The Air Force Tactics, Techniques, and Procedures (AFTTP) 3-42 series of publications is the primary reference for expeditionary medical support capability. AFTTP 3-42.8 provides tactics, techniques, and procedures (TTP) for the Expeditionary Medical Logistics (EML) System and the medical logistics unit type codes (UTCs). The doctrine in this document is authoritative but not directive. It applies to all Air Force military and civilian personnel, including Air Force Reserve Command (AFRC) and Air National Guard (ANG) units. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using AF Form 847, *Recommendation for Change of Publication*. Route AF 847 through the appropriate functional chain of command and parent major command (MAJCOM). Ensure that all records created as a result of the processes prescribed in this publication are maintained in accordance with (IAW) AFMAN 33-363, *Management of Records*, and disposed of IAW the Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS). The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

**SUMMARY OF CHANGES**

This publication provides updated information on the EML UTCs, expands coverage of the role of the Theater Lead Agent for Medical Materiel (TLAMM), and clearly defines the roles and
responsibilities of the TLAMM and Single Integrated Medical Logistics Manager (SIMLM). It includes updates to Air Force instruction (AFI) references and other general administrative updates. This publication has been substantially revised and should be completely reviewed.

Chapter 1—INTRODUCTION

1.1. Purpose. ......................................................... 5

1.2. Mission. ....................................................... 5

1.3. Background. .................................................. 5

1.4. Threat. .......................................................... 6

Chapter 2—ORGANIZATIONS, ROLES, AND RESPONSIBILITIES

2.1. Air Force Surgeon General (SG). ................................. 7

2.2. Assistant Surgeon General, Health Care Operations. ........................................ 7

2.3. Air Force Medical Logistics Division. ........................................... 7

2.4. Air Force Forces Surgeon (AFFOR/SG). ............................ 8

2.5. Air Mobility Command Surgeon (AMC/SG). ............................ 8

2.6. Medical and Operational Planners. ......................................... 8

2.7. Manpower and Equipment Force Packaging (MEFPAK) Responsible Agencies (MRAs). ......................................................... 8

2.8. Sustaining Base. ................................................. 9

2.9. Expeditionary Medical Support (EMEDS) Logistics Personnel. .............................. 9

2.10. Aeromedical Evacuation and En Route Care Logistics Personnel. .................. 10

2.11. Special Operations Logistics Support. ........................................... 10

2.12. Medical Logistics Augmentation and Sustainment. ....................................... 10

2.13. Blood Support. ................................................. 11

2.14. Theater Support. ............................................... 11

2.15. Non-Medical and Special Operations Forces (SOF) Support. ..................... 11

2.16. Patient Movement Item (PMI) Program. .......................................... 12

2.17. PMI Support Teams. ............................................. 13

2.18. Expeditionary Combat Support (ECS). ......................................... 13
Chapter 3— OPERATIONS

3.1. Pre-Deployment Logistics Support Planning. ............................................................... 14
3.2. Deployed Medical Units. ............................................................................................. 14
3.3. Cargo Movement. ...................................................................................................... 15
3.4. Redeployment and Reconstitution of Assets. ............................................................ 15
3.5. Sustainment. ............................................................................................................. 16
3.6. Materiel Management. ............................................................................................... 16
3.7. Medical Maintenance. ............................................................................................... 17
3.8. Theater Medical Maintenance Support. ..................................................................... 17
3.9. Loan Repair and Return Centers (LRRCs). ............................................................... 17
3.10. Facility Management. ............................................................................................... 18

Chapter 4— COMMAND AND CONTROL (C2) RELATIONSHIPS

4.1. C2 of Medical Teams. ............................................................................................... 19
4.2. Nodes. ....................................................................................................................... 19

Chapter 5— COMMUNICATIONS AND INFORMATION SYSTEMS

5.1. Communication Requirements. ................................................................................ 20
5.2. Defense Medical Logistics – Enterprise Solution (DML-ES). ................................. 21
5.3. Theater Medical Information Program (TMIP) and Joint Operational Medicine Information Systems (JOMIS). ................................................................. 21
5.4. Patient Movement Item Asset Tracking System (PMI-ATS). ..................................... 22
5.5. Integrated Data Environment (IDE)/Global Transportation Network (GTN) Convergence (IGC). ......................................................................................... 22
5.6. Health Service Logistics Support (HSLS). ............................................................... 22

Chapter 6— INTEGRATION AND INTEROPERABILITY

6.1. Expeditionary Medical Support (EMEDS) Assemblages. ......................................... 24
6.2. Funding Sources. ...................................................................................................... 24
6.3. Prime Vendors (PVs). ............................................................................................... 24
6.4. Defense Logistics Agency (DLA). ............................................................................. 24
6.5. Single Integrated Medical Logistics Manager (SIMLM). ........................................ 25
6.6. Theater Lead Agent for Medical Materiel (TLAMM). ........................................... 25
Table 6.1. SIMLM and TLAMM Designations ................................................................ 26

Chapter 7—TRAINING

7.1. Medical Readiness Training Requirements. ............................................................. 27
7.2. Mission Essential Tasks Lists (METLs). ................................................................. 27
7.3. Mission-Specific Training. ..................................................................................... 27
7.4. Training Exercises. ............................................................................................... 27
7.5. Vehicle Operation Training. ................................................................................ 27

Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION 28
Chapter 1

INTRODUCTION

1.1. Purpose. This publication provides the tactics, techniques, and procedures (TTP) for the Expeditionary Medical Logistics (EML) system. The EML system provides global support and sustainment to Air Expeditionary Force (AEF) medical forces. Medical logistics and biomedical equipment technician (BMET) personnel deploy to support the full spectrum of military operations and must have the appropriate knowledge and training to sustain the medical forces they support. Planners and medical personnel should also understand logistics and distribution processes to meet the deployment and sustainment challenges of the AEF. This AFTTP provides a source document for developing standardized policies, operating procedures, and training programs. Operation plans (OPLANs) and regional guidance provide more specific information that amplify and tailor the guidance contained in this publication.

1.2. Mission. The EML system provides time-definite resupply of materiel by synchronizing the flow of materiel, information, and funds from initial unit request to delivery. It uses predetermined supply chains, focused logistics, and combat support concepts to ensure delivery of tailored logistics packages to deployed medical personnel. It uses a pull process for resupply and a repair and return process for medical equipment maintenance to minimize inventory footprint and airlift requirements. The EML system incorporates commercial best practices to streamline the requisition process and eliminate or significantly reduce support structures.

1.3. Background. The AEF consists of tailored and rapidly deployable forces—a fundamental shift from the previous philosophy of massive reinforcement of fixed overseas support structures and basing. To support and sustain the AEF and medical forces, the Air Force Surgeon General (SG) directed an EML system be developed and executed. The Air Force Medical Operations Agency/Logistics Division (AFMOA/SGM) designed and developed the EML system and Air Force Medical Logistics Operations Center (AFMLOC) to provide crucial guidance to medical personnel during all phases of deployment.

1.3.1. Combat Support. The Air Force defines combat support as the foundational and crosscutting capability to field, base, protect, support, and sustain Air Force forces across the range of military operations. The EML system supports the three overarching principles of combat support as defined in Air Force Doctrine Annex 4-0, Combat Support.

1.3.1.1. Enable operations in peacetime and wartime with effects supporting U.S. national interests at any time or place across the range of military operations.

1.3.1.2. Provide essential support while minimizing the forward footprint and maximizing reachback, thus increasing effectiveness and responsiveness.

1.3.1.3. Provide the ability to transition swiftly from home station to a deployed environment between operational requirements.

1.3.2. Reachback. Reachback is the process of obtaining products, services, and applications, or forces, or equipment, or materiel from organizations that are not forward-deployed (JP 3-30, Command and Control of Joint Air Operations). After Operation ENDURING FREEDOM, the Deputy Central Command (CENTCOM) Surgeon stated, “Never before has reachback been tested on such a large operational scale…it’s working in principle and in execution…this would not be happening without the great work of our logistics community.”
1.3.3. **Focused Logistics.** Focused logistics is the combination of information and logistics technologies to ensure required materiel arrives at the right time at the right place, every time, no matter where or what the level of conflict. It relies on rapid, reliable, and time-definite transportation systems to reduce the need for maintaining large quantities of on-hand stock. Key capabilities include agile sustainment, logistics information fusion, theater logistics management, and force health protection.

