

ATP 1-05.05

RELIGIOUS SUPPORT AND CASUALTY CARE

AUGUST 2019

DISTRIBUTION RESTRICTION: This publication is approved for public release; distribution is unlimited

Headquarters, Department of the Army

This publication is available at the Army Publishing Directorate site (<https://armypubs.army.mil>), and the Central Army Registry site (<https://atiam.train.army.mil/catalog/dashboard>).

Religious Support and Casualty Care

Contents

	Page
PREFACE	iii
INTRODUCTION.....	v
Chapter 1 RELIGIOUS SUPPORT AND CASUALTY CARE	1-1
Chaplain Corps Mission	1-1
Core Competencies.....	1-2
Operational Context	1-2
Training	1-5
Chapter 2 UNDERSTANDING THE CASUALTY CARE PROCESS.....	2-1
Integration and Synchronization	2-1
Army Health System.....	2-2
Casualty Evacuation Process.....	2-6
Chapter 3 CASUALTY CARE DURING OPERATIONS TO SHAPE.....	3-1
Operations to Shape	3-1
Planning and Preparing for Operations to Shape.....	3-1
Executing and Assessing Operations to Shape	3-6
Chapter 4 CASUALTY CARE DURING OPERATIONS TO PREVENT	4-1
Operations to Prevent	4-1
Planning and Preparation for Operations to Prevent.....	4-1
Executing and Assessing Operations to Prevent	4-4
Chapter 5 CASUALTY CARE DURING LARGE-SCALE GROUND COMBAT OPERATIONS	5-1
Large-Scale Ground Combat Operations	5-1
Planning for Large-Scale Ground Combat Operations.....	5-1
Preparing for Large-Scale Ground Combat Operations	5-4
Executing and Assessing Large-Scale Ground Combat Operations	5-6

DISTRIBUTION RESTRICTION: This publication is approved for public release; distribution is unlimited.

Contents

Chapter 6	DURING OPERATIONS TO CONSOLIDATE GAINS	6-1
	Operations to Consolidate Gains	6-1
	Planning and Preparation for Operations to Consolidate Gains	6-1
	Executing and Assessing Operations to Consolidate Gains	6-3
Chapter 7	UNIQUE RELIGIOUS SUPPORT REQUIREMENTS	7-1
	Unique Situations Requiring Consideration.....	7-1
	Special Operations Forces.....	7-1
	Medical Teams and Detachments.....	7-1
	Mass Casualty Support.....	7-2
	Contaminated Remains.....	7-2
	Casualty Flow and Follow-On Support.....	7-3
	Chaplain Detachment Augmentation.....	7-3
Appendix A	RELIGIOUS SUPPORT AND CASUALTY CARE RESOURCES	A-1
	GLOSSARY	Glossary-1
	REFERENCES.....	References-1
	INDEX.....	Index-1

Figures

Figure 1-1. Religious Support Logic Map.....	1-1
Figure 1-2. The Range of Military Operations	1-3
Figure 1-3. Army Strategic Roles and Their Relationship to Joint Phases	1-3
Figure 1-4. Corps Area of Operations within a Theater	1-4
Figure 1-5. Overlapping Training Responsibilities	1-6
Figure 2-1. Casualty Care Framework.....	2-2
Figure 2-2. Patient Flow to Role 3	2-7

Tables

Table 2-1. Religious Support Coverage of Army Health System Units.....	2-6
---	-----

Preface

ATP 1-05.05 establishes a common understanding, foundational concepts, and methods for providing religious support to casualties, medical personnel, and unit personnel impacted by the receipt of casualties. ATP 1-05.05 highlights the core competency of caring for the wounded for chaplains and religious affairs specialists operating from battalion through echelons above Corps in support of the full range of military operations.

The principal audience for ATP 1-05.05 is all members of the profession of arms. Commanders and staffs of Army headquarters serving as joint task force or multinational headquarters should also refer to applicable joint or multinational doctrine concerning the range of military operations and joint or multinational forces. Trainers and educators throughout the Army will also use this publication.

Commanders, staffs, and subordinates ensure that their decisions and actions comply with applicable United States, international, and in some cases host-nation laws and regulations. Commanders at all levels ensure their Soldiers operate in accordance with the law of war and the rules of engagement. (See FM 27-10.)

ATP 1-05.05 uses joint terms where applicable. Selected joint and Army terms and definitions appear in both the glossary and the text. Terms for which ATP 1-05.05 is the proponent publication are italicized in the text and marked with an asterisk (*) in the glossary. Terms and definitions for which ATP 1-05.05 is the proponent publication are boldfaced in the text. For other definitions shown in the text, the term is italicized and the number of the proponent publication follows the definition.

ATP 1-05.05 applies to the Active Army, Army National Guard/Army National Guard of the United States and United States Army Reserve unless otherwise stated.

The proponent of ATP 1-05.05 is the United States Army Chaplain Center and School. The preparing agency is the Capabilities Development Integration Directorate, United States Army Chaplain Center and School. Send comments and recommendations on a DA Form 2028 (*Recommended Changes to Publications and Blank Forms*) to Commandant, United States Army Chaplain Center and School, ATTN: ATSC-CDID (ATP 1-05.05), 10100 Lee Road, Fort Jackson, SC 29207-7000 or call commercial; (803)751-8735/DSN734-8735; or email usarmy.jackson.usachcs.mbx.ch-doctrine@mail.mil. Follow the DA Form 2028 format when submitting recommended changes.

This page intentionally left blank.

Introduction

ATP 1-05.05 expands upon FM 1-05, *Religious Support*, in describing care to the wounded as a core competency of chaplain sections and unit ministry teams. Chaplain sections and unit ministry teams execute this competency for units and commanders at all echelons in operational environments, or Army elements in direct support of operations. While principles and concepts contained in this ATP are transferrable to a garrison or civilian setting, the focus of this publication is the operational environment and training for the operational environment. (ADP 1-01) The religious support competency of caring for the wounded preserves and reinforces the health of the force while simultaneously fulfilling a core requirement for many faith traditions. Chaplains and religious affairs specialists serving in joint force land component commands or joint task forces should refer to JG 1-05, JP 3-0, and other joint publications for further guidance.

ATP 1-05.05 contains seven chapters and one appendix—

- **Chapter 1** outlines the Army mission, the chaplain corps' mission in support of the Army mission, and the role of the core competency of caring for the wounded.
- **Chapter 2** describes the Army Health System's casualty care framework and roles of care. It discusses casualty evacuation process Army Health systems capabilities, and processes in an operational environment in order to provide situational understanding for chaplain sections and unit ministry teams.
- **Chapters 3-6** discuss the religious support to casualty care concerns associated with each of the U.S. Army's strategic roles in support of the joint force through an echelon based approach to religious support.
- **Chapter 7** provides a brief discussion regarding unique religious support and casualty care to special operations forces, supporting medical teams and detachments, contaminated remains, and follow-on religious support coordination for evacuated casualties.
- **Appendix A** provides sample prayers of various faith groups for the sick and dying and the outline for critical event debriefings.

This page intentionally left blank.

Chapter 1

Religious Support and Casualty Care

CHAPLAIN CORPS MISSION

1-1. The mission of the Army Chaplain Corps is to provide religious support (RS) to the Army across the range of military operations (ROMO) by assisting the commander in providing for the free exercise of religion and providing religious, moral, and ethical advisement and leadership. (See Figure 1-1.)

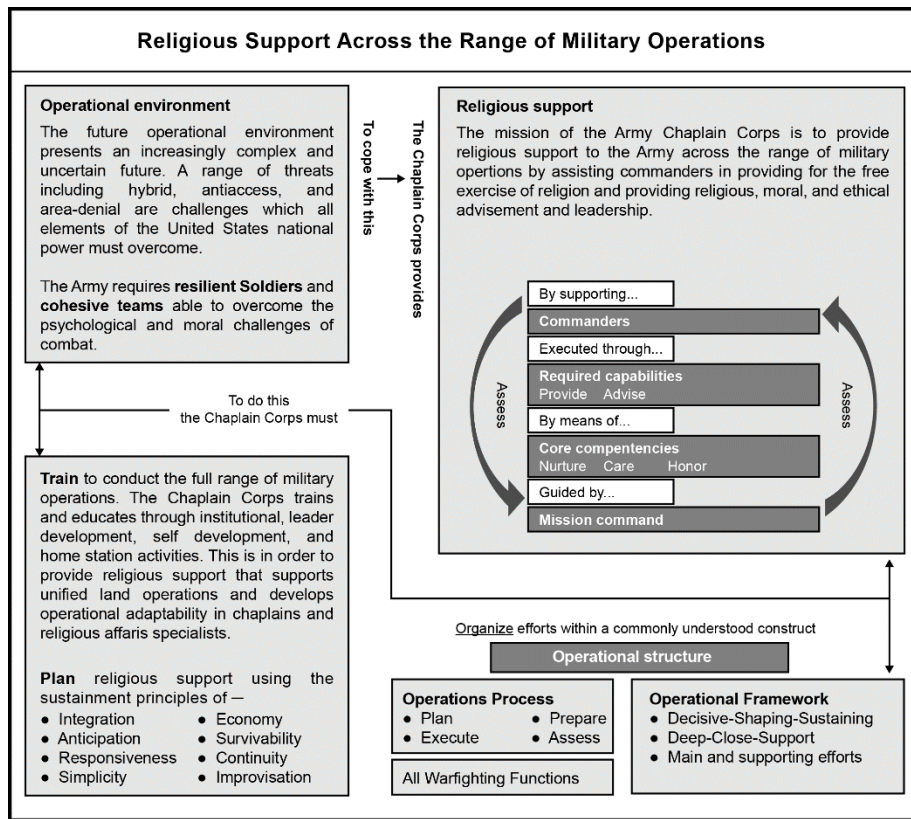


Figure 1-1. Religious Support Logic Map

CORE COMPETENCIES

1-2. The Army Chaplain Corps possesses three core competencies (nurture the living, care for the wounded, and honor the dead) executed through two required capabilities, provide and advise. (DODD 1304.19) These core competencies provide the fundamental focus and direction as the Chaplain Corps executes its mission of ensuring the right to free exercise of religion for Soldiers—

- Nurture the living. (See ATP 1-05.01)
- Care for the wounded.
- Honor the dead. (See ATP 1-05.02)

OPERATIONAL CONTEXT

1-3. Providing care for the wounded requires understanding the operational context within which care is provided. Chaplain sections and unit ministry teams (UMTs) must understand key topics within FM 3-0, specifically the ROMO, the strategic roles of the Army in the conduct of unified land operations, the operational framework, and the scope of responsibilities and duties associated with each echelon.

RANGE OF MILITARY OPERATIONS

1-4. The ROMO is a fundamental construct that helps relate military activities and operations in scope and purpose within a backdrop of the conflict continuum (See Figure 1-2.) on page 1-3 All operations along this range share a common fundamental purpose—to achieve or contribute to national objectives. Military engagement, security cooperation, and deterrence activities build networks and relationships with partners, shape regions, keep day-to-day tensions between groups below the threshold of armed conflict, and maintain U.S. global influence. Typically, crisis response and limited contingency operations are focused in scope and scale and are conducted to achieve a specific strategic or operational-level objective in an operational area. Large-scale combat operations occur in the form of major operations and campaigns aimed at defeating an enemy's armed forces and military capabilities in support of national objectives. (FM 3-0)

1-5. Forces conducting large-scale combat operations against a peer threat could experience casualty rates on par with World War II rates, averaging several hundred killed in action per day with an accompanying 1-2 wounded for each service member killed.

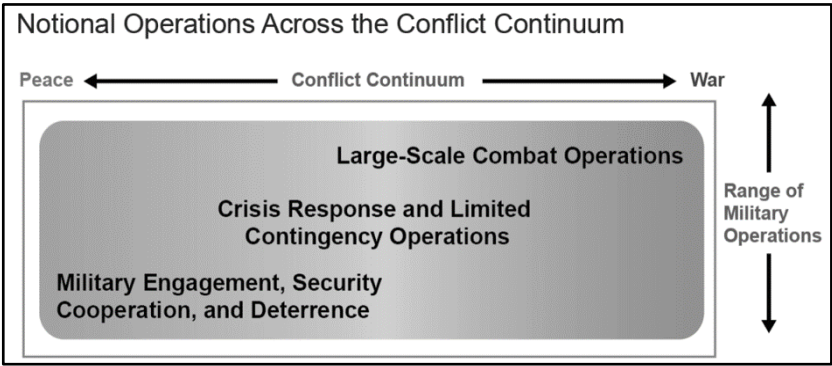


Figure 1-2. The Range of Military Operations

1-6. Chaplain sections and UMTs consider the type of military operation, establish RS priorities; consider the threat characteristics, the units conducting the main and supporting operations; and the severity and number of casualties anticipated. They must prioritize resources for elements that have sustained the most casualties or to those that will be engaged earliest in close combat.

UNIFIED LAND OPERATIONS AND STRATEGIC ROLES

1-7. The foundation for Army operations and its contribution to unified action is unified land operations. Unified land operations are simultaneous offensive, defensive, and stability or defense support of civil authorities, tasks to seize, retain, and exploit the initiative to shape the operational environment (OE), prevent conflict, consolidate gains, and win our Nation’s wars as part of unified action. (FM 3-0) The Army subsequently fulfills four strategic roles as part of the joint force in four broad categories; operations to shape, operations to deter, large-scale combat operations, and operations to consolidate gains. (See Figure 1-3.)

1-8. The complexity of operations and the OE requires aggressive, adaptive, flexible, and responsive RS by chaplain sections and UMTs at all echelons of command.



