



BEYOND CARE: FORGING READINESS WITH LIVE FIRE EXERCISES

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ABSTRACT

This article outlines how the 261st Multifunctional Medical Battalion designed and executed a Live Fire Exercise to build tactical competence and medical readiness among Soldiers who typically serve in nonmaneuver roles. Because LSCO requires every Soldier to shoot, move, communicate, and provide care under fire, the battalion developed a three phase training progression integrating weapons qualification, tactical fundamentals, and medical tasks. Squads were task organized across multiple medical companies and certified through dry, blank, and live fire iterations before entering a culminating scenario that fused maneuver and clinical requirements. A rotational model ensured continuous throughput while preserving opportunities for medical skills training and sustainment support. Key lessons included the importance of deliberate risk management, phased training, realistic combat stressors, and alignment with mission essential tasks. The exercise demonstrated that support units can safely and effectively conduct maneuver style live fire training, producing confident, adaptable Soldiers prepared for contested environments.

Maintaining medical readiness is essential to mission success, but tactical readiness demands more than clinical proficiency. It requires the ability to shoot, move, communicate, and medicate under fire. In Large-Scale Combat Operations (LSCO), sustainment organizations may have to operate with limited protection, making it imperative that every Soldier is prepared to fight and survive while executing their mission. The purpose of this article is to serve as an outline for the framework and lessons learned from a Live Fire Exercise (LFX) conducted by the 261st Multifunctional Medical Battalion (MMB), 44th Medical Brigade, XVIII Airborne Corps. The exercise was designed to test the Battalion's ability to deliver medical care in a contested environment, emphasizing tactical agility, care under fire, and the integration of medical tasks into combat operations. It also served as a leadership laboratory that challenged junior leaders to manage chaos while synchronizing tactical and medical operations in real time.

TRAINING PHASES

The modern battlefield doesn't discriminate. Medical personnel must be prepared to operate under fire,

communicate with maneuver elements, and make life-saving decisions in high-threat environments. While publicly available personnel data do not break out 68-series Soldiers by maneuver versus non-maneuver assignments, the Army's documented force structure and CMF 68 career field descriptions indicate that a large proportion of 68-series personnel serve in non-maneuver medical and support organizations such as medical brigades, hospitals, clinics, and MEDCOM/MEDDAC facilities. This aligns with broader DoD manpower patterns, which show that medical and institutional support roles comprise a substantial share of the Army's total force. These units, by design, have minimal exposure to this type of training beyond basic qualification ranges, which further highlights the gap in combat readiness requirements between maneuver and medical formations.

The core question we needed to address was how to prepare Soldiers who are not traditionally combat focused to operate confidently and competently under combat conditions. Our solution was to design a live fire exercise that integrated tactical tasks with a realistic medical scenario, allowing Soldiers to build both technical proficiency and battlefield confidence in a single, immersive event.



This approach allowed us to build cohesive teams capable of progressing through all phases of the LFX together, despite originating from functionally different sustainment organizations.

Phase 2 (P2) used a structured certification process modeled on maneuver units' use of a dry-blank-live progression. For three months, squads focused on tactical fundamentals, progressing through a series of maneuver ranges. The first range validated Individual Movement Techniques (IMT) and buddy team live fires, building confidence within the team and certifying squad leaders in a dynamic tactical environment. Once complete, teams advanced to team and squad-level live fire ranges. The final P2 step was a squad-level defensive range designed to mimic the types of engagements they would encounter in Phase 3. Overall, this step in the progression ensured that squads were tactically grounded, mentally prepared, and fully trained to operate safely in a maneuver live fire environment.

Phase Three (P3) was the culminating phase that put all P2 skills to the test. For this final phase, a round-robin model was implemented that rotated three Area Support Medical Companies through three roles over a 14-day period: LFX execution, LFX sustainment/support, and medical skills training. This structure maximized squad throughput, met all support requirements, and ensured every participating Soldier received training in both tactical and clinical domains.