   1.3.3.1. Focused logistics’ reliance on transportation and throughput requires careful analysis and confidence on the part of the combatant commander (CCDR) and continued access to ports. New transportation systems will enable the shift from supply-based systems to manufacturer direct or prime vendor (PV) delivery.

   1.3.3.2. Focused logistics requires the services and CCDRs to reduce forward inventories to a minimal amount (also known as the reduced footprint concept) and rely on consistent resupply. This concept applies not only to inventory but to other support systems, such as medical treatment facilities (MTFs).

1.3.4. **In-Transit Visibility (ITV).** ITV is necessary to ensure smooth flow of supplies and sustainment. Medical logistics personnel are responsible for establishing ITV procedures and ITV nodes at all ports of embarkation, transit points, and ports of debarkation. Lack of ITV may cause loss of confidence in the supply system and create unnecessary ordering and an unnecessary burden on limited supply lines.

1.4. **Threat.** Medical logistics capabilities may be impacted by direct threats to the supply line as well as by threats to U.S. forces, installations, and information systems.

   1.4.1. **Supply Line Disruption.** Supply lines may be disrupted by combat-related activities, supply shortages, transportation delays, and the like. Transportation channels for focused logistics and reachback can be impacted by factors such as country customs and geographical and environmental conditions. Placing equipment and repair parts at locations like loan repair and return centers (LRRC) can help mitigate these risks.

   1.4.2. **Targeting of Medical Facilities.** Medical facilities are potential targets of terrorist organizations trying to disrupt health service support (HSS) response capabilities.

   1.4.3. **Information Warfare.** Data protection and integrated backup capability are especially important in maintaining medical asset visibility and facilitating materiel movement. Network Control Center (NCC) Information Assurance (IA) programs provide information systems security support for deployed MTFs. The MTF abides by the Air Force Forces/Air Expeditionary Task Force (AFFOR/AETF) Network Operations and Security Center – Deployed (NOSC-D) and NCC communications design architectures, operational rules of engagement, and major command (MAJCOM) preferred product lists to minimize the threat.
Chapter 2

ORGANIZATIONS, ROLES, AND RESPONSIBILITIES

2.1. Air Force Surgeon General (SG). The SG ensures medical units are sourced and supported with deployable medical assets to meet the full spectrum of military operations. The SG also determines EML doctrine and policy and provides the required resources necessary to execute and sustain the EML process at the MAJCOM and unit levels.

2.2. Assistant Surgeon General, Health Care Operations. The Assistant Surgeon General, Health Care Operations, provides oversight authority for all aspects of training related to EML to include the incorporation of EML concepts into all applicable Air Force Medical Service (AFMS) education and training courses. The Assistant Surgeon General coordinates and consolidates program objective memorandum (POM) submissions to support EML execution, training, and war reserve materiel (WRM) requirements.

2.3. Air Force Medical Logistics Division. The Air Force Medical Logistics Division maintains the AFMLOC located at Ft. Detrick, Maryland. The AFMLOC is the center for Air Force medical supply chain management. The Division maintains the continental United States (CONUS)-based consolidated storage and deployment centers (CSDCs) at Port San Antonio, TX, Travis Air Force Base (AFB), CA, and Charleston, SC. The CSDCs provide a full range of medical logistics capabilities, enabling the execution of the EML supply chain.

2.3.1. The AFMLOC coordinates with total force (active duty, Guard, and Reserve) component medical planners and logisticians at the combatant commands to ensure medical requirements are identified in OPLANs, exercises, and real-time operations.

2.3.2. The AFMLOC monitors and reports the supply chain process to the SG; validates resource requirements for supply chain nodes; requests manpower assistance as appropriate; and communicates issues, problems, or solutions to the SG, MAJCOMs, AFFOR Surgeon (AFFOR/SG) staff, and Component Numbered Air Force Surgeon (C-NAF/SG) staff.

2.3.3. The AFMLOC develops, publishes, and monitors guidance on medical supply chain management for MAJCOMs and deployed medical units. The AFMLOC obtains and manages the funding stream for shipping costs and maintains information on airflow operations and logistics points of contact (POC).

2.3.4. The AFMLOC is the primary POC for the Air Operations Center (AOC), the deployed unit, and the sustaining base on materiel and supply chain issues. The AFMLOC tracks issues and coordinates resolution with various agencies and commands. Note: Air Mobility Command (AMC/SGXM) is the execution office and POC for all patient movement item (PMI) questions and issues.

2.3.5. The AFMLOC is responsible for medical logistics reachback in support of the AFFOR/SG and determines the strategy to support the AFFOR/SG’s medical logistics plan for the area of responsibility (AOR).

2.3.6. CSDCs hold consolidated medical equipment unit type codes (UTCs). CSDCs can accomplish the full range of maintenance on most medical and non-medical equipment. CSDCs reduce the risk of loss and non-availability of airlift to opposite coasts. They can serve as a sustaining base as part of Air Force global medical logistics support.
2.3.7. The Theater Lead Agent for Medical Materiel (TLAMM) serves as a major theater medical distribution node and is the customer interface for medical logistics and supply chain management for the AOR. The Chairman, Joints Chiefs of Staff has designated AFMOA/SGSLW (Port San Antonio, TX) as the TLAMM for United States Southern Command (USSOUTHCOM) and the 18th Medical Group at Kadena Air Base (AB), Japan, as the TLAMM for United States Pacific Command (USPACOM). See Chapter 6, Integration and Interoperability, for more information about the TLAMM.

2.4. Air Force Forces Surgeon (AFFOR/SG). The AFFOR/SG is responsible for AFFOR medical logistics in the AOR. The AFFOR/SG staff (supporting the C-NAF) identifies requirements for medical logistics manpower augmentation, documents medical logistics manpower shortfalls to supporting MAJCOMs, and coordinates logistics support plans with the AFMLOC. When medical logistics elements are assigned in the theater to support supply chain operations, the AFFOR/SG staff facilitates coordination between the elements and deployed medical personnel to ensure the deploying element and local commander have a clear understanding of the responsibilities and capabilities.

2.5. Air Mobility Command Surgeon (AMC/SG). The AMC/SG is the PMI Program Management Office (PMO) responsible for worldwide asset management. The AMC/SGXM staff (in support of the United States Transportation Command Surgeon [USTRANSCOM/SG] and C-NAF) identifies requirements for PMI, medical logistics manpower augmentation, centralized asset procurement, management, reporting, and recycling. When medical nodes are assigned in theater or designated in support of theater PMI operations, the AMC/SGXM staff facilitates coordination between the elements and deployed medical personnel to ensure the deploying element and local commanders have a clear understanding of the responsibilities and capabilities.

2.6. Medical and Operational Planners. Air Force medical and operational planners at the C-NAFs ensure medical logistics requirements are identified in OPLANs, exercises, and real-time operations. Key considerations include transportation and distribution, local oxygen support capability, local linen support, local disposal of medical and hazardous waste, and available power, fuel, and communications capability.

2.7. Manpower and Equipment Force Packaging (MEFPAK) Responsible Agencies (MRAs). To maintain the viability and effectiveness of its deployable medical capabilities, the AFMS has assigned MRA responsibilities to three MAJCOMs: Air Combat Command (ACC), Air Mobility Command (AMC), and Air Force Special Operations Command (AFSOC). UTC pilot units work closely with the MRAs to construct and review UTCs, associated mission capability (MISCAP) statements, manpower details, and allowance standards (AS). MRAs request funding for the modernization and sustainment of their UTCs through Line of the Air Force (LAF) and medical programming channels. UTCs are dynamic and are continuously reviewed and modified. Medical planners should consult with the appropriate MRA to obtain the most current information.

