



FUNDAMENTALS OF AIR FORCE MEDICAL FORCES

Last Updated: 29 September 2015

Air Force medical forces provide a [combat support](#) (CS) functional capability.⁵ They provide the [force health protection](#) capability of CS. Likewise, medical forces are by design not self-sustaining; they depend upon CS capabilities for security and infrastructure support. They are an integral part of forces employed to open, establish, and operate airbases.⁶

Air Force medical forces leverage speed, range, and flexibility by using hub and spoke operations to quickly form and maneuver customized medical capabilities to forward bases. Air mobility forces move cargo and personnel through one or more en route staging bases (the spokes) to arrive at a main operations base (the hub) within a theater. Before placing medical teams at airlift hubs, medical planners should consider the feasibility of the airlift web supporting routine hub operations and non-routine spoke requirements. Hub and spoke operations are further detailed in [Medical Forces Support in Joint Operations](#).

Medical planners are integrated into the [commander, Air Force forces](#)' A-staff and the [air operations center](#). They plan en route casualty care and aeromedical evacuation (AE) missions. Centralized control over Air Force medical, AE, and airlift forces is essential. It enables seamless stabilization and worldwide evacuation of casualties or patients from forward airfields to definitive care hospitals. Decentralized execution provides flexibility for en route medical support and local health services.

⁵ Annex 4-0, [Combat Support](#).

⁶ [Annex 4-0](#).