



CURTIS E. LEMAY CENTER

FOR DOCTRINE DEVELOPMENT AND EDUCATION



ANNEX 4-02 MEDICAL OPERATIONS

COMMAND AND ORGANIZATION: ROLES AND RESPONSIBILITIES

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Medical units are commanded by Air Force Medical Service (AFMS) officers with the majority of medical forces ultimately working for designated Line of the Air Force commanders at each echelon of the chain of command. High standards of medical care are met and sustained through the single chain of command. Though medical forces are generally organized and controlled like other Air Force forces, inherently unique medical mission requirements prompt distinct differences.

It is essential to understand the roles and responsibilities of key commanders and senior leaders involved in planning and executing medical operations. This section provides a concise overview of these roles and responsibilities.

Air Force Forces Surgeon

Within an [air expeditionary task force](#) (AETF), the [Air Force forces](#) (AFFOR) Surgeon (AFFOR/SG) is a member of the commander, Air Force Forces' (COMAFFOR) Special Staff and is the Director of Medical Operations. The AFFOR/SG is the COMAFFOR's designated coordinating authority with all agencies affecting medical operations. The AFFOR/SG does not exercise command authority or direct control over medical forces, but provides planning, coordination, and oversight. The AFFOR/SG also advises how best to employ medical force capabilities in support of expeditionary Air Force forces and other joint forces. In addition, the AFFOR/SG uses direct liaison authority, when authorized, to coordinate medical support of the AFFOR staff and the [air operations center](#) (AOC) with other supported and supporting commands and agencies. The AFFOR/SG is responsible for overall medical personnel and materiel resource management and provides information on health surveillance and medical risk assessments, sustainment, and other force health protection issues. The AFFOR/SG typically deploys liaison officers to coordinate with Service, joint, and multinational force Surgeons' staffs. These liaison officers maintain a common operating picture, anticipate operational requirements for medical capabilities support, assess impact on air component operations, deconflict issues that may degrade operations, and assist in achieving optimal unity of effort.

United States Transportation Command (USTRANSCOM) Patient Movement Requirements Center (PMRC)

The Commander, US Transportation Command (CDRUSTRANSCOM), serves as the Department of Defense single manager and global synchronizer for patient movement policy in coordination with Office of the Assistant Secretary of Defense/HA TRICARE Management Activity, Joint Staff, Secretaries of the Military Departments, and geographic combatant commands. USTRANSCOM develops, publishes and implements standardized patient movement item business practices and guidelines. CDRUSTRANSCOM/SG office manages all assigned personnel supporting PMRCs in the global patient movement system in peacetime and contingency. CDRUSTRANSCOM/SG serves as the functional manager to maintain, operate, and provide joint training for existing and future patient movement automated information systems. CDRUSTRANSCOM/SG manages the global Patient Movement Safety Program and conducts event reviews and investigations of patient movement activities as required. CDRUSTRANSCOM/SG coordinates with theater components for designation of portions of theater-assigned transportation and bed assets for use by PMRCs. Theater PMRCs should be responsive to the geographic combatant command's patient movement requirements and oversee/approve joint task force (JTF)-coordinated PMRC transport-bed plans and patient movement enablers as required. Theater PMRCs will oversee processes for management of the theater patient movement safety program and ensure patient safety from entry into the patient movement system to arrival at destination facility.

The USTRANSCOM PMRC, also known as the Global PMRC (GPMRC), located at Scott AFB IL, provides medical regulating and aeromedical evacuation scheduling for the continental US and intertheater operations and provides support to the theater PMRCs. The GPMRC coordinates with supporting resource providers to identify available assets and communicates transport to bed plans to the appropriate transportation agency for execution.

In the European and Pacific areas of responsibility (AORs), the PMRCs are permanently established functions responsible for coordination of joint patient movement within the AOR. PMRCs operating in other geographic combatant commands are assigned to USTRANSCOM.⁷ The AFFOR/SG can request a joint PMRC (JPMRC) be established through the global force management process. CDRUSTRANSCOM may transfer [tactical control](#) of the JPMRC to the geographic combatant commander. PMRCs are responsible for coordinating with GPMRC for patient movement regulated back to the US.

Air Mobility Division

The [Air Mobility Division](#) (AMD) of the AOC plans, coordinates, tasks, and executes air mobility operations for the COMAFFOR. As one of the five divisions of the AOC, the AMD provides integration of and support for all joint operational air mobility missions, to include aeromedical evacuation. The AOC Commander provides policy and guidance to the AMD who tasks intratheater air mobility forces through wing and unit command

⁷ Deputy Secretary of Defense memo dated 25 November 2011, *Assignment of the TPMRC to CDRUSTRANSCOM*.

posts when those forces operate from home bases and through applicable forward command and control nodes such as wing operations centers. The Aeromedical Evacuation Control Team is one of four teams within the AMD.⁸

⁸ Annex 3-17, [Air Mobility Operations](#).