Figure 1-3. Army Strategic Roles and Their Relationship to Joint Phases

OPERATIONAL FRAMEWORK

1-9. The operational framework provides an organizing construct for visualizing and describing operations by echelon in time and space within the context of an area of operations (AO), area of influence, and area of interest. It provides a logical architecture for determining the responsibilities, permissions, and restrictions for subordinate echelons, and by doing so enables freedom of action and unity of effort. When used in conjunction with effective operational graphics, it provides commanders the ability to provide intent, develop shared visualization, and ultimately create the shared understanding necessary for the exercise of initiative at every echelon. (FM 3-0)

1-10. Within an assigned AO, commanders designate deep, close, support, and consolidation areas. (See Figure 1-4) Understanding these respective designations and the impact or normative functions, capabilities, freedom of maneuver, threat, and restriction of movement enables chaplain sections and UMTs to plan accordingly.

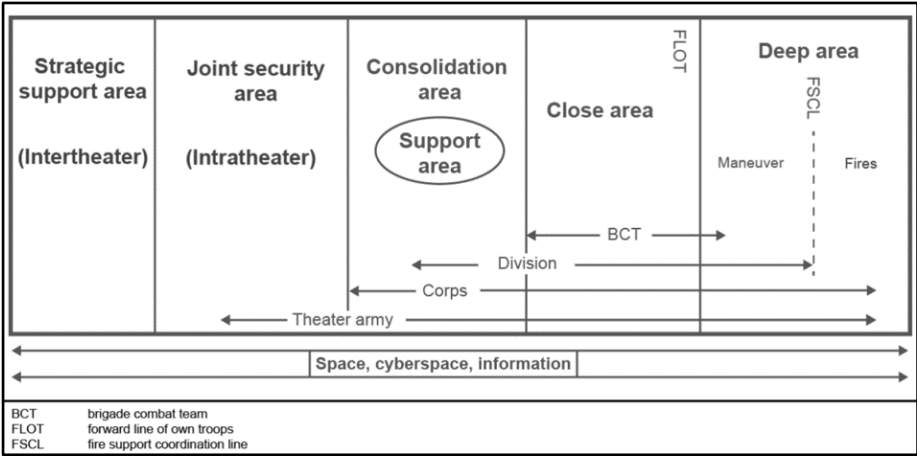


Figure 1-4. Corps Area of Operations within a Theater

ECHELONS OF RELIGIOUS SUPPORT

1-11. The Army provides geographic combatant commanders (GCCs) a mix of headquarters, units, and capabilities in an echeloned array designed toward specific missions or functions. There are five general echelons of commands within a GCC's area of responsibility. The chaplain section or UMT supports the command's operational and administrative focus.

Note: Chaplain Sections are assigned to units operating at echelons above brigade whereas UMTs are assigned to brigade and battalion level units.

1-12. The theater army, or Army Service component command (ASCC), serves as the senior Army echelon command of a GCC's area of responsibility. Its operational

responsibilities include command of forces, direction of operations, and control of assigned AOs.

1-13. A corps headquarters functions as a tactical land headquarters under a joint or multinational land component command. Operationally, a corps conducts offensive, defensive, and stability tasks with operational control of two or more divisions and a variety of supporting brigades, and it is supported by various theater sustainment organizations. (FM 3-0)

1-14. A division's primary role is as a tactical headquarters commanding brigades in decisive action. The division executes the tasks assigned by its higher headquarters as both a formation and a headquarters during large-scale combat operations. Operationally, the division conducts shaping operations within the division AO, task-organizes and employs brigade combat teams (BCTs) and multifunctional and functional brigades, integrates and synchronizes operations of those same brigades, masses effects at decisive points, allocates resources and sets priorities, and leverages joint capabilities.

1-15. A BCT is the Army's primary combined arms, close-combat force. They are the principle ground maneuver units of a division. There are three types of BCTs: armored, infantry, and Stryker.

1-16. Multifunctional and functional brigades add capabilities such as attack and reconnaissance aviation, fires, contracting support, or sustainment. They are normally attached to a corps or division.

1-17. Chaplain detachments provide augmentation capability at echelon enabling sustained operations at doctrinally defined levels. (FM 1-05)

TRAINING

1-18. Training is the most important thing the Army does to prepare for operations, and it is the cornerstone of combat readiness. (FM 3-0) The chaplain corps achieves this by training individual and collective tasks aligned with our competencies and assigned unit's mission essential task list. Part of the planning and preparation includes development of a training plan for chaplain sections and UMTs which is integrated into the unit's training plan in accordance with FM 7-0. This training is the collective responsibility of chaplains, religious affairs specialists, and their assigned unit leadership, see Figure 1-5 one page 1-6.

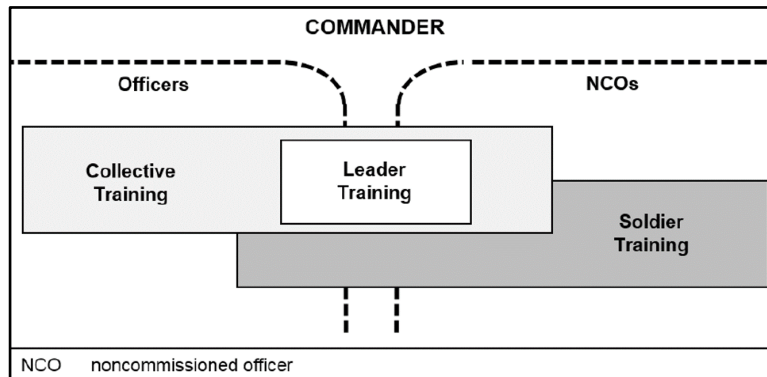


Figure 1-5. Overlapping Training Responsibilities

1-19. Individual, collective, unit, and installation-wide RS training, combat training center rotations, utilization of clinical pastoral education trained chaplains, and coordination with local medical treatment facilities, civilian hospital, or Veterans Affairs chaplaincies are only some of the opportunities which must be utilized to the fullest extent to effectively fulfill the core competency of caring for the wounded.

1-20. Chaplain detachment integration into unit training builds capabilities required of ASCCs, corps, divisions, and echelons above brigade units.

Chapter 2

Understanding the Casualty Care Process

INTEGRATION AND SYNCHRONIZATION

2-1. Casualty care, as outlined in FM 4-02, *Army Health System*, encompasses all of the medical functions involved with direct patient care activities. Understanding this process is crucial to effective delivery of RS, synchronization of RS across the enterprise, and coordination of follow-on RS.

Note: The intent of ATP 1-05.05 is to provide an understanding of the Army Health System for chaplain sections and UMTs providing RS as part of the casualty care process. As part of that, this document will reference the proponent publications along with a synopsis for understanding. Chaplain sections and UMTs should utilize the proponent publications referenced in this publication for increased understanding and more effective synchronization of RS with casualty care.

2-2. Casualty care is part of the comprehensive Army Health System (See Figure 2-1) on page 2-2 which promotes, improves, conserves, or restores the mental and physical well-being of personnel in the Army. Casualty care of personnel encompasses a number of Army Medical Department functions—medical treatment (organic and area medical support), hospitalization, the treatment aspects of dental care and behavioral/neuropsychiatric treatment, clinical laboratory services, and treatment of chemical, biological, radiological, and nuclear patients. (FM 4-02)

2-3. Effective delivery of RS or synchronization of RS ensures delivery of our second core competency. Figure 2-1 on page 2-2 illustrates the casualty care framework for an OE. Understanding the capabilities of each type of medical unit, the assigned RS assets, dependencies of supporting units, physical limitations impacting freedom of movement, and the patient treatment, movement, and evacuation process is essential for both delivery and synchronization of RS to casualties and medical personnel. This chapter outlines the capabilities of the health service support units, the roles of care, assigned RS assets or dependencies, the casualty evacuation process, and behavioral health assets and capabilities with whom RS personnel frequently partner.

2-4. The successful synchronization of RS to casualties, impacted units, and medical personnel reinforces and sustains the spiritual well-being of the force and indirectly impacts readiness and the will to fight.

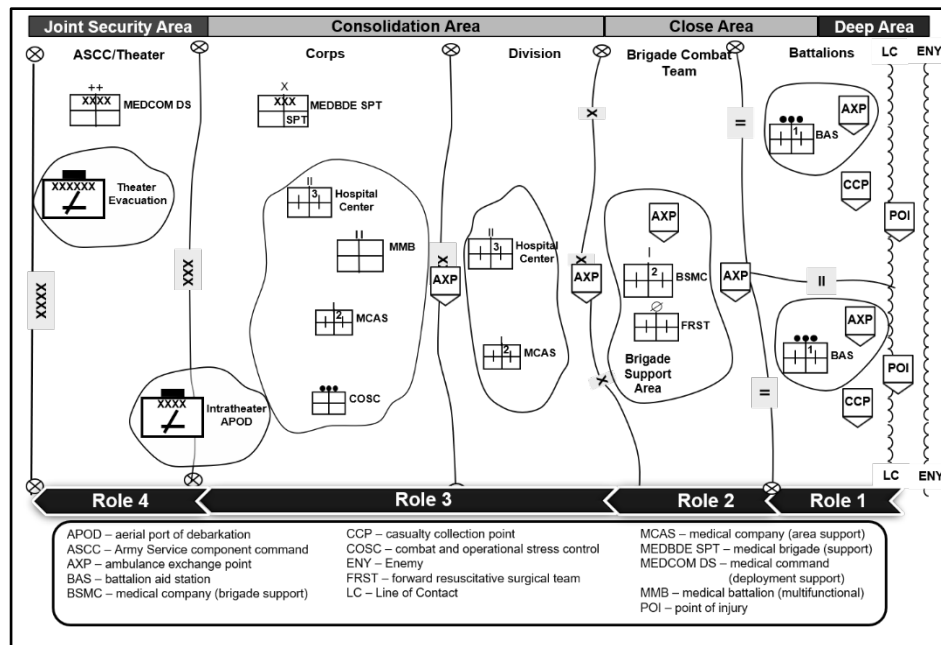


Figure 2-1. Casualty Care Framework

ARMY HEALTH SYSTEM

2-5. For the sake of this publication, discussion of the Army Health System will focus on the roles of care, the types of medical assets associated with that role of care, and the RS assets or dependencies associated with those medical units. Table 2-1 on page 2-6 provides an overview of the roles of care and RS capabilities or coordination.

ROLES OF CARE

2-6. The Army Health System is organized by four roles of care which are essentially the distribution of medical resources and capabilities to facilities at various and levels of command, diverse locations, and progressive capabilities. As a general rule, no role of care will be bypassed except on grounds of medical urgency, efficiency, or expediency. The rationale for this rule is to ensure the stabilization/survivability of the patient through tactical combat casualty care, and far forward resuscitative surgery is accomplished prior to movement between medical treatment facilities (MTFs) comprising roles 1 through 3. The section immediately following outlines the roles of care, capabilities at each role, and types of units associated with each role, and the normative RS assigned or coordinated for each role. (See Figure 2-1 for an understanding of the normative location for each role.)

Role 1 – Unit Level Medical Care

- 2-7. The first medical care a Soldier receives is at this role, including—
- Immediate lifesaving measures
 - Disease and non-battle injury prevention
 - Combat and operational stress preventive measures
 - Patient location and acquisition
 - Medical evacuation from supported units to supporting MTFs
 - Treatment by combat medics or treatment squads (in order to return to duty or stabilize for evacuation to the next role of care)
- 2-8. All battalion level and higher organizations rely upon their assigned UMT for RS to casualties and unit personnel.

Role 2 – Initial Medical Treatment Facility

- 2-9. Role 2 has the capability to provide—
- Packed red blood cells
 - Limited x-ray
 - Clinical laboratory
 - Operational dental support
 - Combat and Operational Stress Control (COSC)
 - Preventive medicine
- 2-10. Role 2 units include medical companies assigned to BCTs and medical companies (area support) which are echelon above brigade assets providing direct support to a division and or area support to echelon above brigade units. Forward resuscitative and surgical teams are small echelon above brigade surgical units that can be attached to medical companies to conduct immediate life-saving surgical procedures.
- 2-11. Within a BCT the medical company assigned to the brigade support battalion relies upon the brigade support battalion UMT to provide RS for casualties and assigned medical personnel. (ATP 4-90) A medical company or forward resuscitative surgical team might rely upon the medical battalion (multifunctional) (MMB) for recurring RS to their assigned personnel but is dependent upon the supported unit for RS to both casualties and assigned personnel.

Role 3 - Hospitalization

- 2-12. Role 3 has the capability to provide—
- Resuscitation
 - Initial wound surgery
 - Damage control surgery
 - Postoperative treatment
 - Evacuating patients from supported units
 - Providing care for all categories of patients in an MTF

- Provide area support for units without organic medical assets

2-13. These units include combat support hospitals and field hospitals, which is a modular unit assigned to the hospital center.

2-14. Combat support hospitals and field hospitals have one assigned chaplain and religious affairs specialist. The unit is capable of short-term split based operations. This means that the combat support hospital is dependent on the supported unit (generally a division or corps) for provision of RS to casualties and assigned personnel as well as augmented RS assets in response to mass casualty (MASCAL) situations. An MMB has one assigned chaplain and one religious affairs specialist.

Role 4 – Hospitals

2-15. Role 4 is found in stateside based hospitals and other safe havens. These hospitals represent the most definitive medical care available within the Army Health System. (FM 4-02)

2-16. Military based MTFs meeting the designation of a hospital are authorized and assigned a chaplain section commensurate with the anticipated patient load. These MTFs also have a mobilization table of distribution and allowance which typically provides additional reserve component RS personnel during surges in patient load.

