the number of medical troops employed does not warrant a brigade, the major medical command and control headquarters may be a medical group headquarters.

b. The corps medical brigade headquarters commands, controls, plans for, and operates the corps HSS system. The HSS mission is accomplished through centralized control of decentralized operations. Policies are provided for the effective integration of health service activities in the corps and are coordinated with supported units. The major subordinate command and control elements of the medical brigade in a corps are the headquarters of the medical groups. The major subordinate command and control elements of the medical group in a corps are normally the headquarters of the medical battalions (such as evacuation or area support).

c. The corps surgeon provides the corps commander with a continuing series of long-range plans for provision of HSS. The medical brigade/group fill out the details of these plans and

translate them into missions for the subordinate medical groups/battalions.

14-3. Command and Control in the Communications Zone

a. The TA commander exercises command and control over all CSS units. The MEDCOM commander exercises command and control over all assigned and attached medical units. He also commands and controls any non-medical unit assigned or attached to the MEDCOM for support of COMMZ HSS operations.

b. The MEDCOM commander provides assistance in preparing broad plans, policies, and directives for implementing so much of the TA plans as pertain to COMMZ HSS.

14-4. Theater of Operations Command and Control Units

The major HSS command and control units in the TO are the MEDCOM, the medical brigade, and the medical group. (See paragraphs 14-5, 14-6, and 14-7.)

14-5. Headquarters and Headquarters Company, Medical Command, TOE 08-611L000

a. *Mission.* The mission of the HHC, MEDCOM, is to provide command, control, administrative assistance, technical supervision, and consultation services for assigned and attached units in the TO. A schematic of a MEDCOM is depicted in Figure 14-1. A schematic of an HHC, MEDCOM, is depicted in Figure 14-2.

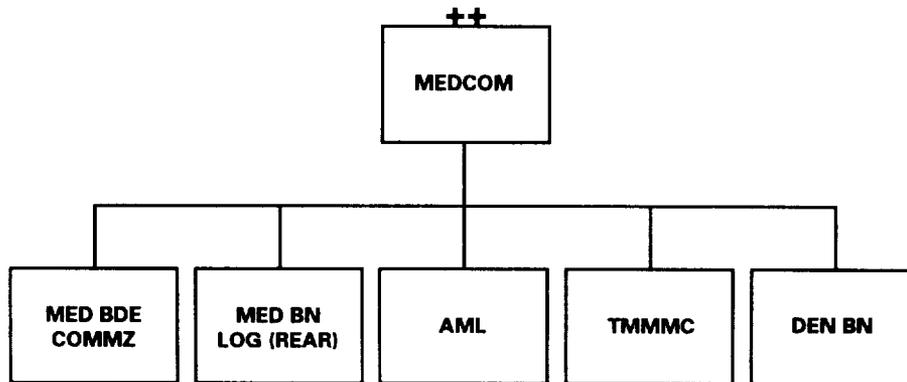
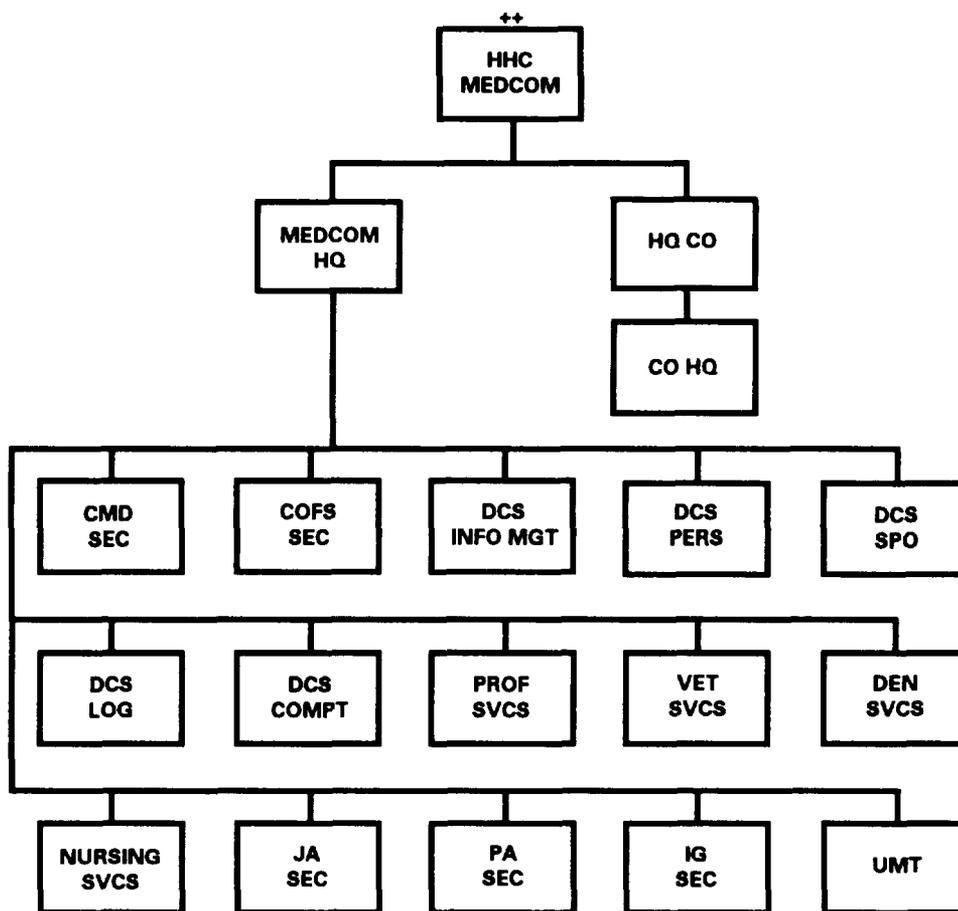


