

# FSTE tests medical support, ground forces together

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GRAFENWOEHR, Germany — In rhythmic cadence a doctor barked orders, “There’s no change. Give shock. Administer CPR. The patient is not breathing.”

The tent was full of onlookers, the room was quiet. Nurses, doctors and medics rushed to find instruments and equipment to save the patient, a life-sized, computer-monitored mannequin connected to a power and fluid supply. He simulated breathing and his eyes even fluttered as he fought for air.

The Joint Multinational Training Command provides a challenging training environment and all the training aids and devices needed ensure the medical staff from the 30th Medical Command are trained, while supporting the 173rd Airborne Brigade Combat Team’s Full-Spectrum Training Environment, or FSTE, rotation, hosted at Hohenfels Training Area.

“This is maximizing the training value for the U.S. Army in Europe,” said Col. William D. Jones, chief of the Joint Multinational Simulations Center. “The JMSC has developed a list of events and activities to

stimulate the environment, while enlarging the play to enhance training scenarios to accommodate the large-scale mission of the 30th MEDCOM. For example, a mass-casualty event will happen during the exercise to allow the hospital staff to fully exercise the staff.”

In its entirety the 30th MEDCOM would support an area the size of Afghanistan. Their involvement with the 173rd Airborne Brigade brought unique challenges in addition to the scripted scenarios.

“This training is valuable because you’re not supporting an imaginary brigade,” said Jones. “It’s a better training event for the 30th MEDCOM, and we can do it for other multifunctional units in Europe.”

At the Grafenwoehr Training Area’s Camp Aachen, the 84-bed combat support hospital is a complex tent structure with multiple, interconnected additions that provide life-saving services.

On the inside it looks like any hospital. There is an intensive-care ward that hosts up to 60 patients; a supply section that houses enough supplies to last several days on site; an intensive care unit with up to 24 beds; a laboratory for blood analysis and storage; a radiology department and an operating room. The massive structure is constructed inside a fenced cantonment area away from the boots-on-the-ground training, but connected by technology.

“It’s all about information. We use a master events list to drive the medical care and support,” said Jones. “There is live-and-scripted casualty play.”

During the FSTE the hospital staff is tested on how well they execute command and control of their brigade, as well as their theater-level support and casualty health support, which includes medical evacuation practices — air and ground.

The FSTE rotation highlights strong partnerships among the ground troops, such as the Polish, Slovakian, and Slovenian forces as they assume roles as friendly and opposing forces. Soldiers from the United Kingdom and Germany are providing exercise and real-world medical support. In total, there are 918 multinational participants. Staff from the United Kingdom are also providing physical therapy expertise, while the German Army is providing combat-mental health services.

Further, the 212th Combat Support Hos-

pital and the 421st Multifunctional Medical Battalion is augmented by their counterparts in the Air Force.

Training together, provides multinational and Soldiers common standards and objectives for treating the sick and wounded, said Maj. Tanner Roy, the 30th MEDCOM Plans and Exercises officer.

During contingency operations, the 30th MEDCOM manages multiple field hospitals and its own supply and logistics infrastructure to support the field medical staff. During the FSTE the simulations center developed additional events and activities to stimulate the environment, and enlarge the play to enhance the scenarios to accommodate the large-scale mission.

Doctors and nurses are treating patients while logistical staff ensure treatment supplies are delivered and available when needed, despite the austere environment.

“We want our Soldiers to be confident they can operate in a full-spectrum threat environment, and use their know-how anywhere and in all types of operations,” said Roy. “We will provide medical support at all phases of the operation, from the beginning to the stability operations at the end.”

There are approximately 750 medical personnel on the ground participating in the exercise.

The Grafenwoehr Training Area provides an enhanced training environment using simulations to stimulate the environment, while the 173rd engages the enemy simultaneously at the Hohenfels Training Area. Because of its proximity to European, African and Asian nations, the training areas in central Europe regularly train U.S. forces with multinational partners.

“You can’t do that kind of training stateside because those folks just aren’t available,” said Maj. Gen. James C. Boozer, the deputy commanding general of the U.S. Army in Europe and senior trainer of the FSTE. “But, here we are able to partner with all of our NATO partners and some of our non-NATO partners to conduct these large-scale training events.”

There are partners serving in Afghanistan today because of the Army in Europe’s training, and its unique ability to work with nations in Europe, Africa and Asia, he said.

“If we didn’t do that we would be putting more brigade combat teams in Afghanistan than we do today.”

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A doctor treats a simulated casualty, a mannequin capable of breathing and bleeding, during the 173rd Airborne Brigade Combat Team’s Full-Spectrum Training Environment rotation at Grafenwoehr Training Area, Germany.