This Instruction implements the guidance portion of Department of Defense Instruction (DoDI) 6000.16, *Military Health Support for Stability Operations*, and the policy in Air Force Policy Directive (AFPD) 44-1, *Medical Operations*. It establishes procedures for utilization, organization, and training of International Health Specialist (IHS) for Stability Operations and Global Health Engagement. This instruction applies to all Air Force Medical Service (AFMS) personnel, including Air National Guard (ANG) and Air Force Reserve (AFR) personnel. It may be supplemented at any level, but all direct supplements must be routed to the OPR of this publication for coordination prior to certification and approval. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See Air Force Instruction (AFI) 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional’s chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).
SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. This document incorporates expanded roles and responsibilities and clarifies each area of management throughout the Instruction. This revision renames the IHS Air Force Special Experience Identifier (SEI) at the familiarized, enabled and senior global specialist levels (paragraph 1.4); redefines the ten core competencies that characterize the IHS professional regardless of AFSC (paragraph 1.5); clarifies all IHS internal and external stakeholder responsibilities (Chapter 2); clarifies operation and utilization of IHS assignments (paragraph 4.2); adds IHS support to Contingency Operations; transfers IHS Unit Type Code (UTC) to appropriate documents (paragraph 4.3)

This change reflects the evolution of the IHS Program.

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Chapter 1

USAF INTERNATIONAL HEALTH SPECIALIST (IHS) PROGRAM OVERVIEW

1.1. Overview. The complexity of deployed and multinational operations requires Air Force Medical Service (AFMS) members with international and cross-cultural insight, diversified operational experience, foreign language competence, familiarity with military and civilian health disciplines, practices and systems, and understanding of the interagency process. Globalization and security considerations are not just limited to the issues within an individual partner nation but also to trans-border health threats which affect global security, transport, trade, and policy. Addressing these health challenges requires multidisciplinary perspectives from multiple stakeholders.

1.2. Value of the Air Force International Health Specialist

1.2.1. Value to Expeditionary Medical Operations. Cross-culturally proficient, operationally diversified medical professionals are a powerful force multiplier in an expeditionary setting where insight into the cultural, geopolitical, military, and economic characteristics of a region’s health issues and systems is an essential operational requirement. Air Force IHS professionals awarded the enabled and professional SEI possess these desired characteristics. Air Force IHS professionals assist in establishing initial partnerships and access with military and civilian health care personnel and institutions of other countries. They enhance interoperability with partner nations, strengthen international relationships, respond to civilian emergencies, and can be vital to combat or stability operations throughout the world where cross-cultural proficiency, international global health systems expertise, and relationships based on trust can enhance the effectiveness of operations.

1.2.2. Value to the Geographic Combatant Command (GCC), Major Command (MAJCOM) and Numbered Air Force (NAF) Commanders. Warfighting commanders should evaluate the health dimensions of the operational and security cooperation environments within a cultural context to appreciate their implications to the mission. That context is optimally understood when regional expertise and liaison capability are available on the command medical staff. Global Health Engagement (GHE) professionals are essential to AFMS support to regional combatant commanders as well as effective AFMS interaction with joint and coalition medical support, foreign health systems, government agencies, and non-governmental/private volunteer organizations that support population health internationally and globally.

1.2.3. Value to the Air Force. The IHS program provides the primary mechanism within the AFMS to meet the demand for cultural and linguistic expanded skills identified in the 2010 Quadrennial Defense Review, 2011 National Military Strategy and USAF 2011 Global Partnership Strategy. U.S Air Force-security cooperation methods particularly well-supported through IHS include Expeditionary Medical Support (EMEDS), building partner capacity endeavors such as Aviation Enterprise Development, as well as Air Force contributions to humanitarian assistance/disaster relief (HA/DR) missions and phases of armed conflict, particularly phase 0 (access) and phase 3 (interoperability).

1.3. The IHS Program. AFMS expeditionary missions call for IHS professionals to work closely with NAFs, MAJCOMs, combatant commands (CCMD), Joint Headquarters, National
Guard Bureau Joint Surgeon’s Office (NGB-JSG), Defense Security Cooperation Agency (DSCA), Department of State (DoS), United States Agency for International Development (USAID) and other government agencies. IHS professionals interact with a wide-range of organizations such as the United Nations and its subordinate organizations, other International Organizations (IO), alliance and coalition forces and their respective governments, Non-Government Organizations (NGO), and Private Voluntary Organizations (PVO). Effective AFMS coordination among these structures requires sustained relationships for which cross-cultural competencies, regional and global health insight, and diversified knowledge of expeditionary medicine disciplines and practices play key roles.

1.3.1. **Vision.** To be the USAF leaders in Global Health Engagement (GHE).

1.3.2. **Mission.** To optimally shape conditions through health-related opportunities that align with the Guidance for Employment of the Force as expressed in Theater Campaign Plans throughout all phases of conflict.

1.3.2.1. **Support to GCC.** IHS professionals support GCCs through direct assignment to GCCs surgeon’s staff and/or via Air Force component commands. The IHS fills advisory, liaison, and action officer roles. These roles include planning and coordination of joint expeditionary operations, peacetime security cooperation activities, country and region specific health system assessments, concept of operations (CONOPS) development, and building of partnerships. IHS professionals advise GCCs on effective utilization of AFMS GHE human resource capabilities.

1.3.2.2. **Support to Air Force MAJCOMS, and NAF.** IHS professionals serve as regional experts to advise NAF Commanders and Surgeons in support of Force Health Protection, establish cooperative relationships with host nation partners, and support USAF planning and coordination of operational missions, security cooperation, aviation enterprise development, humanitarian and medical outreach, coalition building, stability operations, and multinational/multiagency exercises to ensure productive collaboration with partners and allies across the range of operations.