Figure 14-1. Medical command.



LEGEND:

COFS	CHIEF OF STAFF	PA	PUBLIC AFFAIRS
COMPT	COMPTROLLER	PROF	PROFESSIONAL
DCS	DEPUTY CHIEF OF STAFF	SEC	SECTION
IG	INSPECTOR GENERAL	SPO	SECURITY, PLANS, & OPERATIONS
INFO	INFORMATION	UMT	UNIT MINISTRY TEAM
JA	JUDGE ADVOCATE	VET	VETERINARY
MGT	MANAGEMENT		

Figure 14-2. Headquarters and headquarters company, medical command.

b. *Assignment.* This organization is assigned to the TA.

c. *Capabilities.* This organization provides—

• Command and control units providing HSS in the TO.

• Task organization for all TO medical assets to meet the patient work load. Medical assets are designed by duty functions and are interchangeable throughout the TO to meet work load requirements.

• Advice to senior commanders on the medical aspects of their operations.

Ž Command, control, staff planning, supervision of operations, and administration of the assigned and attached units. These functions include coordination for employment, patient evacuation, supply and equipment management, administrative services for the headquarters, and coordination between medical units operating in the MEDCOM's AOR.

- Medical regulating and evacuation scheduling for patient movement to and between assigned and attached MTFs. This includes coordination with the Echelon III MROs and the JMRO in the TO. This office provides technical advice and assistance concerning patient statistics, patient movement, administrative support, and statistical data requirements.

Ž Consultation services and technical advice in PVNTMED (environmental health, medical entomology, epidemiology, radiological health, sanitary engineering), nursing, dentistry, veterinary services, NP and social work, medicine and internal medicine, surgery, dietetics, optometry, and pharmacy to supported units. Preventive medicine consultative services include assessment of the medical threat, evaluation of theater PVNTMED program, technical advise on medical aspects of NBC and DE weapons, and staff coordination of theater PVNTMED services. Neuropsychiatry and social work services include the recommendations for regulating the combat stressed soldier, psychiatric consultation, alcohol and drug prevention/control programs, and providing advice on the coordination of operations of the medical companies, CSC in the MEDCOM's AOR. Dietary services and technical assistance include advice on nutrition in relation to health and fitness and medical food service consultation. Veterinary services and technical advice include status of approved sources of food for local procurement, food in storage, incidence or prevalence of zoonotic diseases, and food wholesomeness, hygiene, safety, and quality assurance standards. Veterinary services also include inspection of food

suspected of NBC contamination for wholesomeness before it is consumed by troops.

