



ENGAGEMENT, COOPERATION, AND DETERRENCE OPERATIONS

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The Air Force acknowledges that the current and future operating environments are extremely complex, and that these environments will continue evolving. In this environment no single nation can address every challenge and priority alone. With this in mind, the USAF should actively partner with the global community of Airmen to further US and partner nation (PN) mutual interests in air, space, and cyberspace. These partnerships could act as a force multiplier in future crises. By relying on multinational cooperation and coordination, the sum of joint operations will usually be greater than if acting unilaterally. In addition, the USAF acknowledges that it should not limit itself to the relationships of the past and should broaden its scope to include partnerships for new situations and circumstances. This includes expanding the scope of the security cooperation focus to include building the security capabilities of at-risk and underdeveloped PNs so that these partners are able to defend themselves against the threats of today and tomorrow.

As the Air Force is increasingly called upon to conduct civil-military or humanitarian operations with interagency organizations or nongovernmental organizations (NGOs), Air Force [medical forces](#) may be required to support stability operations, build partnerships, and improve partner capacity. They accomplish this by leveraging military health engagement and training opportunities to demonstrate and enhance military capabilities necessary to achieve objectives for all operations.

Global Health Engagement (GHE)

GHE is the primary means by which Air Force medical forces build the capacity of PNs and improve Department of Defense (DOD) visibility, access, influence, and interoperability in a host nation or region, in alignment with US Government objectives. The Air Force uses GHE, as part of an approved security cooperation program, to partner with other nations to achieve security cooperation objectives through medical-related stability activities, military and military-to-civilian consultation and training in public health and preventive medicine, disaster or outbreak response, exercises, disease surveillance, medical and dental civic action programs, and force health protection.

Air Force medical forces use unique skill sets in facilitating interaction with world health care and supporting the commander, Air Force forces (COMAFFOR) in all areas of interest, executing global strategy and providing a smooth transition for forces deploying

into a country or theater. Medical forces may be the initial or sometimes the only tool used to facilitate beneficial international relations and promote productive engagements with international partners and allies. International medical activities can range from humanitarian assistance and disaster relief (HA/DR) to peacekeeping operations to support for major conflicts. Air Force medical personnel can be embedded into any echelon to assist in planning, deploy on missions, support interoperability, and assist in developing appropriate health service support activities.

Global Medical Operations in Support of Security Cooperation

Seamless interoperability in military and civilian partnerships optimizes the health care of US and allied military personnel. Air Force medical personnel specializing in international health care support the COMAFFOR's missions and specific regional goals through their interface with world health care organizations. This includes accurate assessment of available medical resources and coordination with many military and civilian agencies.

Medical Stability Operations (MSO)

The DOD considers MSO a US military core mission.³¹ Air Force medical forces are prepared to conduct these operations throughout all phases of conflict and across the range of military operations, including both combat and non-combat environments. Through these activities, security cooperation is strengthened; partner capacities are increased; Air Force global partnership strategies are enhanced; a safe and secure environment is reestablished, and security cooperation as a joint capability area is further enabled.³²

Air Force medical forces have robust capabilities to conduct MSO. They include, but are not limited to: The international health specialist (IHS) program; Defense Institute for Medical Operations, a joint agency for which the [Air Force](#), through the Air Force Medical Service (AFMS) is the lead service; mobile training teams to train partner nation personnel; expeditionary medical support (EMEDS), for rapid ground and air support; personnel with foreign language skills; an IHS special experience identifier; Air Force Special Operations Command (AFSOC) irregular warfare/medical stability operations (IW/MSO) division; subject matter experts and strategic planning cell dedicated to the AFSOC IW/MSO program; and Air Force medical consultants as subject matter experts for reachback.

To better enable the AFMS to meet stability operations tasks, the following new initiatives are currently under development: Synchronization of AFMS GHE through the medical readiness global health division and development of EMEDS health response teams (EMEDS-HRT) to provide rapid deployable modular patient care for humanitarian assistance and disaster relief. The EMEDS-HRT include capabilities for interagency coordination, regional health expertise, and cultural/language proficiency to establish and sustain relationships with PN military forces and key partners.

³¹ Department of Defense Instruction (DODI) 6000.16, [Military Health Support for Stability Operations](#).

³² Air Force Instruction 41-106, [Medical Readiness Program Management](#).

To meet the objectives laid out in DODI 6000.16, the AFMS continues to develop GHE capabilities to support MSO requirements. Personnel are prepared to work closely with relevant US Government (USG) departments and agencies, foreign governments and security forces, global and regional international organizations, US and foreign NGOs, and the private sector. For more details regarding MSO refer to DODI 6000.16, and the AFMS global health engagement concept of operations.

Air Force medical forces engaged in MSO enhance PN health capacity by providing appropriate health services and training, conducting HA/DR, or while improving the health surveillance/force health protection/AE capability of PN military forces. To meet these requirements, AFMS consultants advise PNs on GHE and MSO initiatives. They also identify and cultivate medical force personnel with IHS-specific competencies and unique language and culture skills. The gathering and disseminating of lessons learned from GHE and MSO is essential to developing suitable GHE and MSO exercises and operational plans in support of theater and Air Force campaign support plans.³³

Security Force Assistance (SFA)

DOD activities that contribute to unified action by the USG to support the development of the capacity and capability of foreign security forces and their supporting institutions.

