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SECRETARY OF THE AIR FORCE

AIR FORCE TACTICS, TECHNIQUES, AND
PROCEDURES 3-42.69



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Tactical Doctrine

**SPECIAL OPERATIONS FORCES
IRREGULAR WARFARE/MEDICAL STABILITY OPERATIONS**

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PURPOSE: The Air Force Tactics, Techniques, and Procedures (AFTTP) 3-42 series of publications is the primary reference for medical combat support capability. This document, AFTTP 3-42.69, provides an overview of special operations (SO) medical tactics, techniques, and procedures (TTP) that support special operations forces (SOF) and missions. It describes the organization, capabilities, planning, logistics, training, and operations of the Air Force Special Operations Command (AFSOC) Irregular Warfare/Medical Stability Operations (IW/MSO) program. United States Air Force (USAF) general purpose forces IW/MSO doctrine will be established in separate document. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afrims/afrims/afrims/rims.cfm>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF IMT 847, Recommendation for Change of Publication. Route AF IMT 847 through the appropriate chain of command and parent Major Command (MAJCOM). The OPR for this TTP is the sole waiver authority for any part of this publication.

APPLICATION: This publication applies to all Air Force military and civilian personnel including Air Reserve Components (ARC). This document is authoritative but not directive.

SCOPE: SO missions are conducted by specially organized, trained and equipped military forces to achieve military, political, economic or psychological objectives by unconventional means in hostile, denied, or politically sensitive areas. Whether operating from a main operating base (MOB), intermediate staging base (ISB), forward staging base (FSB), forward operating base (FOB), fire base (FB) or a combat outpost (COP), or locations with Partner Nations (PN) request; AFSOC has established operational medical capability to IW/MSO. IW/MSO is a key component of the AFSOC medical mission. Three unit type codes (UTCs) have been developed specifically for that purpose: FFQE2, FFQET and FFQEW. The primary mission of the Medical SOF Irregular (IW)/Medical Stability Operations (MSO) Team (FFQE2) and SOF IW/MSO Medical Augmentation Team (FFQET) is to conduct healthcare and medical engagements in

support of IW/MSO through providing their medical skills and training primarily to PN militaries, but at times to select civilians or civilian agencies as the mission requires, in permissive and semi-permissive environments, enhancing the PN medical capabilities and supporting public health/preventive medicine and agriculture based programs in the public health sectors, IAW Department of Defense Instruction (DoDI) 6000.16, *Military Health Support for Stability Operations*. Personnel assigned to these UTCs will receive UTC specific training and have UTC specific equipment sets.

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Chapter 1

SOF MISSION, OPERATIONAL PRIORITIES AND CORE TASKS

1.1. Mission. United States Special Operations Command's (USSOCOM) mission is to provide fully capable and enabled SOF to defend the Nation's interests in an environment characterized by irregular warfare.

1.2. USSOCOM Priorities

1.2.1. Deter, Disrupt & Defeat Terrorist Threats

- Plan and Conduct Special Operations
- Emphasize Persistent, Culturally Attuned Engagement
- Foster Interagency Cooperation

1.2.2. Develop & Support Our People & Families

- Focus on Quality Care
- Care for our People and Families
- Train & Educate the Joint Warrior/Diplomat

1.2.3. Sustain & Modernize the Force

- Equip the Operator
- Upgrade SOF Mobility
- Obtain Persistent Intelligence, Surveillance & Reconnaissance Systems

1.3. SOF Truths

- Humans Are More Important Than Hardware
- SOF Cannot Be Mass Produced
- Competent SOF Cannot Be Created After Emergencies Occur
- Quality Is Better Than Quantity
- Most Special Operations Require non-SOF Assistance

1.4. SOF Core Activities. America's SOF are organized, equipped and trained, and then deployed by USSOCOM to meet the high demands of Geographic Combatant Commanders (GCCs). USSOCOM has the central role in planning and executing the worldwide campaign against terrorism. In both its supported and supporting roles, the command will successfully execute the mission as assigned and directed by the Secretary of Defense (SecDef). Title 10, United States (U.S.) Code (USC) states that USSOCOM is to "prepare special operational forces to carry out assigned missions." Preparation can cover areas such as: developing strategy, doctrine, and tactics; training assigned forces; conducting special courses; validating and prioritizing requirements; ensuring interoperability; monitoring promotions, retention and assignments; developing and acquiring special equipment. These responsibilities drive the command's eleven core tasks that stretch across the spectrum of peace and war. Forces provided to the theater commanders must be highly capable and relevant to the needed tasks.