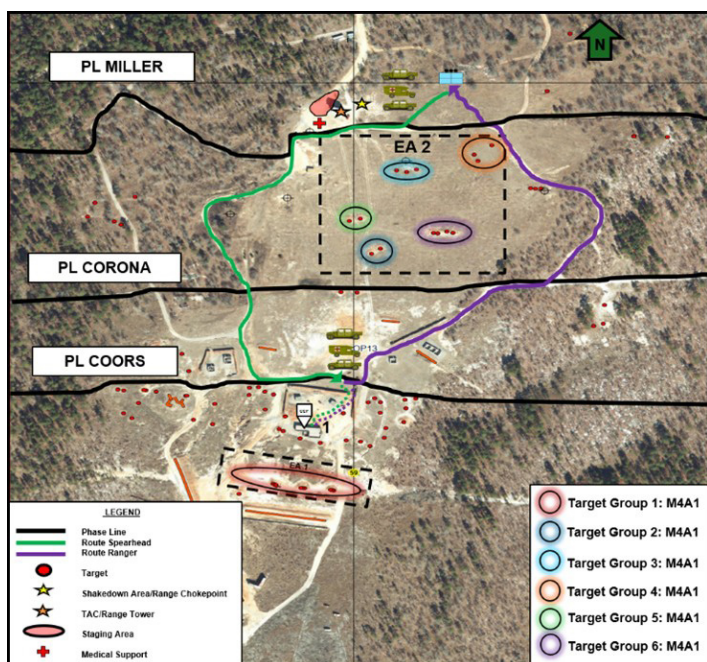
LFX ROLES

LFX Execution Role. Squads individually participated in a four-day live fire progression table. Day one began with a dry iteration that focused on movement fundamentals and team cohesion. Day two introduced a blank iteration with simulated fire and stressors while reinforcing control measures and weapons-handling discipline. Days three and four completed the progression with full live-fire iterations, where squads ran the same scenario under increasing levels of complexity. Squads also received night-fire familiarization, giving Soldiers hands-on exposure to passive-aiming techniques and helping them learn how to employ their optic effectively in low-visibility conditions.

Support and Sustainment Role. During the four-day evolution, the support and sustainment company's role was to provide all sustainment requirements for the LFX. Their tasks included manning key positions such as lane safeties (maintained at a 2:1 firer-to-safety ratio), OC/Ts, and the range chokepoint to ensure safe and controlled execution. They also supported critical sustainment functions such as the Ammunition Supply Point (ASP), lane reset, dedicated real-world medical coverage, and general support to additional duties. In addition to these responsibilities, the support and sustainment team enabled the integration of training aids and battlefield effects that contributed to the realistic combat stressors experienced by the squads on the lane, reinforcing the immersive environment required for effective maneuver-focused training.

The LFX was organized in three phases. Phase 1 (P1) began with PMI and individual weapons qualifications, which served as a non-negotiable baseline for participation. Unlike maneuver formations, sustainment units such as the Multifunctional Medical Battalion (MMB) are not structured for collective weapons proficiency at the team or squad level. TC 3-20.0 outlines the Army's Integrated Weapons Training Strategy and emphasizes the need to build capability progressively through individual, team, and squad-level weapons tasks.

In the case of our unit, this presented a unique challenge. Only a portion of the MMB participated in this LFX: three Medical Companies (Area Support), a Medical Company Ground Ambulance, and a Medical Logistics Company. Each of these companies is organized differently and brings distinct missions, personnel structures, and levels of tactical experience. To meet IWTS requirements, we task-organized squads by pulling personnel from across these participating companies based on available qualifications.





leaders reassessed risk in real time, adjusting lane layouts, modifying control measures, and correcting deficiencies immediately. In simple terms, if we saw something that could be fixed, we fixed it. Early and persistent coordination with Range Control ensured that safety considerations, land-use policies, and environmental constraints were fully integrated into the training design. This comprehensive approach enabled the safe execution of a complex live fire progression while applying disciplined control measures appropriate for LSCO-focused training.

Prioritize a phased training approach. Implementing a crawl, walk, run concept coupled with dry, blank, and live iterations was paramount to our success. Field Manual 7-0 identifies this progression as the Army's foundational training methodology, emphasizing the development of proficiency through increasingly complex and realistic iterations. Training Circular 3-20 reinforces this by outlining the required dry, blank, and live fire progression for collective weapons training. Just as maneuver units do, beginning with the basics and moving through a certification process allowed for smooth and controlled training progression. The key limitation is the Battalion-wide time investment required. Our unit dedicated three months to allow sufficient time for skill development. This is no small feat among competing requirements. However, as the repetitions increased, it paid dividends by fostering both individual and collective confidence within our squads.