2.7.1. ACC is the MRA for ground medical support personnel and equipment UTCs and medical counter-chemical, biological, radiological, and nuclear (MC-CBRN) AS.

2.7.2. AMC is the MRA for aeromedical evacuation (AE) to include tactical critical care, staging, en route continuum of care (ERCC) support personnel and equipment UTCs, and the PMI program. As the Air Force Safe-to-Fly (StF) Gatekeeper, AMC/SG is responsible for the management and coordination of Air Force medical equipment items for testing to be used on rotary and fixed wing aircraft.
2.7.3. AFSOC is the MRA for special operations medical personnel and equipment UTCs.

2.7.4. Pacific Air Forces (PACAF) and United States Air Forces in Europe and Air Forces in Africa (USAFE-AFAFRICA) may maintain responsibility for theater-unique capabilities with Air Staff approval.

2.7.5. Air National Guard (ANG) will maintain responsibility for ANG capabilities related to Title 32 United States Code (USC) operations. Title 10 USC operations are governed by the active duty MRAs.

2.7.6. AFMOA/SGM functions as the MRA for force health protection UTCs.

2.8. Sustaining Base. The sustaining base provides reachback support to deployed medical units in the early stages of an operation. It augments the deployed medical unit’s limited logistics capability by assuming the bulk of the supply chain’s administrative, sourcing, and tracking functions. The AFFOR/SG staff determines the sustaining base in coordination with the AFMLOC.

2.8.1. The sustaining base is normally co-located with a CONUS medical center to leverage access to suppliers specializing in large-scale logistics support and in-house clinical providers who can identify substitutes for medical items not readily available. A sustaining base may be located outside the continental United States (OCONUS) for supply chain expediency and cost effectiveness.

2.8.2. The sustaining base activates an extended workday or on-call operations center to respond to short-notice deployments. Once activated, the sustaining base acts as the deployed medical unit’s logistics link for the duration of the deployment or until a theater supply chain is established and fully operational. The sustaining base notifies the unit of substitutions and fills initial outfitting shortages identified by the deploying unit’s home base.

2.8.3. The sustaining base meets equipment requirements through a combination of spare-parts procurement, replacement equipment procurement, and (potentially) centralized repairs and returns.

2.8.4. The sustaining base may activate pharmaceutical or medical surgical prime vendor contract clauses to act as the primary ordering facility, providing direct resupply to deployed medical units.

2.9. Expeditionary Medical Support (EMEDS) Logistics Personnel. Medical materiel personnel (4A1X1) on ground medical UTCs are responsible for managing the supply and equipment needs of an EMEDS facility or Air Force Theater Hospital (AFTH). BMET personnel (4A2X1) are responsible for biomedical equipment maintenance and facility management. EMEDS logistics personnel are also responsible for managing the PMI within their facility. See AFTTP 3-42.71, Expeditionary Medical Support (EMEDS) and Air Force Theater Hospital (AFTH), for more information about EMEDS/AFTH capabilities and buildup.

2.9.1. FFEP2, EMEDS C2 and Administration Team, includes one 4A171 and one 4A271 to provide initial medical logistics support for the EMEDS Health Response Team (HRT).

2.9.2. FFEP3, 10-Bed Personnel Augmentation, adds one 4A151 and one 4A251 at the EMEDS+10 level.

2.9.3. FFEP4, 25-Bed Personnel Augmentation, adds one 4A151 at the EMEDS+25 level.
2.10. Aeromedical Evacuation and En Route Care Logistics Personnel. Medical logistics personnel on AE and ERCC UTCs are responsible for managing the deployed medical unit’s supply needs. Medical materiel personnel (4A1X1) on aeromedical UTCs are responsible for managing the supply needs of an En Route Patient Staging System, Aeromedical Evacuation Squadron, designated supporting PMI center, or deployed PMI cell or node. See AFTTP 3-42.57, *En Route Patient Staging System*, for more information about capabilities and buildup.

2.10.1. FFQCC, AE Command Squadron, includes one 4A171.
2.10.2. FFQCM, AE Operations Team Augmentation, includes one 4A151.
2.10.3. FFQNT, AE Operations Team, includes one 4A171.
2.10.4. FFQSC, AE Support Cell, includes one 4A171.
2.10.5. FFPPS, En Route Patient Staging System (ERPSS) Provider, includes one 4A171. The 10-bed ERPSS requires medical supply support to begin seven days after setup.
2.10.6. FFFPS, ERPSS 50, includes one 4A151 and one 4A271.
2.10.7. FFHPS, ERPSS 100, includes one 4A251.
2.10.8. FFPPS, ERPSS Provider Package, includes one 4A171.

2.11. Special Operations Logistics Support. AFSOC medical forces have limited logistics support capabilities. In many Special Operations Forces (SOF) operations, the short-term, clandestine, or low-visibility nature of the operation may not allow or require establishment of a resupply mechanism. Medical logistics are normally coordinated through the SOF medical plans officer.

2.11.1. When located in a mature theater, AFSOC medics receive medical logistics support from the nearest conventional medical logistics unit. When AFSOF medics are located in an immature theater, the team will coordinate resupply using local or regional resources when appropriate. Predetermined PMI may need to be placed at forward or intermediate staging bases.

2.11.2. During clandestine operations, AFSOC medical units deploy with adequate medical supplies and equipment to ensure they can support operational requirements. When resupply is required, SOF medical planners establish resupply through a variety of mechanisms, which may include support from a host MTF, in-country embassy or military assistance group (MILGRP), home station, or main operating base. When deployed in support of a major regional conflict, AFSOC medical logistics support is provided by the conventional HSS system. Prior coordination with the host MTF or Joint Task Force (JTF)/SG will help ensure adequate medical logistics support is available. See AFTTP 3-42.6, *USAF Medical Support for Special Operations Forces*, for more information about AFSOC operations and medical logistics planning considerations.

2.12. Medical Logistics Augmentation and Sustainment.

2.12.1. FFBMM, Biomedical Equipment Maintenance Team, provides one 4A271 and two 4A251s to augment the existing facility management and BMET capabilities at an AFTH or equivalent medical facility. The team may also deploy to support operations at a PMI center, cell, or node or a TLAMM.
2.12.2. FFLG1, Medical Logistics Manpower Augmentation Team (FFLG1), provides one 4A171 and one 4A151 to augment the medical supply capabilities at an AFTH or equivalent facility. The team may deploy to other logistics nodes, such as distribution hubs and military depots located near aerial ports of embarkation (APOE) or aerial ports of debarkation (APOD), to facilitate the flow of materiel and information. The team may also deploy to support operations at a PMI center, cell, or node.

2.12.3. FFLGM, Medical Logistics Management Team, provides one 041A3, one 4A171 and one 4A271 to support enduring operations at an established AFTH, TLAMM, or equivalent facility.

2.12.4. FFHA4, CT Scan Team, includes one 4A271 with specialized training in the repair and maintenance of CT equipment at an AFTH or equivalent facility.

2.12.5. FFGLB, Patient Decontamination Team, includes one 4A151 to manage the inventory, storage, and supply needs of the patient decontamination team. This team deploys to areas with a CBRN threat.

2.13. **Blood Support.** Medical logistics personnel help expedite shipments and ensure proper storage and packaging of temperature-controlled blood products at Expeditionary Blood Transshipment Centers and at pre-positioned frozen blood stock locations. See AFTTP 3-42.711, *Blood Support Operations*, for more information about the blood program and blood support capabilities.

2.13.1. FFBD1, Frozen Blood Product Team, includes one 4A151.

2.13.2. FFBP1, Expeditionary Blood Transshipment Center, Module 1, includes one 4A171.

2.13.3. FFBP3, Expeditionary Blood Transshipment Center, Module 3, includes one 4A151.

2.14. **Theater Support.** Medical logistics personnel provide materiel management support for AFFOR/SG medical staff, provincial reconstruction teams, and other theater engagement teams.

2.14.1. FFMET, Medical Engagement Team, includes one 4A171.

2.14.2. FFSGQ, AFFOR Medical Staff, Increment 1, includes one 4A171.

2.15. **Non-Medical and Special Operations Forces (SOF) Support.** Medical logistics personnel may support non-medical expeditionary and SOF UTCs. Medical logistics personnel assigned to these UTCs provide medical logistics support only and function in non-combatant roles.