1.5. AFSOC Mission. The AFSOC mission is to present combat ready Air Force Special Operations Forces to conduct and support global special operations missions.

1.6. SOF Operational Environment and Medical Support Implications. Special operations are high risk/high gain operations; are usually conducted on short notice; are under significant operations security (OPSEC) considerations; are generally in enemy held, denied, or sensitive territory, and are conducted by specially organized, trained, and equipped forces in pursuit of national objectives. Characteristic mission requirements of AFSOC mission profiles make it necessary to modify conventional medical planning methods for providing medical support.

1.7. AFSOC Medical Mission Statement: Deploy with and in support of (ISO) SOF in order to (IOT) deliver SOF combat medical support and to modernize and advance SOF medical capabilities and technologies IOT maximize war-fighter performance. Provide high quality, state-of-the-art prevention-based healthcare for AFSOC members, families and beneficiaries.

1.8. AFSOC Medical Capabilities. AFSOC medics provide a comprehensive medical platform for SOF personnel across the healthcare continuum--prevention through intervention and rehabilitation. SOF medics ensure deployable AFSOC forces via the employment of AFSOC medical UTCs. AFSOC medics deploy with SOF IOT provide preventive and routine healthcare, urgent/emergent point-of-injury trauma care, forward resuscitative/stabilization surgery, intensive care, and Casualty Evacuation (CASEVAC). Additionally, SOF medics provide medical support for humanitarian operations, noncombatant evacuation operations (NEO), civil affairs (CA), foreign internal defense (FID), counter-insurgency (COIN), and unconventional warfare (UW) missions ISO IW/MSO, healthcare capacity building, stability/security operations and medical support for other unique USSOCOM missions/taskings.

1.9. The Challenge of AFSOC Medicine. Provide the highest quality healthcare for AFSOC and joint SOF in a deployed setting, without the additional pillars of health services support, without the benefit of fully developed traditional capabilities of care, and in areas of significantly higher medical and operational risk during standard SOF or IW/MSO missions.

Chapter 2

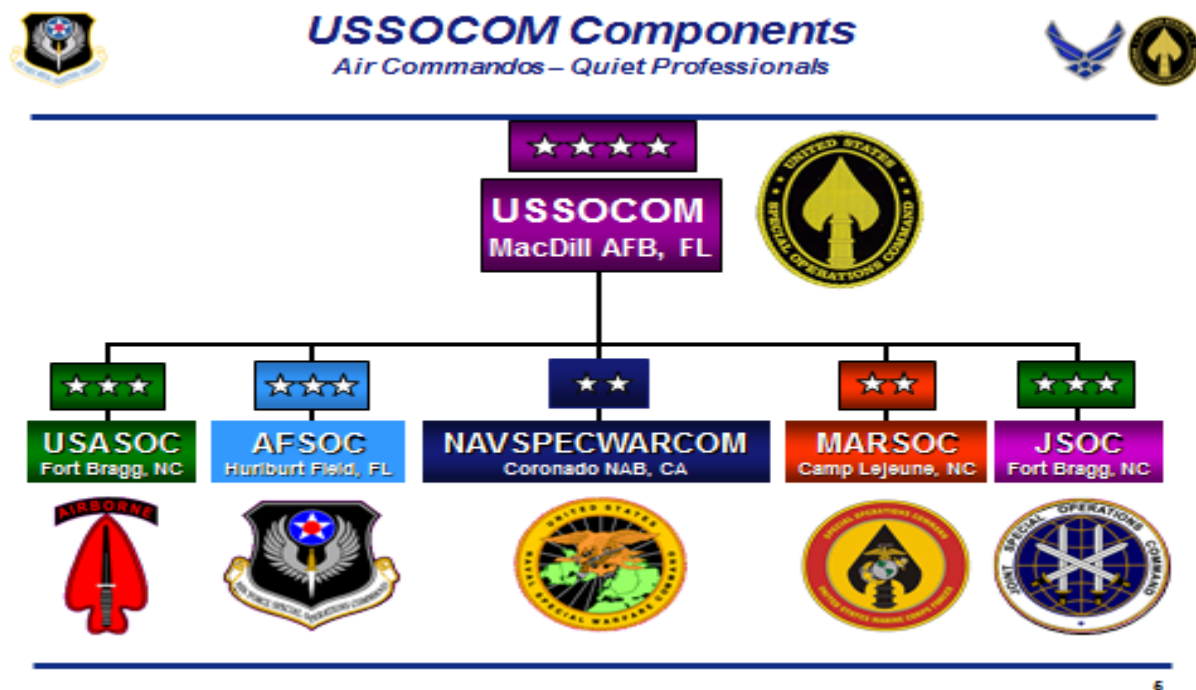
ORGANIZATIONS, ROLES, AND RESPONSIBILITIES