- Advice and assistance in facility site selection and preparation.

Ž Supervision of Class VIII and general supply usage and resupply movement.

Ž Unit-level vehicle, communications, weapons, and power generation equipment maintenance advice and management.

- Food service personnel for dining facility support for the HHC, MEDCOM.

d. Basis of Allocation One MEDCOM is allocated per TA.

14-6. Headquarters and Headquarters Company, Medical Brigade (Corps, TOE 08-422L100, or Communications Zone, TOE 08-422L200)

Medical brigade commanders have the ability to task-organize medical assets to meet the patient work load. The medical assets are modularly designed by duty functions and are replicated throughout the TO to meet these requirements. Schematics of the HHC, medical brigade (CZ and COMMZ), medical brigade, CZ, and medical brigade, COMMZ are at Figures 14-3, 14-4, and 14-5, respectively.

a. Mission. The mission of the unit is to provide command, control, administrative assistance, and technical supervision of assigned and attached medical units.

b. Assignment. This company is assigned to—

- Corps Support Command, TOE 63-431L000, when organized under TOE 08-422L100.

- Medical Command, TOE 08-611L000, when organized under TOE 08-422L200.

c. Capabilities. At full strength, this unit provides-

Ž Command and control of all medical units in its AO.

- Task organization of medical assets to meet the patient work load demand, Medical assets are modularly designed by function and replicated throughout the TO.

Ž Advice to senior commanders on the medical aspects of their operations.

- Medical regulation of patient movements to and between assigned and attached MTFs.

Ž Coordination with MEDCOM and/or JMRO for all medical regulating for evacuation from the medical brigade facilities to supporting MTFs in the COMMZ and CONUS when organized as TOE 08-422L200.

Ž Consultation services and technical advice in PVNTMED (environmental health, medical entomology, radiological health, sanitary engineering), nursing, dentistry, veterinary services, and NP and social work to supported units.

- Advice and assistance in facility site selection and preparation.

Ž Control and supervision of Class VIII (medical) supply and resupply movement.

d. Basis of Allocation. This unit is allocated as follows:

Ž Headquarters and Headquarters Company, Medical Brigade (Corps), TOE 08-422L100-one per corps.

Ž Generally, there is one HHC, Medical Brigade (COMMZ), TOE 08-422 L200, allocated per three to seven medical battalions or battalion force equivalent organizations.

14-7. Medical Group, TOE 08-432L000

a. Mission. The mission of the medical group is to provide command, control, and administrative supervision of assigned and attached corps medical units.

b. Assignment and Basis of Allocation. The medical group is assigned to the medical brigade. As a general rule of thumb, there are three medical groups per corps. As in the medical brigade, the commander of the medical group can task-organize his medical assets to meet patient work loads.

c. Capabilities. This unit's capabilities include—

Ž The command, control, staff planning, supervision of operations, and administration of the assigned and attached units which include ASMBs, hospitals, evacuation battalions, CSC companies, dental battalions, and PVNTMED detachments. The command of the assigned medical units includes coordination for employment, patient evacuation, supply and equipment management, and various other headquarters requirements. This command coordination is between its units and other medical elements operating in the medical group's AOR. Units of the medical group maybe task-organized to support close, deep, and rear operations.

