

**BY ORDER OF THE  
SECRETARY OF THE AIR FORCE**

**AIR FORCE INSTRUCTION 44-162**

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**Medical**

**AIR FORCE INTERNATIONAL HEALTH  
SPECIALIST PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements AFD 44-1, Medical Operations, by providing guidance for establishing and sustaining the Air Force International Health Specialist Program (IHS). This instruction applies to all Air Force Medical Service (AFMS) personnel, Air National Guard and Air Force Reserve personnel.

## CHAPTER 1

### INTRODUCTION

#### 1.1. International Health Specialist (IHS) Program Overview.

**1.1.1. Global Engagement.** Air Force Doctrine Document-2 (AFDD2) states, “Aerospace power provides a National Response for safeguarding human life through evacuation, humanitarian and relief operations or peacekeeping reinforcement when aggressive or natural disasters cause physical destruction, rivation, or hardship.” Additionally, the National Military Strategy states, “The dangers we could face can be mitigated by military activities that Shape the strategic environment and Respond to the full spectrum of crises, while Preparing our Armed Forces now for an uncertain future.” These documents drive the requirement for Air Force Medical Service (AFMS) personnel to possess numerous skills to support a broad range of global engagement efforts. These efforts include, but are not limited to, support of national, military and regional strategies. Readiness is the AFMS true core competency and the AFMS International Health Specialist (IHS) Program is an integral part. The IHS directly supports our national military strategy of shape, respond and prepare. It allows Air Force (AF) medics, to include Air National Guard and Air Force Reserve personnel, to be instruments of national policy.

1.1.2. The IHS Program Office will develop, maintain and sustain information on individual specialties:

1.1.2.1. Second language skills at a designated level, as defined in [Chapter 3](#). All languages are acceptable in this program and will be matched to mission needs.

1.1.2.2. Formal education (and/or equivalent experience) focusing on cultural, political, sociological, economic and geographic factors of specific international countries/regions.

1.1.2.3. Knowledge of regionally specific health issues such as endemic disease threats, natural health threats related to environmental health hazards (i.e. floods, wet/dry seasons, etc.), cultural/traditional medicine, regional health structure, etc.

1.1.2.4. Knowledge of Total Force concepts, AFMS Unit Type Code (UTC) capabilities, joint service deliberate and crisis action planning, and medical planning processes with Air Force or DoD.

1.1.2.5. Credentials, currency of qualifications, and competency in their primary career fields.

**1.2. Contribution to the AF Mission.** The IHS Program contributes to the AF mission and the AFMS Readiness core competency by developing a cadre of qualified and experienced medical personnel who possess second language capability and regional expertise for effective interaction with international military and non-military organizations delivering healthcare services abroad. The IHS team will offer the Unified Command Commander in Chief (CINC) and the Components an opportunity for a more productive/ beneficial exchange with allies and international organizations. The IHS team will help ensure productive engagement with international partners and allies across a range of peacetime and contingency medical operations, including medical planning, organization and management for crisis response activities during natural disasters and humanitarian assistance, deterrence and war-winning operations, and refugee health care. The IHS team will also be responsible for identifying opportunities for Unified Commands and Air Force Component commands, to develop collaborative relationships with key federal, non-governmental, domestic and international organizations.

**1.3. Building Global Partners.** Each international nation/region is unique in its level of economic development, social and governmental stability, and cultural background. This diversity requires an astute country or region-specific focus with allies. For many less developed nations/regions, medical and humanitarian assistance may be the preferred route of cooperation with the United States military. Opportunities exist for the AFMS to further national interests through cooperative efforts and global engagement. IHS personnel skilled in language and cultural competency with the knowledge of regional medical threats and resources, and the ability to build medical bridges supporting partnerships, can positively contribute to maintaining a proactive and long-range view to achieve our nation's interests.

**1.4. Special Experience Identifiers for IHS personnel.** AFMS personnel may be awarded a Special Experience Identifier (SEI) upon completion of requirements outlined in [Chapter 3](#). While Functional Managers retain assignment authority over the IHS personnel's core AFSC, special consideration and planning will be facilitated to properly maintain a sufficient cadre of IHS team personnel throughout the AFMS.