2.1. United States Special Operations Command (USSOCOM).

2.1.1. USSOCOM headquartered at MacDill AFB, Florida, is one of nine combatant commands directly responsible to the President and SecDef. As a functional combatant command, USSOCOM has been given lead responsibility for waging war on terrorism. Its duties in connection with this responsibility include planning, directing, and executing SO in the conduct of the war on terrorism. USSOCOM also provides SOF to support the GCC theater security cooperation plans. The designation of SO as a Major Force Program makes USSOCOM unique among the nine combatant commands in that it has service-like responsibilities to organize, train, and equip its forces for SO missions.

2.1.2. USSOCOM has approximately 57,000 active duty, Reserve and National Guard Soldiers, Sailors, Airmen, Marines and DoD civilians assigned to the headquarters, its four components and one sub-unified command. USSOCOM's components are: U.S. Army Special Operations Command (USASOC), Naval Special Warfare Command (NAVSPECWARCOM), Air Force Special Operations Command (AFSOC) and Marine Corps Forces Special Operations Command (MARSOC). The Joint Special Operations Command (JSOC) is a USSOCOM sub-unified command. (See Figure 2-1)

Figure 2-1 USSOCOM Component Commands



2.1.3. Theater Special Operations Commands (TSOCs). Theater Special Operations Commands (TSOCs) are sub-unified commands established within each GCC. The function of the TSOC is to ensure that SOF is fully integrated into the GCC collective security plans and contingency operations. The TSOC commander plans and conducts joint special operations, ensuring that SOF capabilities are matched to mission requirements while advising component commanders' in-theater on the proper employment of SOF. Additionally, TSOCs provide the core element for establishing a Joint Special Operations Task Force (JSOTF), a quick reaction command and control element that can respond immediately to regional emergencies. There are joint service medical planners assigned to TSOCs. The seven TSOCs supporting geographic combatant commanders worldwide are Special Operations Command Central (SOCCENT), Special Operations Command Europe (SOCEUR), Special Operations Command Pacific (SOCPAC), Special Operations Command South (SOCSOUTH), Special Operations Command Korea (SOCKOR), Special Operations Command Africa (SOCAFRICA), and Special Operations Command Joint Capabilities (SOCJC).

2.2. Air Force Special Operations Command (AFSOC).

2.2.1. Headquarters. AFSOC is headquartered at Hurlburt Field, Florida; it functions as both an Air Force MAJCOM and as the air component of USSOCOM. As a MAJCOM, AFSOC retains Title 10 responsibilities to organize, train, equip, administer, and maintain special operations forces for worldwide deployment and assignment to unified commands. As the air component of USSOCOM, AFSOC provides AFSOF to accomplish assigned SO mission activities. Also as the Air Force component, the AFSOC commander exercises command authority consistent with operational control (OPCON) over all Continental United States (CONUS)-based active and reserve AFSOF assets.

2.2.2. AFSOC Surgeon (SG). The AFSOC/SG functions as a MAJCOM/SG and as the air component surgeon to USSOCOM. As a MAJCOM/SG, the AFSOC surgeon is responsible for establishing, coordinating, and sustaining a healthcare system for AFSOC personnel and for organizing, training, and equipping AFSOC medical forces for contingency medical support. As the air component surgeon to USSOCOM, the AFSOC/SG plans execution of all Air Force medical support for AFSOF and serves as the principal Air Force medical service advisor to USSOCOM.

2.2.3. Organizational Structure. AFSOC medical units and line units with medical responsibilities are currently organized into a wing, group, squadron and flight configurations.