Ž Medical regulation for evacuation and the scheduling of medical group facilities in coordination with the brigade MRO to hospitals assigned to other medical brigades, This includes coordination with the DMOC in those divisions organized under the FSB and MSB

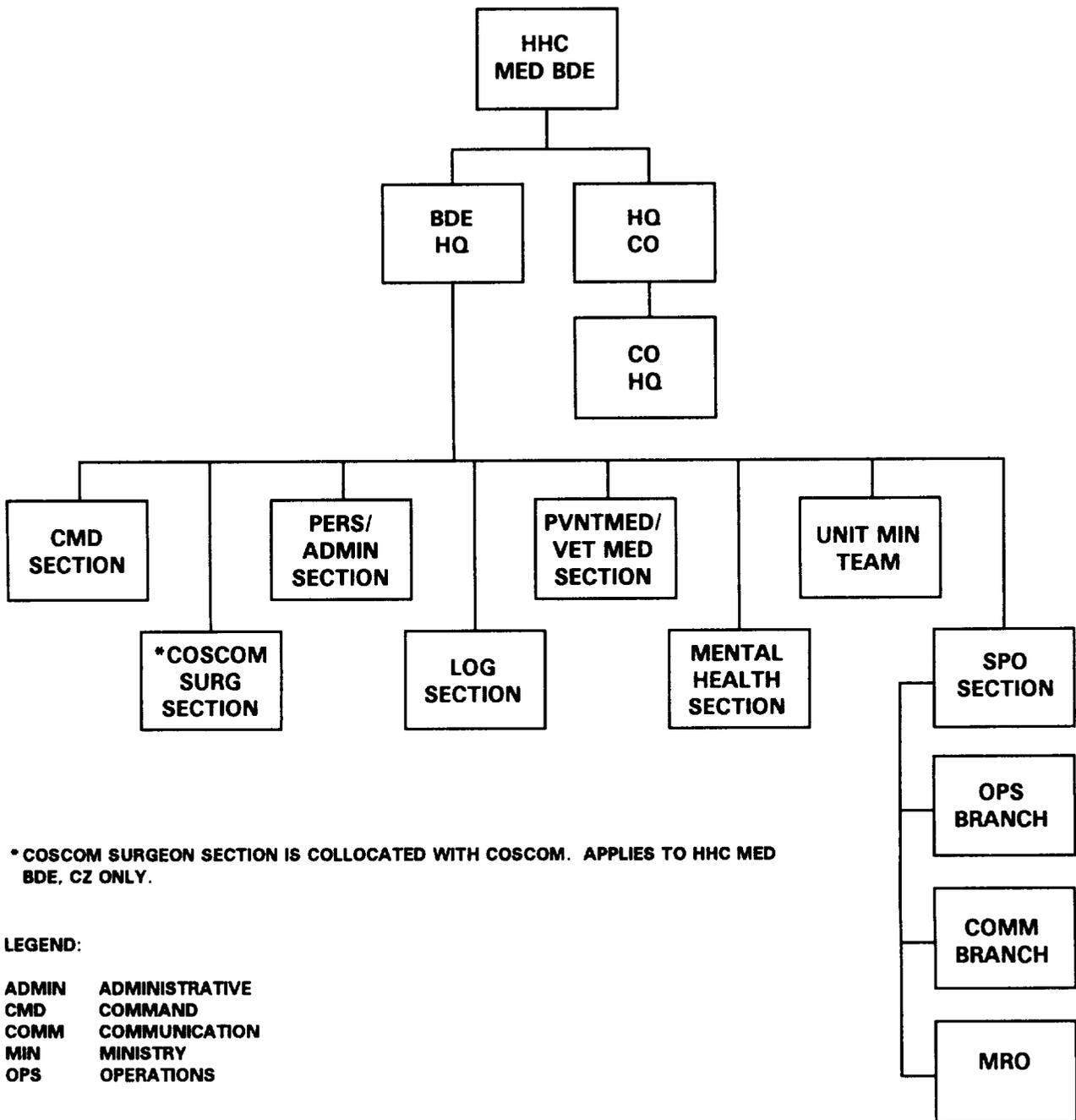
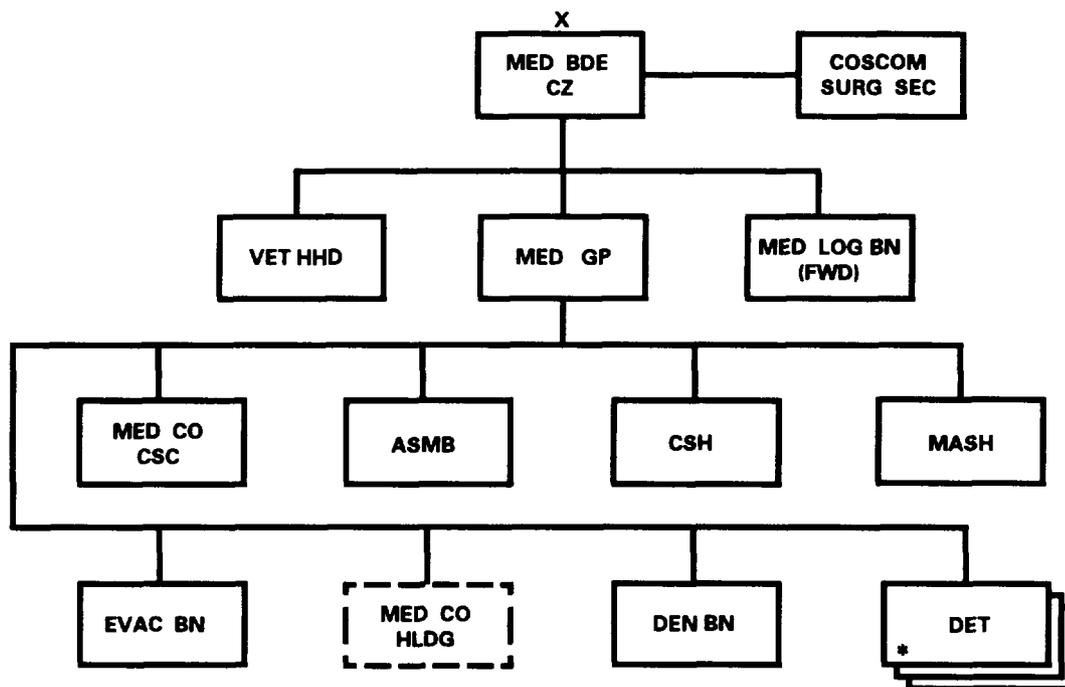