1.3.2.3. **Support to Regional Security Cooperation.** IHS professionals support Air Force and GCC plans, activities and exercises that build, expand, and strengthen regional partnership, collaboration, and health systems capacity.

1.3.2.4. **Foster International Collaboration.** IHS professionals facilitate, optimize and leverage interactions between the DOD and partner nations, focusing on military-to-military engagements. In certain circumstances IHS directly supports PN civilian institutions in order to enable and strengthen the military-to-military relationship. IHS professionals also serve as health liaisons for the command with IOs, NGOs, and PVOs working in the area of operations and force health protection.

1.4. **IHS Special Experience Identifier (SEI) Categories.** IHS professionals are organized into three Special Experience Identifier (SEI) categories of increasing capability 1) H8A/451 - IHS Familiarized, 2) H8B/452 - Enabled Health Specialist, and 3) H8C/457 - Senior Global Health Specialist (refer to section 4.1 of this Instruction). SEI holders combine a strong foundation in Air Force and joint expeditionary medical operations and doctrine with extensive knowledge of international geopolitical military affairs and global health systems. They provide a nuanced understanding of health factors influence on political, social, economic, and
international stability. Consistent with Force Development, qualified AFMS members are assigned to designated full-time IHS positions which are considered career-broadening opportunities. Selected individuals must possess at minimum the Familiarized IHS SEI. Fully qualified Senior IHS SEI holders will fill rank appropriate IHS program leadership, team lead and regional team senior enlisted policy positions.

1.5. IHS Competencies. IHS Core competencies are acquired via personal experience, self-study, web-based training, and formal education usually over a significant period of time. Validation results in a one-time SEI designation (which can later be upgraded or deleted based on maintenance requirements). Core competencies should be maintained by continuous learning and ongoing participation in relevant activities. IHS professionals become fully capable by mastering the following ten core competencies:

1.5.1. Cross-Cultural Communication Skills. IHS personnel possess and develop aptitude to quickly understand and adapt to different cultures, particularly regarding health systems, practices, and beliefs.

1.5.2. Foreign Language Proficiency. This competency advances cross-cultural aptitude by facilitating direct communication. Familiarized IHS require at least rudimentary language proficiency (1/1 Defense Language Proficiency Test (DLPT) while Enabled and Senior Global Health IHS must be functionally proficient (2/2 DLPT level).

1.5.3. Knowledge of Regional/Global Health Issues. IHS personnel understand public health principles ranging from individual to population preventive medicine. Additionally, they can apply such principles in a multidisciplinary and cooperative manner to threats that may transcend international borders.

1.5.4. Joint and Interagency Planning Methods. All full-time IHS members understand joint and interagency planning processes and effectively work with designated medical planners to shape missions.

1.5.5. Expeditionary Operations Experience in a Joint, Multiagency, or Coalition Environment. IHS personnel have expeditionary and international experience which can be applied in support of a wide spectrum of operational environments. While Air Force expeditionary deployment and/or joint operational deployment in leadership roles are particularly useful, accumulated relevant life experiences overseas or in intercultural settings working in joint, coalition, interagency, NGO or other contexts are valuable.

1.5.6. Geopolitical Insight. IHS personnel are trained, educated, and experienced in security cooperation and the use of health capabilities to attain CCMD security cooperation end states. They facilitate military-military engagement, particularly through Aviation Enterprise Development (AED), developing health-related resources to improving security and stability. Knowledge of international affairs and the geopolitical context of each country/region establish this competency.

1.5.7. Familiarity with Public Health and International Health Disciplines and Practices. IHS personnel are trained, educated, and experienced in Civil-Military Operations (CMO). This includes DOD civil affairs assets, USG interagency activities, and host nation interaction, focusing on humanitarian assistance, disaster preparedness, relief, and response, health sector reconstruction, stabilization, and capacity building.
1.5.8. **Global Health Diplomacy.** IHS personnel understand USG and Department of State (DOS) policy guidance on the application of health initiatives to attain USG foreign policy goals. Whenever possible, the IHS member synchronizes DOD health engagement with other USG entities such as DOS, USAID, and DHHS in order to synergize diplomatic and CCMD objectives.

1.5.9. **Data Collection, Assessment, and Evaluation.** IHS personnel evaluate health engagement activities for long-term health and programmatic outcomes. They are trained in health system assessment, health sector common operating picture development, and design of appropriate metrics for health engagements and programs. IHS personnel monitor analysis of outputs and outcomes to guide decision making on health engagement selection and planning.

1.5.10. **Communication Synchronization Skills.** IHS personnel are trained, educated, and experienced in communicating their mission and health activities with public affairs and planners. Consequently, relevant health engagement activities stimulate optimal participation and audiences receive accurate, culturally-appropriate understanding of mission impact.
Chapter 2

ROLES AND RESPONSIBILITIES

   2.1.1. Establish doctrine, leadership, and policy for employment of IHS personnel.
   2.1.2. Oversee personnel management, budgetary support, military awards and discipline.

2.2. Air Force Medical Support Agency (AFMSA)
   2.2.1. Manage IHS program, budget and personnel development. (T-1).
   2.2.2. Fund IHS program education and training as described in the IHS training plan and advocate for funding of IHS operations not directly funded by deployments and exercises. (T-1).
   2.2.3. Exercise Operational Control (OPCON) and Administrative Control (ADCON) of all IHS professionals at the IHS Program Office.
   2.2.4. Prepare Biennial Program Objective Memorandum (POM) for the IHS Program. (T-1).