TYPES OF UNITS

2-17. In addition to combat support hospital and field hospitals, other units are directly associated with casualty care and treatment processes. These units and their capabilities are discussed below and depicted above on page 2-2 in Figure 2-1. Understanding the capabilities and RS coverage dependencies facilitates effective synchronization of RS.

Medical Command (Deployment Support)

2-18. These serve as theater level headquarters synchronizing Army Health System operations providing mission command of medical brigades (support), MMBs, and other Army Health System units providing health service support or force health protection across the AO. (FM 4-02) The medical command (deployment support) has an assigned chaplain section responsible for coordinating and synchronizing RS within the Army Health System units assigned to the theater. This chaplain section should closely synchronize priorities and coverage with the ASCC chaplain's office.

Medical Brigade (Support)

2-19. These units provide mission command to attached or assigned Army Health System units. The attached Army Health System units can include but are not limited to combat support hospitals and MMBs. Medical Brigade (Support) units might be assigned or attached to a Medical Command (Deployment Support), directly reporting to a corps or ASCC, or serving as the senior medical headquarters in an AO. These units have an assigned chaplain section with responsibility for provision of RS and advisement to the command. This chaplain section is also responsible for supervision of

subordinate UMTs, and coordination or synchronization of RS for Army Health System units with the corps or division chaplain sections in an AO.

Medical Battalion (Multifunctional)

2-20. MMBs provide mission command, administrative assistance, logistical support, and technical supervision for functional organizations task organized for support of deployed BCTs and echelon above brigade forces. (FM 4-02) MMBs are assigned a UMT with coverage responsibilities for assigned or attached personnel. Operational and mission variables impact the MMB UMT's ability to provide RS across their organization. As a result, many down trace units rely upon supported units for RS.

Medical Detachment, Combat and Operational Stress Control (COSC)

2-21. A medical detachment (COSC) is usually assigned to an MMB and provides direct support to echelons above brigade or additional support to a BCT as required. The medical detachment (COSC) is capable of task-organization to support across a corps or division AO. (See ATP 4-02.5 and FM 4-02 detailed information.) These units have an assigned UMT responsible for providing RS for assigned personnel and advisement on religion, ethics, morals, and morale to the command. This UMT also provides RS integration into the medical detachment (COSC) programs offered by the medical detachment (COSC) and liaisons with the chaplain sections and UMTs whose units are supported by the medical detachment (COSC).

Medical Company (Area Support or Brigade Support)

2-22. A medical company (area support) provides support to echelon above brigade units with medical evacuation for those units without organic medical evacuation resources. A medical company (brigade support) provides medical evacuation support on an area basis to units within its assigned AO and can provide direct support to evacuate patients from the supported battalion aid station to the Role 2 MTF. These units are dependent upon the supported unit for RS.

RELIGIOUS SUPPORT WITHIN THE ARMY HEALTH SYSTEM

2-23. RS within the Army Health System is provided by means of provision and advisement by assigned chaplain sections and UMTs as well as coordination of RS coverage by supported units. Assigned chaplain sections and UMTs are primarily focused on provision of RS and advisement to the command. Supported units maintain primary responsibility for RS to assigned or attached personnel. Supported units also assume RS coverage for Army Health System units with RS dependencies and RS requirements during MASCAL situations.

2-24. Table 2-1 on page 2-6 outlines the RS assets normatively assigned to units within the Army Health System as well as the RS coverage dependencies and coordination. It is essential that assigned chaplain sections and UMTs coordinate with the senior chaplain section or UMT within a given AO to ensure comprehensive RS for both staff and casualties. Likewise, chaplain sections and UMTs assigned to each echelon need to

proactively staff, coordinate, rehearse, and support coverage plans for Army Health System units within their respective AOs.

Table 2-1. Religious Support Coverage of Army Health System Units

Role	Units	Religious Support Assets	Religious Support Coordination
1	All Army Units	Unit Chaplain Section or UMT	Senior chaplain section or UMT within any defined AO
2	Medical Company (Brigade Support)	Supported Unit	Senior chaplain section or UMT within any defined AO in coordination with MMB UMT
	Medical Company (Area Support)	Supported Unit	
3	Combat Support Hospitals, Field Hospitals (Hospital Centers)	Assigned UMT	Senior chaplain section or UMT within any defined AO in coordination with hospital UMT
4	Hospitals	Department of Ministry and Pastoral Care	Support coordinated through Garrison Chaplain's Office

CASUALTY EVACUATION PROCESS

2-25. Effective delivery of RS to casualties requires a clear understanding of the casualty evacuation process and plan. The nature of large-scale combat operations creates conditions which frustrate the evacuation process, necessitating non-standard evacuation and delayed progression to advanced roles of care. However, the framework (Figure 2-2) remains fairly consistent. (See ATP 4-02.2 for more detailed information.)

2-26. A unit receives casualties and provides care to the wounded which includes triage. Triage sorts the wounded into the categories of immediate, delayed, minimal, and expectant. (See FM 4-02 or ATP 4-02.2 for a description of each.) Unit or medical personnel then move or request movement of casualties utilizing medical vehicles with medical personnel (medical evacuation) or standard vehicles without in route medical care (casualty evacuation). Units often create casualty collection points (CCPs) to consolidate casualties and facilitate rapid movement of assets back to the unit area. At the CCP, casualties undergo triage once again before movement to the battalion aid station.

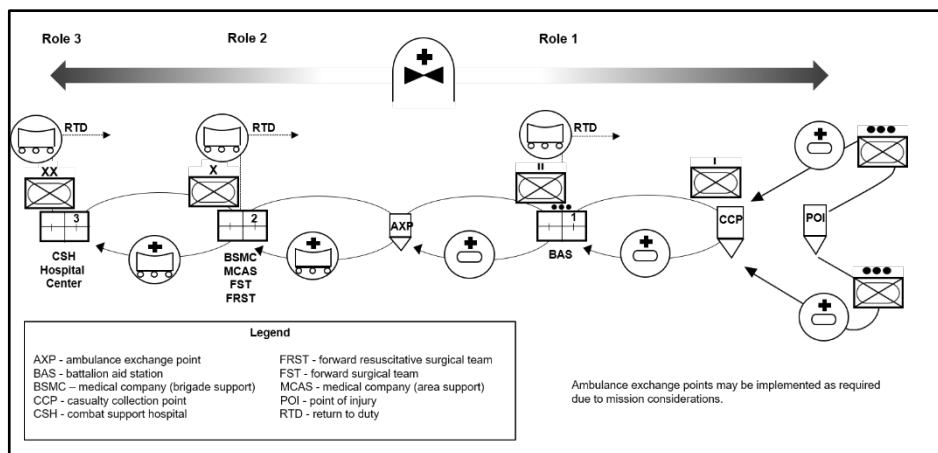


Figure 2-2. Patient Flow to Role 3

2-27. Casualties arriving at the battalion aid station or Role 2 facility are treated and returned to duty or evacuated for further treatment at a Role 3 facility. In some instances, an intermediary Role 2 facility might provide treatment before further evacuation. (See Figure 2-2) An ambulance exchange point (AXP) might also be planned or established in order to expedite movement and return needed assets back to their unit area or Role 2 facility.

2-28. Chaplain sections and UMTs often provide casualty care at CCPs or AXP's due to their proximity to the chaplain section or UMT's location. Knowledge of these locations and the ability to travel greatly impact the ability to synchronize RS into the casualty evacuation process. Religious support personnel should be familiar with the categories of evacuation precedence used at CCPs and AXP's (see FM 4-02 for details.)

This page intentionally left blank.

Chapter 3

Casualty Care During Operations to Shape

OPERATIONS TO SHAPE

3-1. Operations to shape consist of various long-term military engagements, security cooperation, deterrence missions, tasks, and actions intended to assure friends, build partner capacity and capability, and promote regional stability. Operations to shape occur across the joint phasing model and focus on four purposes—

- Promoting and protecting U.S. national interests and influence
- Building partner capacity and partnerships
- Recognizing and countering adversary attempts to gain positions of relative advantage
- Setting conditions to win future conflicts

3-2. The theater army integrates landpower within theater engagement plans and security cooperation activities. Army units at the corps and lower echelons execute shaping tasks and provide the forces for security cooperation. (See FM 3-0)

PLANNING AND PREPARING FOR OPERATIONS TO SHAPE

3-3. Planning provides a concept of RS outlining the tasks subordinate or supporting chaplain sections and UMTs cooperatively accomplish to execute the overall theater RS mission. It identifies the main and supporting efforts of the chaplain section or UMT, sustainment requirements, and priorities of RS. (See ATP 1-05.01)

3-4. Preparation creates conditions that improve friendly forces' opportunities for success. It requires commander, staff, unit, and Soldier actions to ensure the force is trained, equipped, and ready to execute operations. Preparation activities help commanders, staffs, and Soldiers understand a situation and their roles in upcoming operations. (See ADP 5-0 and ATP 1-05.01)

ARMY SERVICE COMPONENT COMMAND AND CORPS PLANNING AND PREPARATION

3-5. Due to the broad spectrum of tasks and actions which take place during operations to shape, the planning and preparation processes takes on multiple foci with distinct emphases for each. The three major foci for the ASCC and corps chaplain sections are synchronization of RS plans, conduct of joint RS plans, and liaison with military and

civilian personnel. (The responsibilities of ASCC and corps chaplain sections are discussed in FM 1-05.)

Synchronization of RS Concepts

3-6. The ASCC and corps chaplain sections utilize their assigned world religions chaplains to conduct a religious area analysis on both the general AO and any identified areas of particular interest or unique demographic composition. (ATP 1-05.03) These religious area analyses are maintained, updated, and provided to subordinate units conducting operations within the designated AO.

3-7. The ASCC and corps chaplain sections develop standard operating procedures (SOPs) for various contingency plans and distribute them to subordinate chaplain sections and UMTs. These contingency plans range from limited theater security cooperation missions with less than 100 personnel to corps sized missions. At the small-scale end of the spectrum, the SOPs emphasize interaction with the host nation medical facilities and personnel whereas the large-scale end of the spectrum focuses more on military MTFs. Subordinate units then synchronize their SOPs and RS plans.

3-8. The ASCC chaplain section should closely monitor the phased flow of RS assets into the theater. The emphasis on opening the theater places priority on the human resources, logistics, and health service support functions of sustainment. Planning the request of a chaplain detachment – alpha at the correct time is essential to providing RS to forces undergoing reception, staging, onward movement, and integration. Deploying units depend upon the ASCC for RS until the integration phase is complete.

3-9. The corps chaplain section should likewise submit a request for a chaplain detachment – charlie in order to enable sustained operations. (FM 1-05)

3-10. The synchronization of RS requires planning for multiple means of communication with the joint task force or joint force land component command chaplain sections. ASCC and corps chaplain sections need to anticipate degraded communication capabilities for tactical communication networks as well as avoid dependence upon unsecure commercial communication networks.

Conduct of Joint RS Plans

3-11. The ASCC chaplain section is responsible for conducting joint RS plans. This requires conducting Soldier and leader engagements with unified action partner chaplaincies as well as building understanding of the host nation casualty care systems. The ability to understand the system directly correlates to SOP and policy formulation which corps and subordinate chaplain sections and UMTs implement.

3-12. The ASCC and corps chaplain sections integrate with unified action partners and garner lessons learned from theater security cooperation missions in order to build a comprehensive plan for RS to casualties. Each mission must be viewed as an opportunity to build situational awareness and understanding for follow on missions.

Liaison with military and civilian personnel

3-13. In a manner similar to the conduct of Joint RS plans, the ASCC and corps chaplain sections establish coordinating and supporting relationships with military and civilian personnel. This includes contact with civilian MTFs, military chaplaincies, and clergy training networks which might include similar programs to clinical pastoral education or critical incident stress management.

3-14. The ASCC chaplain section also establishes a supporting relationship with assigned or regionally aligned chaplain sections and UMTs in order to provide training insight and support desired training outcomes. The ASCC and corps chaplain sections need to monitor the Global Force Management (GFM) and Time Phased Force Development Data (TPFDD) closely in order to proactively provide training guidance and products to support readiness of any allocated forces.

Note. This training guidance and support must be synchronized with command channels. It is encouraged to coordinate closely with U.S. Forces Command on this process due to their responsibility to provide trained and ready forces, from all three components, to GCCs.

DIVISION LEVEL PLANNING AND PREPARATION

3-15. In a fashion similar to the ASCC and corps, the division chaplain section plans and prepares for RS across the ROMO within operations to shape. This requires a scalable approach from supporting a platoon level theater security cooperation mission to the deployment of an entire division in support of operations to shape. FM 1-05 describes the division chaplain section responsibilities in detail.

3-16. The two highest priorities for the division chaplain section in support of operations to shape is the synchronization of RS plans from division with the corps and communication of priorities of support and RS efforts within the division AO.

3-17. During planning and preparation the division chaplain section should also validate the necessity of a chaplain detachment – delta and submit the request for forces through the appropriate channels. The chaplain detachment – delta is an augmentation capability designed to enable sustained operations in an operational environment. (FM 1-05)

Synchronization of Religious Support Plans

3-18. The division chaplain section receives guidance and products from the corps and ASCC and synchronizes that material with the division commander's intent (end state and purpose). The division develops a concept of RS, publishes a religious support plan, and creates appropriate SOPs, reports, and training plans. These products are provided in a timely manner to subordinate brigades and direct reporting battalions. As part of this plan, the division chaplain section communicates plans for cross-leveling of RS assets to support operations to shape, refined religious area analyses, a focused training plan, and points of contact for support and oversight during operations to shape.