**1.5. IHS as a Career Opportunity.** The IHS offers career broadening opportunities to Officer and Enlisted personnel within the AFMS. With Readiness as the true core competency, this program will facilitate competitive career enhancement opportunities for IHS team members.

**1.6. Foreign Area Officer (FAO) Program Interface.** The FAO Program defined in AFI 16-109, *Foreign Area Officer Program*, and AF Pamphlet 16-112, *Foreign Area Officer Program Concept of Operations*, establishes the opportunity for the IHS Program. The IHS Program, officer and enlisted, will work synergistically with the FAO program, not exclusive of it.

## CHAPTER 2

### UTILIZATION OF IHS PERSONNEL

**2.1. Introduction.** The IHS Program Office will determine the requirements and provide training necessary to ensure the availability of personnel required to shape, respond and prepare to the full spectrum of medical support for global engagement and global health. The IHS medic will be involved in planning and executing humanitarian civic assistance and nation building as part of the “shape” strategy and may be an active participant in both disaster relief response and preparing for war winning operations. The IHS team will be identified via a UTC for easy recognition as a resource to the CINC. IHS personnel assigned to a UTC will reside at a specific Medical Treatment Facility (MTF), at the Numbered AF (NAF) HQ, or at the Major Command (MAJCOM) HQ as designated by the Component Surgeon, the MAJCOM Surgeon, or the Unified CINC’s office. Other IHS personnel will be placed in strategic positions as required. The Air Force Reserve Command (AFRC) and Air National Guard (ANG) are integral parts of the IHS Program.

#### **2.2. IHS Team Members at the AOR-Aligned Readiness Platforms.**

2.2.1. IHS TEAM. The IHS Team reports to the unit commander, to the NAF SG, to the MAJCOM SG, or designee accordingly. It directly supports a specific Unified Command CINC and AOR strategy through the AF Component Command. They also support Aerospace Expeditionary Force (AEF)/Aerospace Expeditionary Wing (AEW) Unit Level Interface and are focused on regional threats. The team maintains liaison with its AF Component SG representative, the regional CINC/SG, J-4 Medical Readiness Division (MRD), Department of State (DoS), other agencies, and Non-Governmental Organizations (NGOs). The members will maintain at a minimum their Air Force Specialty Code (AFSC) specific competency, credentials, and currency.

2.2.1.1. IHS TEAM LEADER. This member will be an officer of O-5 or O-6 rank. He/She will be a fully qualified IHS with a Level II Special Experience Identifier (SEI). An IHS partially qualified (Level I SEI) member may be assigned as the Team Leader and given necessary training to increase SEI level to fully qualified (Level II). The team leader spearheads the team in the coordination of missions and taskings from the AF component and supported CINC.

2.2.1.2. IHS TEAM MEMBER. These members may be of any AFMS corps, officer or enlisted. They will be fully qualified in their primary AFSC. Enlisted will be at least a 5-level. They will have a partially or fully qualified SEI. If not fully qualified, these members may be given the necessary training to increase their SEI to fully qualified. They will be a deployment-ready facilitator and assist with administrative functions to include verbal and written communications downrange. They will help coordinate medical supplies, equipment, and personnel based on a needs assessment and deployment issues for particular sub-regions of an AOR.

2.2.1.3. IHS PLANNER. These members may be from any AFMS corps, officer or enlisted, with applicable readiness background. If required, they will be given the necessary training to increase their skill level. They will help coordinate mission personnel and tasking orders. Planners will coordinate, in advance, all necessary support personnel, equipment, supplies and funding for deployment. They will interact with identified agencies needed to provide mission support. They will perform administrative functions to include verbal and written communications downrange and serve as deployment-ready facilitators.

2.2.2. Team members will be assigned to a specific authorized billet. Minimum tour length will be IAW the AFPC assignment process.

**2.3. IHS Team Members at AF Headquarters (NAF, MAJCOM, USAF/SG).** Partially and/or fully qualified IHS personnel may be assigned to any AF Headquarters Surgeon General (SG) staff as IHS Regional Experts, IHS Planners, or IHS Program Managers (defined in paragraph 5.1.).