Figure 14-3. Headquarters and headquarters company, medical brigade (combat zone /communications zone).

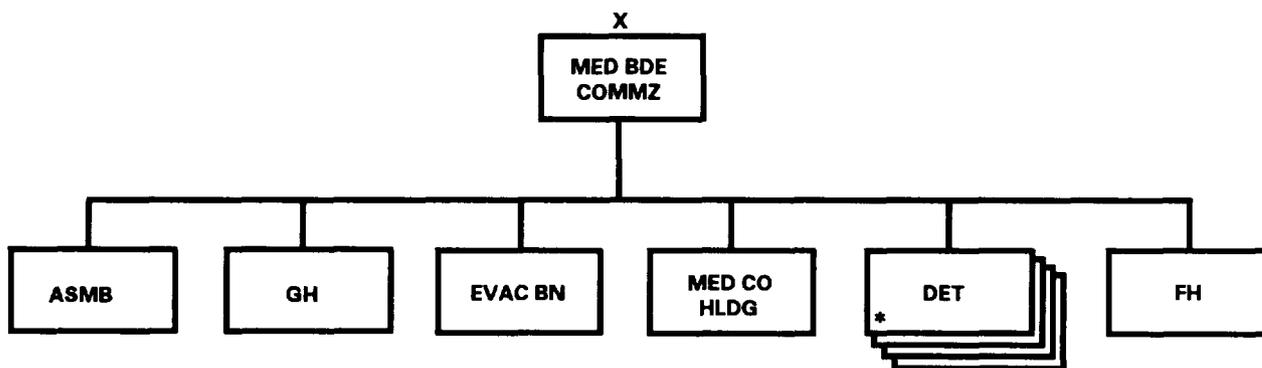


* MAY INCLUDE ASSIGNED OR ATTACHED VETERINARY, SURGICAL, DENTAL, PREVENTIVE MEDICINE, AND PROFESSIONAL SERVICES DETACHMENTS.