3-19. The division chaplain section should assist in developing a common operational picture for the deploying force in regards to the casualty care plan, civilian MTF integration and access, and anticipated RS requirements or dependencies. This requires close coordination with the division surgeon's section.

3-20. The timeline for deploying in support of operations to shape might be condensed or provide a focused time for training and evaluation. The division chaplain section will seek guidance from the ASCC and corps while developing a training plan which is integrated into the unit's training plan in accordance with FM 7-0. Querying the chaplain corps for subject matter experts or those with experience on similar operations can prove beneficial for training. It is also advisable to query the Center for Army Lessons Learned and submit requests for information and assistance to the United States Army Chaplain Center and School.

3-21. If the request for forces is a brigade or smaller, the division chaplain section should plan development of a communication plan with the assigned headquarters in the AO in order to ensure the assigned UMT is properly equipped, trained, and meeting the objectives requested by the supported unit.

Communication of Priorities of Support

3-22. The development of a RS plan and SOPs provides the division chaplain section the opportunity to communicate priorities of support which are synchronized with the ASCC and or corps. The division chaplain section needs a plan to monitor a changing OE in order to communicate shifting priorities of effort.

3-23. The clear articulation of priorities of support provides the clarity needed by subordinate UMTs to effectively provide RS and advisement within constraints provided by international law or agreement, any status of forces agreement, or cultural and or religious considerations.

3-24. Some considerations in priorities of religious support to casualties in operations to shape include—

- Access to MTFs by military personnel
- Ability of clergy to visit patients
- Transportation capabilities of the deployed force
- Speed of evacuation which might prevent visits at the MTF
- Religious or cultural sensitivities which preclude overt pastoral care
- Legal restrictions on religious materials, symbols, or alcohol

3-25. The priority of support might require a plan to cross level ecclesiastical supplies to UMTs operating in austere conditions without means of regular resupply. The division chaplain section should closely monitor supplies and the ability to move supplies into and out of various AOs based upon legal and or cultural considerations.

3-26. To balance cultural and religious considerations in the host nation, it is essential the religious area analysis provides critical information which is easily understood at the battalion level.

BRIGADE LEVEL PLANNING AND PREPARATION

3-27. Planning at the brigade level for RS to casualties during operations to shape closely parallels planning at division level. The same considerations for delivery of RS, training, and provision of guidance and oversight apply. The only real difference at brigade level is the scope of responsibility and limited direct access to resources which the division chaplain section provides through interaction with the corps and ASCC chaplain sections.

3-28. A key focus of the brigade chaplain is a focus at the tactical level of delivery of RS within a designated AO with an awareness of the potential operational and strategic impact of poorly executed religious support. Brigade chaplains function and oversee RS at the level with the greatest intersection between the host nation personnel and unified action partners. As such, the brigade RS plan should highlight the following items—

- Access to host nation MTFs
- Religious area analysis and religious impact assessments
- Host nation religious and cultural sensitivities regarding health care and handling deceased remains
- Host nation religious consideration mitigation measures
- Ecclesiastical supply constraints or considerations
- Area coverage plans for supporting units
- Area coverage plans for geographically dispersed units without immediate access to assigned RS personnel
- Location and access to medical detachment (COSC) assets to assist with traumatic event management or post-traumatic stress reactions

BATTALION LEVEL PLANNING AND PREPARATION

3-29. At the battalion level, the UMT plan is focused on delivery of RS and advisement to the command during operations to shape. The battalion UMT plans in a fashion similar to the brigade. Whereas the brigade UMT provides guidance to subordinate UMTs, the battalion UMT provides guidance in the form of religious impact assessments to their unit of assignment.

3-30. Planning for RS to casualties during operations to shape might require unique skill sets for the UMT which are more readily practiced at the brigade level. Potential exists for a battalion UMT deploying in support of theater security cooperation missions in an austere environment in an immature theater. These place the battalion in a position where they are potentially interacting directly with the ASCC, unified action partners, and host nation entities. A battalion UMT operating under these conditions should read over the ASCC, corps, division, and brigade planning considerations and develop a close working relationship with the ASCC chaplain section during such missions.

3-31. Transportation of supplies, readiness, and resupply are critical factors in planning for small-scale operations to shape. The UMT should anticipate limited resupply, limited supply transportation capability, and potentially short-notice deployment.

EXECUTING AND ASSESSING OPERATIONS TO SHAPE

3-32. Execution activities put the concept of RS into action in order to support the Soldier executing the unit mission. Executing occurs because the chaplain section or UMT conducted effective planning and preparation activities enabling them to execute their concept of support and make adjustments when required due to the fluid and changing conditions in the OE. (See ADP 5-0 and ATP 1-05.01)

ARMY SERVICE COMPONENT COMMAND AND CORPS EXECUTION

3-33. At the ASCC and corps level, chaplain sections monitor and support the synchronized provision of RS and advisement on religion, ethics, morals, and morale as they impact the mission. This includes but is not limited to—

- Assessing validity and relevance of the provided running estimate and religious area analysis from higher headquarters
- Providing updated religious area analysis products at echelon
- Leveraging available RS assets to support area coverage requirements
- Providing or coordinating RS at MTFs treating U.S. Service members and authorized civilians
- Monitoring RS requirements at the port(s) of entry and respond accordingly
- Coordinating replacements or support, as needed, for subordinate chaplain sections and UMTs
- Providing training and professional development for ongoing RS to casualties
- Capturing lessons learned and after action reviews for submission to the United States Army Chaplain Center and School and inclusion in the Army Lessons Learned Information System

3-34. The ASCC also continues the conduct of joint RS plans which includes but is not limited to—

- Supporting the conduct of Soldier and leader engagements which facilitate issues related to casualty care (wounded and deceased)
- Monitoring the presence of unified action partner chaplaincies in the AO and establishing mutually supportive relationships

3-35. The ASCC and corps chaplains continue liaison with military and civilian personnel in the following manner—

- Coordinating with the surgeon's section to monitor the flow of casualties in order to respond to any RS requests or needs in the corps consolidation area or joint support area
- Monitoring the location of MTFs as alternate locations are identified and established, providing updated information to subordinate chaplain sections and UMTs

- Maintaining coordinating relationships with the other U.S. Service chaplaincies operating in the AO in order to facilitate shared understanding and mutually supportive RS for sister Service personnel
- Providing updated information regarding training and capability requirements to the U.S. Forces Command chaplain section and the United States Army Chaplain Center and School

DIVISION LEVEL EXECUTION

3-36. Division chaplain sections continue focus on the two priorities of synchronization of RS plans and prioritization of RS efforts within the division during execution and assessment.

Synchronization of Religious Support Plans

3-37. The execution of RS plans is rarely static or as predictable as initially thought. Unanticipated actions, consequences, and other OE variables require continued adaptation and modification of SOPs or updated religious support plans. The division chaplain section facilitates continued synchronization of RS through the following actions—

- Monitoring the common operational picture regarding casualties, casualty treatment flow, and UMT locations
- Leveraging brigades and direct reporting battalions assets to respond to RS to casualty requirements
- Updating the RS training plan to meet anticipated RS or identified training gaps
- Systematically testing modes of communication to retain familiarity and redundant capabilities
- Providing opportunities for continued training as well as monitoring of the well-being of subordinate RS personnel
- Providing information regarding assigned units across the AO
- Requesting updated information regarding the location of items like CCPs, AXPs, and battalion aid stations
- Providing revised guidance, as needed, regarding the conduct of memorial ceremonies
- Captures lessons learned and after action reviews for submission to the ASCC or corps chaplain section

Prioritization of Religious Support Efforts

3-38. Operational and mission variables require updates to the prioritization of RS. Under operations to shape, the variables might not change as dramatically as in large-scale combat operations, but the requirement to monitor the variables and adjust priorities accordingly remains the same. Division chaplain sections adjust priorities by doing the following—

- Monitoring division, corps, and ASCC level priorities of effort on the medical common operational picture
- Maintaining awareness of any changes in the status of forces agreement and access to civilian MTFs in the AO
- Monitoring degradation of MTF capabilities or surge in patient census which might create a “bypass” condition (impacting care for U.S. personnel)
- Providing up to date information regarding religious or cultural sensitivities for all incoming or replacement RS personnel
- Monitoring ecclesiastical supply consumption rates and on hand supplies at the brigade level in order to facilitate rapid cross-leveling of supplies without creating conditions for a shortage

BRIGADE LEVEL EXECUTION

3-39. The brigade UMT likewise employs the same modification of RS plans and prioritization of RS efforts within its assigned AO. In addition, the brigade UMT—

- Monitors units and small detachments operating within the AO, developing contingency coverage plans for these units
- Monitors the location of all subordinate UMTs, CCPs, AXPs, and MTFs for the purpose of coordinating RS to casualties with minimal delay
- Coordinates with the MMB UMT regarding RS dependencies for medical personnel operating in the brigade’s AO
- Coordinates with the medical detachment (COSC) for requested support from subordinate units within the brigade’s AO
- Captures lessons learned and after action reviews for submission to the division chaplain section

BATTALION LEVEL EXECUTION

3-40. The battalion UMT employs the same measures as the brigade UMT in terms of developing an awareness of and intentional area coverage plans for all personnel within the battalion’s AO. In addition, the battalion UMT—

- Keeps the battalion leadership informed regarding the UMT’s location in the AO
- Develops communication plans with adjacent battalion level UMTs
- Develops and tests communication plans with adjacent brigade UMTs
- Frequently visits the local MTF for the purpose of familiarity
- Maintains contact with medical detachment (COSC) personnel to facilitate support
- Utilizes downtime to develop memorial ceremony messages and remarks
- Updates AO oriented religious area analysis and provides a copy to the brigade UMT
- Captures lessons learned and after action reviews for submission to the brigade UMT

Chapter 4

Casualty Care During Operations to Prevent

OPERATIONS TO PREVENT

4-1. The purpose of operations to prevent is to deter adversary actions contrary to U.S. interests. They are typically conducted in response to activities that threaten unified action partners and require deployment or repositioning of credible forces in a theater to demonstrate the willingness to fight if deterrence fails. For example, a GCC requests forces who then conduct a joint training exercises with the host nation. Prevent activities include—

- Flexible deterrent options
- Set the theater
- Tailor Army forces
- Project the force

4-2. The Theater army enables the GCC to employ land forces within the AOR and into specific operational areas. Corps headquarters may deploy into an operational area as a tactical headquarters with subordinate divisions and brigades as a show of force. Divisions and brigades demonstrate national resolve by presenting a credible coercive force. (See FM 3-0)

PLANNING AND PREPARATION FOR OPERATIONS TO PREVENT

4-3. Planning provides a concept of RS outlining the tasks subordinate or supporting chaplain sections and UMTs cooperatively accomplish to execute the overall theater RS mission. It identifies the main and supporting efforts of the chaplain section or UMT, sustainment requirements and priorities of RS. (See ATP 1-05.01)

4-4. Preparation creates conditions that improve friendly forces' opportunities for success. It requires commander, staff, unit, and Soldier actions to ensure the force is trained, equipped, and ready to execute operations. Preparation activities help commanders, staffs, and Soldiers understand a situation and their roles in upcoming operations. (See ADP 5-0 and ATP 1-05.01)

ARMY SERVICE COMPONENT COMMAND AND CORPS PLANNING AND PREPARATION

4-5. Planning and preparation at the ASCC and corps level for operations to prevent focuses on all of the same tasks associated with operations to shape along with several other factors not inherently attributed to operations to shape. The nature of responding

to threats to U.S. interests usually presents a more robust response with greater reliance upon military medical capabilities. To facilitate the planning and preparation ASCC and corps chaplain sections focus on synchronization of RS concepts and plans, the conduct of joint RS plans, and liaison with military and civilian personnel. (See FM 1-05 for more on the responsibilities of ASCC and corps chaplain sections.)

Synchronization of Religious Support Plans

4-6. The ASCC is responsible for all tasks which set the theater for land forces and the Army. They do this utilizing organic assets, assigned forces, and either an expeditionary sustainment command (ESC) or theater sustainment command (TSC). One of the most critical aspects of planning for an ASCC, corps, ESC, or TSC chaplain section is the timely coordination and request of chaplain detachments to augment their sections and enable sustained operations at each echelon. This requires close monitoring of the GFM and TPFDD and coordination through the ASCC or U.S. Forces Command to validate requirements and request the appropriate chaplain detachment—

- ASCC – chaplain detachment alpha
- ESC or TSC – chaplain detachment bravo
- Corps – chaplain detachment Charlie

4-7. The deployment of forces under operations to prevent is to deter adversary actions contrary to U.S. interests. This means that deploying forces typically are responding to activities that threaten unified action partners and create potential for immediate receipt of casualties. This heightens the immediacy of ensuring RS assets are in place at the port(s) of debarkation.

4-8. The ESC or TSC chaplain section prepares their personnel to immediately support operations at the port(s) of debarkation. This requires ensuring UMTs assigned to sustainment brigades and requested chaplain detachment bravo are prepared for immediate casualty ministry upon arrival at the port(s) of debarkation. If possible, request a chaplain trained in clinical pastoral education or Family life counseling as part of the initial personnel flow.

4-9. Under operations to prevent, a corps may rapidly deploy into an OA as a tactical headquarters without an ASCC presence in theater. This requires the ability to function at the senior level coordinating and enabling the RS plan for casualty care until an ASCC arrives.

Conduct of Joint Religious Support Plans

4-10. The ASCC chaplain section is responsible for conducting joint RS plans. This requires conducting Soldier and leader engagements with unified action partner chaplaincies as well as building understanding and RS personnel access to host nation casualty care systems.