2.15.1. 7PRCS, PR Guardian Angel Combat Support, includes one 4A151.

2.15.2. 81RSG, STT Medical Supply, provides one 4A151.

2.15.3. 9AAB1, HQS AFFOR QRP, includes one 4A191.

2.15.4. 9AAB2, HQS AFFOR LRP, includes one 4A171.

2.15.5. 9AAB3, HQS AFFOR TRP, includes one 4A171.

2.15.6. 9AFWD, HQS COMAFFOR/JFACC Forward Staff, includes one 4A191.

2.15.7. CT17F, HHQ 17AF AFAFRICA AFFOR Staff, includes one 4A171.

2.15.8. FFQE2, Medical SOF CAA Medical Augmentation, includes one 4A171.
2.16. **Patient Movement Item (PMI) Program.** The objective of the PMI program is to sustain patient movement through the ERCC system without diminishing the capability of forward medical units. The PMI program manages all designated PMI assets to ensure sufficient supplies and equipment are available to sustain multi-modal patient movement operations and provide for in-kind exchange when PMI accompanies a patient. USTRANSCOM is the PMI system manager (DODI 6000.11, *Patient Movement*; JP 4-02, *Health Service Support*). The AMC/SG is responsible for resourcing, maintaining, and recycling PMI assets to support global contingency operations. The AMC Surgeon’s Office Medical Readiness Logistics Branch (AMC/SGXM) provides program management and execution (AFI 41-209, *Medical Logistics Support*).

2.16.1. PMI is the equipment and supplies required to support patients during AE such as litters, patient monitors, ventilators, and suction equipment. PMI is part of a standardized list of approved safe-to-fly equipment. The Global Patient Movement Joint Advisory Board (GPMJAB) approves PMI designated items.

2.16.2. All services will fund the original, initial quantities of approved PMI in-kind assets. PMI in-kind assets are defined as the exact medical equipment by type and model approved for patient movement. All services will maintain initial quantities of approved PMI in-kind equipment in their medical assemblages, kits/sets/outfits, table of allowance, or AS. The program objectives are to ensure program standardization, enable proper recycling or replacement of medical equipment, and ensure operational capability is not diminished due to equipment shortfalls. PMI is not intended to supplement service assemblages for use in facilities.

2.16.3. Medical logistics personnel at PMI centers, cells, and nodes manage inventory availability, asset visibility, maintenance, flow of PMI through available transportation nodes, and timely asset recycling. PMI is tracked in the Patient Movement Item Asset Tracking System (PMI-ATS). PMI and PMI-ATS deploy in support of ERCC, are managed and supplied by designated logisticians, and are co-located with AE intra-theater and inter-theater interfaces to provide initial AE operational capability, sustain patient movement operations, and minimize equipment turnaround time.

2.16.4. PMI center levels are based on projected casualty flow and time-phased recycling of PMI assets. Timely recycling is essential to maintain and contain total inventory investment. All services are responsible for tracking and returning PMI assets to the closest PMI center. The plan for a PMI exchange system as well as the return of evacuation equipment and PMIs to the originating theater should be addressed in the respective CCDR and service component command OPLANs.

2.16.5. PMI equipment is tested and certified for use on applicable service rotary and fixed-wing aircraft. Service en route care teams (i.e., Air Force AE crews and Critical Care Air Transport Teams [CCATT]) are trained to operate PMI equipment. Air Force Form 4033, *PMI/AE Certification Label*, or joint certification label is required to designate airworthiness certification for all PMI equipment. This certification label must be affixed to each piece of PMI certified equipment. Medical logistics personnel are responsible for ensuring PMI is barcoded, radio-frequency identification (RFID) tagged, recorded in PMI-ATS, available for patient treatment, tracked in transit, and recycled to MTFs. If barcode or RFID tags are missing, contact the nearest PMI Center for replacement.
2.16.6. The sending MTF is responsible for placing PMI on the patient. PMI levels at local MTFs will be determined by local commanders. The minimum prepositioned levels should be equal to or greater than three days of worst-case expected patient flow support requirements. PMI centers will recycle or replace PMI equipment used for patient movement to maintain the MTF’s approved patient movement levels.

2.17. **PMI Support Teams.** The medical logistics manpower augmentation team (FFLG1) and biomedical equipment maintenance team (FFBMM) provide the manpower to operate and manage a PMI center or cell. Medical materiel personnel manage PMI and are responsible for accountability, acquisition, recycling of equipment, shipment, and tracking PMI in PMI-ATS. BMETs provide a maintenance and repair capability and are responsible for scheduled and unscheduled maintenance services and PMI-ATS updates. PMI equipment UTCs provide required equipment, supplies, and logistics tools. ERCC units with PMI equipment levels will be supported by the same maintenance support personnel supporting the rest of the medical equipment assigned to the unit.

2.17.1. FFBM1 provides medical calibration and test equipment to perform scheduled and unscheduled maintenance on deployed PMI.

2.17.2. FFQP3 is a notional UTC comprised of PMI that can be tailored to the unique PMI equipment and supply needs of a deployed location.

2.17.3. FFQP4 is a deployable PMI-ATS used to track PMI at the deployed location.

2.18. **Expeditionary Combat Support (ECS).** Medical units deploy with limited organic capability and require ECS to support medical infrastructure and environment of care requirements. ECS is provided by Air Force, joint forces, coalition forces, or host nations and may include installation logistics, vehicles and transportation, civil engineering support, billeting, food services, communications, local oxygen support capability, local linen support, and local medical and hazardous waste disposal. ECS should be defined in OPLANs, deployment orders, memorandums of understanding, and memorandums of agreement with the various ECS agencies.
Chapter 3

OPERATIONS

3.1. Pre-Deployment Logistics Support Planning. The AFFOR/SG staff provides the AFMLOC and deploying medical logistics personnel with information about intra-theater airflow, distribution nodes, operational funding, and other theater supply chain information. This information ensures the most efficient and effective supply chain is developed for the operation. The AFFOR/SG staff establishes equipment and supply review policy to aid deployed commanders in validating requirements. This process ensures mission requirements can be met and that all activities in the supply chain are focused on procuring and distributing the necessary materiel.

3.1.1. The AFFOR/SG staff, in coordination with the AFMLOC and sustaining base, identifies the requirements for medical logistics manpower augmentation teams to support the plan. The AFFOR/SG staff begins the process of requesting the augmentation teams for deployment to the agreed-upon logistics nodes.

3.1.2. The sustaining base and the AFMLOC coordinate with USTRANSCOM and combatant command planners to ensure the most expeditious transportation nodes are used for sustainment. Commercial contract carriers are used to the maximum extent possible.

3.1.3. The AFFOR/SG establishes medical equipment repair guidance for deployed units. Medical equipment repairs and calibrations that cannot be done on-site may be provided by an Air Force Medical Equipment Repair Center (MERC), Army Forward Repair Activity–Medical (FRA-M), a designated TLAMM, or PMI cell. The AFFOR/SG staff coordinates required support agreements and provides deployed medical units with information on what services and equipment these activities provide and how to arrange for support. A BMET personnel UTC can be requested to augment any of these activities to meet the increased workload. The BMET can determine whether equipment can be repaired, calibrated locally, or needs replacement. For PMI, contact the supporting theater PMI center or cell for guidance. Theater PMI equipment is maintained on Department of Defense Activity Address Code (DODAAC) FM4444, Defense Medical Logistics Standard Support (DMLSS) account XX5881, at AMC/SGXM.

3.2. Deployed Medical Units. Medical units may deploy with one or more WRM assemblages to support the full range of military operations. Medical units should coordinate with the AFFOR, AFMLOC, and sustaining base to obtain specific instructions during all phases of the deployment.

3.2.1. Upon arrival in theater, the deployed medical unit initiates communication with the sustaining base and works with deployed information systems personnel to secure a permanent communications solution. They notify the sustaining base of issues related to supply maintenance and ensure that resupply requirements are identified and coordinated, including shipping addresses and a commercial address.

