

Army Regulation 10-43

ORGANIZATION AND FUNCTIONS

**UNITED
STATES ARMY
HEALTH
SERVICES
COMMAND**

**Headquarters
Department of the Army
Washington, DC
15 January 1980**

UNCLASSIFIED

SUMMARY of CHANGE

AR 10-43

UNITED STATES ARMY HEALTH SERVICES COMMAND

This regulation

- o updates the missions and functions of the United States Army Health Services Command (HSC), a major command of the Department of the Army.
- o

Effective 15 February 1980

ORGANIZATION AND FUNCTIONS

UNITED STATES ARMY HEALTH SERVICES COMMAND

By Order of the Secretary of the Army:

E. C. MEYER
General, United States Army
Chief of Staff

Official:

J. C. PENNINGTON
Major General, United States Army
The Adjutant General

History. This publication has been reorganized to make it compatible with the Army electronic publishing database. No content has been changed.

Summary. This regulation prescribes the mission and principal functions of the Commanding General, United States

Army Health Services Command (CG, HSC). It also sets forth command and staff relationships with higher and collateral commands and agencies of the US Army.

Applicability. This regulation applies to the Active Army, the Army National Guard, and the US Army Reserve.

Proponent and exception authority. The proponent agency of this regulation is the Office of the Chief of Staff, US Army.

Army management control process. Not applicable.

Supplementation. Supplements to this regulation may be published by HQ HSC only. If supplements are issued, one copy of each will be furnished to: HQDA, DACS-DMA, Washington, DC 20310; and HQDA, DASG-HCD, Washington, DC 20310.

Interim changes. Interim changes to

this regulation are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration date unless sooner superseded or rescinded.

Suggested Improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publication and Blank Forms) direct to HQDA(DACS-DMA), WASH DC 20310.

Distribution. To be distributed in accordance with DA Form 12-9A requirements for AR Organization and Functions.

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*This regulation supersedes AR 10-43, 5 February 1975.

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1. Purpose.

This regulation prescribes the mission and principal functions of the Commanding General, United States Army Health Services Command (CG, HSC). It also sets forth command and staff relationships with higher and collateral commands and agencies of the US Army.

2. Applicability.

This regulation applies to the Active Army, the Army National Guard, and the US Army Reserve.

3. Mission.

The mission of the CG, HSC is as follows:

a. Provide health services for the Army:

(1) In the Continental United States (CONUS), Canal Zone, Alaska, Hawaii, Johnston Island, Guam, and Trust Territory of the Pacific Islands (TTPI).

(2) When directed by the Chief of staff, United States Army (CSA), for Government agencies and organizations.

b. Provide medical, veterinary, and dental professional education and training for Army Medical department (AMEDD) personnel. When directed, provide these services for other Army personnel, members of other Services or Federal agencies, and authorized foreign national

4. Concept of operation.

The concept of operation of the HSC is as follows:

a. Missions and functions are performed by assigned installations, medical centers, medical department activities, medical laboratories, dental activities, regional dental activities, the US Army Environmental Hygiene Agency (USAEHA), an optical laboratory, field operating activities, and the Academy of Health Sciences, US Army (AHS).

b. The HSC provides health care services through US Army Medical Centers (MEDCEN), US Army Medical Department Activities (MEDDAC), and US Army Dental Activities (DENTAC). These services are furnished to eligible beneficiaries under the area support concept.

c. When needed, the CG, HSC designates regional coordinators. They will assist in the coordination and professional technical supervision of health care in assigned geographic areas. However, they do not exercise any command or resource management authority over supported regional units.

d. Medical training education for members of the AMEDD, members of other Services, and authorized foreign nationals will be accomplished by the AHS and the USAEHA.

e. Medical combat development activities in support of the Army in the field, to include development of doctrine, concepts, and systems, will be accomplished by the AHS. These activities will be performed within guidelines set by the CG, TRADOC and Army health standards established by The Surgeon General (TSG). The products of these activities will be provided to the CG, TRADOC for integration into the Army's overall combat development effort. Details of this working relationship will be reflected in a memorandum of agreement between CG, TRADOC and CG, HSC.

f. The TSG provides guidance for other development activities, programs, and studies relating to organization and management of health care delivery on a worldwide basis. The products of these efforts will be sent to TSG for approval and integration into overall health services systems for the Army.

g. TSG has Army Staff responsibility for developing, organizing, and providing supervision of Army health services as an Army-wide health services system. The CG, HSC commands, manages, and operates those health services activities which are neither functionally appropriate for direct management or control by an HQDA agency nor appropriate for assignment to another Army commands.

h. HSC facilities, activities, units, and organizations normally will be tenants of the installation on which they are located. Except for specific exceptions approved by HQDA, base operations and other administrative support will be provided by the host installation in accordance with separate regulations.