2.3. MAJCOM/NAF
   2.3.1. IAW agreed upon MOUs as directed by the CCDR, Tactical Control (TACON) is given to the unit to which the IHS is physically assigned (C-NAF IHS staff matrixed to support CCMD SG staff receive TACON from the CCMD SG office). (T-1).
   2.3.2. Prepares Biennial POM data for the IHS Organize, Train and Equip within their AORs and forwards DHP fund request to the IHS Program Office to compile into a single IHS Program POM submission. (T-1).
   2.3.3. Ensure IHS team members’ medical readiness and skills maintenance training. (T-1).
   2.3.4. Ensure IHS team members’ AFSC-specific and/or additional duties do not interfere with their primary responsibilities as defined by their assigned IHS duty positions. (T-1).
   2.3.5. Consult with the IHS Program Office to address IHS issues that cannot be resolved locally.

2.4. IHS Liaison at Other DOD and Non-DOD Organizations and Agencies
   2.4.1. Liaise with organizations to promote and facilitate utilization and training of IHS resources and ensure IHS teams and the IHS Program Office are aware of international issues under the purview of other DOD and non-DOD organizations. These organizations may include Joint Staff, SAF/IA, Unified and Combatant Command staffs, OSD-HA, NGB-JSG, USAID, DHHS, DoS, World Health Organization (WHO) or regional counterpart such as the Pan American Health Organization (PAHO), or other USG or international agencies critical to DOD global health engagement.
   2.4.2. Collaborate with organization planners and/or program directors to determine utilization of IHS capability for mutual benefit and USG interest.
2.4.3. Establish annual and long-term objectives for IHS liaison activities and solicit support from organization program managers. (T-1).

2.4.4. SAF/IA liaison(s) ensures the medical service focus and the other IHS team interests are in line with the SAF vision. (T-1).

2.4.4.1. Evaluate AF programs and training for developing line International Affairs Officers, Regional Affairs Specialists (RAS) and Political Affairs Specialists (PAS) to synergize with the IHS program’s development opportunities. (T-1).

2.4.5. Joint Staff J4 or Defense Health Agency (DHA). Communicates and coordinates Air Force GHE activities and interests to the Joint Staff Surgeon’s office. (T-1).

2.5. IHS Liaison at Air Reserve Components (ARC)

2.5.1. Coordinate with planners at the combatant command level, NAF level, and AOR-aligned readiness platforms to facilitate utilization and training of ARC IHS resources and ARC sourcing for operational missions. (T-1).

2.5.2. Collaborate with field IHS Team Leaders during GCC planning cycle, typically from November-January of each year to identify IHS activities in which ARC capability may be utilized. (T-1).

2.5.3. Establish annual and long-term objectives for ARC IHS development programs and solicit support from the geographic IHS teams to integrate ARC IHS professionals into Total Force deployments and other international and expeditionary activities. (T-1).

2.5.4. Prepare and present informational materials to ARC units and personnel on IHS opportunities and requirements. (T-1).

2.5.5. Liaise with NGB/SG and Air Force Reserve Component (AFRC)/SG staff on training and recruitment of IHS candidates. (T-1).

2.5.6. Air National Guard (ANG) liaison: Advises the NGB/SG, NGB/JSG and NG state ANG/SG on GHE strategy, as well as to integrate IHS support to the National Guard Bureau (NGB) State Partnership Program (SPP) events. The NGB SPP pairs National Guard units from specific U.S. states with countries in all geographic AORs. These formal relationships are key components of the combatant commanders’ Theater Security Cooperation strategies. (T-1).

2.6. The IHS Team Lead

2.6.1. Oversee and manages regional IHS efforts, provides advice in missions, and tasking coordination from the AF component and supported combatant commander and regional component surgeon. Ensures maintenance and application of AOR IHS lessons learned and country assessments to evaluate and optimize IHS mission efficacy. (T-1).

2.6.2. Ensure the team or any team member does not focus on execution of activities, but rather on influencing the broad and diverse range of military medical activities. The team lead will ensure the team focuses on the priorities of the operational commander.

2.6.3. Enforce policy and establishes procedures to ensure IHS team members receive AFSC and IHS skills maintenance training. (T-1).
2.6.4. Provide professional guidance and support to the IHS team, trains assigned members, and arranges appropriate education and training in all areas related to IHS roles, responsibilities, and job descriptions.

2.6.5. Serve as primary rater or additional rater for all personnel assigned to the IHS team.

2.6.6. Ensure IHS team members maintain SEI certification to support IHS UTC taskings. (T-1).

2.6.7. Ensure IHS team member orientation includes familiarization with IHS team member duties and scope of responsibilities. (T-1).

2.6.8. Promote, develop and integrate foreign language competency, cross-cultural skills, and expeditionary military medicine expertise among other AFMS members in the AOR and/or region by: 1) working with medical planners to appropriately posture and utilize IHS SEI holders and other uniquely qualified AFMS members in security cooperation, humanitarian assistance/disaster response activities, deployments and special projects, and 2) leveraging every possible opportunity to inform AFMS members in the region about the importance of foreign language proficiency, global health education, cross-cultural aptitude, and diversified knowledge of military medicine disciplines and practices, IHS program opportunities and benefits. (T-1).

2.6.9. Ensure IHS team members are appropriately utilized. (T-1).

2.6.10. Ensure IHS team member training and/or additional AFSC-specific duties at an medical treatment facility (MTF) to maintain career field proficiency and/or professional credentials do not interfere with the primary responsibilities as defined by this Instruction and the assigned IHS duty position description. (T-1).

2.6.11. Consult with the operating location TACON authority or designated representative to resolve TACON-related issues between the operating location and the IHS team member.

2.6.12. Elevate TACON issues that cannot be informally resolved at the operating location to the Air Force command with OPCON or ADCON, and to the IHS Program Office as necessary.

2.6.13. Establish instructions detailing locally-specific IHS team member duties and responsibilities and the team’s annual plan for conducting both initial and refresher readiness and skills maintenance training. (T-1).