3.2.2. Communications and coordination among the deployed unit, AFMLOC, and sustaining base on materiel and maintenance issues are critical to meet EML time-definite delivery goals. Resupply priorities are classified as urgent (96 hours), immediate (7 days), or routine (30 days).

3.2.3. The deployed medical unit identifies shortfalls in personnel, equipment, and training and appoints a primary POC to communicate logistics issues with all nodes. The POC updates
appropriate contingency and annual training or exercise schedules to ensure EML personnel, equipment, and training are incorporated to meet concept of operations (CONOPS) requirements. The POC informs line and medical personnel and commanders on the EML process and capabilities.

3.2.4. The deployed medical unit notifies the sustaining base or AFMLOC when required supplies are received. They may perform this update in the automated information system (AIS). This update ensures the transaction is closed in the Integrated Data Environment (IDE)/Global Transportation Network (GTN) Convergence (IGC).

3.2.5. Once the deployed medical unit is mission capable, medical logistics personnel must register on the Air Force Medical Logistics website to receive quality assurance and recall notices, the online Air Force Medical Logistics Letter, and medical equipment device alerts. They should coordinate with the local Office of Special Investigations (OSI) to validate local vendors outside the pre-approved list and communicate with other medical units in the area to understand their mission and possible resupply requirements. For long-term deployments over 6 months, the BMET must contact the AFMLOC to request an ECRI account for managing equipment alerts.

3.2.6. Deployed medical units with co-located ERCC units receive replenishment of PMI equipment from the AFFOR/SG designated theater PMI center or cell. Supplies are procured through normal resupply channels.

3.3. Cargo Movement. Medical materiel and resupply should be transported by the most expedient and reliable lift method available. Medical logisticians and the transportation community work together to develop an executable medical cargo movement plan tailored to the mission and operational environment. They may establish contracted or partnership agreements to help ensure uninterrupted medical cargo movement. Cargo movement through the distribution chain requires full ITV. Tracking systems for commercial carrier and military transportation systems must be in place. Lack of ITV can result in delayed and lost shipments.

3.4. Redeployment and Reconstitution of Assets. Redeployment and retrograde guidance comes from a variety of sources, including the Joint Staff, CCDR, JTF commander, AFFOR/SG staff, other service component commands, and AFMOA/SGMX. The AFFOR/A4 may choose to use redeployment time-phased force deployment data (TFPDD). Assets may be shipped to AFMOA/SGMW (Port San Antonio, TX) to be used in UTC rebuilds or reconstitution of sold-off WRM UTCs when directed by applicable redeployment or retrograde guidance. Deployed medical logistics personnel with access to DMLSS and a stock record account number can process transactions (such as AS validation) on site.

3.4.1. Serviceable supplies and equipment are redeployed only if there is an existing requirement elsewhere and it is cost effective to do so. The AFFOR/SG’s staff may transfer excess supplies and equipment to another Air Force or service component command MTF in theater. Under certain conditions, excess medical property may be transferred to the Department of State or the host government.

3.4.2. Serviceable property that is not cost effective to retrograde and unserviceable property may be sent to the nearest DLA Disposition Services office supporting the theater.

3.4.3. Coordinate the redeployment and retrograde of PMI with AMC/SGXM and the theater AFFOR/SG. Do not turn in any PMI equipment to DRMO unless directed by AMC/SGXM.
Theater PMI rotator pool equipment is maintained on DODAAC FM4444, DMLSS account XX5881, at AMC/SGXM.

3.5. Sustainment. Each CCDR has a supporting TLAMM. The TLAMM is the deployed unit’s primary POC for materiel and equipment support in theater. The designated sustaining reachback bases are available for emergencies and backup if the TLAMM is unable to provide support. The following acquisition options (listed in order of priority) are available if the designated TLAMM or sustaining reachback base is unavailable.

3.5.1. Defense Logistics Agency (DLA) Troop Support PV Program

3.5.1.1. PV distributed items include Distribution and Pricing Agreement (DAPA) items, Federal Supply Schedule items, PV non-usage items, PV committed volume or regional incentive agreements (RIAs), and electronic commerce (e-commerce) sources.

3.5.1.2. Also included are DLA medical contingency contracts sourced through Readiness Electronic Catalog (ECAT) in DMLSS.

3.5.2. DLA Troop Support ECAT

3.5.3. Local purchase instruments such as blanket purchase agreements (BPAs) and indefinite delivery/indefinite quantity (ID/IQ) contracts

3.5.4. Other e-commerce and web-based ordering sites (e.g., Department of Veterans Affairs [DVA] ordering sites, General Services Administration [GSA] Advantage, or DLA E-Mall)

3.5.5. DLA Troop Support Depot (centrally managed DLA depot stocked with military unique items)

3.5.6. Government purchase cards

3.6. Materiel Management. Medical materiel personnel are responsible for organizing and providing life-cycle management of medical materiel, including pharmaceuticals, medical supplies, medical assemblages, and medical gases. The chief of logistics/director of logistics is responsible for all logistics operations in the activity and satellite activities to the extent authorized. These operational responsibilities include the following.

3.6.1. Acquisition, receipt, storage, issue, movement, maintenance, repair, and accountability of materiel and equipment.

3.6.2. Environmental services management, including housekeeping, textile care services (linen distribution and laundry services), and waste collection and disposal.

3.6.3. Facility management, including real property repair and maintenance, construction and renovations (minor/new), grounds maintenance, physical security, preventive maintenance, energy conservation, facility space utilization, and master planning.

3.6.4. Transportation management, including transportation coordination and justification and management of non-tactical vehicles.

3.6.5. Communication with the information management officer and plans and operations staff.

3.6.6. Contracting support coordination.

3.6.7. Excess materiel management.
3.6.7.1. The goal is to eliminate excess medical materiel, which is any materiel on hand that is no longer required to satisfy any mission requirement.

3.6.7.2. Ensure timely and cost-effective identification of excess materiel and equipment.

3.6.7.3. Report and advertise excess serviceable materiel for possible redistribution to other in-theater activities or units.

3.7. Medical Maintenance. Medical maintenance personnel are responsible for electrical safety inspections of medical and non-medical equipment used in patient care spaces, scheduled maintenance, unscheduled maintenance, and quality assurance reviews IAW AFI 41-201, Managing Clinical Engineering Programs. Electrical safety responsibilities include testing of isolated power systems and ground fault circuit interrupters (GFCIs). Deployed BMETs may assist the Chief of the Medical Staff and others responsible for in-service training by providing user training and education on electrical safety.

3.7.1. BMETs will maintain and operate a medical equipment repair parts program; maintain a technical library with operator and service manuals for each piece of equipment; conduct initial inspections for new or transferred equipment; and implement organizational maintenance support for all medical devices used at the deployed location. BMETs will perform pre-purchase evaluations of medical devices and advise on operational theory, underlying physiological principles, and safe clinical applications of biomedical equipment.

3.7.2. BMETs must document all maintenance actions throughout the equipment’s lifecycle IAW AFI 41-201. This documentation should include results of electrical safety inspections, scheduled maintenance, unscheduled maintenance, and quality assurance reviews. Medical equipment service training, clinical applications (user) training, and in-service training should be documented IAW AFI 41-209 upon completion.

3.8. Theater Medical Maintenance Support. BMETs organic to the deployed medical facility or AE unit perform most scheduled and unscheduled maintenance. Local or regional contract maintenance may be available from distributors of US-manufactured medical equipment. BMETs may also return medical equipment to the manufacturer for repair or calibration using the repair and return process through the TLAMM or designated reachback sustaining base. Other resources include the following.

3.8.1. Expeditionary Civil Engineering and Communications Squadrons provide infrastructure and communications equipment support.

3.8.2. Air Force TLAMMs have organic BMET capability or can rely on a regional MERC.

3.8.3. Army TLAMMs have FRA-Ms that can provide maintenance support for imaging, laboratory, and pulmonary equipment at deployed MTFs.