2.2.3.1. AFSOC Supported Units. AFSOC provides leadership and oversight for the 1st Special Operations Wing (SOW) at Hurlburt Field, FL, the 27th SOW at Cannon AFB, NM, the 352nd Special Operations Group (SOG) at RAF Mildenhall, United Kingdom, and the 353rd SOG at Kadena Air Base (AB), Japan. The 352nd and 353rd SOGs are direct reporting units (DRUs) to AFSOC/CC. AFSOC also has three other DRUs, all located at Hurlburt Field, FL: the 18th Test Squadron; the 720th Special Tactics Group (STG); and the Air Force Special Operations Training Center (AFSOTC). Additionally, AFSOC has ARC gained units: the 193rd SOW of the Pennsylvania Air National Guard (ANG) at Harrisburg Airport, Middletown, PA; the 919th SOW of the Air Force Reserve (AFRC) at Duke Field, FL.

Chapter 3

TRAINING

3.1. Medical Training Requirements. AFSOC medical training is tailored to each member's specialty. The overall objective of SOF medical training programs is to develop and maintain a high state of mission readiness of AFSOC medical personnel for rapid employment across the spectrum of SOF operational requirements. AFSOC medics interface with conventional, nonconventional, joint and coalition medical forces as dictated by circumstances and requirements. AFSOC medical personnel must be interoperable with all other SOF medical personnel. AFSOC medics must be trained to perform their roles at night, during low-light or blackout conditions, in environmental extremes and in combat environments.

3.2. Air Force Medical Service (AFMS) Medical Training. AFSOC medical personnel will train and maintain medical readiness skills, clinical currency, medical licensure and specialty credentials IAW AFI 41-106, *Medical Readiness Program Management*, AFI 44-119, *Medical Quality Operations*, AFSOCI 48-101, *Aeromedical Special Operations* and USSOCOM Directive 350-29, *Special Operations Forces Medical Training*, and other AFSOC guidance. Metric requirements for tracking specific training will be provided by Headquarters (HQ) AFSOC/SG.

3.3. AFSOC Medical Training. The AFSOC medical training program is designed to meet the unique challenges of SO duty. There is considerable resource investment required to fully train AFSOC medical personnel and then maintain a "mission ready" status. All AFSOC medical personnel will meet all training requirements outlined in AFSOCI 48-101. Medical units will track and report training status in accordance with AFI 41-106, AFI 10-201, *Status of Resources and Training System*, and other AFSOC guidance. Metric requirements for tracking specific training line items will be provided by HQ AFSOC/SG.

3.4. UTC Specific Training. AFSOC medical personnel assigned to deployable UTCs may have additional training requirements in order to provide all capabilities as per Mission Capability Statement (MISCAPS) as well as to ensure complete familiarity with UTC equipment and supplies. These additional training requirements are outlined in AFSOCI 48-101. Medical units will track and report training status in accordance with AFI 41-106, AFI 10-201, and other AFSOC guidance. Metric requirements for tracking specific training line items will be provided by HQ AFSOC/SG.

3.5. Operational Training. AFSOC medical personnel are expected to operate effectively across a variety of austere, far-forward scenarios as well as, in the airborne environment on AFSOC and other opportune SOF aircraft in comportment with Geneva Convention parameters for non-combatants. The requirements for training include advanced survival training, additional weapons familiarization training, night operations training, small unit tactics, aircraft emergency procedures, egress training and use of aircraft emergency equipment. Additionally, AFSOC medical personnel must be trained to meet USSOCOM interoperability requirements.

Chapter 4

AFSOC IW/MSO MISSION

4.1. Irregular Warfare/Medical Stability Operations (IW/MSO). AFSOC/SG IW/MSO supports the overall GCC and United States Government (USG) IW/MSO Theater Security Cooperation (TSC) plan. Joint Publication 1-02 (JP 1-02), *Department of Defense Dictionary of Military and Associated Terms*, defines irregular warfare as; “A violent struggle among state and non-state actors for legitimacy and influence over the relevant population(s). Irregular warfare favors indirect and asymmetric approaches, though it may employ the full range of military and other capacities, in order to erode an adversary’s power, influence, and will. Also called IW.” DoDI 3000.05, *Stability Operations* defines Stability Operations as “An overarching term encompassing various military missions, tasks, and activities conducted outside the United States 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 6000.16, *Military Health Support for Stability Operations* defines MSO as “military health support for stability operations.”