2.6.14. Collaborate with the host MTF designated credential monitor for clinical providers to ensure the currency of credentials IAW DoDM 6025.13, Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS), 29 Oct 2013 and AFI 44-119, Clinical Performance Improvement, 4 Jun 2011.

2.6.15. Coordinate individually projected civilian conference requests using the AFMS Conference Attendance Request Database (CARD) tool to forecast required certification and continuing medical education for assigned IHS team members.

2.6.16. Consult with the host MTF commander or designated representative to resolve problems that cannot be resolved at a lower level of the organization at other operating locations and remote sites.
2.6.17. Develop a system for requesting back-fill or Air Reserve Component (ARC) augmentation if warranted. (T-1).

2.6.18. Collaborate with formal training managers to identify opportunities for IHS team members to obtain centrally-funded formal education to improve their IHS skills. (T-1).

2.6.19. Coordinate all aspects of position advertisement, candidate identification and hiring processes with the IHS Program Office three to five years in advance. (T-1).

2.6.20. Coordinate with other fielded IHS teams and the IHS Program Office to guarantee IHS support to medical planners when appropriate language, cross-cultural and specific operational skills are not available within the same command. (T-1).

2.7. The IHS Team

2.7.1. Directly support the NAF, MAJCOM and CCMD Theater Security Cooperation plans through the NAF Surgeon. IHS member may be tasked by the NAF, MAJCOM or combatant command to manage some or all aspects of their theater Security Cooperation global health engagement activities, medical stability operations and medical exercises.

2.7.2. Focus on regional threats and Air Expeditionary Force (AEF) support through tasking assistance or participation on deployable IHS UTCs.

2.7.3. Collaborate with medical operations and exercise planners at regional headquarters, and supplements the planning staff during military contingencies and surge operations. (T-1).

2.7.4. Liaise with medical service participants in the Air Force’s Military Personnel Exchange Program, the regional Unified Command/SG, Joint Staff Surgeon, DoS, other government agencies, and NGOs.

2.7.5. Provide the assigned command Surgeon with relevant global health engagement policy, program, and technical guidance to support Unified Commands, Joint Task Forces, Mobile Medical Units, and remote sites/medical operations assigned within their commands. (T-1).

2.7.6. Collaborate with Public Affairs offices at IHS operating locations to report IHS activities as defined in AFPD 16-1, International Affairs, and AFI 10-403, Deployment Planning and Execution. (T-1).

2.8. Deployed Commanders Deployed commanders, from Joint/Combined Task Force level to individual EMEDS units can benefit from the unique capabilities of the IHS program and may request IHS-deployed support. The IHS Program team lead at each IHS Team and the ARC liaisons are closely involved with Air Force and joint command planners to ensure appropriate tasking of IHS resources in deployment and exercise plans. The deployed US Air Component Commander will exercise OPCON and ADCON (including UCMJ authority) of deployed Air Force IHS personnel in the AOR, including IHS personnel in direct support of ground and naval forces. OPCON and ADCON of deployed AFSOC IHS personnel will be exercised through the deployed special operations command.

2.9. The Air Force Personnel Center (AFPC)

2.9.1. Ensure that the designated IHS billets at AFMSA and other commands are maintained on the master Unit Manpower and Personnel Roster (UMPR) with IHS specific title, coded with a language designation.
2.9.2. Advertise IHS officer team positions through officer corps-specific assignment processes. Enlisted team positions will be listed on the EQUAL PLUS board as appropriate.

2.9.3. Validates Officer and Enlisted Assignment Selection (O/EAS) for IHS billets.

2.9.4. Fill SEI and language-coded billets with IHS qualified personnel or with otherwise highly qualified personnel IAW SEI waiver policy in collaboration with the IHS Program office.

2.10. **Full-time IHS Personnel**

2.10.1. Complete initial IHS team member orientation within one year of assignment, preferably at the time of assignment and en-route to new duty station. (T-1).

2.10.2. Complete ongoing IHS team member skills maintenance training and annual IHS UTC team member refresher training regardless of duty location. (T-1).

2.10.3. When assigned to a MAJCOM, NAF, or GCC and not deployed or conducting unit specific training, perform duties to practice and refine IHS skills. This will usually include a role in the planning for, management and execution of Theater Security Cooperation medical outreach activities and medical exercises.

2.10.4. Medical providers must maintain privileges (i.e. clinical currency) IAW DoDM 6025.13 and AFI 44-119. Non-privileged medical staff should also retain clinical currency. (T-1).

2.10.5. Ensure MTF responsibilities are not prioritized over the strategic role IHS staff execute in their billets.

2.10.6. Assume personal responsibility and continually strive to develop and refine IHS skills. In all cases, emphasis is placed on maintaining AFSC-specific skills while adding IHS skills and experience through diversified tasks and responsibilities.

2.10.7. Assume personal responsibility to maintain and expand foreign language proficiency. Personnel interested in improving language skills may be offered opportunities to build those skills through available Air Force programs. Tuition assistance may also be available for some language courses; individuals should seek guidance on specifics from local Education Offices.

2.10.8. Continually seek new ways to constructively facilitate and support the AFMS improvement of existing practices.

2.11. **Non-Full-time IHS SEI Holders**

2.11.1. Strive to enhance their global health engagement skills and use them to support the Air Force mission.

2.11.2. Active Component IHS SEI-qualified personnel must maintain IHS skills in addition to core and AFSC specific readiness skills through self-study and online resources identified by the Program Office.
Chapter 3

IHS PROGRAM MANAGEMENT

3.1. AFMS Partnership Advisory Group (PAG). PAG will provide structure and a broader enterprise perspective to formalize the necessary mechanisms to effectively and efficiently govern domestic and international partnership development. The IHS Program Office will brief the PAG on relevant topics and serve as Action Officer to coordinate PAG recommendations as needed.