3.9. Loan Repair and Return Centers (LRRCs). The LRRC program provides deployed medical facilities with maintenance and loaner support for select medical equipment that cannot be repaired locally. LRRCs are located at Ramstein AB, Germany (for Air Forces Central Command [AFCENT] and USAFE-AFAFRICA), Yokota AB, Japan (for PACAF), and AFMOA/SGMW, Port San Antonio, TX, for global support. The LRRCs maintain an inventory of critical medical equipment items and repair parts (but not PMI), usually one of kind equipment, that would seriously disrupt patient care if not fully mission capable (FMC). LRRC equipment is listed in WRM Assemblage SG97 in the Air Force Medical Logistics Allowance Standard
Management System. Equipment in this customer-owned assemblage is provided as a loaner for unserviceable in-theater equipment that is shipped out of the AOR for service or repair.

3.9.1. Deployed BMETs contact the LRRC to exchange the MTF’s non-mission capable equipment with the LRRC’s FMC equipment or to request on-hand repair parts. The LRRC will either repair the equipment in house or send it to the manufacturer. Once repaired, the LRRC will exchange the equipment with the deployed MTF.

3.9.2. Army TLAMMs may maintain an Operational Readiness Float (ORF) of critical medical equipment. The TLAMM’s ORF provides a capability similar to the Air Force LRRC or reachback support.

3.10. Facility Management. Facility managers maintain the overall safe environment of the entire MTF and are responsible for the following tasks:

3.10.1. Ensure the identification and correction of electrical safety hazards and coordinate with the base civil engineer (BCE) to ensure inspections of the power distribution and emergency power systems are performed and documented.

3.10.2. Coordinate with BCE to correct power distribution system hazards identified through inspection.

3.10.3. Help perform functional and technical reviews of development documents and drawings.

3.10.4. Identify requirements for medical equipment and furnishings.

3.10.5. Direct acceptance inspections and construction surveillance.

3.10.6. Assist in transitional planning, initial outfitting, and post-occupancy efforts.

3.10.7. Advise on medical facility master planning and life-cycle management.

3.10.8. Conduct facility assessment studies to improve the functional use of space.

3.10.9. Perform engineering evaluations of building systems and components.

3.10.10. Provide consultant services for code interpretation and compliance.

3.10.11. Identify facility sustainment, restoration and modernization requirements, and advocate for project funding.
Chapter 4

COMMAND AND CONTROL (C2) RELATIONSHIPS

4.1. C2 of Medical Teams. Medical operations C2 is defined in warning, execution, and operations orders. Deploying personnel should receive a chain of command briefing before deployment.

4.1.1. Medical logistics personnel fall under the control of the supported unit. When augmenting an existing medical resource, medical logistics specialists report to the senior ranking medical officer or IAW the established C2 structure.

4.1.2. When employed to augment existing EMEDS/AFTH assets, medical logistics personnel integrate into the supported unit’s C2 structure.

4.2. Nodes. The primary nodes within the EML system include the AFMLOC, the deployed medical unit, and the sustaining base.

4.2.1. Adjunct nodes include the PV, JTF/SG, AFFOR/SG, AMC/SGX (for PMI), and TLAMM. Depending on the node and method of transportation, the APOE/APOD may become critical adjunct nodes.

4.2.2. Node enabling functions or processes include transportation, AIS technology, worldwide telecommunication capability (including satellite communication [SATCOM]), network access, logistics manpower augmentation, and training.
Chapter 5

COMMUNICATIONS AND INFORMATION SYSTEMS

5.1. Communication Requirements. Medical logistics support relies heavily on information technology to track and maintain supplies, establish and sustain effective resupply, and ensure effective ITV of materiel. Reliable, worldwide communications are critical to the entire EML process. (See Figure 6.1, Air Force Theater System Connectivity.) Communication requirements should be an integral part of all operation planning documents.

5.1.1. The sustaining base and AFMLOC should ensure that deploying units have access to a remote access server (RAS). The RAS provides an interim means for the deployed unit to electronically send requisitions (by SATCOM or other appropriate means) until the Expeditionary Communications Squadron can provide a permanent connectivity solution.

5.1.2. The sustaining base should establish a deliberate plan to connect the deploying unit with the RAS before deployment. This plan should include pre-deployment testing of remote connectivity with the sustaining base.

5.1.3. Personnel should evaluate and incorporate technological enhancements into the EML process where beneficial. Data timeline criteria follows the Under Secretary of Defense (Acquisition, Technology, and Logistics) Implementation Plan for all military and commercial origin, in-transit, and receiving activities to report the arrival and departure of unit strategic and sustainment airlift movements, sustainment sealift movements, and intratheater and CONUS movements.

Figure 5.1. Air Force Theater System Connectivity.
5.2. Defense Medical Logistics – Enterprise Solution (DML-ES). The DML-ES program provides a DOD standard medical logistics portfolio for institutional and operational environments. The Defense Medical Logistics Proponent Committee (DMLPC), under the direction of the DHA, Health Operations Director, is the functional proponent for the DML-ES program. All materiel within the EML system, to include initial response supplies, sustainment materiel, and medical equipment, is managed through a DML-ES application.

5.2.1. Defense Medical Logistics Standard Support (DMLSS). DMLSS is the primary information system used by the sustaining base, EMEDS/AFTF, and Air Force TLAMMs for asset management. DMLSS provides medical supply, medical equipment management and maintenance, assembly management, facility management, and customer support functions. It allows direct data entry and transmission of orders from remote locations to suppliers.

5.2.1.1. A DMLSS client server may be deployed to MTFs at the EMEDS HRT level and above, as determined by the AFFOR/SG staff. EMEDS units without a DMLSS client server will access DMLSS through a hub and spoke mechanism in which they connect to the DMLSS server at a hub site (e.g., a larger MTF) or are supported by a designated master ordering facility. Spoke sites with direct dial-in access can maintain and update their equipment and maintenance records and manage inventory. AFFOR/SG staff should coordinate with AFMOA/SGMD Logistics Support Systems staff for guidance in implementing a hub and spoke strategy.

5.2.1.2. The DMLSS infrastructure requires at a minimum: a Military Health System (MHS) DMZ enclave, access to the .mil network, bi-directional access via ports 443 and 1521, and a secure, environmentally-controlled computer room such as an NCC.

5.2.2. Defense Medical Logistics Standard Support (DMLSS) Customer Assistance Module (DCAM). DCAM is the primary order management system for tactical HSS units supported by the theater TLAMM. It supports deployed medical units providing unit-level (Role 1) support such as a squadron medical element (SME), Air Transportable Clinic, rescue squadron, Red Horse team, and special operations medical teams. DCAM is laptop-based and provides a store and forward capability when communications are not available.

5.2.3. Joint Medical Asset Repository (JMAR). JMAR is a Web-based data repository that provides worldwide asset visibility for medical materiel.

5.2.4. Theater Enterprise Wide Logistics System (TEWLS). TEWLS is used by U.S. Army TLAMMs for theater-level Class VIII supply chain management. TEWLS integrates Class VIII storage and C-17 HSLS distribution operations in theater HSLS units under the management of the Medical Logistics Management Center (MLMC) and links to national-level commercial sources.

5.2.5. Medical Contingency Requirements Workflow (MCRW). MCRW is a Web-based data repository that provides contingency materiel forecast, acquisition, and sourcing information across the DOD Class VIII supply chain.

5.3. Theater Medical Information Program (TMIP) and Joint Operational Medicine Information Systems (JOMIS). TMIP is a suite of DOD standard medical information systems for theater HSS operations. It provides applications for medical C2, health care delivery, patient tracking, occupational and environmental health exposure tracking and surveillance, medical logistics, and blood management. TMIP packages are fielded and maintained by each service.
The JOMIS Program Management Office will assume the responsibilities of all service and joint TMIP Program Management Offices as the DOD implements the electronic health record.

5.4. Patient Movement Item Asset Tracking System (PMI-ATS). PMI-ATS provides PMI asset visibility and tracking for deployed AE units. AMC/SGXM is responsible for PMI-ATS operational control, advice, and counsel.