4.1.1. IW and stability operations should be thought of as strategy, not tactics, and healthcare and medical engagement can be used as a tool to support various IW and stability operations. The ultimate focus of IW/MSO missions and operations are not on U.S. or Allied forces; rather, it is on the PN military and civilian populations. The objective is to help PNs build their healthcare/medical capabilities and delivery to their governed populations in order to gain or secure their support.

4.1.2. Capacity building transfers knowledge and skills to individuals and institutions so they can acquire the long term ability to establish effective policies and deliver competent service. By ensuring the population’s security, the government hopes to receive the population’s support and allegiance. This government provided security should help deter the population from seeking security from other groups, including insurgents. Human security includes physical security, as well as the population’s basic health needs (nutrition, water, shelter, and medical).

4.1.3. AFSOC is currently expanding its medical capabilities and developing new ones as needed, to allow AFSOC to perform IW/MSO missions. Depending on the IW/MSO mission, it is expected that most, if not all, the AFSOC medical UTCs, either as a whole or in part, can be utilized. Specific missions, treatment and/or training requirements, will be under the direction of and coordinated with GCCs, TSOCs, and American Embassies (AMEMB). An appropriate assessment of needs and requirements will be done prior to any mission.

4.1.4. AFSOC/SG has established two personnel UTCs (FFQE2 and FFQET) and one equipment UTC (FFQEW) specifically for IW/MSO missions. Both the 1st SOMDG and the 27th SOMDG are tasked to support an FFQE2 and FFQET. The ARC medical unit, 193rd Medical Group/ANG and the 919th Medical Squadron/AFRC are tasked to support one FFQE2 each. The FFQEW IW/MSO equipment sets are being built and will be assigned to the active duty medical groups at Hurlburt Field, FL and Cannon AFB, NM.

4.2. FFQE2, Medical Special Operations Forces (SOF) Irregular Warfare/Medical Stability (IW/MSO) Team. This UTC provides medical personnel to execute missions ISO IW/MSO. It is intended to support GCCs theater security cooperation program goals and objectives by building partnership capacity in health and medical services and infrastructure. It may also be used for missions and operations with USAF Combat Aviation Advisory (CAA) squadrons by providing additional medical capabilities. It is primarily intended to deploy and collocate with U.S. SOF forces. It may also deploy to work directly with local populations through the PN's ministries of defense or health or the U.S. Embassy country team. This UTC can be deployed in total or increments to meet operational mission requirements. Air Force Specialty Code (AFSC) substitution are authorized IAW War Mobilization Plan, Volume (WMP-1), AFMS skill level substitutions are authorized IAW AFI 10-403, *Deployment Planning and Execution*

4.3. FFQET, Special Operation Forces (SOF) Irregular Warfare (IW)/ Medical Stability Operations Team Augmentation. This UTC provides additional medical personnel to execute missions ISO IW/MSO. FFQET is designed to provide additional medical personnel to FFQE2. It can collocate with PN forces and other DoD forces to support theater combatant commanders during missions and operations. This UTC can be deployed in total or increments to meet operational mission requirements. AFSC substitution are authorized IAW WMP-1, AFMS skill level substitutions are authorized IAW AFI 10-403.

4.4. FFQEW, SOF IW/MSO Equipment. This UTC provides equipment sets that are designed and packaged for individual medical specialties on the FFQE2 and FFQET. It includes equipment and supplies to perform the medical care specific to that specialty and conduct training to the PN military and civilian counter parts.

4.5. SOF IW/MSO Medical Team and Medical Team Augmentation Mission. The primary mission of the FFQE2 and FFQET is to train for, prepare, and execute IW/MSO taskings to PN as directed by USSOCOM in order to build PN sustainable capability. The teams may also provide medical care and expertise to PNs as an adjunct to capacity building or as the sole task (i.e. Medical Civil Affairs Program (MEDCAP), Dental Civil Affairs Program (DENTCAP), etc.). Because of the structure and skill sets of the teams they may also be used for humanitarian crisis response, either as a primary tasking or diversion from a primary mission location, and should prepare for this possibility.