3.2. General Officer Advisor. AF/SG3/5 and the AFMSA/CC will function as the general officer Senior IHS Program Advisors.

3.3. IHS Consultant to AF/SG. The IHS Program Branch Chief (AFMSA/SG3XI) will function as the IHS Consultant to AF/SG unless otherwise directed.

3.4. Corps Chiefs. The Chiefs of the Air Force Medical Corps (MC), Medical Service Corps (MSC), Nurse Corps (NC), Dental Corps (DC), Biomedical Sciences Corps (BSC), and Enlisted Corps are directly responsible to the Air Force Surgeon General to advocate for and facilitate development of IHS skills within their respective professional Corps. Corps Chiefs identify promising personnel for IHS opportunities, and promote and support development of foreign language competencies, global health education, cross-cultural expertise, and operational skills diversification in their respective Corps. They vector and encourage qualified personnel to serve an IHS tour whenever it is in the best interests of the Air Force. (T-1).

3.4.1. Corps Representation. IHS teams are structured to meet assigned command requirements. Due consideration must be given to the inherent benefits of Corps diversity, such that teams include at least one officer from each corps: Medical Corps, Medical Service Corps, Nurse Corps, Dental Corps and Biomedical Sciences Corps. Enlisted personnel are represented by diverse medical AFSCs.

3.5. Career Field Managers (CFM). CFMs coordinate their actions with the Enlisted Corps Chief and are directly responsible to the Air Force Surgeon General to advocate for and facilitate development of IHS skills within their respective career fields. CFMs work with the IHS Enlisted Advisor to guide promising enlisted personnel into IHS educational opportunities and service through career timing mentorship. (T-1).

3.6. IHS Program Office. The IHS Program Office is established within AFMSA to manage the IHS Program. The IHS Program Office is responsible for oversight of the IHS Program and associated directives, instructions and information systems; assisting AFPC, AFMS Corps Chiefs, Medical Officer Assignment Managers and Career Field Managers in full-time IHS assignment actions; and assisting the Directorate of Air Expeditionary Force (AEF) Operations to meet IHS operational tasking.

3.6.1. The IHS Program Office will advise AF/SG on IHS Program strategy, current operations, and other pertinent IHS issues to support the IHS force development process; and represent the Surgeon General of the Air Force in matters related to the IHS program, as requested.

3.6.2. IHS Program Office will interpret AF policy and guide organizations where full-time IHS members are assigned or attached in carrying out such policies. (T-1).
3.6.3. Additional full-time IHS personnel may be assigned to AFMSA but attached through Memorandums of Understanding to other organizations within and outside the National Capital Region to support a functional Air Force or DOD organization, or in academic positions.

3.7. **IHS Enlisted Advisor.** This Senior non-commissioned officer (NCO) serves as advisor to The IHS Program Director in all aspects of program management, development and administration. Particularly he/she advises program office and senior AFMS leadership on enlisted issues and serves as primary liaison with the Chief, Enlisted Force Development and enlisted CFMs.

3.8. **Resources.** As a general rule, expenses for medical participation in CCMD exercises and activities in foreign countries may not be funded with Defense Health Program appropriation; rather, they must be funded with appropriations specifically provided for such purposes, e.g. O&M funds available for Humanitarian and Civic Assistance (HCA), such as Overseas Humanitarian, Disaster and Civic Assistance funds (10 U.S.C. Section 401), Combatant Commander’s Initiative Funds (10 U.S.C. Section 166a) or other funds deemed appropriate in accordance with applicable fiscal law and policy.
Chapter 4

IHS CONCEPT OF OPERATIONS AND UTILIZATION

4.1. IHS Special Experience Identifier (SEI)

4.1.1. SEI Criteria. All full time IHS team members must have an IHS SEI. A listing of SEI criteria can be found in AFI 36-2101, Classifying Military Personnel (Officer and Enlisted). Application instructions for award of an IHS SEI as well as all SEI maintenance requirements are posted on the IHS website.

4.1.2. OPR. The IHS Program Office manages the IHS SEI award process. In all cases, the IHS Program Office is the sole approval authority for award of an experience set.

4.1.3. SEI Board. The IHS Program Office convenes a quarterly SEI board comprised of representatives from the IHS Program Office, the IHS ARC liaison. Application packages are validated, approved or disapproved in coordination with board members. The IHS Program Director may waive SEI requirements during the SEI board. Applicants are individually notified of board results. SEI awards are coordinated with AETC/DPTO for official update.

4.1.4. SEI Maintenance. Regular Air Force IHS SEI qualified members and all ANG and AFRC IHS members are required to complete annual maintenance requirements which include self-paced web-based currency training and an interactive group training exercises. All requirements for currency training are outlined and updated on the IHS website. An IHS SEI will be rescinded for those who fail to meet these requirements without a waiver.

4.2. IHS Assignments. Assignment as a full-time IHS professional in a billet is considered a career-broadening assignment. Enlisted personnel and Officers must meet all requirements to be considered for IHS positions. Officers must also obtain approval from their relevant AFPC Consultant to fill a full-time IHS assignment. To maximize distribution of global health engagement experience within the AFMS, individuals will typically return to a traditional career field assignment at the end of an IHS tour of duty. Approved extensions or back-to-back IHS assignments will be determined by the IHS Program Director and the member’s functional chain/higher authority (HAF consultants/functional managers). (T-1). Tour length is generally three to four years, with exceptions based on AFPC guidance.

4.2.1. IHS Program Office Staff. IHS Program Office staff members must have an IHS SEI. The IHS Program Director is a Colonel who has been awarded the Enabled Health Specialist (Regional IHS SEI) or Senior Global Health Specialist (Global IHS SEI) experience set and who has either previously filled a full-time IHS billet or who has applied IHS skills in substantial expeditionary deployment or OCONUS staff experience.