Disaster Response (DR)

Air Force medical forces are capable of rapid response to augment primary local agencies and resources in disaster situations. EMEDS, for example, can be deployed in any disaster area and brings expertise and skills in preventive aerospace medicine, biological testing, bioenvironmental engineering, radiological assessment, infectious disease identification, medical patient decontamination, and mental health. Additional individual or team specialists are available to meet the specific needs of the disaster situation depending upon their availability within the local [military treatment facility](#) (MTF). These additional specialized capabilities may include immediate medical response, in-patient support, pharmacy, and public health threat surveillance. EMEDS should have base operations support services in order to be employed and sustained.

Medical Counter-Chemical, Biological, Radiological and Nuclear (C-CBRN) Threat Response Capabilities

Air Force installation commanders can leverage the MTF's Medical [C-CBRN](#) incident response capability to respond to an incident or disaster. Air Force installation commanders at foreign locations will follow Department of State (DOS), theater, and major command guidance when assisting local authorities. This capability can minimize loss of life and human suffering as well as mitigate great property damage. Air Force medical forces support the installation commander within the following team capabilities: Patient decontamination team, pharmacy team, bioenvironmental engineering team, laboratory biological detection team, field response team, triage team, clinical team, mental health, nursing services, and manpower/security team.

³³ Air Force Instruction 41-106, [Medical Readiness Program Management](#).

Integration with Special Operations Forces

Operational medical forces are provided in direct support of special operations forces (SOF) through [Air Force Special Operations Command](#) (AFSOC). Training is unique and extensive, and deployments do not typically follow the usual medical force construct. Because organic capabilities are limited, reliance and integration with rear echelon support medical care or collocated medical facilities is critical.

Special Operations Forces and Conventional Forces Planning Considerations

SOF may be equipped with a small medical contingent designed to rapidly stabilize casualties for transload of their assets to quickly return to the fight. In addition to providing medical support to SOF operators in forward areas, SOF medical forces perform casualty evacuation (CASEVAC) missions, assist with personnel recovery, and support infiltration and exfiltration missions. AFSOC medical personnel fall under the C2 of the Commander, US Special Operations Command (CDRUSSOCOM) and subordinate line special operations commanders. SOF and conventional planners are responsible for identifying requirements for, and to obtain conventional AE support at forward airbases, aligning the SOF CASEVAC and the conventional ERCCS.³⁴ It is imperative that SOF and conventional planners identify en route medical and [aeromedical evacuation](#) (AE) support requirements to ensure appropriate patient transfer during transition to the conventional medical system.

AFSOC Operational Medical Capabilities

Deployed medical capabilities are primarily aligned with Air Force special operations forces (AFSOF) operational units and consist of SOF medical elements composed of flight Surgeons, independent duty medical technicians, and specialized aeromedical and physician assistants. AFSOF medical elements, frontline trauma specialists, provide first responder and forward resuscitative care for AFSOF and other SOF. AFSOF flight Surgeons and independent duty medical technicians provide primary care, force sustainment, advanced trauma life support, advanced cardiac life support, preventative and aerospace medicine, and casualty evacuation support from forward areas. Pararescue jumpers (PJ) provide casualty evacuation support from forward areas to the SOF air-ground interface point, and casualty evacuation support from forward areas to the SOF air-ground interface point, usually at the SOF intermediate or forward staging base (ISB/FSB) under night or day operations. PJs are line combatants with training to render trauma medical support in threat environments and increased risk scenarios. PJs are specifically trained as crew members and for combat surface operations, either independently or in conjunction with other SOF teams.

AFSOC can readily increase its medical capability at a staging base by adding AFSOC specialty operation teams, i.e. surgical, critical care evacuation, medical element augmentation or other medical unit type codes (UTC). Conventional medical and/or AE assets may also be integrated with organic SOF medical capabilities to enhance medical and AE support as requirements dictate. At the ISB/FSB, casualties transition to the conventional medical regulating and AE systems.

³⁴ Annex 3-17, [Air Mobility Operations](#).

Humanitarian Assistance and Disaster Relief

HA/DR is a high profile foreign humanitarian assistance (FHA) mission that is executed upon the request of other nations, often through their ministries of health or equivalent organizations to US embassies. The request is coordinated through the DOS and the combatant commander (CCDR) for approval and mission prioritization, after which Services are tasked or volunteer to support the approved requirements. Air Force medical personnel support DR in typhoons, earthquakes, floods, complex post-conflict humanitarian operations, etc. DR operators should coordinate all efforts with the host nation, the US chain of command, the USG lead agent, other USG agencies, intergovernmental organizations, and NGOs involved in the response, especially when coordinating the use and need of supplies and equipment to ensure interoperability. The US Agency for International Development Office for Foreign Disaster Assistance is usually the initial lead USG agency in a disaster response with DOD in support.

FHA can be offered both in response to acute needs, such as the US role in the international community's response to an event, or as part of ongoing security cooperation activities. These activities support development of improved host nation health care infrastructure and interoperability. Other types of FHA missions include dislocated civilian support, security missions, technical assistance and support functions, and foreign consequence management, all of which will require unique global health input from Air Force medical personnel. The AFMS also plans, executes, and participates in humanitarian and civic assistance to host nations that include medical readiness training exercises. The humanitarian benefits of these missions may be integral to security interests of the US and the host nation and should fit cleanly into CCDR and COMAFFOR security cooperation objectives.