**2.4. IHS Team Members at the Unified Command Surgeon's Staff.** Partially and/or fully qualified IHS personnel may be assigned to any Unified Command SG staff as either a Regional Expert, Planner, Deputy SG or SG.

**2.5. Air Reserve Component (ARC) Personnel (Air Force Reserve and Air National Guard).** These personnel may be either unit assigned or Individual Mobilization Augmentees (IMAs). ARC IHS personnel will have the same skill sets outlined in **Chapter 3** as well as meeting all required credentialing criteria. ARC personnel mission availability is normally restricted to 15 days per year for all missions, to include those missions that may support the IHS program. Generally, these 15 days of availability are through a prescheduled Annual Tour (AT). ARC personnel may volunteer for greater availability, based on pre-validated requirements, using military personnel appropriation (MPA) man-days provided by the Active or Reserve Component or reserve personnel appropriation (RPA) man-days provided by the Reserve Component.

2.5.1. Individual Mobilization Augmentee (IMA). Utilization of IMAs in the IHS role will be determined primarily through the unit where assigned or secondarily through advertisements on the Air Reserve Personnel Center (ARPC) web page. Support of the IHS program must be approved by the IMA's supervisor in the unit of attachment. With the required coordination and approval, IMA reserve members may deploy with IHS teams for annual training. They may also volunteer for other special tours of active duty in support of the IHS program, using man-days provided by the Active or Reserve Component. HQ ARPC will advertise open positions on their web page electronic bulletin board, based on listings provided by a designated IHS Program Manager.

2.5.2. ARC (Reserve and Guard) units will not have dedicated IHS positions, but personnel who volunteer and qualify for the IHS Program will be identified and tracked in the IHS Program. These personnel can participate in IHS missions conducted as unit training or under AEF, Humanitarian and Civic Assistance (HCA), or Medical Innovative Readiness Training missions using man-days. IHS activities will be coordinated through the MAJCOM, NAF, AFRC, AFPC (for IMAs) or ANG IHS liaison.

2.5.3. The Air National Guard Readiness Center and HQ AFRC Surgeon's Offices will have IHS ARC/ANG Liaisons. Emphasis will be on planning skills, thus current language skills are not critical but are highly encouraged. They will assist in the recruiting and management of personnel with IHS skills in the ARC units. They will coordinate with planners at the CINC level, NAF level, and AOR-aligned readiness platforms (through proper channels) to facilitate utilization and training of ARC IHS resources. AC/RC IHS Managers must jointly plan and coordinate unit deployments within the existing annual tour allocation process. It is essential that IHS deployments and exercises for the upcoming FY be identified in time to be presented at the Annual Tour Allocation Conference hosted by HQ AFRC/SG. All senior IHS team leaders will work with the ARC IHS Liaisons between November-January of each year to identify deployments for the next FY. RC IHS Liaisons will prepare the coordinated list for presentation at the Annual Tour Allocation Conference. RC IHS deploy-

ments will be secondary to AEF or Operational Readiness Inspection (ORI) taskings levied on the ARCs. Management of volunteer manning in support of active duty unit deployments is an integral part of position duties.

**2.6. Future Operations.** IHS SEI holders may be assigned as part of a Joint Task Force (JTF), as U.S. Embassy personnel, as U.S. Embassy Military Assistance Groups (USMAG) Staff, as members of the NAF SG Staff, as members of MAJCOM staffs (e.g. AFRC), or detailed to the State Department, United Nations, World Health Organization, etc.

## CHAPTER 3

### DEVELOPING INTERNATIONAL HEALTH SPECIALISTS

**3.1. The IHS Program.** In order to prepare for global engagement by the AFMS, it is necessary to identify and develop personnel with unique skills and qualifications to support worldwide-missions. The AFMS IHS Program Office screens the best-qualified personnel who possess second language aptitude or proficiency, and academic education or training in international areas, or international/in-country experience, gained prior to or during military service. Equal emphasis will be placed on second language skills and deployment experience. All AFMS officers with a 4XXX AFSC and enlisted personnel who have obtained at least a 5-Level in their 4XXX AFSC, can apply if they meet the basic application qualifications as outlined in the remainder of this chapter.

