

Integrating the SPO Medical Section Into BCT Medical Planning and Ops

■ By Capt. Clarence L. Ketterer

The support operations (SPO) medical section is integral to synchronizing the brigade combat team's (BCT's) concept of medical support. Unfortunately, many BCTs deploy to the Joint Readiness Training Center (JRTC) at Fort Polk, Louisiana, without filling these critical positions. Or they fill these positions with inexperienced junior officers or noncommissioned officers who are unfamiliar with how their roles and responsibilities fit into the BCT's Army Health System (AHS) plan.

This problem is compounded by the fact that many logisticians in the brigade support battalion (BSB), to include the SPO and the S-3, do not clearly understand how the medical teams are integrated. This article describes the roles and responsibilities of the essential medical staff members and explains how the BCT can integrate the medical team into the planning and operations process.

Roles and Responsibilities

The roles and responsibilities of and the relationships among the BCT surgeon cell, the SPO medical section, and the battalion medical operations officer are very similar in nature to those of the BCT S-4, the SPO, and the battalion S-4s. (See figure 1.)

BCT surgeon cell. Like the BCT S-4 is responsible for developing the sustainment plan, the BCT surgeon is responsible for developing the AHS plan and determining the requirements necessary to support it.

The BCT surgeon cell is not designed or manned to manage the transition of the AHS plan from future operations to current operations. By

properly staffing and employing the SPO medical section, the BCT surgeon cell can hand off the AHS plan for execution so that it can continue its designed function—planning for the future.

If the SPO medical section is not utilized properly, the BCT surgeon cell may attempt to manage the future-to-current-operations transitions and quickly become overwhelmed.

SPO medical section. The SPO medical section synchronizes the BSB's medical capabilities against the BCT requirements and coordinates support with echelons-above-brigade medical units, such as forward surgical teams, medical logistics companies, and blood platoons, to support BCT requirements that cannot be filled internally.

Because it is part of the planning process and has medical asset visibility throughout the BCT, the SPO medical section is responsible for providing medical operations guidance and reports to the BSB commander.

Army Techniques Publication 4-90, Brigade Support Battalion, Chapter 2, describes SPO section roles and responsibilities that should fall to or include the SPO medical section.

BSMC. The SPO medical section manages the brigade support medical company (BSMC) in the same manner that the SPO manages the distribution and maintenance companies in the BSB. The company receives taskings from the BSB S-3 through the orders process to support requirements that are generated from the SPO medical section as part of the BCT's AHS plan.

The SPO medical section synchronizes the movement of the BSMC's additional enablers, such as dental, preventive medicine, medical main-

tenance, and physical therapy, with the subordinate battalions as a part of the BCT's AHS plan.

The BSMC, like the distribution company, also serves as the supply support activity for class VIII (medical materiel). The brigade medical supply officer resides in the BSMC but is aligned with the SPO section and acts as the class VIII commodity manager, filling requirements generated by the SPO medical logistics officer.

Field Manual 4-02.1, Army Medical Logistics, Appendix E, discusses the roles and responsibilities of the SPO medical logistics officer and the brigade medical supply officer in greater detail.

Medevac

The SPO medical section is essential to effective and well-synchronized medevac. Although most Soldiers see the medevac process as a current operations fight, it is actually a deliberate process that should employ the rapid military decisionmaking process.

Medevac starts as a future operation and is handed off to current operations. The critical link in this process is the SPO medical section, which is crucial to synchronizing medevac support requirements.

As seen in figure 2, the BSMC has limited mission command systems that may not be able to maintain situational awareness of current operations throughout the BCT. Because mission authority for medevac generally resides at the BCT, requests are submitted by the battalion to the BCT surgeon cell. The BCT surgeon cell then prioritizes the medevac requests and informs the SPO medical section of support requirements needed from the BSMC, such as

ground evacuation assets, class VIII, and security.

The SPO medical section then informs the BSMC of the requirements and synchronizes the movement of assets. Once patients arrive, the SPO medical section coordinates the evacuation of patients to higher roles of care.

Although most sustainment is meant to be predictive and many of the medical sustainment functions are, the medical team across the BCT is one of the only sustainment functions that routinely supports emergency requests.

Mission Command Systems

The battalion and BCT medical planners have access to all of the

major mission command systems. However, they do not own those resources, and they may not always be co-located with them.

This is common because the battalion medical planner normally moves between current operations, the battalion administrative and logistics operations center, and the role 1 command post. In the same way, the BCT surgeon cell needs access to both the BCT administrative and logistics operations center and BCT current operations to effectively manage the AHS plan.

The SPO medical section is located in the SPO cell, which has access to all of the major mission command

systems without having to rely on current operations. This enables the SPO medical section to be responsive across all mission command systems at any time.