4.2.2. IHS Geographic Team. Team members must hold at least H8A/451 IHS SEI. IHS personnel report to the IHS Team Leader at their operating location. IHS teams are structured to meet assigned command requirements.

4.2.2.1. Full-time IHS personnel. They are typically assigned to the Air Force billets at a MAJCOM, NAF, AFMSA, or other Air Force command. They may be matrixed to support the regional Air Force component, combatant command, or other staff positions in the AOR through a Memorandum of Understanding between the NAF and the
requesting organization. IHS may also be directly assigned on the Joint Manning Document (JMD) of a joint command. The gaining command will ensure the training and sustainment of attached IHS personnel meet the standards established in this Instruction and associated publications. For all MOU agreements, the assigned command retains OPCON and ADCON of assigned IHS professionals, but releases Tactical Control (TACON), to include direct supervision and performance rating to the partnering command or agency. Where one Air Force command/MAJCOM NAF supports more than one CCMD, the IHS team may be assigned to the MAJCOM with the MAJCOM SG (working with the component SG) and the IHS director, determining the best distribution of IHS personnel. Organizations to which IHS personnel are assigned or attached will appropriately manage IHS responsibilities and IHS activities to ensure employment in accordance with program intent, this instruction, and the operational utilization of the full spectrum of IHS core competencies. Each organization will foster further development of IHS core competencies and the maintenance of the IHS SEI. Gaining commands should leverage the expertise of IHS personnel and ensure they are integrated into the traditional planning assessment, CONOPS development, and other theater security cooperation planning.

4.2.3. IHS Team Leadership at NAF/GCCs. Team lead will be in the rank of Lieutenant Colonel or Colonel with the appropriate SEI qualification (H8B as a minimum) and prior experience in a full-time IHS team billet or has applied IHS skills in substantial expeditionary deployment or OCONUS staff experience. The IHS Team Manager is the senior ranking enlisted team member who must possess IHS SEI 452 as a minimum. The Team Lead reports to the Command Surgeon or deputy; designated senior personnel in the assigned organization, (e.g. Colonel, civilian equivalent or higher); or to a designated unit commander.

4.2.4. Other Primary IHS Duty Locations. IHS professionals with prior IHS experience or those who have applied IHS skills in substantial expeditionary deployment or OCONUS staff experience may serve in selective IHS duty assignments in support of the following (and other) organizations as need and opportunity arise:

4.2.4.1. Office of the Secretary of Defense (OSD)
4.2.4.2. The Joint Staff
4.2.4.3. Defense Security Cooperation Agency (DSCA)
4.2.4.4. National Guard Bureau Bilateral Affairs Officer Program
4.2.4.5. Deputy Under Secretary of the Air Force, International Affairs (SAF/IA)
4.2.4.6. Security Cooperation Organizations and U.S. Embassies

4.2.5. If the IHS member is a liaison to a non-DOD agency such as Department of Health and Human Services (DHHS), USAID, or Dept. of State (DoS) then TACON may be delegated for activities but AFMSA, through the IHS Program Office, maintains ADCON, OPCON, and UCMJ authority unless the Air Force transfers the billet to the other agency completely. The IHS Program Office, in collaboration with other Air Force stakeholders, would still be the POC for the Air Force on selecting and arranging qualified candidates for such positions.
4.2.6. **Uniformed Services University of the Health Sciences (USUHS).** Hosts full-time IHS faculty members assigned to AFMSA to serve as the focal point for curriculum development, for officer and enlisted education and training issues in the IHS program, and for advocacy of IHS skills at the university and DOD. Because of its key role in educating IHS personnel, USUHS collaborates with the IHS Program Office to develop the AFMS Health Professions Education Requirements Board (HPERB) submissions for advance degree student billets in global health within the USU Preventive Medicine and Biometrics (PMB) Department IHS. The IHS Program Office works with the USUHS IHS team, other IHS teams, and the Air Staff Development Teams to project needs and select the right candidates for these advanced degrees. Graduates typically fill one of the full-time IHS billets as their follow-on assignment. The IHS Program office works closely with the USUHS IHS office for other education and training requirements that contribute to building and maintaining IHS skills and expertise in military medicine core disciplines.

4.2.6.1. **Faculty Member.** IHS members may be appointed as faculty at the Uniformed Services University (USU); prior IHS experience is highly desirable. IHS faculty members are essential to providing educational instruction within the university global health program. These members are officers who meet the university’s credentialing requirements for appointment as an instructor or professor at the appropriate rank determined by the university. IHS professionals assigned as full-time USU faculty are assigned to a specific authorized billet on the AFMSA UMD.

4.2.7. **ARC IHS Professionals.** ARC IHS professionals may be either unit-assigned or Individual Mobilization Augmentees (IMAs). ARC IHS members must possess the core competencies outlined in Paragraph 1.5. and meet all required credentialing criteria. (T-I). ARC volunteer mission availability for deployments is normally restricted to 15 days per year for all missions, to include those missions that may support IHS. Generally, these 15 days of availability are through a prescheduled Annual Tour (AT). ARC personnel may volunteer for greater availability based on pre-validated requirements using Military Personnel Appropriation (MPA) man-days provided by the Active Component, or Reserve Personnel Appropriation (RPA) man-days provided by the Reserve Component.

4.2.7.1. ARC (Guard and Reserve) members awarded an IHS SEI will be identified and tracked. They can participate in missions conducted as unit training or under AEF, HCA, or Medical Innovative Readiness Training (IRT) missions using man-days. ARC personnel can serve as long term SMEs. IHS activities will be coordinated through the MAJCOM, NAF, AFRC or ANG IHS liaison.