4-11. The ASCC and corps chaplain sections integrate with unified action partners and build a comprehensive plan for RS to casualties.

Liaison with Military and Civilian Personnel

4-12. The ASCC and corps chaplain sections establish coordinating and supporting relationships with military and civilian personnel. This includes contact with civilian MTFs, military chaplaincies, and clergy networks.

4-13. The ASCC chaplain section also establishes a supporting relationship with assigned or regionally aligned chaplain sections and UMTs in order to provide training insight and support desired training outcomes. The ASCC and corps chaplain sections need to monitor the GFM and TPFDD closely in order to support readiness of allocated forces.

DIVISION LEVEL PLANNING AND PREPARATION

4-14. The division chaplain section conducts all of the planning and preparation associated with operations to shape as well as the items below under operations to prevent.

4-15. Divisions demonstrate national resolve by presenting a credible coercive force during operations to prevent. This requires rapid deployment and activity around key locations or contested border areas. Assigned assets provide most casualty care with the potential for surgical capability provided by civilian MTFs under permissive conditions.

4-16. Under operations to prevent, division chaplain sections closely monitor the deployment of subordinate UMTs to ensure full strength UMTs deploy trained, supplied, and ready to provide immediate RS to casualties at isolated and austere or fixed and permissive locations.

4-17. The division chaplain section also monitors the GFM and TPFDD in order to validate requirements and submit a request for a chaplain detachment delta through U.S. Forces Command in order to enable sustained chaplain section operations under operations to prevent.

4-18. The division chaplain section also plans and prepares for assignment or attachment of additional brigades, battalions, and company level units. The division chaplain section subsequently prepares a plan for RS to casualties which includes these units and provides copies of SOPs regarding casualty care along with a plan to train recently attached RS personnel on RS to casualties.

BRIGADE LEVEL PLANNING AND PREPARATION

4-19. The brigade UMT conducts all of the planning and preparation associated with operations to shape as well as the following tasks.

4-20. The brigade UMT identifies both military and civilian MTFs within the AO and shares this information with subordinate units and the division chaplain section.

4-21. The brigade chaplain also monitors the presence of unified action partner chaplains in the AO and establishes mutually supportive relationships which facilitate comprehensive RS to casualties.

BATTALION LEVEL PLANNING AND PREPARATION

4-22. At the battalion level, the UMT planning and preparation follows the same tasks as operations to shape with additional considerations.

4-23. The battalion is usually deployed as part of a brigade or attached to another brigade as part of the task organization associated with tailored forces. This requires integration with the assigned brigade or rapid assimilation into an attached brigade in terms of understanding RS to casualty SOPs. This includes but is not limited to—

- The process for requesting RS assistance
- The process for requesting COSC support
- Specifications of anticipated UMT location; battalion aid station, CCP, AXP, or the command post
- Memorial ceremony SOPs
- Priority of effort and chain of succession

4-24. The rapid deployment as part of a flexible deterrent option requires advance acquisition of comprehensive RS supplies and equipment with anticipated lack of resupply for at least 180 days.

4-25. Operations to prevent often include operations in an austere environment, requiring advance preparation of memorial messages and laminated prayer cards for ease of access to support RS during MASCAL situations.

EXECUTING AND ASSESSING OPERATIONS TO PREVENT

4-26. Execution activities put the concept of RS into action in order to support the Soldier executing the unit mission. Executing occurs because the chaplain section or UMT conducted effective planning and preparation activities enabling them to execute their concept of support and make adjustments when required due to the fluid and changing conditions in the OE. (See ADP 5-0 and ATP 1-05.01)

ARMY SERVICE COMPONENT COMMAND AND CORPS EXECUTION AND ASSESSMENT

4-27. At the ASCC and corps level, chaplain sections monitor and support the synchronized provision of RS and advisement on religion, ethics, morals, and morale as they impact the mission. This includes but is not limited to—

- Assessing validity and relevance of the provided running estimate and religious area analysis from higher headquarters
- Providing updated religious area analysis products at echelon
- Leveraging available RS assets to support area coverage requirements
- Providing or coordinating RS at MTFs treating U.S. Service members and authorized civilians
- Monitoring RS requirements at the port(s) of entry and respond accordingly

- Coordinating replacements or support, as needed, for subordinate chaplain sections and UMTs
- Providing training and professional development for ongoing RS to casualties
- Capturing lessons learned and after action reviews for submission to the United States Army Chaplain Center and School and inclusion in the Army Lessons Learned Information System.

4-28. The ASCC also continues the conduct of joint RS plans which includes but is not limited to—

- Supporting the conduct of Soldier and leader engagements which facilitate issues related to casualty care (wounded and deceased)
- Monitoring the presence of unified action partner chaplaincies in the AO and establishing mutually supportive relationships

4-29. The ASCC and corps chaplains continue liaison with military and civilian personnel in the following manner—

- Coordinating with the surgeon's section to monitor the flow of casualties in order to respond to any RS requests or needs in the corps consolidation area or joint support area
- Monitoring the location of MTFs as alternate locations are identified and established, providing updated information to subordinate chaplain sections and UMTs
- Maintaining coordinating relationships with the other U.S. Service chaplaincies operating in the AO in order to facilitate shared understanding and mutually supportive RS for sister Service personnel
- Providing updated information regarding training and capability requirements to the U.S. Forces Command chaplain section and the United States Army Chaplain Center and School

DIVISION LEVEL EXECUTION AND ASSESSMENT

4-30. Division chaplain sections continue focus on the two priorities of synchronization of RS plans and prioritization of RS efforts within the division during execution and assessment.

Synchronization of Religious Support Plans

4-31. The execution of RS plans is rarely static or as predictable as initially thought. Unanticipated actions, consequences, and other OE variables require continued adaptation and modification of SOPs or updated religious support plans. The division chaplain section facilitates continued synchronization of RS through the following actions—

- Monitoring the common operational picture regarding casualties, casualty treatment flow, and UMT locations
- Leveraging brigades and direct reporting battalions assets to respond to RS to casualty requirements

- Updating the RS training plan to meet anticipated RS or identified training gaps
- Systematically testing modes of communication to retain familiarity and redundant capabilities
- Providing opportunities for continued training as well as monitoring of the well-being of subordinate RS personnel
- Providing information regarding assigned units across the AO
- Requesting updated information regarding the location of items like CCPs, AXPs, and battalion aid stations.
- Providing revised guidance, as needed, regarding the conduct of memorial ceremonies
- Captures lessons learned and after action reviews for submission to the ASCC or corps chaplain section

Prioritization of Religious Support Efforts

4-32. Operational and mission variables require updates to the prioritization of RS. Under operations to shape, the variables might not change as dramatically as in large-scale combat operations, but the requirement to monitor the variables and adjust priorities accordingly remains the same. Division chaplain sections adjust priorities by doing the following—

- Monitoring division, corps, and ASCC level priorities of effort on the medical common operational picture
- Maintaining awareness of any changes in the status of forces agreement and access to civilian MTFs in the AO
- Monitoring degradation of MTF capabilities or surge in patient census which might create a “bypass” condition (impacting care for U.S. personnel)
- Providing up to date information regarding religious or cultural sensitivities for all incoming or replacement RS personnel
- Monitoring ecclesiastical supply consumption rates and on hand supplies at the brigade level in order to facilitate rapid cross-leveling of supplies without creating conditions for a shortage

BRIGADE LEVEL EXECUTION AND ASSESSMENT

4-33. The brigade UMT likewise employs the same modification of RS plans and prioritization of RS efforts within its assigned AO. In addition, the brigade UMT—

- Monitors units and small detachments operating within the AO, developing contingency coverage plans for these units
- Monitors the location of all subordinate UMTs, CCPs, AXPs, and MTFs for the purpose of coordinating RS to casualties with minimal delay
- Coordinates with the MMB UMT regarding RS dependencies for medical personnel operating in the brigade’s AO

- Coordinates with the medical detachment (COSC) for requested support from subordinate units within the brigade's AO
- Captures lessons learned and after action reviews for submission to the division chaplain section

BATTALION LEVEL EXECUTION AND ASSESSMENT

4-34. The battalion UMT employs the same measures as the brigade UMT in terms of developing an awareness of and intentional area coverage plans for all personnel within the battalion's AO. In addition, the battalion UMT—

- Keeps the battalion leadership informed regarding the UMT's location in the AO
- Develops communication plans with adjacent battalion level UMTs
- Develops and tests communication plans with adjacent brigade UMTs
- Coordinates regular training opportunities in conjunction with medical and sustainment personnel (human resources and logistics)
- Frequently visits the local MTF for the purpose of familiarity
- Maintains contact with medical detachment (COSC) personnel to facilitate support
- Utilizes downtime to develop memorial ceremony messages and remarks
- Updates AO oriented religious area analysis and provides a copy to the brigade UMT

4-35. Captures lessons learned and after action reviews for submission to the brigade UMT.

This page intentionally left blank.

Chapter 5

Casualty Care During Large-Scale Ground Combat Operations

LARGE-SCALE GROUND COMBAT OPERATIONS

5-1. The joint force commander (JFC) seeks decisive advantage by using all available elements of combat power to exploit the initiative, deny enemy objectives, defeat enemy capabilities to resist, and compel desired behavior. The Army provides the JFC operationally significant and sustained power. Large-scale ground combat operations introduce levels of complexity, lethality, ambiguity, and speed to military operations not common in other operations. The presence of and potential use of weapons of mass destruction by enemy forces in large-scale ground combat operations is a grave concern for the JFC.

5-2. Corps and divisions execute decisive action tasks, where offensive and defensive tasks make up the preponderance of activities. BCTs and subordinate units concentrate on performing offensive and defensive tasks and necessary tactical enabling tasks. Corps and division headquarters assign task-organized forces consolidation areas to begin consolidate gains activities concurrent with large-scale ground combat operations. (See FM 3-0)

5-3. For chaplain sections and UMTs, large-scale ground combat operations form the basis for training in preparation for an operational environment. Their complexity, lethality, and dynamic nature cannot be underestimated in terms of variables which both necessitate and hinder RS to casualties. Preparation for RS to casualties in large-scale ground combat operations prepares chaplain sections and UMTs for all other strategic roles.

PLANNING FOR LARGE-SCALE GROUND COMBAT OPERATIONS

5-4. Planning provides a concept of RS outlining the tasks subordinate or supporting chaplain sections and UMTs cooperatively accomplish to execute the overall theater RS mission. It identifies the main and supporting efforts of the chaplain section or UMT, sustainment requirements and priorities of RS. (See ATP 1-05.01)

ARMY SERVICE COMPONENT COMMAND AND CORPS PLANNING

5-5. The planning process for an ASCC or corps remains the same for large-scale ground combat operations as operations to shape and prevent aside from a greater sense of urgency and rapidity of planning.

5-6. In planning for large-scale ground combat operations, the ASCC, ESC or TSC, and corps all validate and submit requests for their appropriate chaplain detachment to facilitate sustained operations.

DIVISION LEVEL PLANNING

5-7. Division chaplain sections plan for large-scale ground combat operations fulfilling all the planning tasks associated with operations to shape and deter as well as the items listed below.

5-8. Under large-scale ground combat operations, division chaplain sections closely monitor the deployment of subordinate UMTs to ensure full strength UMTs deploy trained, supplied, and ready to provide immediate RS to casualties at isolated and austere or fixed and permissive locations.

5-9. The division chaplain section supports the operations process and develops the following—

- RS concept
- RS plan
- RS to casualty SOP covering MASCAL conditions
- Communication flow chart for requests to support RS to casualties
- Coordinating and supporting relationships with the MMB and hospital center chaplains
- Area coverage plans for the AO, to include all units without organically assigned RS personnel or geographically dispersed formations
- A RS focused medical common operational picture similar to Figure 2-1 on page 2-2
- A plan for order of succession and coverage of the division main if the division chaplain section has to leave the command post

5-10. The division chaplain section also monitors the GFM and TPFDD in order to validate requirements and submit a request for a chaplain detachment delta through U.S. Forces Command in order to enable sustained chaplain section operations under operations to prevent.

5-11. The division chaplain section also plans and prepares for assignment or attachment of additional brigades, battalions, and company level units. The division chaplain section subsequently prepares a plan for RS to casualties which includes these units and provides copies of SOPs regarding casualty care along with a plan to train recently attached RS personnel on RS to casualties.

BRIGADE LEVEL PLANNING

5-12. The brigade UMT supports the operations process with the staff focused on supervising, enabling, and coordinating RS to casualties across the brigade's AO. They provide guidance, SOPs, training, and all products associated with operations to shape and prevent. As they participate in the operations process they place focused attention on the following—

- Phases of the operation
- Assigned tasks and purposes for the brigade and subordinate battalions
- The main effort for each phase
- The supporting efforts for each phase
- Contact information for adjacent units and frequencies for battalions
- The anticipated locations of subordinate battalions during each phase of the operation
- The phased preparation of the battlefield (reconnaissance, artillery strikes, positioning of the reserve) which places personnel at risk earliest
- The location of CCPs, AXPs, battalion aid stations, the medical company (brigade support) and any MTFs or medical treatment units
- Development of a chain of succession and priority of support to battalions
- Identify most flexible UMT by phase of the operation
- Routes of anticipated casualties (See Figure 2-2.) on page 2-7
- Adjacent unit locations and means of contact
- Transportation and communication restrictions
- Religious ad hoc query for attached, assigned, and authorized personnel
- Location of civilian MTFs in the AO

BATTALION LEVEL PLANNING

5-13. The battalion is where most direct RS to casualty care takes place. Therefore, planning for RS to casualties must focus upon activities at the battalion level, synchronization of efforts to support battalions, and effective integration of RS planning into the operations process and the ability to coordinate with adjacent units and higher headquarters' chaplain sections or UMTs.