4.6. SOF IW/MSO Medical Team and Medical Team Augmentation Responsibilities.

4.6.1. UTC Team Chief. Both teams will have a designated Team Chief (TC). The TC is responsible for ensuring the team member roster is updated and accurate. The TC also ensures all team members meet training requirements for deployment IAW this TTP and any needs required for each mission. The TC ensures all UTC personnel are trained and mobility qualified.

4.6.2. Team Member Responsibilities. IW/MSO teams are configured to be small, mobile training teams, many times working in remote areas with little support. All team members should be able to perform multiple duties within the team that enables the team to accomplish its mission. All team members are expected to accomplish duties within their respective AFSC skill

set. In addition, they are also expected to perform training within their scope of practice and expertise to PN personnel. AFSCs assigned to UTCs FFQE2 and FFQET are listed in Attachment 2.

Chapter 5

COMMUNICATIONS

5.1. Deployment Communications. While deployed, SOF IW/MSO personnel must be able to communicate with other SOF IW/MSO members, their home-station medical group (MDG), SOW, and AFSOC headquarters as well as their area of operations (AO) associated TSOC via secure and non-secure phone and internet transmission modes. The key to good communications and connectivity with other elements includes good pre-deployment mission planning as well as having redundant and various means of communication systems. SOF IW/MSO personnel should coordinate deployed communications requirements with communications planners. To ensure adequate communications, SOF IW/MSO teams must be prepared to deploy with and operate, the communications equipment included in FFQEW.

5.2. Intra-team Communications. Given the frequent requirement to provide medical care at multiple sites while deployed, the primary intra-team or local communications mechanism is a Global System for Mobile Communications (GSM) cell phone. Additionally, for emergencies and contingency communication, the team should carry satellite phones (e.g. Iridium). At least 2 satellite phones should be considered. This will facilitate split team operations and redundancy.

5.3. Beyond-Line-of-Sight Communications. GSM cell phones and satellite phone can be used for voice communication for non-sensitive or unclassified information. Secure voice capability should also be available from the deployed site in at least one team location.

5.4. Internet Access. To maintain planning capacity, the SOF IW/MSO team should have access to the Secret Internet Protocol Router Network (SIPRNET) for, at least, secure voice capabilities. Since the majority of the IW/MSO missions are anticipated to be of a non-classified nature, the SOF IW/MSO team must also have access to Non-secure Internet Protocol Router Network (NIPRNET). Both SIPRNET and NIPRNET capabilities are necessary to meet requirements for Operations Event/Incident Report (OPREP) and Situation Report (SITREP) reporting to higher HQ and home station. Portable satellite internet systems such as the SOF High Speed Agile Reach-back Kit (SHARK) are widely used by AFSOF forces and are presently the standard. Others may be considered as technology progresses. An individual tracking device should also be considered depending on the mission environment and team composition. These are recommendations for team to home station and intra-team communications.

Chapter 6

DEPLOYMENT

6. Deployment phases. There are three phases to any deployment. The pre-deployment phase is for completing all pre-deployment team preparation and coordination. The deployment phase is for execution of the mission. The post deployment phase is for reconstitution of the team and equipment.

6.1. Pre-Deployment. The SOF IW/MSO team leader will ensure all deploying team members have current training on Anti-Terrorism/Force Protection (AT/FP) IAW applicable GCC regulations and USSOCOM Directive 525-4, *Antiterrorism/Force Protection (AT/FP)*. This consists of Level 1 AT. A specific AO threat intelligence update within 90 days prior to travel is also required. Coordination with AFSOC Office of Special Investigations (OSI), AMEMB Regional Security Officer (RSO) and applicable Military Group (MILGRP) must be made during pre-deployment phase. All team personnel will receive an in-country threat brief within 72 hours after they arrive at their Outside the Continental United States (OCONUS) location. Uniform and/or civilian clothing wear will be determined during the planning phase. AT plans will be completed and approved IAW the Component Commander's directive and USSOCOM Directive 525-4. Team leader (TL) will ensure all equipment and supplies are compiled to include all training needs. Shipment of equipment and supplies need to be planned for well in advance to ensure timely delivery at deployment site. Weapons will be addressed IAW USSOCOM Directive 525-9, *Deploying with Weapons and Ammunition*.

6.1.1. Human Rights Vetting of Partner Nation Personnel. The vetting will be accomplished as thoroughly as possible with the assistance of country team assets. This also needs to be coordinated and usually accomplished by the embassy country team.

