

		Page
APPENDIX	D. THE GENEVA CONVENTIONS AND COMBAT STRESS-RELATED CASUALTIES	D-1
	D-1. Special Relevance to Medical Combat Stress Control	D-1
	D-2. Special Considerations for Medical Combat Stress Control Activities	D-1
	D-3. The Law of War	D-5
	D-4. Protection of the Wounded and Sick	D-6
	D-5. Protection and Identification of Medical Personnel	D-9
	D-6. Protection and Identification of Medical Units and Establishments, Buildings and Material, and Medical Transports	D-10
	D-7. Loss of Protection of Medical Units and Establishments	D-12
	D-8. Conditions Not Compromising Medical Units and Establishments of Protection	D-13
★ APPENDIX	E. MEDICAL REENGINEERING INITIATIVE FOR MENTAL HEALTH AND COMBAT STRESS CONTROL ELEMENTS IN THE THEATER OF OPERATIONS	E-1
Section	I. Overview of Changes	E-1
	E-1. Unit Mental Health Sections	E-1
	E-2. Combat Stress Control Units	E-2
Section	II. Unit Mental Health Sections in the Theater of Operations	E-5
	E-3. Location and Assignment of Unit Mental Health Sections	E-5
	E-4. Utilization in Garrison	E-5
	E-5. Division Mental Health Sections	E-6
	E-6. Area Support Medical Battalion Mental Health Sections	E-11
	E-7. Mental Health Personnel in the Armored Cavalry Regiments and Separate Brigades	E-15
Section	III. Combat Stress Control Company	E-15
	E-8. Medical Company, Combat Stress Control (TOE 08467A000)	E-15
	E-9. Headquarters Section	E-17
	E-10. Combat Stress Control Preventive Section	E-22
	E-11. Combat Stress Control Fitness Section	E-25
Section	IV. Combat Stress Control Detachment	E-30
	E-12. Medical Detachment, Combat Stress Control (TOE 08567AA00)	E-30
	E-13. Detachment Headquarters	E-31
	E-14. Preventive Section	E-34
	E-15. Combat Stress Control Fitness Section	E-36

	Page
GLOSSARY	Glossary-1
REFERENCES	References-1
INDEX	Index-1

PREFACE

This field manual (FM) establishes medical doctrine and provides principles for conducting combat stress control (CSC) support operations from forward areas to the continental United States- (CONUS) based medical facilities. This manual sets forth tactics, techniques, and procedures (TTP) for CSC units and elements operating within the theater of operations (TO). This TTP is applicable to operations across the operational continuum. It is important that the users of this manual be familiar with FM 22-51. This manual supports the Army Medical Department's (AMEDD) keystone manual, FM 8-10. Readers should have a fundamental understanding of FMs 8-10-3, 8-10-5, 8-10-6, 8-10-8, 8-10-14, 8-10-24, 8-42, 8-55, 63-20, 63-21, 100-5, and 100-10.

The staffing and organizational structure presented in this publication reflects information in the most current living tables of organization and equipment (TOE) as of calendar year 1993. However, staffing is subject to change to comply with manpower requirements criteria outlined in AR 570-2. Your TOE can be subsequently modified.

★The Medical Reengineering Initiative (MRI) update has been added to this publication as Change 1, Appendix E. Organizational changes to CSC elements as a result of MRI were incorporated into the A-series TOE. CSC elements will convert from the L-series to the A-series TOE in the near future based on Department of the Army (DA) timelines.

This publication is in agreement with the American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG) 909, Principles of Prevention and Management of Combat Stress Reaction, Edition 1.

★The proponent of this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Send comments and recommendations on DA Form 2028 directly to Commander, AMEDDC&S, ATTN: MCCA-FCD-L, 1400 East Grayson, Fort Sam Houston, Texas 78234-6175.

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

Use of trade or brand names or trademarks in this publication is for illustrative purpose only, and does not imply endorsement by the Department of Defense (DOD).