



## Theater Hospitalization (FM 4-02.10)

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The Army Medical Department (AMEDD) continues to pursue the transformation vision. To achieve complete alignment with the transformation process, the AMEDD is committed to a Current and Future Force. Until the transition from Current Force to Future Force is completed, the AMEDD will have a mixed Level III and IV hospital support base. Under the current Medical Force 2000 (MF2K) concept, theater hospitalization is provided by three hospitals, the combat support hospital (CSH), the field hospital (FH) and the general hospital (GH). These hospitals were designed and based upon the North Atlantic Treaty Organization (NATO) scenario and workloads. Current MF2K hospital doctrine is provided in Field Manual (FM) 8-10-14 for the CSH and FM 8-10-15 for the FH and the GH. Under the current Medical Reengineering Initiative (MRI), theater (corps and echelons above corps [EAC]) hospitalization is provided by a single CSH. The CSH is designed based on lessons learned from Desert Shield/Desert Storm, recent contingency operations, and the requirements of the future war fighting. In particular, hospital size and bed mix are based upon these experiences as well as the casualty rates, disease and nonbattle injury (DNBI) rates, and projected evacuation policy for the major regional conflict scenarios. To support the transforming Army to the Future Force, the MRI corps CSH has been redesigned into adaptive medical increments (AMI). The AMI, with its modular design, enhances the ability to tailor health service support (HSS) to adapt to mission requirements of a smaller magnitude when a complete CSH is not required. The purpose of this publication is to describe the Current (MRI) Force CSH and the redesigned corps CSH in support of the Future Force. The CSH incorporates doctrine based on the A-edition Table(s) of Organization and Equipment (TOE) 08945A000 (corps CSH) and 08855A000 (EAC). The organizational structures presented in this publication reflect those established in the A-edition TOE in effect on the date of this publication.

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