4.2.7.2. ARC IHS personnel will identify themselves to their Medical Readiness Office, commander, and MAJCOM as an asset who might fill an IHS UTC or deployment requiring IHS skills.

4.2.7.3. ARC IHS personnel with regional specific SEI or language capability will be identified by the IHS ARC liaison to the team lead of the matching geographic AOR.

4.2.7.4. ARC IHS SEI qualified personnel must maintain IHS skills in addition to core and AFSC specific readiness skills. They will do this through self-study and online resources identified by the Program Office.
4.2.7.5. **IMA.** Utilization of IMAs in the IHS role is determined primarily through the unit where attached or secondarily through advertisements on the Air Reserve Personnel Center (ARPC) web page. The IMA supervisor in the unit of attachment and ARC IMA Program Manager must approve ARC manpower support for IHS missions. With the required coordination and approval, IMA reserve members may deploy with IHS teams for annual training. IMA IHS personnel may also volunteer for other special tours of regular Air Force in support of the IHS program on man-days provided by the Active or Reserve Component.

4.3. **IHS Support to Contingency Operations and Exercises.** AEF medical operations require interaction with allies, foreign partners, and international agencies and organizations on a wide variety of medical and health support matters. Such operations benefit from the presence of AFMS members with IHS skills and experience.

4.3.1. **IHS UTC.** See AFTTP 3-42-9, *International Health Specialist Teams* and AFSOC UTC Mission Capability (MISCAP) descriptions for full details.

4.3.2. IHS Expeditionary utilization occurs as individuals are selected for a specific capability for either TDY or deployment. IHS members may serve in the following tactical, operational and/or strategic capacities:

4.3.2.1. **Tactical Capacity:**
   4.3.2.1.1. Selected Members of the Commander’s Special Staff.
   4.3.2.1.2. Expeditionary Medical System (EMEDS) augmentation.
   4.3.2.1.3. Force Health Protection.
   4.3.2.1.4. Medical Logistics.
   4.3.2.1.5. U.S. Army Civil Affairs Team or U.S. Army Civic Action Team member.

4.3.2.2. **Operational Capacity:**
   4.3.2.2.1. Medical Mission Planners.
   4.3.2.2.2. Medical surveillance/data collection/dissemination.
   4.3.2.2.3. Medical Stability Operations (MSOs).
   4.3.2.2.4. Medical Civic Action Program (MEDCAP) team member/leader.
   4.3.2.2.5. Humanitarian Civil Assistance (HCA) mission planner and/or team member/ leader.
   4.3.2.2.6. Humanitarian Assistance Survey Team (HAST) member.
   4.3.2.2.7. Military Training Team.

4.3.2.3. **Strategic Capacity:**
   4.3.2.3.1. Joint Task Force Surgeon/Medical Advisor and Combined Joint Task Force Medical Advisor.
   4.3.2.3.2. Civil-Military Operations Center (CMOC) medical advisor.
   4.3.2.3.3. Joint/multinational exercise controller/observer.
4.3.2.3.4. United Nations advisor.
4.3.2.3.5. Security Cooperation Organizations (SCO)/U.S. Embassy Liaison/Medical Advisor.
4.3.2.3.6. Health Liaison/Health Affairs Liaison.

4.4. IHS Support to Special Operations. AFSOC employs AFSOC-assigned IHS personnel for special operations forces (SOF) missions in conjunction with the AFSOC Combat Aviation Advisor (CAA) program and will be utilized primarily for SOF missions.

4.4.1. AFSOC IHS personnel assigned to a combat aviation advisory (CAA) unit receive extensive specialized training to support CAA operations worldwide.

4.5. Developing and Sustaining IHS Skills. A primary IHS program goal is for IHS team members to develop and maintain their IHS Core Competencies throughout their Air Force careers. Developing and sustaining IHS skills is important for all AFMS personnel.

4.5.1. Basic IHS medical operations training. IHS professionals serving in full-time team positions will be required to possess a fundamental understanding of the planning and execution of Air Force and joint expeditionary medical operations. In order to satisfy the basic requirements, the following courses must be completed within one year of assignment into an IHS full-time position. (T-1).

4.5.1.1. Knowledge of IHS roles and missions. Air Advisor Academic Course (AAAC)/IHS Orientation.
4.5.1.2. EMEDS Training. Attendance at the EMEDS HRT Course, to include the IHS training module or EMEDS exercise-related training.
4.5.1.5. Region Specific Geo-Political-Military Training. Regional orientation course offered through the U.S. Joint Special Operations University or Regional Security Center (in AOR).

4.5.2. Language Development & Sustainment Programs. Maintenance of language proficiency is an IHS professional’s responsibility. IHS professionals are encouraged to pursue language self-study programs and programs through the Air Force Culture and Language Center (AFCLC) such as the Language Enabled Airman Program (LEAP) in order to maintain, and improve foreign language skills.

4.5.2.1. Foreign Language Proficiency Bonus (FLPB). Full-time IHS professionals regularly use their foreign language skills to carry out their primary duties. They are eligible for FLPB if they score 2/2 (listening/reading) or higher on the DLPT and are assigned to a Language Designated Position (LDP). Refer to AFI 36-2605, Air Force Military Personnel Testing System for additional guidance on FLPB.
4.6. **Waivers.** Exception to policy or procedure delineated in this instruction may be requested. Waiver authority for such exceptions is AFMSA/CC. Send fully justified waiver requests IAW AFI 33-360 to the IHS Program Office (AFMSA/SG3XI) for reviewing and processing.