Figure 2 shows the flow of information between and the roles and responsibilities of the BCT SPO and the battalion medical planners and enablers for medical communications. It also shows the assets available to each section that must be considered in planning how to send and receive information.

Reporting Requirements

The SPO medical section is responsible for gathering and consoli-

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Future Operations	Future / Current Operations	Current Operations																					
<p>Brigade Medical Planner</p> <ul style="list-style-type: none"> • Produces BCT orders for HSS. • Provides input for medical IPB. • Establishes medical reporting requirements. • Tracks patients. • Recommends medical reporting requirements. • Determines BCT FHP requirements. • Determines EAB requirements for BSB SPO MEDO. • Works with the BCT S-1 to determine casualty estimates. • Coordinates with air medevac assets. • Publishes orders through the BCT S-3. • Coordinates medical budget with the BCT S-4. <p>Brigade Surgeon</p> <ul style="list-style-type: none"> • Acts as senior advisor to the BCT commander for HSS. • Responsible for the BCT FHP Plan. • Prioritizes medevac requests. • Supervises technical training for medical personnel in the BCT. • Acts as senior advisor to BCT providers and medical support personnel. • Coordinates PROFIS. • Recommends medevac policies and procedures. • Ensures compliance with the MEDROE. • Develops policies, protocols, and procedures for medical and dental treatment. 	<p>BSB SPO Medical Operations Officer</p> <ul style="list-style-type: none"> • Performs medical IPB for BSB. • Synchronizes HSS in BCT. • Acts as BCT point of contact for HSS. • Coordinates ancillary services and assessments. • Receives and consolidates BCT medical statistics. • Communicates with battalion MEDOs and EAB assets. • Monitors BCT HSS via mission command systems. • Coordinates BCT taskings for the BSMC. • Coordinates and tracks PM missions and assessments. • Coordinates EAB requirements. • Conducts the BCT MEDSYNCH. • Publishes orders through the BSB S-3. <p>BSB SPO Medical Logistics Officer</p> <ul style="list-style-type: none"> • Inherently links to the BMSO. • Determines the class VIII (medical materiel) ASL, packing lists, and emergency push packs. • Projects BCT class VIII. • Recommends budget guidance. • Tracks BCT critical class VIII and MED equipment maintenance. • Acts as BCT MC4 point of contact. • Coordinates all class VIII movement requests. • Plans for use of captured class VIII and MED equipment. • Coordinates RMW disposal. • Coordinates MED maintenance for EAB enablers attached to the BCT. • Conducts the BCT MEDSYNCH. 	<p>Battalion or Task Force MEDO</p> <ul style="list-style-type: none"> • Produces battalion MED Annex to orders. • Determines and synchronize HSS. • Coordinates class VIII and BCT MED support. • Communicates with the BCT MEDO and SPO MED section. • Coordinates patient evacuation from company command posts to role 1 facility. • Establishes the role 1 command post. • Tracks patients and medical reporting for the battalion. • Publishes orders through the battalion S-3. <p>Battalion Surgeon</p> <ul style="list-style-type: none"> • Advises the commander on the health of the command. • Supervises technical training for medical personnel. • Determines BAS manning and workload requirements. • Ensures compliance with the MEDROE. • Ensures medical personnel comply with treatment policies, protocols, and procedures. • Develops the treatment area layout. <p>BSMC Commander</p> <ul style="list-style-type: none"> • Synchronizes role II support with the BCT HSS plan. • Integrates EAB MED assets into the BSMC footprint. • Supports medevac and ancillary support requests. • Orders, receives, and distributes class VIII and provides MED maintenance for the BCT. <p>BMSO</p> <ul style="list-style-type: none"> • Manages BCT class VIII ASL and warehouse. • Supervises BCT MED maintenance. • Orders BCT class VIII using DCAM. • Develops and stores class VIII push packages. • Coordinates class VIII delivery with BSB SPO MEDLOG. • Collects BCT RMW. 																					
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Figure 1. This table describes the roles and responsibilities of the medical staff in the brigade combat team.