Medical Skills Training Role. The company assigned to medical skills training role was “off cycle” from the LFX and did not participate in the live fire lane. During this period, they focused on Role 2 competencies that included high-level interventions, triage operations, evacuation procedures, and prolonged field care, ensuring medical proficiency stayed sharp while other companies concentrated on tactical development. For example, when the Medical Logistics Company rotated into this role, it created an opportunity to integrate rotary-wing training. They conducted CVLIII sling-load operations that enhanced evacuation readiness and strengthened coordination between ground medical elements and aviation support in a contested environment. A similar model can benefit non-medical formations by reinforcing core MOS skills under field conditions.

LESSONS LEARNED

Risk Management. Deliberate risk mitigation was foundational to the success of the LFX. We conducted multiple terrain walks with all involved Commanders present to identify hazards, validate control measures, and collectively assume the operational risk required to execute a maneuver-style live fire with a sustainment formation. These terrain walks were reinforced by a series of in-depth IPRs, several of which were conducted on-site, to refine the scheme of maneuver, confirm weapons employment criteria, and ensure alignment with installation safety requirements. Additionally, risk management was not a one-time event; it was continuous. Throughout P1–P3,





Realistic Combat Stressors. Creating realistic stressors was essential to immersing squads in conditions that mimicked a contested environment. Smoke grenades, obscurants, and visual indicators of enemy presence enhanced the lanes and allowed Squad Leaders to refine Troop Leading Procedures (TLP) under pressure. When available, we incorporated Training Support Center (TSC) resources such as indirect and direct fire simulators to elevate the realism of each iteration. These training aids increased Soldiers' exposure to combat stressors and provided the tactical cues necessary for rapid decision-making, effective communication, and collaborative problem-solving in an immersive environment.

Rotating Company Responsibilities. The established round-robin model of rotating companies through LFX execution, LFX support, and skills training proved critical to maximizing throughput while ensuring a safe and successful exercise. Any unit, regardless of MOS composition, can tailor this framework to their mission set. Efficient use of time and resources through the rotation model was key to getting everyone through the lane.

Mission Essential Task (MET) Alignment. The exercise was designed to align with clearly defined METs, ensuring that training objectives were measurable and relevant. Each phase (P1 individual skills, P2 certification, and P3 execution) was mapped to METs related to movement, medical treatment under fire, and small-unit tactics. This alignment allowed leaders to assess progression objectively and provide targeted feedback throughout the train-up. Structuring the event around MET outcomes also

ensured the training package remained exportable and scalable for future iterations.

WHY THIS MATTERS

This LFX wasn't just a training event; it was a proof of concept. It demonstrated that with proper planning, coordination, and a little creativity, even support units can execute realistic live-fire training. Soldiers are expected to shoot, move, communicate, and medicate under pressure. As SGT Jacob Adcock, combat medic with the 550th MCAS and Hero of the Battle for the LFX, explained:

"A lot of our junior Soldiers don't have the same experiences as our leaders and need this type of training. Also, this emphasizes the fact that the battlefield is changing, and we need to be ready for it. It gives the Soldiers confidence that they can do this. There is a reason in AIT they call you Soldier Medic—it's because you are a Soldier first and should be able to execute tactical tasks as required."

His words underscore the reality that, as leaders, we should be the ones at the forefront encouraging this type of training. It showed that non-maneuver units can and *should* do realistic, live-fire training for LSCO. The hard truth is that operational readiness isn't optional. In a contested environment, every role has the potential to find themselves directly engaged in the fight. Soldiers must shoot, move, communicate, and treat under pressure. Therefore, as leaders, we need to do our best to train our Soldiers and ourselves for it.

This LFX offers a replicable model for other non-maneuver organizations with an end-state of training Soldiers to become well-rounded warriors. Every Soldier, regardless of MOS, must be prepared to fight, survive, and sustain the mission. The enemy has a vote, and when they choose to bring the fight to our medics, logisticians, and technicians, we must be ready to respond with discipline, lethality, and care.

AUTHOR

Captain Sean Flournoy is a health services administration officer currently serving as the Medical Operations Officer for the 261st Medical Battalion (Multifunctional), 44th Medical Brigade, at Fort Bragg, North Carolina. CPT Flournoy has held various leadership positions within both the 25th Infantry Division and the 44th Medical Brigade. He earned his Bachelor of Science in Business Administration and his military commission from Old Dominion University in Norfolk, Virginia. CPT Flournoy's leadership during the Battalion's inaugural Live Fire Exercise reinforces the standard that medical units must be as tactically proficient as they are clinically expert.

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