#### **3.2. IHS Program Levels.**

3.2.1. IHS entry level: The entry level represents a candidate pool of those AFMS personnel, both officer and enlisted, who have proficiency in a core medical specialty as well as second language skills validated by the Defense Language Proficiency Test (DLPT), **or** an aptitude in language skills as demonstrated by the Defense Language Aptitude Battery Test (DLAB). Additionally, these prospective candidates have either international academic education/training or significant cultural/international area experience. These personnel have applied and been accepted to the candidate pool. Entry-level personnel will be tracked at the program office.

3.2.2. IHS partially qualified level: This level requires the officer or enlisted member to have met all the IHS entry level criteria, as stated in **3.2.1**. Enlisted members will have a least a 5 skill level. Active Component Officers will be Conditional Reserve Status (CRS) or have a Regular Appointment; have completed the recommended Professional Military Education (PME) for their rank; and be qualified in their primary career field. In addition, cultural training, interagency training, and in-country experience or academic training is required. If selected for an IHS team position, members may be selected for further language and/or academic/cultural training and/or military rotations. These personnel will be awarded the IHS SEI Level I and must maintain language proficiency at the DLPT Level 2/2 or higher.

3.2.3. IHS fully qualified level: These officer and enlisted personnel must successfully complete all training requirements for SEI Level I, as stated in **3.2.2**. Additionally, these personnel require advanced regional studies, joint training/ experience, and the AF Planner's Course. When possible they will also attend a CINC Surgeon Orientation. These personnel will be awarded the IHS SEI Level II and must maintain language proficiency at DLPT Level 3/3 of higher.

3.2.4. IHS participants will be awarded the SEI commensurate with their language proficiency, training level and deployment experience, as reflected in AFMAN 36-2105, *Officer Classification* or AFMAN 36-2108, *Airman Classification*. HQ USAF/SGT is the sole approval authority for award of the SEI including levels as partially or fully qualified.

## CHAPTER 4

### IHS PROGRAM DEVELOPMENT

**4.1. IHS Development.** To minimize lengthy training programs and to better ensure program viability, skills development of IHS personnel should begin with identification of attained education and basic second language abilities early in each individual's career. IHS skills must continually be enhanced throughout tenure on the IHS team.

4.1.1. Second Language. AFMS personnel with existing second language skills are considered a primary source for selection to the IHS team. Native language speakers and personnel who possess significant higher education credits in a second language are ideal candidates. In addition, AFMS personnel who have DLPT scores of 1/1 or higher will be considered. Regardless of source, second language capabilities must be visible through the Air Force Personnel Data System (AFPDS). All AFMS personnel should be encouraged to develop second language skills regardless of interest in the IHS Program. AFMS personnel should also consider self-reporting language skills through the Foreign Language Self-Assessment (FLSA) within the Air Force Personnel Data System and to validate those skills through the DLPT.

4.1.2. Academic Education. The IHS Program is open to all AFMS personnel who are qualified in their primary AFSC and have current credentials. The rigors of the program, however, demand extra education efforts in academic programs that emphasize studies in international relations/foreign area studies or political science. For enlisted personnel, at all levels of IHS qualification, an Associate Degree is desirable. Regardless of degree level, appropriate programs of comprehensive study that concentrate in an understanding of international or regional interests are required. These programs should offer interdisciplinary courses in political science, history, sociology, geography and economics. An additional concentration on the international aspects of contemporary issues or topics, such as international business or current events, is desirable. As the level of IHS qualification increases, emphasis is placed on attainment of more advanced degrees in appropriate subject matter as well as increased proficiency in a second language.

**4.2. Maintaining and sustaining the IHS Team.** AFMS personnel awarded IHS designation should anticipate recurring assignments in positions requiring IHS-type skills (AC only). In all cases, emphasis is placed on maintaining their primary career specialties. Exceptions, for enlisted personnel, should be coordinated and approved by functional managers.