Medical Communications Systems and Responsibilities in the BCT

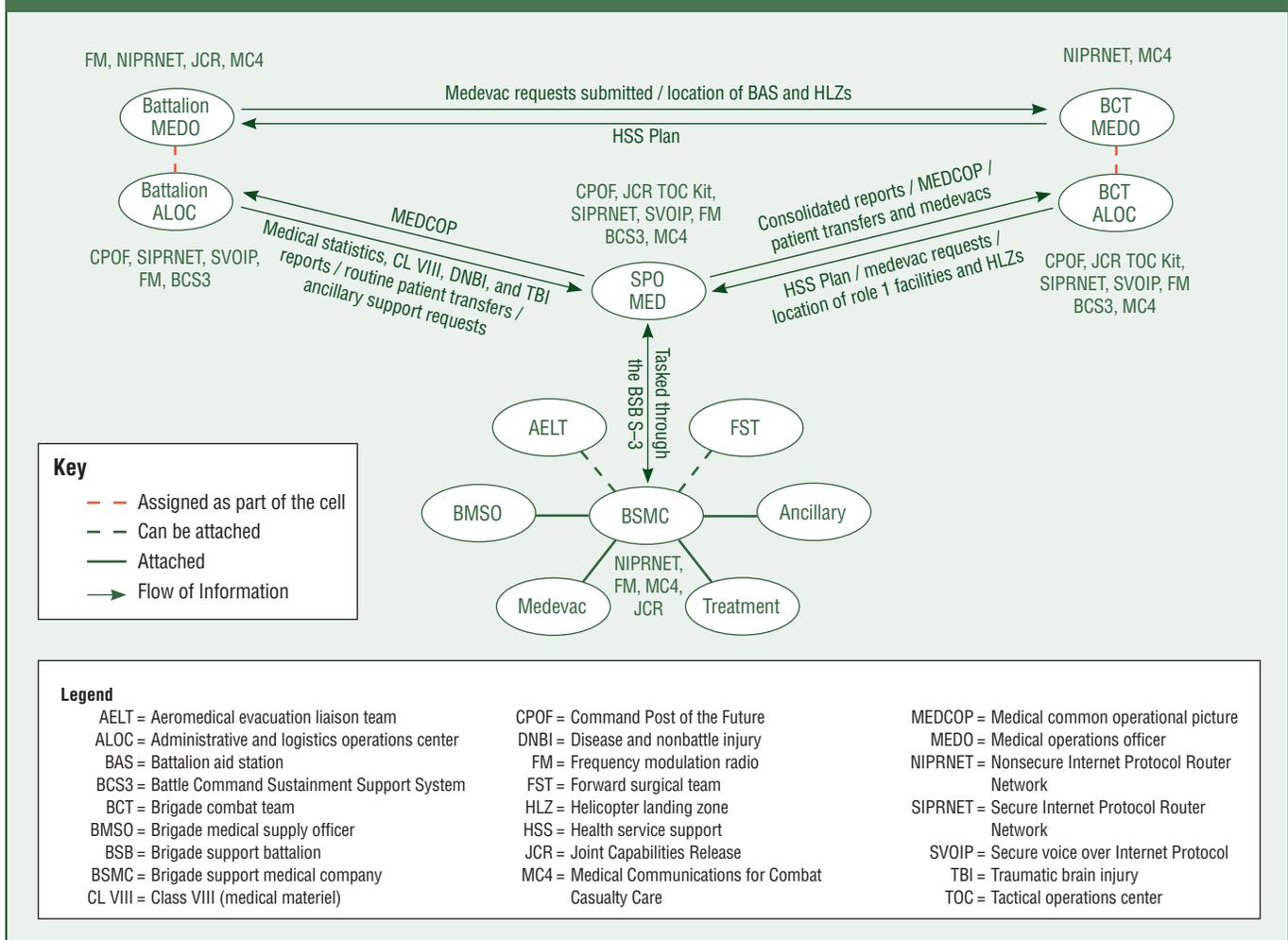


Figure 2. This chart explains the mission command systems available to and medical reporting responsibilities of each medical element in the brigade combat team.

dating required reports. These reports are directed by the BCT surgeon cell with significant input from the SPO medical section.

The SPO medical section gathers and consolidates the required reports, synchronizes medical support as needed, and works with the SPO and the S-3 section to publish medical support requirements in a tactical order.

Since the SPO medical section is responsible for managing and maintaining the medical common operational picture (MEDCOP), it is also responsible for entering the reported data into the MEDCOP. The MEDCOP should contain the locations of roles of care, class VIII status, num-

ber of patients seen by type, and any other relevant information.

The MEDCOP, maintained in both digital and analog formats, uses the same maps as maneuver and logistics forces and is critical in improving situational awareness for the SPOs and decision-making commanders at all levels. Timely and accurate reports are required for the MEDCOP to be an effective tool.

This article is not designed to be the definitive reference for medical roles and responsibilities. It is each BCT medical team's responsibility to discuss, establish, and publish its roles and responsibilities in the applicable standard operating procedure so that it

can be easily understood and adhered to during operations. Hopefully, this article has helped to explain the importance of the SPO medical section and the ways that it can be integrated into the planning and orders process to support BCT operations.

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