6.2. Deployment Phase. Travel to final destinations can be by either commercial or military transportation. Team members must have a plan to maintain accountability and communication intra-team and back to home station. All bed down, travel, food arrangements for the deployment will be IAW pre-deployment planning. SITREPS will be completed and sent daily to higher HQ.

6.3. Post Deployment Phase. A plan for equipment reconstitution will be set in motion. After Action Reports (AAR) will be completed as soon as possible.

Chapter 7

LOGISTICS, EQUIPMENT AND SUPPLY

7.1. Equipment. The FFQEW is the equipment UTC for FFQE2/T teams. It is modularized per skill set of team members and can be deployed in part or total. Kits must receive an operational test on an annual basis; this testing cannot be accomplished by exercising. Kits in general are not designed to treat/care for population, but to teach/develop PN military and/or civilians to provide basic healthcare.

7.1.1. The FFQEW is made up of the following kits:

7.1.1.1. Medical Treatment Kit: medications and materials to care for and treat team members

7.1.1.2. C&C/Admin/Logistics Support Kit: computers, audio-video equipment, laminator, printer, radios, wireless intercom, language translation software, training aids, etc.

7.1.1.3. Pediatrician Kit

7.1.1.4. Public Health Bioenvironmental Engineering Kit (water testing, PID, pH meter, etc.)

7.1.1.5. Dental Kit

7.1.1.6. Optometry Kit

7.1.1.7. Biomedical Equipment Maintenance and Repair Kit

7.1.1.8. Pharmacy Kit

7.1.1.9. Laboratory Kit

7.1.1.10. Admin Kit.

7.2. Supplies. Supplies for the operation will be planned for and acquired during the pre-deployment phase. The team and team leader will use what is available in FFQEW. They may also arrange for additional supplies to be delivered to the PN as needed. The country teams, GCCs/TSOCs and AFSOC/SGK can help facilitate the supply needs. As stated below, the type of monies being spent for the mission will determine the supplies and how they may be used for the benefit of the team and/or PN.

7.3. Additional support. The medical planning officer/noncommissioned officer (NCO) interfaces with TSOC and AFSOC staff to plan for and coordinate medical readiness, medical logistics, and mission planning needs of the AFSOC medical assets.

7.4. Funding Sources. IW/MSO missions will usually be a combination of medical treatment, training, or other medical activities. Funding for these missions can come from varied sources.

It is important to understand the funding authorities and to stay within those authorities during mission execution. The Major Force Program 2 (Operations and Maintenance (O&M)) Funds of U.S.C. Title 10 monies allow US military forces to conduct military support in the GCC area of responsibility (AOR). The predominance of the funds are used for O&M to train, advise, and assist; intelligence capacity building; exercises; coalition development; and the overall management of the program. U.S.C. Title 22 monies are State Department. Under the authority of the Foreign Assistance Act (FAA), which provides a grand strategy for foreign assistance with friendly nation, Title 22 authorizes the procurement of supplies, training, and equipment to friendly foreign militaries (security assistance).

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Surgeon General

Attachment 1**GLOSSARY AND REFERENCES AND SUPPORTING INFORMATION.****References**

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Abbreviations and Acronyms

AAR – After Action Report
AB – Air Base
AF – Air Force
AFMAN – Air Force Manual
AFMS – Air Force Medical Service
AFRC – Air Force Reserve Command
AFSC – Air Force Specialty Code
AFSOC – Air Force Special Operations Command
AFSOF – Air Force Special Operations Forces
AFSOTC – Air Force Special Operations Training Center
AFTTP – Air Force Tactics, Techniques, and Procedures
AMEMB – American Embassy
ANG – Air National Guard
AO – Area of Operations
AOR – Area of Operational Responsibility
ARC(s) – Air Reserve Component(s)
AT/FP – Anti-terrorism/Force protection
CA – Civil Affairs
CAA – Combat Aviation Advisory
CASEVAC – Casualty Evacuation
CC – Commander
COIN – Counter-insurgency
COP – Combat Outpost

