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FOR DOCTRINE DEVELOPMENT AND EDUCATION



ANNEX 4-02 MEDICAL OPERATIONS

AIR FORCE MEDICAL FORCES EMPLOYMENT

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A key component of expeditionary and operational planning is the employment of Air Force medical forces. [Medical forces](#) deploy in capability-based modules that are flexible and tailored to each contingency operation to provide the appropriate level of medical support to an operational area.²⁰

When opening an airbase, medical teams assess the potential health impact of a beddown location, base configuration, and provide advice on mitigating health hazards. These teams also provide initial medical support to the fielded forces from the initial commencement date. Based on existing theater and local medical capabilities, they provide input into additional medical capabilities required to support the projected population at risk.²¹ Continual health surveillance and assessment of operational, disease, and environmental exposures and risks are part of [force health protection](#). This continual surveillance and assessment is essential for optimal health outcomes and operational performance.

Upon establishing the airbase, medical personnel and materiel assets continue to flow into the operational area and basing locations to expand medical support capabilities. Medical forces remain focused on threats and countermeasures to sustain and optimize warfighter performance.²² Medical forces establish a theater health care system using the following assets:

- ✦ Initial [Aeromedical Evacuation](#) (AE) and patient movement item assets to evacuate casualties.
- ✦ Theater [En Route Casualty Care System](#) tied into the theater AE system.
- ✦ A theater contingency and disaster casualty management plan to integrate theater, host nation, and coalition medical services; expeditionary medicine platforms; and the AE network.

During the operations at an expeditionary location, Air Force medical capabilities are planned based on the Air Force population at risk (PAR) and access to available AE organic or contract aircraft. In a joint deployment, additional resources may be required

²⁰ Air Force Instruction (AFI) 48-101, [Aerospace Medicine Enterprise](#).

²¹ AFI 10-401, [Air Force Operations Planning and Execution](#).

²² [AFI 10-401](#).

to care for sister-Service personnel. Air Force Medical Personnel also work closely with line of the Air Force personnel to monitor operational threats and provide risk management data for maximum operational effectiveness.²³ The theater health care system is tied together with a robust network of local, host nation, joint, and coalition medical force capabilities linked by air, ground, and naval evacuation platforms.²⁴

When redeployment commences, medical force resources are used in the same manner as when deploying. Larger assets are redeployed first with smaller elements providing ongoing care.

Employment Tailoring

Medical force employment tailoring includes PAR support, rapid incremental employment, combat support (CS) force module employment, hub and spoke employment, or flexible tasking of an in-place force. Each has benefits as well as risks to be weighed for the operation at hand. In practice, when considered at the theater level, medical forces use these employment methods to optimize a theater medical system characterized by speed, responsiveness, flexibility, and agility. The goal is to strike a balance in devising a medical operations plan that exploits the capabilities yet limits the risks that come with a light and lean system of capabilities. The plan should be designed to maximize the commander's capability to stabilize, treat, stage, and evacuate casualties and patients from points of injury to [definitive care](#) on a worldwide scale.

Rapid Incremental Employment

Air Force medical forces possess the ability to insert forces into forward areas with a team tailored to the specific operational mission. Tailored forces may include preventive medicine, primary care, trauma surgery, intensive care, and connectivity to the AE system. Within this dynamic window of rapid deployment, combat and support forces compete for limited airlift into new airfields based on priority. This priority is not always an "all or nothing" decision for the deployment of combat support forces. Rather, the decision may be a balanced response to increase combat support capability as the airfield opens and begins operations, or as requirements change. During the period of medical vulnerability, en route critical care capabilities (Tactical Critical Care Evacuation Team, Critical Care Air Transport Team, etc.) are able to expedite evacuation (while continuing active resuscitation and treatment) of casualties from initial forward resuscitative care teams. When deploying, medical forces strive to ensure health protection capability arrives as early as the warfighters and minimizes the demand on limited airlift resources.

During the periods of opening and closing airbases, Air Force forces are at a high risk of injury or illness due to non-combat vulnerabilities such as poor food, water, or sanitation and industrial or occupational accidents. The use of tailored medical forces allows a tiered approach to flowing medical capabilities in or out to match changing medical support requirements, mission or threat scenarios, availability of airlift, or the PAR.

²³ [AFI 48-101](#).

²⁴ Joint Publication (JP) 3-17, [Air Mobility Operations](#) and Annex 3-17, [Air Mobility Operations](#).

Flowing in only essential medical capability on the first available aircraft provides the necessary force health protection yet maximizes the limited airlift available for competing priorities. Additional medical capability flows in to meet requirements as operations dictate and airlift becomes available. When Air Force forces redeploy, medical force capabilities decrease incrementally as the PAR decreases and the threat allows.

Employment as Part of a CS Force Module

During the planning stage leading up to an operation, force module elements are linked together in planning systems so they may be rapidly identified and tasked to deploy. The figure titled Air Force Medical Force Module Capabilities depicts medical force capabilities integrated into each [air expeditionary task force](#) force module with specific capability types and quantities based on the PAR in the force module and the typical force health protection threats found at most airbases. Medical forces in CS force modules are those required to provide direct support to an expeditionary unit conducting operations from one airbase. For additional information on force modules, see Annex 4-0, [Combat Support](#).