4.2.1. Maintenance of second language proficiency is an individual responsibility. Personnel may apply for Foreign Language Proficiency Pay (FLPP) in accordance with AFI 36-2605. Personnel with language skills may be offered opportunities to maintain and improve those skills as availability and funding allow. Senior IHS officers along with MAJCOM training managers should develop programs for individuals to sustain and enhance basic skills. Tuition assistance is available for language courses. Installation Education Services will assist individuals in the IHS cadre by providing access to language centers, national databases and online courses for second language maintenance.

4.2.2. Formal education in international studies is also an individual responsibility. IHS Team Leaders, in concert with formal training managers, should outline training opportunities for the IHS cadre to increase and sustain formal education, even though these courses of study fall outside the primary AFMS career specialties. Tuition Assistance may be approved for courses of study.



## CHAPTER 5

### IHS PROGRAM MANAGEMENT

#### 5.1. IHS Program Office .

5.1.1. The USAF/SG established an AFMS IHS Program Office. The IHS Program Office will:

- 5.1.1.1. Serve as the AFMS focal point and functional manager for the IHS.
- 5.1.1.2. Validate AC AFMS IHS billets.
- 5.1.1.3. Manage AFMS non-AFSC officer language training requirements.
- 5.1.1.4. Manage the AC IHS database using information provided by AFPC.
- 5.1.1.5. Act as OPR for Program Budget System Biennial and Program Objective Memorandum (POM) for IHS and non-AFSC officer language skills programs.
- 5.1.1.6. Establish IHS language proficiency requirements.
- 5.1.1.7. Act as focal point for IHS issues with USAF/SG and other agencies.
- 5.1.1.8. Act as Academic Specialty Monitor for area studies.
- 5.1.1.9. Report on IHS Program to HQ USAF/SG quarterly.
- 5.1.1.10. Coordinate with AFPC for IHS program selection boards.
- 5.1.1.11. Evaluate and assess the program with the help of guidelines as set under AFI 41-106, *Medical Readiness Planning and Training*, Chapter 4 and AFD 16-1, *International Affairs*.
- 5.1.1.12. Serve as collection point for After Action Reports; reference AFI 10-204, *Participation in the Military Exercise Program*.
- 5.1.1.13. Work in concert with respective theater component and joint Public Affairs offices to report IHS activities as defined in AFD 16-1, *International Affairs*, and AFI 10-403, *Deployment Planning*.
- 5.1.1.14. Work in concert with the ARC liaison(s) to consolidate, validate, and submit an annual IHS Program MPA man-day budget not later than 30 June.
- 5.1.1.15. Work in concert with the ARC liaison(s) and NAF theater medical planners in preparing and planning coordinated IHS mission opportunities to be submitted to AFRC Annual Tour Allocation Conference.
- 5.1.1.16. Act as a liaison with FAO Program personnel.

#### 5.2. Personnel Management for the IHS Program.

5.2.1. The IHS Program Office will accept applications for those personnel wishing to apply for an SEI only. The SEI application process is outlined on the IHS web page: <https://www.afms.mil/afihs>

5.2.2. AFPC/DPAM will advertise IHS officer team positions through the All Corps assignment process. Enlisted team positions will be listed on the EQUAL and EQUAL PLUS board as appropriate. Assignments will be made through AFPC processes currently in existence.

5.2.3. Servicing Military Personnel Flights or the Base Education Office will administer the DLPT and the DLAB test in accordance with guidance in AFI 36-2605, *Air Force Military Personnel Testing System*.

5.2.4. Placement of the SEI into personnel records will be processed through respective Personnel Centers.

PAUL K. CARLTON Jr., Lt General, USAF, MC  
Surgeon General

## ATTACHMENT 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

*References*

Air Force Doctrine Document 2

National Military Strategy

DoDD 5503.3, *International Agreements*

DoDD 5230.20, *Visits, Assignments, and Exchanges for Foreign Nationals*

AFPD 10-26, *Counter-Nuclear, Biological, and Chemical Operational Preparedness*

AFI 10-204, *Participation in the Military Exercise Program*

AFI 10-209, *Red Horse Program*

AFI 10-216, *Evacuating and Repatriating Air Force Family Members and Other US Noncombatants*