CONUS – Continental United States
DENTCAP – Dental Civil Affairs Program
DoD – Department of Defense
DODI – Department of Defense Instruction
DRUs – Direct Reporting Units
FAA – Foreign Assistance Act
FB - Fire Base
FFQE2 – SOF Irregular Warfare (IW)/Medical Stability Operations (MSO) Team
FFQET – SOF IW/ Medical Stability Operations Team Augmentation
FFQEW – SOF IW/MSO Medical Equipment Package
FID – Foreign Internal Defense
FOB – Forward Operating Base
FSB – Forward Staging Base
GCC(s) – Geographic Combatant Commander(s)
GSM – Global System for Mobile Communications
HQ - Headquarters
IAW – In accordance With
IOT – In order to
ISB – Intermediate Staging Base
ISO – In support of
IW – Irregular Warfare
IW/MSO – Irregular Warfare/Medical Stability Operations
JP – Joint Publication
JSOC – Joint Special Operations Command
JSOTF – Joint Special Operations Task Force
MAJCOM – Major Command
MARSOC – Marine Corps Forces Special Operations Command
MDG – Medical Group
MEDCAP – Medical Civil Affairs Program
MILGRP – Military Group
MISCAP – Mission Capabilities
MOB – Main Operating Base
MSO – Medical Stability Operations
NAVSPECWAR – Naval Special Warfare Command
NCO – Non Commissioned Officer
NEO – Noncombatant Evacuation Operations
NIPRNET – Non-secure Internet Protocol Router Network
O&M – Operations and Management
OCONUS – Outside the Continental United States
OPCON – Operational Control
OPR – Office of Primary Responsibility
OPREP – Operations Event/Incident Report
OPSEC – Operational Security
OSI – Office of Special Investigation
PN – Partner Nation
RDS – Records Disposition Schedule

RSO – Regional Security Officer
SecDef – Secretary of Defense
SG – Surgeon General
SHARK – SOF High Speed Agile Reach-back Kit
SIPRNET – Secret Internet Protocol Router Network
SITREP – Situation Report
SO – Special Operations
SOCAFRICA – Special Operations Command Africa
SOCENT – Special Operations Command Central
SOCEUR – Special Operations Command Europe
SOCJC – Special Operations Command Joint Capabilities
SOCKOR – Special Operations Command Korea
SOCPAC – Special Operations Command Pacific
SOC SOUTH – Special Operations Command South
SOF – Special Operations Forces
SOG – Special Operations Group
SOW – Special Operations Wing
STG – Special Tactics Group
TSC – Theater Security Cooperation
TC – Team Chief
TL – Team Leader
TSOC(s) – Theater Special Operations Command(s)
TTP – Tactics, Techniques, and Procedures
U.S.C. – United States Code
USAF – United States Air Force
USASOC – United States Army Special Operations Command
USG – United States Government
USSOCOM – United States Special Operations Command
UTCs – Unit Type Codes
UW – Unconventional Warfare
WMP-1 – War Mobilization Plan, Volume -1

Attachment 2**SOF IW/MSO UTCs Composition.****UTC FFQE2: SOF IW/MSO MEDICAL TEAM**

Position Title	AFSC	Grade
PEDIATRICIAN	044K3	O4
FAMILY PHYSICIAN	044F3	O4
AEROSPACE MEDICAL SERVICE CFMN	4N071	
AEROSPACE MEDICAL SERVICE CFMN	4N051	
DENTIST	047G3	O4
DENTAL ASSISTANT CFMN	4Y071	
OPTOMETRIST	042E3	O4
OPHTHALMIC CFMN	4V071	
CLINICAL PSYCHOLOGIST	042P3	O3
CLINICAL NURSE	046N3	O3
HEALTH SERVICES MGT CFMN	4A071	
MEDICAL MATERIEL CFMN	4A171	
HEALTH SERVICES ADMINISTRATOR	041A3	O3
PUBLIC HEALTH	043H3	O3

UTC FFQET: SOF IW/MSO MEDICAL AUGMENTATION TEAM

Position Title	AFSC	Grade
AEROSPACE MEDICAL SERVICE CFMN	4N071	
PHYSICIAN ASSISTANT	042G3	O3
BIOENVIRONMENTAL ENG CFMN	4B071	
PHARMACIST	043P3	O4
PHARMACY CFMN	4P071	
BIOMEDICAL EQUIP CFMN	4A271	
MEDICAL LAB CFMN	4T071	
P-APN WOMENS HEALTH CARE NURSE PRACTITIONER	046Y3	O3