



USFJ/JASDF Aeromedical Interoperability Conference



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HQ PACAF/SGP

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374 MDG/SGP

Lessons Learned



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Lessons Learned From Planning a Bilateral Aeromedical Conference



Briefing Overview

- Strategic Overview
- USFJ Medical Operating Environment
- Initial Planning Steps
- Conference Execution
- Post Event Outcome



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Strategic Overview (The Big Picture)

Indo-Pacific Region

“We will strengthen our long-standing military relationships and encourage the development of a strong defense network with our allies and partners.”

- National Security Strategy of the United States of America December 2017

“The US has enduring national interests in the Indo-Asia-Pacific...Of the five global challenges that currently drive U.S. defense planning and budgeting- ISIS (Islamic State of Iraq and Syria), North Korea, China, Russia and Iran- four are in the Indo-Asia-Pacific.” — Admiral Harry Harris, Commander USPACOM 26 April 2017





U.S. Medical Forces in Japan

• SG 5AF



USFJ

Col Ford- USFJ/5th AF SG- Yokota AB



US Marine Corps

CAPT Bigby- USNH-Y CO- Yokosuka
(NAF Atsugi, MCAS Iwakuni, Sasebo NB)



US Navy

CAPT Bigby- USNH-Y CO- Yokosuka NB
(NAF Atsugi, MCAS Iwakuni, Sasebo NB)
CAPT Kuehner- USNH-O CO- Camp Foster
Okinawa

CAPT Merrick- 7th FLT SG



US Air Force

Col Ford- 374 MDG CC- Yokota AB
Col Cunningham- 35 MDG CC- Misawa AB
Col Goodman- 18 MDG CC- Kadena AB, Okinawa

