



HOME STATION PLANNING AND EXECUTION

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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.

The [Air Force Medical Service](#) (AFMS) provides responsive medical platforms to support local, state, tribal, and federal contingency operations. The flexibility of these platforms, whether using expeditionary, home station medical capabilities, or medical contingency response teams, is the key to enabling a quick and decisive response to any disaster.

Air Force installation commanders have the authority to develop mutual aid agreements for partnership with the surrounding communities when incidents or disasters occur. This partnership enables the indigenous capabilities of a base to survive an incident and, when available and authorized, to project mutual aid and support to the local community to minimize loss of life and human suffering, mitigate property damage, and be prepared to provide full participation of all appropriate base first responders and maintain readiness for the warfighting mission. Installation commanders should request full participation of all appropriate base first responders and, in coordination with local, state, tribal, and federal authorities, respond to local disasters consistent with their authority in Air Force Instruction 10-801, [Defense Support of Civil Authorities](#). Participation from all designated installation resources is paramount to ensure success.

Air National Guard medical force capabilities are available to support state responses to all hazard events at the direction of their governors. State-to-state agreements allow governors from other states to respond very quickly to offer civil support.

During larger incidents, such as hurricanes, tornados, floods, or terrorist attacks, local resources can be quickly overwhelmed. National Guard response capability to a [chemical, biological, radiological, and nuclear](#) (CBRN) incident at the state level includes the weapons of mass destruction-civil support teams, and the CBRN enhanced response force packages. The National Guard has homeland response forces, which provide lifesaving capabilities, search and rescue, decontamination, emergency medical, security, and command and control (C2). Homeland response forces are a

regional capability that remain under the C2 of their respective governor while in state active duty or US Code Title 32, [National Guard](#), status, but can be federalized as a component of the Department of Defense when requested. Collectively, protected expeditionary medical support systems provide scalable national and deployable medical capability to bridge the gap between initial National Guard response and active duty Air Force capabilities.

Air Force medical forces may be tasked to provide support in accordance with the National Response Framework, to include defense support of civil authorities. AFMS supports validated lead federal agency requests for assistance as identified in FEMA mission assignments through the joint task force commander. For additional information, see AFDP 3-27, [Homeland Operations](#).

Air Force medical forces coordinate the development and implementation of relevant homeland operations with several oversight committees or agencies. These committees and agencies may include: other Services (joint); the North Atlantic Treaty Organization; United States Northern Command; regional contingency response working groups such as Department of Veterans Affairs, Department of Homeland Security, Department of Health and Human Services, the National Disaster Medical System Service Director (transferred to Air Force Medical Operations Control); and a plethora of oversight committees such as the Department of Defense Installation Protection Steering Group and the Security Enterprise Mission Assurance Steering Group.¹³

Medical force planning requires an understanding of the joint and component plans for the supported mission. After considering the following planning factors, planners should develop a medical estimate of the threat and a supporting medical plan of operations. The plan should be developed in collaboration with medical planners from the supported [joint force commander](#), as well as from the other Service and functional component commands. The interdependent nature of patient regulation and movement, medical logistics, and available blood support require planners to consider medical force operations from theater and global perspectives. Planning considerations include:

- ★ Supported mission.
- ★ Threat scenarios.
- ★ Planned and existing airfield locations.
- ★ Airlift availability and routes.
- ★ Population at risk for each location.
- ★ Host nation medical capabilities and existing relationships.
- ★ Medical capabilities of Service and coalition partners.

¹³ Department of Defense Instruction 6010.22, [National Disaster Medical System](#).

★ Environmental factors (weather, terrain, endemic disease, etc.).