AFI 10-403, *Deployment Planning*

AFI 10-802, *Military Support to Civil Authorities*

AF PAM 10-219, Volume 1, *Contingency and Disaster Planning*

AF PAM 10-219, Volume 2, *Preattack and Predisaster Preparations*

AF PAM 10-219, Volume 3, *Postattack and Postdisaster Preparations*

AF PAM 10-219, Volume 10, *Contingency Training Guide and Task Standard*

AF Handbook 10-222, Volume 22, *Refugee Camp Planning and Construction Handbook*

AFPD 16-1, *International Affairs*

AFPD 16-2, *Disclosure of Military Information to Foreign Governments and International Organizations*

AFI 16-102, *Latin American Cooperation Fund*

AFI 16-109, *Foreign Area Officer Program*

AF PAM 16-112, *Foreign Area Officer Program Concept of Operations*

AFPD 44-1, *Medical Operations*

AFI 36-2605, *Air Force Military Personnel Testing System*

AFI 41-106, *Medical Readiness Planning and Training*

AFMAN 36-2105, *Officer Classification*

AFMAN 36-2108, *Airman Classification*

SAF/IA Security Assistance Handbook, *Section 5.1, Unit Exchanges; Section 6.1, International Agreements*

ARPC web page: <http://www.arpc.org>

Foreign Area Officer Branch web page: <http://www.safia.hq.af.mil/afao/fao/index.shtml>

International Health Specialist web page: <https://www.afms.mil/afihs>

*2001 Annual Report to the President and the Congress*, William S. Cohen, Secretary of Defense

### ***Abbreviations & Acronyms***

**AC**—Active Component

**AEF**—Aerospace Expeditionary Force

**AEW**—Aerospace Expeditionary Wing

**AF**—Air Force

**AFDD**—Air Force Doctrine Document

**AFI**—Air Force Instruction

**AFMAN**—Air Force Manual

**AFMS**—Air Force Medical Service

**AFPC**—Air Force Personnel Center

**AFPD**—Air Force Policy Directive

**AFPDS**—Air Force Personnel Data System

**AFRC**—Air Force Reserve Command

**AFSC**—Air Force Specialty Code

**ANG**—Air National Guard

**ANGRC**—Air National Guard Readiness Center

**AOR**—Area of Responsibility

**ARC**—Air Reserve Component

**ARPC**—Air Reserve Personnel Center

**AT**—Annual Tour

**CINC**—Commander in Chief

**CJR**—Career Job Reservation

**CRS**—Conditional Reserve Status

**DLAB**—Defense Language Aptitude Battery

**DLPT**—Defense Language Proficiency Test

**EIHS**—Enlisted International Health Specialist

**EPR**—Enlisted Progress Report

**FAO**—Foreign Area Officer

**FLPP**—Foreign Language Proficiency Pay

**FLSA**—Foreign Language Self-Assessment

**FY**—Fiscal year  
**HA**—Humanitarian Assistance  
**HCA**—Humanitarian and Civic Assistance  
**HQ**—Headquarters  
**IHS**—International Health Specialist  
**IMA**—Individual Mobilization Augmentee  
**JTF**—Joint Task force  
**MAJCOM**—Major Command  
**MOA**—Memoranda of Agreement  
**MPA**—Military Personnel Appropriation  
**MRD**—Medical Readiness Division  
**MTF**—Military Treatment Facility  
**NAF**—Numbered Air Force  
**NCO**—Non-commissioned Officer  
**NGO**—Non-governmental Organization  
**OPR**—Officer Performance Report  
**ORI**—Operational Readiness Inspection  
**PME**—Professional Military Education  
**POM**—Program Objective Memorandum  
**RC**—Reserve Component  
**SAF/IA**—SAF/Deputy Under Secretary for International Affairs  
**SEI**—Special Experience Identifier  
**SG**—Surgeon General  
**STAT**—Surgeon’s Tactical Action Team  
**USAF**—United States Air Force  
**USAFA**—United States Air Force Academy  
**USMAG**—United States Military Assistance Groups  
**UTC**—Unit Type Code