5. Functions.

The CG, HSC is responsible for the functions shown below. The CSA may modify or assign portions of these functions to another commander.

a. Command and manage such organizations, activities, and installations as the CSA may direct to accomplish assigned missions and functions.

b. Plan, program, budget, organize, and provide resources for the operation of all HSC activities and installations. This includes assigned support functions.

c. Conduct medical combat development activities according to guidance provided by CG, TRADOC; and, in coordination with CG, TRADOC and TSG, develop doctrine, concepts, and systems for AMEDD units in the field.

d. Within TSG guidance, conduct continuing medical, veterinary, and dental development and studies (less RDTE) for improving the system of health care delivery in support of the Army in the field and for improving the organization and management of health care delivery worldwide.

- e.* Advise all commanders who do not have an adequate organic medical and dental capability on health services and the health of their commands.
- f.* Within TSG guidance, plan, direct, and supervise the education and training of AMEDD personnel in those health sciences pertaining to AMEDD and Army-related health care disciplines.
- g.* Within TSG guidance, plan and provide education and training of non-AMEDD personnel in medical subjects.
- h.* Provide student detachment administrative support for AMEDD personnel attending civilian education institutions. This applies both overseas and in CONUS.
- i.* Provide technical assistance for unit and individual training of non-HCS Army medical and dental units and personnel, Active and Reserve, when requested by parent commands.
- j.* Establish for FORCSOM, the individual training missions to be assigned to the USAR medical training center for performance while on annual training (AT).
- k.* Administer the AT program. Supervise and evaluate the AT performance of the USAR medical training center and of other Reserve Component AMEDD units performing AT with HSC organizations. When requested, provide evaluation reports to FORSCOM.
- l.* Provide worldwide support for the health and environmental programs of the Army.
- m.* Provide technical assistance for implementing the Occupational Safety and Health Act (Executive Order 11807) and the overall Army Safety Program.
- n.* Perform technical review and evaluation of nonmedical Army materiel to determine possible existence of health hazards.
- o.* Provide TSG direct support in the following Army-wide functions:
 - (1) Health care education and training.
 - (2) Health care studies.
 - (3) Medical equipment test and evaluation.
 - (4) Medical combat developments.
 - (5) Development of standard automated health care systems.
 - (6) Environmental and occupational health.
 - (7) Field medical support doctrine.
 - (8) Patient administration/biostatistics.
 - (9) Development of AMEDD TOE/MTOE
 - (10) Basis of issue—medical assemblages sets, kits, and outfits.

6. Relationships.

- a.* The CG, HSC is under the supervision of the CSA. Directives, authorities, policies, planning and programming guidance, approved programs, priorities, resource allocations, and other matters of command direction are issued to the CG, HSC by the CSA.
- b.* The HSC and other MACOMs are coordinate elements of DA. The CG, HSC is authorized to communicate directly with HQDA and subordinate elements on health services and other matters of mutual interest.
- c.* The Director of Health Services (DHS) and the Director of Dental Services (DDS) will serve on the installation commander's staff. Normally, the MEDCEN/MEDDAC commander is the DHS and the DENTAC commander is the DDS.
- d.* HSC units, activities, and personnel located on other MACOM installations will be attached to the installation for the administration of military justice. This includes related administrative actions, nonjudicial punishment, and court-martial jurisdiction.
- e.* HSC installations, units, and activities are dependent upon the commands listed below for the support indicated.
 - (1) US Army Communications Command for communications and communications engineering.
 - (2) US Army Criminal Investigation Command for criminal investigations and crime prevention surveys.
 - (3) US Army Intelligence and Security Command for counterintelligence and operational security support.
- f.* Direct, communications between HQDA and HSC installations and activities is authorized for those functions which are centrally managed by HQDA, as prescribed by separate regulations.

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