5.4.1. PMI-ATS provides real-time information on PMI location, availability, and operational status. It supports timely recycling of PMI through accurate tracking processes and ensures the right equipment is in place at the right time to support ERCC movement. PMI-ATS supports over 90 sites worldwide.

5.4.2. PMI-ATS uses barcode and RFID technology to link uniquely identified medical equipment with its location and operational status at the point it was scanned. Bar codes will be issued only at PMI centers and designated units or by AMC/SGXM using standardized PMI bar coding and RFID methodology and codes. Users should ensure barcode and RFID labels are attached to all PMI equipment and loaded in PMI-ATS before operational use. The barcode label should include the AMC/SGXM phone number, 1-877-286-1931. If the label is worn or does not have the phone number, contact the nearest PMI center or AMC/SGXM to obtain a new label. Non-PMI equipment will not be tracked in this system unless coordinated with USTRANSCOM and AMC/SGXM.

5.5. Integrated Data Environment (IDE)/Global Transportation Network (GTN) Convergence (IGC). USTRANSCOM’s IGC provides a means to access transportation and deployment information. It integrates movement and schedule data from source systems and commercial transportation service providers and feeds this data into supply chain nodes to provide ITV.

5.6. Health Service Logistics Support (HSLS). HSLS is highly dependent on reliable and timely data and voice communications to exchange information among customers, HSLS units, commercial suppliers, and transportation systems. Theater HSLS operates primarily in a non-secure communications environment. Some customers (such as Special Forces) and processes (such as joint movement requests) require access to secure communications.

5.6.1. HSLS planning should address the need for reliable data connectivity, especially during the earliest stages of theater operations before theater communications capabilities are fully mature. Lessons learned reports have frequently cited a lack of communications connectivity as a major contributing factor when supply chain performance has not met customer requirements.

5.6.2. HSLS planners should coordinate closely with their J-6 and understand the communications plan for the operation. Planning considerations include the following:

5.6.2.1. HSS customers’ ability to communicate requirements and receive status.

5.6.2.2. HSLS units’ ability to communicate with customers as well as supporting theater and national-level organizations.

5.6.2.3. HSLS units’ ability to share requirements and movement information with distribution management organizations and provide situational awareness to logistics and C2 systems.

5.6.2.4. Information security to include negotiation of firewalls.
5.6.2.5. Use of nonstandard communications capabilities, such as SATCOM.
5.6.2.6. Training, fielding, and in-theater support for hardware and software applications.
Chapter 6

INTEGRATION AND INTEROPERABILITY

6.1. Expeditionary Medical Support (EMEDS) Assemblages. Expeditionary HSLS operations mirror normal support to peacetime MTFs. EMEDS and MTF health service personnel have the same health service logistics mission when deployed. Each assemblage deploys with a set number of days of supplies and may require resupply before the theater TLAMM can support it. An EMEDS facility can be equipped to requisition and receive supplies in a stand-alone mode from its sustainment base, another support base, or other sources of supply. AFMOA/SGM can develop Air Force Class VIII sustainment requirements for specific OPLANs.

6.2. Funding Sources. Stored operating supplies may be funded through Air Force Working Capital Fund (AFWCF) assets. As issued supplies are processed, the AFWCF is reimbursed with operation and maintenance (O&M) funds usually through an Emergency and Special Program (ESP) code. Air Force assemblages are normally issued upfront using LAF O&M funds to reimburse the AFWCF. When O&M funding is used for operating supplies, no reimbursement by customers is required.

6.3. Prime Vendors (PVs). The sustaining base and theater TLAMMs requisition the bulk of the pharmaceutical and medical-surgical supplies needed to support deployed medical units from PVs. Vendor contracts normally contain the requirements to prepare cargo IAW military guidance and requirements. This is especially important for hazardous and refrigerated materiel.

6.4. Defense Logistics Agency (DLA). The Director, DLA is the designated DOD Medical Materiel Executive Agent (MMEA) IAW DODD 5101.09E, Class VIIIa Medical Materiel Supply Management. The DLA is the major combat support agency that provides worldwide distribution support to the military departments and combatant commands across the full range of military operations, as well as to other DOD components, federal agencies, foreign governments, and international organizations. The DLA manages or distributes over 80 percent of the existing stock of defense materiel, including distribution of service owned stocks and nearly all of the fuel and petroleum products for military use. It is one of the largest components in the global distribution network. DLA responsibilities include the following.

6.4.1. Synchronize planning and execution of end-to-end medical supply chain activities.

6.4.2. Improve the identification and coordination of contingency medical materiel requirements.

6.4.3. Provide financial resources necessary to achieve materiel readiness and end-to-end supply chain operation.

6.4.4. Establish acquisition programs necessary to ensure availability of medical materiel to meet CCDR requirements.

6.4.5. Establish, monitor, and report on medical supply chain performance.

6.4.6. Coordinate medical materiel requirements and national-level acquisition programs with other federal agencies, including the DVA, Department of Health and Human Services, and the Department of Homeland Security (DHS).
6.5. Single Integrated Medical Logistics Manager (SIMLM). A SIMLM is a mission assigned by a CCDR to a service component command or JTF commander to provide medical logistics support to other services and designated multinational partners; promote supply chain efficiency; and minimize the theater medical logistics footprint. When directed, the SIMLM, in coordination with the joint force surgeon (JFS), DOD executive agent (EA), and supporting TLAMM, will develop an HSLS plan. It will identify the additional requirements necessary to provide medical logistics support to all designated customers and effectively extend HSLS into the theater in support of forward medical elements. SIMLM planning and support responsibilities may include:

6.5.1. Planning Class VIII storage and distribution
6.5.2. Coordinating the Class VIII supply chain
6.5.3. Monitoring critical item status
6.5.4. Assessing theater Class VIII readiness
6.5.5. Planning medical maintenance and repair support
6.5.6. Planning and coordinating medical assemblage production, optical fabrication, medical gas production, and similar in-theater support
6.5.7. Coordinating support from foreign sources of supply
6.5.8. Planning and coordinating medical retrograde and redeployment

6.6. Theater Lead Agent for Medical Materiel (TLAMM). A TLAMM is the organization designated to support the CCDR on behalf of the DLA MMEA and coordinate supply chain management for the entire operating theater or AOR. It is linked to the combatant commands, JTF/SG, AFFOR/SG, deployed medical units, sustaining base, and the AFMLOC. The TLAMM may be jointly staffed to provide customer support and distribution operations. The TLAMM supports the theater medical logistics manager in facilitating materiel movement and in providing medical asset visibility. The TLAMM supports all service components and designated multinational and nongovernmental customers. Figure 6.1 provides a list of the TLAMMs and SIMLMs and their supported CCDRs.

6.6.1. The Chairman, Joint Chiefs of Staff has designated AFMOA/SGMW (Port San Antonio, TX) as the TLAMM for USSOUTHCOM. The 18th Medical Group, Kadena Air Base, Japan, is the designated TLAMM for USPACOM.

6.6.2. TLAMMs may provide the following capabilities.
   6.6.2.1. Class VIII materiel and inventory management
   6.6.2.2. Biomedical equipment maintenance
   6.6.2.3. Customer support and training
   6.6.2.4. Optical fabrication
   6.6.2.5. Medical materiel fielding
   6.6.2.6. Assembly and reconstitution
   6.6.2.7. Blood storage and distribution
   6.6.2.8. PMI storage, distribution, and maintenance
Table 6.1. SIMLM and TLAMM Designations.