LEGEND:

EVAC EVACUATION
GP GROUP

Figure 14-4. Medical brigade, combat zone.



* MAY INCLUDE ASSIGNED OR ATTACHED VETERINARY, SURGICAL, DENTAL, PREVENTIVE MEDICINE, PROFESSIONAL SERVICES, AND RAIL AMBULANCE DETACHMENTS.

Figure 14-5. Medical brigade, communications zone.

concept to regulate the patient evacuation from the division's AO. It also coordinates with medical brigade all medical regulating for further evacuation from the medical group facilities to the supporting MTFs in the COMMZ.

Ž Consultation services and technical advise in PVNTMED (environmental health and sanitary engineering), nursing, MH, and facility site selection and preparation to supported units. Preventive medicine consultative services include—

Ž Assessment of the medical threat.

Ž Evaluation of theater PVNTMED programs.

- Technical advise on medical aspects of NBC and DE weapons.

Ž Staff coordination on employment of theater PVNTMED assets.

Ž Supervision of Class VIII and general supply usage and resupply and movement.

d. Basis of Allocation. Generally, this unit is allocated on the basis of one per three to seven medical battalions or battalion-equivalent organizations.

Section II. COMMUNICATIONS

14-8. Vital Link

In addition to defining command and control organizations for the HSS organization, the planner must consider communications as a vital link to this important function. Health service support communications within the TO and from the TO to COITUS connect the most forward HSS elements in the theater through each echelon in the phased HSS system to the final destination MTF. The success of HSS operations is highly dependent on reliable communications over dedicated Army systems and parallel systems with other Services.

14-9. Communications Planning

a. Signal support plans should deliberately meet the requirements of the operation. Means for transmitting information and orders range from the time-tested radio, wire, and

messenger systems to high-speed data links and man-packed satellite communication terminals. Commanders and staffs must understand the capabilities and limitations of their systems. They must be actively involved in ensuring adequacy. Atmospheric conditions, terrain, enemy electronic warfare efforts, and nuclear electromagnetic pulse may hinder electronic signal equipment. The key to survivability is establishing command and control procedures that—

- Provide redundancy of communications.

- Eliminate unnecessary reports.

Ž Ensure that subordinates know what to do during communications interruption.

- Do not overload communication systems. Use them only when absolutely necessary.

- Minimize use of the most vulnerable means.
- Practice operations security and communications security.

b. Each means of communication has its strengths and weaknesses. Carefully integrated means should give the most flexible and reliable system possible.

c. No matter how good the HSS force structure appears to be on paper, it is only as good as the way in which it is employed. War fighters weight the battle to make sure they put enough of the “right stuff” at the right time and place to win. The AMEDD has to do the same. There is a potential synergy within the HSS system of systems but there has to be synchronization (communication) to achieve it.

Section III. COMPUTERS

14-10. Theater Army Medical Management Information System

The TAMMIS supports the information management requirements of HSS units during contingency operations and in war. (See Chapter 4 for a discussion of the TAMMIS.) The system aids the HSS system in effectively transporting, treating, and tracking patients at MTFs worldwide. The system also assists the user to carry out functional responsibilities.

14-11. Theater Army Medical Management Information System Subsystems

The TAMMIS provides timely, accurate, and relevant information through the following subsystems

- a.* Medical regulating. (See Chapter 4.)
- b.* Patient accounting and reporting. (See Chapter 5.)
- c.* Medical logistics which includes MEDSUP, MEDMNT, and MEDASM. (See Chapter 6.)

Section IV. INTELLIGENCE

14-12. Medical Intelligence

Medical intelligence is vital to strategic and tactical planning as well as to preparing for all aspects of HSS activities. It is as critical to HSS planning and operations as tactical intelligence is to tactical planning and operations.

14-13. Requests for Medical Intelligence

Requests for specific medical intelligence should be made to the supporting intelligence element. Need for support must be clearly established with this element before it can be responsive to the consumer's requirements. Appendix F and FM 8-10-8 provide detailed medical intelligence discussions.