5-14. The battalion UMT supports the operations process placing focused attention on the following—

- Phases of the operation
- Assigned tasks and purposes for the battalion and subordinate elements
- The main effort for each phase
- Supporting efforts for each phase
- Pre-phase actions or conditions which Soldiers create through action (reconnaissance, intelligence gathering, suppression of enemy air defense, field artillery preparation of the objective) which place personnel in positions of relative danger or removed from the main element

- Locations of CCPs, AXPs, the battalion aid station, and supporting medical units in the AO
- Contact information for adjacent units
- Anticipated unified action partners in the battalion AO without accessible RS assets
- Restrictions on communication or transportation
- Civilian MTFs in the AO
- Brigade RS requirements for adjacent or nearby units
- Religious demographic ad hoc query for assigned or attached personnel
- Anticipated casualty flow plan through the AO
- Commander's priorities for RS and potential locations for the UMT (UMTs are often co-located with the battalion aid station, but the commander or conditions might dictate otherwise.)

PREPARING FOR LARGE-SCALE GROUND COMBAT OPERATIONS

5-15. Preparation creates conditions that improve friendly forces' opportunities for success. It requires commander, staff, unit, and Soldier actions to ensure the force is trained, equipped, and ready to execute operations. Preparation activities help commanders, staffs, and Soldiers understand a situation and their roles in upcoming operations. (See ADP 5-0 and ATP 1-05.01)

ARMY SERVICE COMPONENT COMMAND AND CORPS PREPARATION

5-16. The ASCC and corps prepare for RS to casualties under large-scale ground combat operations in the same manner as they do under both operations to shape and prevent combined.

5-17. The preparation phase provides last minute opportunities for training and rehearsing with the chaplain detachments in order to facilitate the required capabilities for operations at the ASCC, Esc or TSC, and corps echelons.

DIVISION LEVEL PREPARATION

5-18. The division chaplain section develops a RS concept and publishes a religious support plan in Tab D of the operation order during the planning phase. In the preparation phase the UMT—

- Conducts rehearsals of RS to casualty plans
- Provides training on RS to casualties
- Confirms and tests redundant means of communication with subordinate, adjacent, and higher headquarters' RS personnel
- Attends rehearsals
- Conducts inspections of all ecclesiastical equipment, weapon systems, vehicles, night vision devices, and navigation devices (analogue and digital)

- Integrates into unit movement plans
- Provides status reports to corps chaplain section as needed or directed in operation order or SOPs
- Provides RS in preparation for outbreak of offensive operations or hostilities and defensive operations
- Develops intentional circulation plan to check on wellness of brigade UMTs

BRIGADE LEVEL PREPARATION

5-19. The brigade UMT develops a RS concept and publishes a religious support plan in Tab D of the operation order during the planning phase. In the preparation phase the UMT—

- Conducts rehearsals of RS to casualty plans
- Provides training on RS to casualties
- Further refines the UMT's understanding of RS MASCAL conditions
- Confirms and tests redundant means of communication with subordinate, adjacent, and higher headquarters' UMTs
- Confirms all supplies and load plans for vehicles and personal equipment
- Attends combined arms and sustainment rehearsals
- Conducts inspections of all ecclesiastical equipment, weapon systems, vehicles, night vision devices, and navigation devices (analogue and digital)
- Confirms hardcopy maps
- Integrates into unit movement plans
- Provides status reports to division chaplain section as needed or directed in operation order or SOPs
- Provides RS in preparation for outbreak of offensive operations or hostilities and defensive operations
- Identify volunteers in units to serve as lay leaders of RS to casualties in emergencies
- Develops intentional circulation plan to check on subordinate UMTs

BATTALION LEVEL PREPARATION

5-20. The battalion UMT develops a RS concept and publishes a religious support plan in Tab D of the operation order during the planning phase. In the preparation phase the UMT—

- Conducts rehearsals of RS to casualty plans
- Further refines the UMT's understanding of RS MASCAL conditions
- Confirms and tests redundant means of communication with adjacent units and higher headquarters' UMTs
- Confirms all supplies and load plans for vehicles and personal equipment
- Attends combined arms and sustainment rehearsals

- Conducts inspections of all ecclesiastical equipment, weapon systems, vehicles, night vision devices, and navigation devices (analogue and digital)
- Confirms hardcopy maps
- Integrates into unit movement plans
- Provides status reports to brigade UMT as needed or directed in operation order or SOPs
- Provides RS in preparation for outbreak of offensive operations or hostilities and defensive operations
- Identify volunteers in units to serve as lay leaders of RS to casualties in emergencies

EXECUTING AND ASSESSING LARGE-SCALE GROUND COMBAT OPERATIONS

5-21. Execution activities put the concept of RS into action in order to support the Soldier executing the unit mission. Executing occurs because the chaplain section or UMT conducted effective planning and preparation activities enabling them to execute their concept of support and make adjustments when required due to the fluid and changing conditions in the OE. (See ADP 5-0 and ATP 1-05.01)

ARMY SERVICE COMPONENT COMMAND AND CORPS EXECUTION AND ASSESSMENT

5-22. At the ASCC and corps level, chaplain sections monitor and support the synchronized provision of RS and advisement on religion, ethics, morals, and morale as they impact the mission. This includes but is not limited to—

- Assessing validity and relevance of the provided running estimate and religious area analysis from higher headquarters
- Providing updated religious area analysis products at echelon
- Leveraging available RS assets to support area coverage requirements
- Providing or coordinating RS at MTFs treating U.S. Service members and authorized civilians
- Coordinating with the medical command (deployment support) chaplain section to facilitate and coordinate RS to casualties and within dispersed medical units across the AO
- Monitoring RS requirements at the port(s) of entry and respond accordingly
- Coordinating replacements or support, as needed, for subordinate chaplain sections and UMTs
- Providing training and professional development for ongoing RS to casualties
- Capturing lessons learned and after action reviews for submission to the United States Army Chaplain Center and School and inclusion in the Army Lessons Learned Information System.

5-23. The ASCC also continues the conduct of joint RS plans which includes but is not limited to—

- Supporting the conduct of Soldier and leader engagements which facilitate issues related to casualty care (wounded and deceased)
- Monitoring the presence of unified action partner chaplaincies in the AO and establishing mutually supportive relationships

5-24. The ASCC and corps chaplains continue liaison with military and civilian personnel in the following manner—

- Coordinating with the surgeon's section to monitor the flow of casualties in order to respond to any RS requests or needs in the corps consolidation area or joint support area
- Monitoring the location of MTFs as alternate locations are identified and established, providing updated information to subordinate chaplain sections and UMTs
- Maintaining coordinating relationships with the other U.S. Service chaplaincies operating in the AO in order to facilitate shared understanding and mutually supportive RS for sister Service personnel
- Providing updated information regarding training and capability requirements to the U.S. Forces Command chaplain section and the United States Army Chaplain Center and School

DIVISION LEVEL EXECUTION AND ASSESSMENT

5-25. The division chaplain section's responsibility during large-scale ground combat operations is focused upon fulfilling two capabilities for the division staff and supervision, facilitation, and coordination of the same across the division's AO and within subordinate brigades.

5-26. The division chaplain section usually monitors conditions at the division command post, integrated with the sustainment cell. From here the division chaplain section utilizes the commander's operations process, rehearsed battle drills, SOPs, and published RS plans to support RS to casualties in response to requests for support and in a proactive manner based upon rehearsed plans.

5-27. The division chaplain section prepares to cross level RS assets in the event RS personnel become casualties. The division then submits requests for replacements through the corps to the ASCC.

5-28. In the event of memorial ceremonies, the division chaplain is prepared to conduct consolidated memorial ceremonies in the division consolidation area in a rudimentary and brief manner. (ATP 1-05.02)

BRIGADE LEVEL EXECUTION AND ASSESSMENT

5-29. The brigade UMT's responsibility during large-scale ground combat operations is focused upon fulfilling two capabilities for the brigade staff and supervision,

facilitation, and coordination of the same across the brigade's AO and within subordinate battalions.

5-30. The brigade UMT usually monitors conditions at the brigade command post, integrated with the sustainment cell. From here the brigade UMT utilizes the commander's operations process, rehearsed battle drills, SOPs, and published RS plans to support RS to casualties in response to requests for support and in a proactive manner based upon rehearsed plans.

5-31. In the event of a subordinate UMT's inability to move to provide RS to casualties, the brigade UMT contacts appropriate RS personnel through the appropriate channels (command or direct) to facilitate movement of RS assets to critical locations in the AO in order to provide RS to casualties.

5-32. If the brigade UMT is tracking a large number of casualties at a given location, they should make contact with the subordinate unit before taking action or leveraging RS assets to support what might not require additional RS assistance.

5-33. If the brigade UMT has to move in order to provide RS to casualties or support to a subordinate UMT, they should designate another UMT to cover the brigade operations center and empower that UMT to make decisions in their absence in to facilitate sustained RS to operations.

5-34. The brigade UMT should coordinate closely with the brigade mortuary affairs personnel and the staff judge advocate regarding any requests for hasty burial or temporary interment. (ATP 4-02.7)

5-35. The brigade UMT should maintain close communication with medical detachment (COSC) personnel in order to support requests from subordinates and advise the command regarding the necessity or overutilization of medical detachment (COSC) personnel in response to any casualty. medical detachment (COSC) personnel should not be utilized unless deemed necessary by the command. Overutilization of medical detachment (COSC) personnel can inadvertently inoculate personnel to the efficacy of medical detachment (COSC) capabilities.

5-36. The brigade UMT should be prepared to conduct memorial ceremonies at the brigade level or adhere to division guidance which directs memorial ceremonies only be conducted at higher echelons. (ATP 1-05.02)

5-37. As with the battalion leadership and staff experiencing remorse and guilt regarding the loss of life at subordinate levels, the brigade staff and leadership should be monitored for normative grief responses and provided RS as needed.

BATTALION LEVEL EXECUTION AND ASSESSMENT

5-38. Execution and assessment of RS to casualties in large-scale ground combat operations is a fluid process requiring constant situational awareness, updating of the running estimate, and implementation of multiple courses of action and execution of rehearsed battle drills.

5-39. Movement to casualties at CCPs or AXP from a set location in order to provide RS to casualties at the CCP or AXP might offer the flexibility required to maintain the ability to continue responding to additional casualties from another location within the AO. Or, a UMT might link up with medical evacuation or casualty evacuation assets and proceed to the battalion aid station or other MTF. (See Figure 2-2.) on page 2-7.

5-40. The presence of a large number of casualties at one location might present the medical personnel with a MASCAL situation due to overwhelming available medical assets yet not present a RS MASCAL situation. The UMT might also discover during triage that the UMT's triage priorities differ from the medical team's priorities for various reasons. Assessing the ability to provide RS to one casualty while rapidly responding to a changing situation and more urgent RS requirements is essential assessment of RS triage approaches.

5-41. If a UMT is unable to move to a casualty, CCP, AXP, or MTF, the UMT can attempt one of the following options—

- Coordinate with an adjacent UMT to provide RS along the casualty evacuation route
- Request assistance from the brigade UMT for RS to the casualty(ies)
- Enlist the support of a lay leader in the unit who voluntarily provides RS to the casualty
- Utilize communication to request RS to the casualty at the first MTF with assigned RS personnel or a defined area coverage plan from a chaplain in the AO

5-42. Under certain conditions, the number of casualties might exceed the ability to transport them to a CCP, AXP, or MTF. Or, conditions might require a unit to treat casualties and continue operations in order to maintain momentum or avoid being overwhelmed by an adversary. In these conditions, the UMT might need to provide RS to casualties in the form of encouragement and assistance to move as they struggle with a sense of despair or frustration.

5-43. The UMT might also be called upon to provide advisement on temporary interment or hasty burial. (See ATP 4-02.7 for guidance on hasty burial and temporary interment.) The UMT provides advisement in coordination with the sustainment section and provides RS as appropriate. The UMT then coordinates with medical detachment (COSC) personnel for additional support or follow-on care if needed.

5-44. Antiaccess and area denial conditions in large-scale ground combat operations might preclude or hinder the conduct of memorial ceremonies in the close area. This might require UMTs consider a simple prayer with groups of Soldiers while making routine visits while a memorial ceremony is conducted in the division consolidation area or back in the joint support area. (ATP 1-05.02) Memorial ceremonies might also be rudimentary in nature and extremely brief. That is, conducted with an inverted rifle on the ground with a helmet placed atop the buttstock and less than 5 minutes in duration.

5-45. Integration of replacement personnel might require RS to address concerns regarding danger and concerns regarding mortality. Those joining the unit following loss

Chapter 5

of life could find themselves traumatized and in need of RS as casualties without having yet experienced combat.

5-46. The integration of new personnel into the formation could also require RS to peers who are resistant to accepting new Soldiers in their formation. The battalion UMT is wise to monitor this and advise leaders and individuals on group formation and the normal grieving process.

5-47. Battalion UMTs need to also monitor leaders and staff who might feel guilt or remorse over the loss of life tied to orders written, given, or planned.

Chapter 6

During Operations to Consolidate Gains

OPERATIONS TO CONSOLIDATE GAINS

6-1. Consolidations of gains are the activities to make enduring any temporary operational success and set the conditions for a stable environment allowing for a transition of control to legitimate authorities. Operations to consolidate gains exploit tactical and operational success by destroying or defeating enemy means for protracted resistance and denying his operational purpose. Commanders employ defeat mechanisms and four stability mechanisms; compel, control, influence, and support. Consolidation of gains is not a synonym for stability.