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<th>SIMLM</th>
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AFMOA/SGMW—Air Force Medical Operations Agency/Medical Logistics Division
AFRICOM—US Africa Command
ARCENT—US Army Central Command
ARNORTH—US Army North
ARSOUTH—US Army South
CENTCOM—US Central Command
CFLCC—Coalition Forces Land Component Command
EUCOM—US European Command
EUSA—Eighth United States Army
NORTHCOM—US Northern Command
PACOM—US Pacific Command
SOUTHCOM—US Southern Command
USAEUR—US Army Europe
USAMEDCOM—US Army Medical Command
USAMMC-K—US Army Medical Materiel Center-Korea
USAMMC—US Army Medical Materiel Center
USAMMCE—US Army Medical Materiel Center-Southwest Asia
USARAF—US Army Africa
USARPAC—US Army Pacific
USFK—US Forces Korea
Chapter 7

TRAINING

7.1. Medical Readiness Training Requirements. Medical logistics personnel must complete individual training, deployment training, and medical contingency response plan training requirements IAW AFI 41-106, Medical Readiness Program Management. Examples include Readiness Skills Training (RST), chemical, biological, radiological, nuclear, and high yield explosive (CBRNE) emergency preparedness and response, and Air Force Specialty Code (AFSC)-specific training. Completion of all medical readiness training and equivalency training must be documented in the Medical Readiness Decision Support System (MRDSS). Additional training may be required to meet theater-specific requirements. Theater-unique training requirements will be identified in deployment reporting instructions or tasking line remarks.

7.2. Mission Essential Tasks Lists (METLs). METLs are designed to help assess, measure, and report a unit’s ability to perform its mission. Each MRA is responsible for developing METLs for their UTCs and force packages as part of their training management responsibilities. Mission-specific training should occur at the local level of the base using team METLs.

7.3. Mission-Specific Training. Mission-specific training should include, but is not limited to, hazardous material (HAZMAT) handling, cargo preparation, pallet building, logistics modules (LOGMODs), vehicle and materiel handling equipment operation, and software applications such as DCAM. Medical logistics personnel assigned to EMEDS UTCs are required to complete EMEDS deployment training IAW AFI 41-106 and MRA guidance.

7.4. Training Exercises. Training exercises should include equipment-specific training and actual procedures when possible. In some cases, specialized experts may provide on-site training for information systems.

7.5. Vehicle Operation Training. Operators of material handling equipment and other government motor vehicles must have a government driver’s license and appropriate certification IAW AFI 24-301, Vehicle Operations.

DOROTHY A. HOGG
Lieutenant General, USAF, NC
Surgeon General
Attachment 1

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Adopted Forms
AF Form 847, Recommendation for Change of Publication
AF 4033, PMI/AE Certification Label

Abbreviations and Acronyms
AB—Air Base
ACC—Air Combat Command
AE—Aeromedical Evacuation
AEF—Air Expeditionary Force
AETF—Air Expeditionary Task Force
AFAFRICA—Air Forces Africa
AFCENT—Air Forces Central Command
AFFOR—Air Force Forces
AFI—Air Force Instruction
AFMAN—Air Force Manual
AFMLOC—Air Force Medical Logistics Operations Center
AFMOA—Air Force Medical Operations Agency
AFMS—Air Force Medical Service
AFRC—Air Force Reserve Command
AFRIMS—Air Force Records Information Management System
AFSC—Air Force Specialty Code
AFSOC—Air Force Special Operations Command
AFTH—Air Force Theater Hospital
AFTTP—Air Force Tactics, Techniques, and Procedures
AFWCF—Air Force Working Capital Fund
AIS—Automated Information System
AMC—Air Mobility Command
ANG—Air National Guard
AOC—Air Operations Center
AOR—Area of Responsibility
APOD—Aerial Port of Debarkation
APOE—Aerial Port of Embarkation
AS—Allowance Standard
BCE—Base Civil Engineer
BMET—Biomedical Equipment Technician
BPA—Blanket Purchase Agreement
C2—Command and Control
CAA—Combat Aviation Advisor
CBRN—Chemical, Biological, Radiological, and Nuclear
CBRNE—Chemical, Biological, Radiological, Nuclear, and High-Yield Explosive
CCATT—Critical Care Air Transport Team
CCDR—Combatant Commander
CENTCOM—Central Command
C-NAF—Component Numbered Air Force
COMAFFOR—Commander, Air Force Forces
CONOPS—Concept of Operations
CONUS—Continental United States
CSDC—Consolidated Storage and Deployment Center
DAPA—Distribution and Pricing Agreement
DCAM—DMLSS Customer Assistance Module
DHA—Defense Health Agency
DHS—Department of Homeland Security
DLA—Defense Logistics Agency
DML-ES—Defense Medical Logistics-Enterprise Solution
DMLPC—Defense Medical Logistics Proponent Committee
DMLSS—Defense Medical Logistics Standard Support
DOD—Department of Defense
DODAAC—Department of Defense Activity Address Code
DODD—Department of Defense Directive
DVA—Department of Veterans Affairs
EA—Executive Agent
ECAT—Electronic Catalog
ECS—Expeditionary Combat Support
EMEDS—Expeditionary Medical Support
EML—Expeditionary Medical Logistics
ERCC—En Route Continuum of Care
ERPSS—En Route Patient Staging System
ESP—Emergency and Special Program
FM—Field Manual
FMC—Fully Mission Capable
FRA-M—Forward Repair Activity Medical (Army)
GFCI—Ground Fault Circuit Interrupter
GPMJAB—Global Patient Movement Joint Advisory Board
GSA—General Services Administration
GTN—Global Transportation Network
HAZMAT—Hazardous Materials
HHQ—Higher Headquarters
HQs—Headquarters Staff
HRT—Health Response Team
HSLS—Health Service Logistics Support
HSS—Health Service Support
IA—Information Assurance
IAW—In Accordance With
ID/IQ—Indefinite Delivery/Indefinite Quantity
IDE—Integrated Data Environment
IGC—IDE/GTN Convergence
ITV—In-Transit Visibility
JFACC—Joint Force Air Component Commander
JFS—Joint Force Surgeon
JMAR—Joint Medical Asset Repository
JOMIS—Joint Operational Medicine Information Systems
JP—Joint Publication
JTF—Joint Task Force
LAF—Line of the Air Force
LOGMOD—Logistics Module
LRRC—Loan Repair & Return Center
LRP—Limited Response Package
MAJCOM—Major Command
MC-CBRN—Medical Counter-CBRN
MCRW—Medical Contingency Requirements Workflow
MEFPAK—Manpower and Equipment Force Packaging
MERC—Medical Equipment Repair Center
METL—Mission Essential Task List
MHS—Military Health System
MILGRP—Military Assistance Group
MISCAP—Mission Capability
MLMC—Medical Logistics Management Center
MMEA—Medical Materiel Executive Agent
MRA—MEFPAK Responsible Agency
MRDSS—Medical Readiness Decision Support System
MTF—Medical Treatment Facility
NCC—Network Control Center
NOSC-D—Network Operations and Security Center—Deployed
O&M—Operation and Maintenance
OCONUS—Outside the Continental United States
OPLAN—Operation Plan
OPR—Office of Primary Responsibility
ORF—Operational Readiness Float (Army)
OSI—Office of Special Investigations
PACAF—Pacific Air Forces
PMI—Patient Movement Item
PMI-ATS—Patient Movement Item Asset Tracking System
PMO—Program Management Office
POC—Point of Contact
POM—Program Objective Memorandum
PR—Pararescue
PV—Prime Vendor
QRP—Quick Response Package
RAS—Remote Access Server
RDS—Records Disposition Schedule
RFID—Radio-Frequency Identification
RIA—Regional Incentive Agreement
RST—Readiness Skills Training
SATCOM—Satellite Communication
SIMLM—Single Integrated Medical Logistics Manager
SG—Surgeon General, Surgeon
SME—Squadron Medical Element
SOF—Special Operations Forces
StF—Safe to Fly
STT—Special Tactics Team
TEWLS—Theater Enterprise Wide Logistics System
TFPDD—Time-Phased Force Deployment Data
TLAMM—Theater Lead Agent for Medical Materiel
TMIP—Theater Medical Information Program
TRP—Theater Response Package
TTP—Tactics, Techniques, and Procedures
USAFE-AFRAICA—United States Air Forces in Europe and Air Forces in Africa
USC—United States Code
USPACOM—United States Pacific Command
USSOUTHCOM—United States Southern Command
USTRANSCOM—United States Transportation Command
UTC—Unit Type Code
WRM—War Reserve Materiel