THOMAS W. TRAVIS, Lieutenant General,
USAF, MC, CFS
Surgeon General
Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

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*Prescribed Forms*

None

*Adopted Forms*

AF Form 847, *Recommendation for Change of Publication*

*Abbreviations and Acronyms*

AC—Active Component

ADCON—Administrative Control

AEF—Aerospace Expeditionary Force

AF—Air Force

AFCLC—Air Force Culture and Language Center

AFDD—Air Force Doctrine Document

AFH—Air Force Handbook

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFMS—Air Force Medical Service

AFPAM—Air Force Pamphlet

AFPC—Air Force Personnel Center

AFTP—Air Force Policy Directive

AFPDS—Air Force Personnel Data System

AFRC—Air Force Reserve Command

AFSC—Air Force Specialty Code

ANG—Air National Guard
**AOR**—Area of Responsibility  
**ARC**—Air Reserve Component  
**ARPC**—Air Reserve Personnel Center  
**AFTTP**—Air Force Tactics, Techniques and Procedures  
**BP**—Building Partnerships  
**CAA**—Combat Aviation Advisor  
**CARD**—Conference Attendance Request Database  
**CCMD**—Combatant Commands  
**CFM**—Career Field Manager  
**CONOPS**—Concept of Operations  
**DSCA**—Defense Security Cooperation Agency  
**DLPT**—Defense Language Proficiency Test  
**DoDI**—Department of Defense Instruction  
**DoDDD**—Department of Defense Directive  
**EMEDS**—Expeditionary Medical Support  
**FLPB**—Foreign Language Proficiency Bonus  
**FY**—Fiscal year  
**GCC**—Geographic Combatant Command  
**GHE**—Global Health Engagement  
**HA**—Humanitarian Assistance  
**HAST**—Humanitarian Assistance Survey Team  
**HCA**—Humanitarian and Civic Assistance  
**HQ**—Headquarters  
**IHS**—International Health Specialist  
**IO**—International Organizations  
**IMA**—Individual Mobilization Augmentee  
**JP**—Joint Publication  
**LEAP**—Language Enabled Airman Program  
**MAJCOM**—Major Command  
**MPA**—Military Personnel Appropriation  
**MSOs**—Medical Stability Operations  
**MTF**—Medical Treatment Facility
NAF—Numbered Air Force
NCO—Non Commissioned Officer
NGB—National Guard Bureau
NGB-JSG—National Guard Bureau Joint Surgeon
NGO—Non Governmental Organization
OPCON—Operational Control
OPR—Office of Primary Responsibility
POM—Program Objective Memorandum
PVO—Private Voluntary Organizations
RC—Reserve Component
SAF/IA—Deputy Under Secretary of the Air Force for International Affairs
SEI—Special Experience Identifier
SCO—Security Cooperation Organizations
SOF—Special Operations Forces
SPP—National Guard Bureau State Partnership Program
SG—Surgeon General
TACON—Tactical Control
USAF—United States Air Force
USAID—United States Agency for International Development
USUHS—Uniformed Services University of the Health Sciences
UTC—Unit Type Code

Terms

**Administrative Control (ADCON)**—The direction or exercise of authority over subordinate or other organizations in respect to administration and support, including organization of service forces, control of resources and equipment, personnel management, unit logistics, individual and unit training, readiness, mobilization, demobilization, discipline and UCMJ authority, and other matters not included in the operational missions of the subordinate or other organizations. (Joint Pub 1-02).

**Building Partnerships (BP)**—The ability to set the conditions for interaction with partner, competitor or adversary leaders, military forces, or relevant populations by developing and presenting information and conducting activities to affect their perceptions, will, behavior, and capabilities. (Joint Capability Area definition). BP is one of twelve AF core functions.

**Global Health Engagement (GHE)**—One of the means the AF uses to conduct stability operations and partner with other nations to strengthen security cooperation, build partnerships and partner capacity through health related activities and exchanges. Global Health Engagement
builds trust and confidence between DOD medical services and partner nation armed forces, foreign civilian authorities or agencies. The trust leads to sharing of information, coordination of activities of mutual benefit and achieving coalition and interoperability with partner nations.

**Operational Control (OPCON)**—The transferable authority that may be exercised by commanders at any echelon at or below the level of combatant command. OPCON is inherent in combatant command. OPCON may be delegated and is the authority to perform those functions of command over subordinate forces involving organizing and employing commands and forces, assigning tasks, designating objectives, and giving authoritative direction necessary to accomplish the mission. OPCON includes authoritative direction over all aspects of military operations and joint training necessary to accomplish missions assigned to the command. OPCON should be exercised through the commanders of subordinate organizations. Normally this authority is exercised through subordinate joint force commanders and service and/or functional component commanders. OPCON normally provides full authority to organize commands and forces and to employ those forces as the commander in operational control considers necessary to accomplish assigned missions. OPCON does not, include authoritative direction for logistics or matters of administration, discipline and UCMJ authority, internal organization, or unit training (Joint Pub 1-02).

**Medical Stability Operations (MSOs)**—MSOs are a core U.S. military mission that the DOD Military Health System (MHS) shall be prepared to conduct throughout all phases of conflict and across the range of military operations, including in combat and non-combat environments (DODI 6000.16).

**Stability Operations**—Encompasses various military missions, tasks, and activities conducted outside the US in coordination with other instruments of national power to maintain or reestablish a safe and secure environment, provide essential governmental services, emergency infrastructure reconstruction, and humanitarian relief (DODI 3000.05)

**Tactical Control (TACON)**—The command authority over assigned or attached forces or commands, or military capability or forces made available for tasking, that is limited to the detailed and local direction and control of movements or maneuvers necessary to accomplish missions or tasks assigned. TACON in inherent in OPCON. TACON may be delegated to, and exercised at any level at or below the level of combatant command. TACON does not, include authoritative direction for logistic or matters of administration, discipline and UCMJ authority, internal organization, or unit training (Joint Pub 1-02).