6-2. Divisions and corps designate a consolidation area when appropriate, generally during offensive operations. The force assigned is additive (BCT for a division, division for a corps.) Divisions and corps may eventually transition the bulk of combat power to consolidate gains as large-scale combat operations end and the operational focus changes. Commanders conduct tactical tasks (such as search and attack or cordon and search) as necessary to stabilize an area.

PLANNING AND PREPARATION FOR OPERATIONS TO CONSOLIDATE GAINS

6-3. The primary consolidation of gains activities during operations to prevent are those taken to ensure that Army planning accounts for tasks that enable the consolidation of gains. This planning should include considering follow-on forces, the manner in which they interact with the local populations and host-nation forces. Should operations to prevent transition to large-scale combat operations, forces responsible for consolidation of gains should be positioned to rapidly respond to the needs of the population.

ARMY SERVICE COMPONENT COMMAND AND CORPS PLANNING AND PREPARATION

6-4. The ASCC and corps chaplain sections anticipates concurrent conduct of operations to consolidate gains with large-scale ground combat operations and plans for continual reassessment and updates of the running estimate, religious area analysis, and conduct of Soldier and leader engagements focused on increasing access to civilian MTFs for the purpose of providing RS to U.S. Service members.

6-5. The ASCC continues the synchronization of RS plans, conduct of Joint religious plans, and liaison with military and civilian personnel for the purpose of facilitating RS to casualties and assisting with coordination of appropriate civilian or host nation RS for

the civilian population in order to support stability in consolidation areas. This requires prioritizing efforts of RS in order to ensure RS personnel are available to do these activities.

6-6. The ASCC, TSC or ESC, and corps chaplain sections plan for the potential of consolidated memorial ceremonies at the appropriate echelon under operations to consolidate gains. They also plan for replacement operations and RS to incoming personnel headed towards units in the close area.

DIVISION LEVEL PLANNING AND PREPARATION

6-7. The division chaplain section plans for a BCT or functional brigade to focus on RS to casualties during operations to consolidate gains as the division continues to focus on providing mission command for ongoing large-scale ground combat operations. This might include planning for a maneuver enhancement brigade or functional brigade UMT being tasked to assume RS to casualty oversight in the division consolidation area as well as backfill responsibilities for the division chaplain section.

6-8. The division chaplain section plans for increased interaction with host nation personnel and potential for more permissive conditions which prevent opportunities for memorial ceremonies in the consolidation area.

6-9. The division chaplain section plans for potential replacement or cross-leveling of UMTs due to losses during large-scale ground combat operations. They also plan for increased Soldier and leader engagements which require updated religious area analyses and religious impact assessments from the division chaplain section.

6-10. The division chaplain section must clearly prioritize delivery of RS, to include RS to casualties during operations to consolidate gains in order to simultaneously support continued operations in the close area.

BRIGADE LEVEL PLANNING AND PREPARATION

6-11. Brigade UMTs plan for balanced delivery of RS to ongoing operations in the close area as well as the consolidation area, planning for shifting priorities of RS, evacuation of casualties previously inhibited from movement due to antiaccess and area denial conditions, and requirements to support memorial ceremonies, medical detachment (COSC) requests, and potential replacements, cross-leveling, or integration of new UMT personnel.

BATTALION LEVEL PLANNING AND PREPARATION

6-12. The battalion UMT plans for rapid transition to operations to consolidate gains, continued large-scale ground combat operations, and assumption of the main or supporting effort as conditions change and the commander seeks to maintain positions of relative advantage while developing and maintaining security.

EXECUTING AND ASSESSING OPERATIONS TO CONSOLIDATE GAINS

6-13. Execution activities put the concept of RS into action in order to support the Soldier executing the unit mission. Executing occurs because the chaplain section or UMT conducted effective planning and preparation activities enabling them to execute their concept of support and make adjustments when required due to the fluid and changing conditions in the OE. (See ADP 5-0 and ATP 1-05.01)

ARMY SERVICE COMPONENT COMMAND AND CORPS EXECUTION AND ASSESSMENT

6-14. The ASCC and corps chaplain sections continue the synchronization of RS plans with subordinate chaplain sections, sister Service chaplaincies, and unified action partner chaplaincies in order to maintain updated situational awareness, update religious area analyses, and provide updated information to subordinate RS personnel.

6-15. The ASCC and corps chaplain sections continue the conduct of Joint RS plans focused on developing and maintaining unity of effort for RS throughout the AO. During consolidation of gains, the ASCC, ESC or TSC, and corps chaplain sections anticipate potential for assistance to internally displaced persons and monitor interactions across religious or cultural divisions for potential conflict and provide advisement in coordination with their information operations officer, viewing RS to casualties as opportunities to gain situational awareness.

6-16. The ASCC, ESC or TSC, and corps chaplain sections continue liaison with military and civilian personnel in order to maintain awareness and understanding of various host nation RS capabilities and the influx of intergovernmental organizations and nongovernmental organizations providing assistance to the host nation civilian population. This information is then shared with subordinate chaplain sections and UMTs in order to facilitate rapid coordination of enduring support for civilians requesting support as RS is provided to casualties within operations to consolidate gains.

DIVISION LEVEL EXECUTION AND ASSESSMENT

6-17. During operations to consolidate gains the division chaplain section must clearly communicate priorities of RS to casualties (physical, emotional, and sociological) while continuing operations in the close area and the influx of follow-on forces and replacement personnel.

6-18. The chaplain section balances these competing requirements through the following actions—

- Identification of a modified chain of succession
- Identification of a UMT responsible for RS in the division consolidation area, to include RS to casualties and coordinating support from medical detachment (COSC) personnel for BCTs as well as support to the MTFs and geographically dispersed medical treatment teams and detachments

- Distributing updated religious area analyses and religious impact assessments as needed
- Cross-leveling or requesting replacement RS personnel for subordinate units
- Supporting or conducting Soldier and leader engagements with a focus on access to civilian MTFs for RS to U.S. Service member casualties or coordination of civilian RS for host nation casualties encountered during operations to consolidate gains
- Conduct of consolidated memorial ceremonies in the consolidation area as conditions permit
- Coordination of ecclesiastical resupply for subordinate UMTs following expenditure of supplies providing RS to casualties
- Intentional and focused circulation plan to check on the well-being of subordinate UMTs as conditions permit
- Providing training or advisement on RS in support of stability tasks with an emphasis on capabilities and limitations or considerations in regards to RS to non-military affiliated civilians

BRIGADE LEVEL EXECUTION AND ASSESSMENT

6-19. During operations to consolidate gains the brigade UMT communicates updated priorities of RS in order to facilitate operations to consolidate gains and ongoing large-scale ground combat operations. The increased interaction with local civilians, replacement personnel, follow-on forces, and potential movement create conditions which necessitate continued revision of the running estimate, religious support plan, religious area analysis, and priorities of support.

6-20. To support operations to consolidate gains and continued large-scale ground combat operations the brigade UMT—

- Provides an updated religious area analysis to subordinate UMTs
- Updates area coverage plans, integrating follow-on forces and reassigning responsibility for the brigade support area in light of the unit assigned responsibility for operations to consolidate gains
- Anticipates casualty evacuation once conditions permit and communicate a plan for RS to casualties at MTFs or medical units and detachments in the AO
- Coordinates with medical detachment (COSC) personnel for required support in conjunction with RS to casualties
- Develops intentional circulation plan to check on subordinate UMTs
- Prepares coverage plan, requests replacements, and prepares cross leveling plan to support loss of UMT personnel
- Conducts consolidated memorial ceremony if required and permissible (ATP 1-05.02)
- Monitors command and staff for combat and operational stress and RS needs

- Supports cross-leveling of supplies or resupply in anticipation of additional RS to casualties following expenditure of supplies during large-scale ground combat operations

BATTALION LEVEL EXECUTION AND ASSESSMENT

6-21. Execution of RS during operations to consolidate gains requires creative flexibility and rapid transition from large-scale combat operations with the potential for high casualty rates to stability tasks with limited U.S. Service member casualties.

6-22. While battalions focused on sustained large-scale ground combat operations continue executing the tasks outlined in the previous chapter, battalions focused on consolidation of gains execute the following tasks—

- Provide an updated religious area analysis to the staff
- Provide religious impact assessments (as needed) to unit personnel
- Monitor unit personnel for frustration or anger regarding being assigned consolidation of gains responsibilities
- Assist the command in communicating the importance of the ability to create and sustain security in the consolidation area
- Looks for opportunities to provide RS to peers and leaders of casualties incurred during large-scale ground combat operations
- Coordinate with medical detachment (COSC) personnel for RS to casualties (behavioral and spiritual)
- Seek guidance from brigade regarding RS to civilian casualties
- Provide area coverage, with potential for RS to casualties, for units operating in the AO without an assigned UMT or geographically separated from their UMT
- Conduct resupply operations in preparation for rapid transition back to large-scale ground combat operations for ecclesiastical supplies expended providing RS to casualties.
- Conduct inspections of all equipment and update battle drills and SOPs regarding RS to casualties
- Conduct memorial ceremonies if conditions permit (ATP 1-05.02)

This page intentionally left blank.

Chapter 7

Unique Religious Support Requirements

UNIQUE SITUATIONS REQUIRING CONSIDERATION

7-1. The provision of RS to casualties follows general patterns within the conventional force as outlined in the previous chapters. Certain additional considerations need to be considered in regards to RS to casualties.

SPECIAL OPERATIONS FORCES

7-2. Special operations forces, consisting of Rangers, Special Forces, psychological operations units, and special mission units often operate in geographically dispersed locations across a corps or division AO. They are task organized under a joint special operations task force (JSOTF) with far reaching responsibilities and limited RS assets based upon the type of headquarters deployed. (See JP 3-05)

7-3. The JSOTF chaplain section or UMT retains primary responsibility for RS to casualties within the JSOTF. However, given the geographic dispersion of personnel across a joint special operations area the JSOTF chaplain section or UMT will need to coordinate the following—

- An area coverage plan utilizing JSOTF RS assets
- Contingency coverage plans utilizing conventional force RS assets (coordinated through the appropriate command channels)
- Contact rosters for RS assets at hospital centers, MTFs, and BCT level AOs.

7-4. Conventional force RS personnel should proactively monitor the presence of JSOTF personnel in their assigned AO in order to provide emergent but uncoordinated RS to casualties.

MEDICAL TEAMS AND DETACHMENTS

7-5. The employment of medical teams, detachments, and companies often results in geographically dispersed medical assets supporting in a division or BCT AO. Most of these units are assigned or attached to a MMB while providing area support, direct support, or reinforcing support. (FM 3-0 details support relationships) Antiaccess and area denial conditions render movement impossible at times and incredibly limited at other times. The size of a corps or division AO as well as geographic features create time and access related challenges for the MMB UMT.

7-6. The supported unit often inherits a RS requirement for the supporting unit. This means a medical company (area or brigade support) providing support in a BCT AO or to an AO relies upon the BCT for religious support. The BCT UMT is responsible for

developing a coverage plan and communicating with the MMB UMT regarding the coverage plan for assigned medical personnel. The MMB UMT should not assume RS coverage is provided, but should routinely communicate with both the supporting RS personnel and the medical company (area or brigade support).

Note. The example of a medical company (area or brigade support) is an example which should be applied by the first medical unit at which a chaplain section or UMT is assigned and therefore responsible for coordination of RS plan for all subordinate teams, detachments, and companies.

MASS CASUALTY SUPPORT

7-7. A MASCAL is *any large number of casualties produced in a relatively short period of time, usually as the result of a single incident such as a military aircraft accident, hurricane, flood, earthquake, or armed attack that exceeds local logistic support capabilities.* (JP 4-02)

7-8. Only medical personnel at an MTF exercise the authority to declare a medical MASCAL. The declaration of a medical MASCAL does not necessarily result in a requirement for additional RS assets. Likewise, a medical MASCAL might not exist, yet the RS to casualty requirements necessitate a request for additional chaplain sections or UMTs. The first UMT on site is the one responsible for assessing the situation and submitting requests for additional RS assets until the event is over or the assigned chaplain section or UMT arrives and assumes responsibility.

7-9. The triage process is the medical sorting of patients into one of four categories; minimal (or ambulatory), immediate, delayed, and expectant. (FM 4-02) Chaplain sections and UMTs responding to and providing RS to casualties in a MASCAL might find the triage categories helpful in terms of prioritizing provision of RS. There is no doctrinal order of priority for RS. One might prioritize RS as immediate, expectant, delayed, and minimal whereas another prioritizes RS as expectant, immediate, delayed, and minimal. The key to prioritization is the flexible and efficient delivery of RS in the middle of a chaotic environment. *The categories are—*

- *MINIMAL (OR AMBULATORY) – those who require limited treatment and can be returned to duty*
- *IMMEDIATE – patients requiring immediate care to save life or limb*
- *DELAYED – patients who, after emergency treatment, incur little additional risk by delay of further treatment*
- *EXPECTANT – patients so critically injured that only complications and prolonged treatment will improve life expectancy.* (FM 4-02)

CONTAMINATED REMAINS

7-10. Casualties contaminated by chemical, biological, radiological, and nuclear substances require special handling, treatment, and processing. Each hospital center is equipped to decontaminate patients prior to entering the MTF. RS personnel providing

RS to casualties undergoing decontamination will not intentionally move into the contaminated side of this process nor will they intentionally enter a contaminated site to provide RS to a casualty or remains. (FM 3-11 and ATP 4-02.7)

7-11. Provision of RS in a contaminated area is either provided by those RS personnel who are themselves contaminated casualties, or by volunteers on the mortuary affairs contaminated remains mitigation site team. The chaplain section or team should prepare a laminated card with optional prayers or meditations which an individual is willing to offer at the site.

7-12. The processing of contaminated remains follows strict guidelines set forth in JP 3-11 and JP 4-06. The remains are either interred in place according to international law or a status of force agreement or the remains are placed into sealed containers which cannot be opened. RS to casualties requires an acknowledgement that physical touch is prohibited and that peers, leaders, and Family members might struggle with the reality of never visually seeing the casualty again.

CASUALTY FLOW AND FOLLOW-ON SUPPORT

7-13. Chaplain sections and UMTs providing RS to casualties must understand the casualty flow process (Figure 2-2) on page 2-7 and the casualty care framework (Figure 2-1) on page 2-2 in order to both provide and coordinate RS to casualties. Location in the AO or severity of injuries might preclude the ability of the chaplain section or UMT to travel to a CCP, AXP, or MTF prior to further casualty evacuation.

7-14. The chaplain section or UMT should maintain a roster of contact information or pass messages through technical channels to the chaplain section or UMT at the MTF where treatment is provided in theater or back at a stateside MTF where definitive care is provided. Passing word to the casualty in this manner, or receiving confirmation from the chaplain section or UMT regarding provision of RS and passing that information along to the command and Family is a beneficial aspect to RS to casualties which cannot be underestimated in terms of importance or impact.

7-15. Providing the command assurances of provision of RS to casualties at MTFs by known RS assets also provides flexibility for chaplain sections and UMTs to focus on sustained operations in the four strategic roles of the Army without consuming time and transportation assets.

CHAPLAIN DETACHMENT AUGMENTATION

7-16. Chaplain detachments are augmentation capabilities authorized as part of the augmentation table of organization and equipment of divisions, corps, ASCCs, and certain echelon above brigade elements. These units provide doctrinally defined support at the appropriate echelon and should be incorporated into unit training at home station in order to build capability, increase understanding, and build relationships which are essential during the four strategic roles of the Army. (FM 1-05)

7-17. The chaplain section requests a chaplain detachment (alpha, bravo, charlie, or delta) as part of the GFM process in coordination with the force management section at

Chapter 7

their respective echelon. The force management section validates the authorization on the augmentation table of organization and equipment, submits the request for forces, and tracks their placement on the GFM (commonly referred to as the patch chart).

7-18. Chaplain sections should monitor the progress of the submitted request for support and submit a request for assistance in tracking the request for forces up through the technical chain to the U.S. Forces Command chaplain section.

Appendix A

Religious Support and Casualty Care Resources

Providing prayers for various faith groups can facilitate someone volunteering to provide a prayer under conditions which prevent a chaplain from being present. Below are some prayers and a creed from various faith groups which can be printed on a card which is then laminated and utilized in the middle of RS to casualties in an OE.

PRAYERS FOR THE SICK AND DYING

A-1. Religious support provision to a wounded or dying person is not restricted to religious support personnel. Performing or providing for religious support to the dying is the first step in honoring the dead. Religious support to casualties may be at the location of injury, at a casualty collection point, or at some other location. One might be asked to provide religious support outside one's own faith background. One may need to decide in the moment whether or not he or she is comfortable performing the religious support or providing the religious support through coordination with other personnel.

CATHOLIC

A-2. Hail Mary: Hail Mary, full of grace! The Lord is with thee; blessed art thou among women, and blessed is the fruit of thy womb, Jesus. Holy Mary, Mother of God, pray for us sinners, now and at the hour of our death. Amen.

A-3. Act of Contrition: O my God, I am heartily sorry for having offended Thee, and I detest all my sins because of Thy just punishments, but most of all because they offended Thee, my God, Who art all-good and deserving of my love. I firmly resolve, with the help of Thy Grace, to sin no more and to avoid the near occasion of sin. Amen.

PROTESTANT

A-4. Apostle's Creed: I believe in God, the Father almighty, maker of heaven and earth; and in Jesus Christ, his only Son our Lord, who was conceived of the Holy Spirit, born of the Virgin Mary, suffered under Pontius Pilate, was crucified, died, and was buried. He descended into hell; the third day He rose again from the dead. He ascended into heaven and sits at the right hand of God the Father, almighty. From thence He shall come to judge the living and the dead. I believe in the Holy Spirit, the Holy Catholic Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and the life everlasting. Amen.

EASTERN ORTHODOX

A-5. Holy God! Holy Mighty! Holy Immortal! Have mercy on us!” (repeat three times)

A-6. Glory to the Father, and to the Son, and to the Holy Spirit, now and ever unto ages of ages, Amen.

A-7. The Father is my hope, the Son is my refuge, the Holy Spirit is my protector; O Holy Trinity, glory to thee! [followed by the Lord’s Prayer]

A-8. Beneath your compassion we take refuge, O Virgin Theotokos. Despise not our prayer in our adversity, but deliver us from harm, O only pure and blessed one.

JEWISH

A-9. The Shema: Hear O Israel: The Lord our God, the Lord is one.

A-10. The Confession for the Critically Ill: Lord my God, God of my fathers; before Thee I confess that in Thy hand alone rests my healing or my death. If it be Thy will, grant me a perfect healing. Yet if my death be fully determined by Thee, I will in love accept it at Thy hand. Then may my death be an atonement for all sins, transgressions, and for all the wrong which I’ve committed before Thee. Amen.

A-11. Reading the 23rd Psalm is also appropriate.

MUSLIM

A-12. The Prayers for the Dying: Allah is Great! (Repeat this phrase 4 times) Oh God I ask of Thee a perfect faith, a sincere assurance, a reverent heart, a remembering tongue, a good conduct of commendation, and a true repentance, repentance before death, rest at death, and forgiveness and mercy after death, clemency at the reckoning, victory in paradise and escape from the fire, by Thy mercy, O mighty One, O Forgiver, Lord increase me in knowledge and join me unto good.

A-13. For a dead Muslim: O Allah! Make his affair light for him, and render easy what he is going to face after this, and bless him with Thy vision, and make his new abode better for him than the one he has left behind. Amen.

CRITICAL EVENT DEBRIEFING OUTLINE

A-14. A chaplain section or UMT might find a critical event debriefing is beneficial in providing RS to casualties or witnesses to an event which impacted a group of five or more people. The purpose, team composition, timing, and process are outlined below. This is provided as a quick reference tool. Chaplain sections and UMTs might find it beneficial to print these on laminated cards which can be carried in a pocket or leader’s book.

A-15. Purpose—

- Cope with, and process traumatic events
- Restores unit cohesion and effectiveness

- Prevents long-term distress and “burnout”
- Reduces short-term emotional and physical distress
- Contributes to individual psychological health and a sense of well-being

A-16. Team Composition—

- Leaders: mental health providers, religious support personnel, medical detachment (COSC) personnel, medical personnel, or other trained personnel
- Participants: people who have experienced a traumatic event. It is not therapy or counseling.

A-17. Process—

- Opening
 - Explain the goals and outcomes of the critical event debriefing
 - Guidelines on privacy and respect
- Fact phase
 - What was the participants’ role in this event
 - Allow everyone to participate
- Thought reaction
 - What was your first thought?
 - What did you think of when you left auto-pilot?
- Emotional reaction
 - What was the worst thing about the event?
 - What do you recall feeling?
- Reframing (normalize the response)
 - Describe possible emotional, cognitive, and physical responses
 - At the scene
 - Afterwards
- Teaching phase
 - Ask what could have been learned in the experience
 - Relay information regarding stress reactions
- Re-entry phase
 - Reaffirm positive things
 - Summarize
 - Be available and accessible for follow-up

This page intentionally left blank.

Glossary

This glossary lists acronyms with Army or joint definitions.

SECTION I – ACRONYMS AND ABBREVIATION

ADP	Army doctrine publication
AO	area of operations
ASCC	Army Service component command
ATP	Army techniques publication
AXP	ambulance exchange point
BCT	brigade combat team
CCP	casualty collection point
COSC	combat and operational stress control
DA	Department of the Army
DODD	Department of Defense Directive
ESC	expeditionary sustainment command
FM	field manual
GCC	geographic combatant commander
GFM	global force management
JG	joint guide
JP	joint publication
JSOTF	joint special operations task force
MASCAL	mass casualty
MMB	medical battalion (multifunctional)
MTF	medical treatment facility
OE	operational environment
ROMO	range of military operations
RS	religious support
SOP	standard operating procedure
TPFDD	time-phased force and deployment data
TSC	theater sustainment command

Glossary

UMT	unit ministry team
U.S.	United States

SECTION II – TERMS

Mass Casualty

Any number of human casualties produced across a period of time that exceeds available medical support capabilities. Also called casualty. (JP 4-02)

Triage

The medical sorting of patients. The categories are: MINIMAL (or AMBULATORY) - those who require limited treatment and can be returned to duty; IMMEDIATE - patients requiring immediate care to save life or limb; DELAYED—patients who, after emergency treatment, incur little additional risk by delay or further treatment; and EXPECTANT - patients so critically injured that complicated and prolonged treatment will improve life expectancy. (FM 4-02)

References

All URLs accessed on 9 28 August 2019.

REQUIRED PUBLICATIONS

These documents must be available to intended users of this publication.

DOD Dictionary of Military and Associated Terms. July 2019.

ADP 1-02. *Terms and Military Symbols*. 14 August 2018.

FM 1-05. *Religious Support*. 21 January 2019.

FM 4-02. *Army Health System*. 26 August 2013.

RELATED PUBLICATIONS

These documents contain relevant supplemental information.

THE UNITED STATES LEGAL DOCUMENTS

The United States Code can be found online: <https://uscode.house.gov/>

DEPARTMENT OF DEFENSE PUBLICATIONS

Most Department of Defense Directives are available online:

<https://www.esd.whs.mil/DD/>.

DODD 1304.19. *Appointment of Chaplains for the Military Departments*.

11 June 2004

JOINT PUBLICATIONS

Most joint publications are available online: <https://www.jcs.mil/Doctrine/>.

JG 1-05. *Religious Affairs in Joint Operations*. 01 February 2018.

JP 3-0. *Joint Operations*. 17 January 2017.

JP 3-05. *Special Operations*. 16 July 2014.

JP 3-11. *Operations in Chemical, Biological, Radiological, and Nuclear Environments*. 29 October 2018.

JP 4-02. *Joint Health Services*. 11 December 2017.

JP 4-06. *Mortuary Affairs*. 12 October 2011.

References

ARMY PUBLICATIONS

Army doctrinal publications and regulations are available online at

<https://armypubs.army.mil>.

ADP 1-01. *Doctrine Primer*. 31 July 2019.

ADP 5-0. *The Operations Process*. 31 July 2019.

ATP 1-05.01. *Religious Support and the Operations Process*. 31 July 2018.

ATP 1-05.02. *Religious Support to Funerals and Memorial Events*.

27 November 2018.

ATP 1-05.03. *Religious Support and External Advisement*. 31 January 2019.

ATP 4-02.2. *Medical Evacuation*. 11 July 2019.

ATP 4-02.5. *Casualty Care*. 10 May 2013.

ATP 4-02.7/MCRP 4-11.1F/NTTP 4-02.7/ AFTTP 4-42.3. *Multi-Service Tactics,*

Techniques, and Procedures for Health Service Support in a Chemical,

Biological, Radiological, and Nuclear Environment. 15 March 2016.

ATP 4-90. *Brigade Support Battalion*. 02 April 2014.

FM 3-0. *Operations*. 06 October 2017.

FM 3-11. *Chemical, Biological, Radiological, and Nuclear Operations*.

23 May 2019.

FM 6-27. *The Commander's Handbook on the Law of Land Warfare*.

07 August 2019.

FM 7-0. *Train to Win in a Complex World*. 05 October 2016.

OTHER PUBLICATIONS

Manual for Courts Martial at <https://mcm.mil/>.

PRESCRIBED FORMS

This section contains no entries.

REFERENCED FORMS

Unless otherwise indicated, DA forms are available on the Army Publishing

Directorate website: <https://armypubs.army.mil/>.

DA Form 2028. *Recommended Changes to Publications and Blank Forms*.

Index

Entries are by paragraph number unless indicated otherwise.

C

casualty care (framework),
2-1, Table 2-1, army
health systems 2-5,
evacuation process 2-
25,
chaplain corps 1-1, core
competencies 1-2,
mission 1-1, operational
context 1-3, training 1-18
chaplain detachments 7-16

R

range of military operations
(ROMO), 1-4, Figure 1-2
religious support by
echelon, 1-11, brigade
level 1-15, corps level 1-
13, division level 1-14,
functional brigades 1-16,
theater army 1-12

S

strategic roles, 1-7, Figure
1-3, operations to shape
3-1, operations to

prevent, large scale
combat operations 5-1,
operation to consolidate
gains 6-1

U

unique situations requiring
consideration, 7-1,
casualty flow 7-13,
contaminated remains 7-
10, mass casualty
support 7-7, medical
teams 7-5, special
operations forces 7-2

This page intentionally left blank.

ATP 1-05.05
28 August 2019

By Order of the Secretary of the Army:

JAMES C. MCCONVILLE
General, United States Army
Chief of Staff

Official:



KATHLEEN S. MILLER
Administrative Assistant
to the Secretary of the Army
1923306

DISTRIBUTION:
Distributed in electronic media only (EMO).



PIN: 205588-000