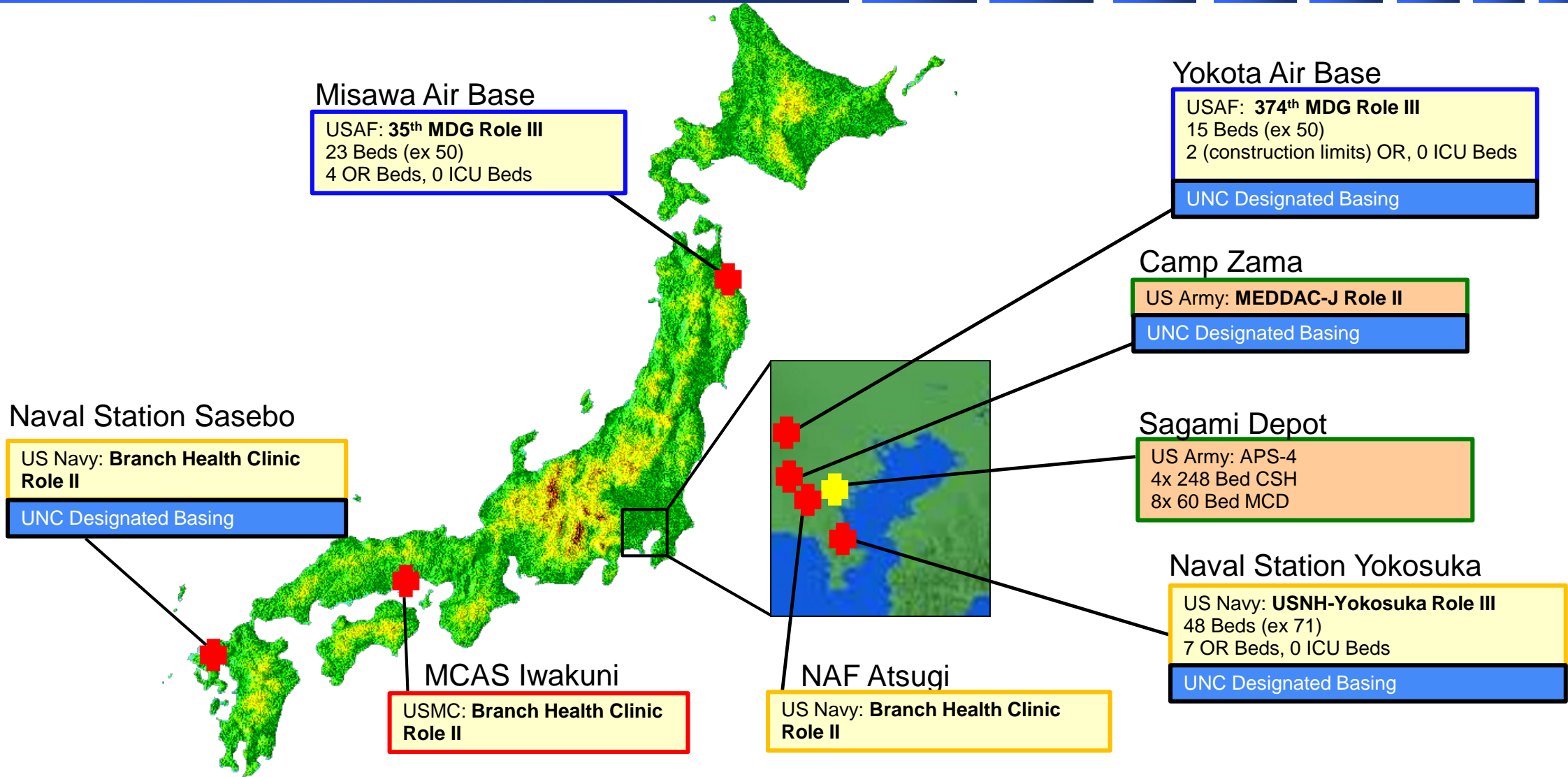


US Army

COL Emerson- MEDDAC-J/ USARJ SG- Camp Zama

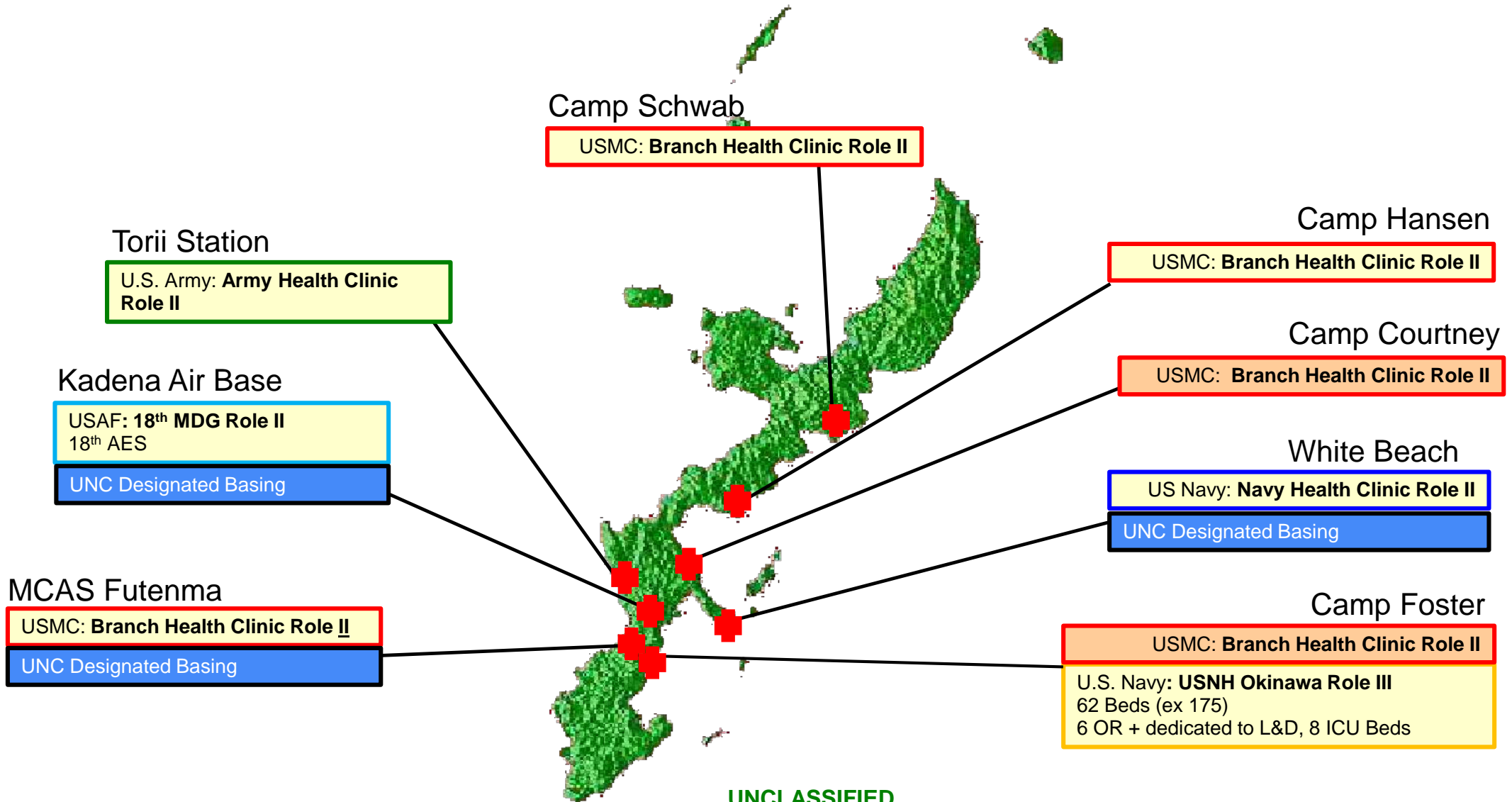


USFJ Current Medical Capabilities (Mainland)





USFJ Current Medical Capabilities (Okinawa)



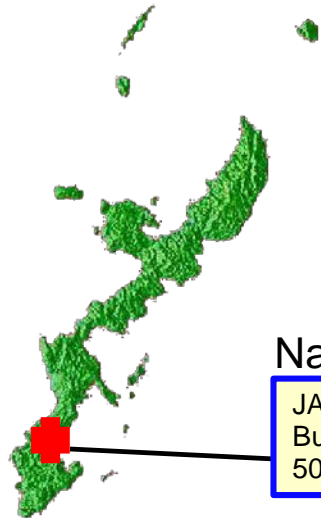


JASDF Current Medical Capabilities

Currently, the JASDF plans to consolidate the medical facilities to Iruma. The goal is to facilitate strategic Aeromedical Evacuation and concentrate medical specialists.

** Iruma Hospital Notes:*

- 6 miles from Yokota
- Associated airfield
- Aviation Medicine, ER, Gen Surgery, IM, Ortho, Peds, Psych, Anesthesiology, Dental and Oral Surgery

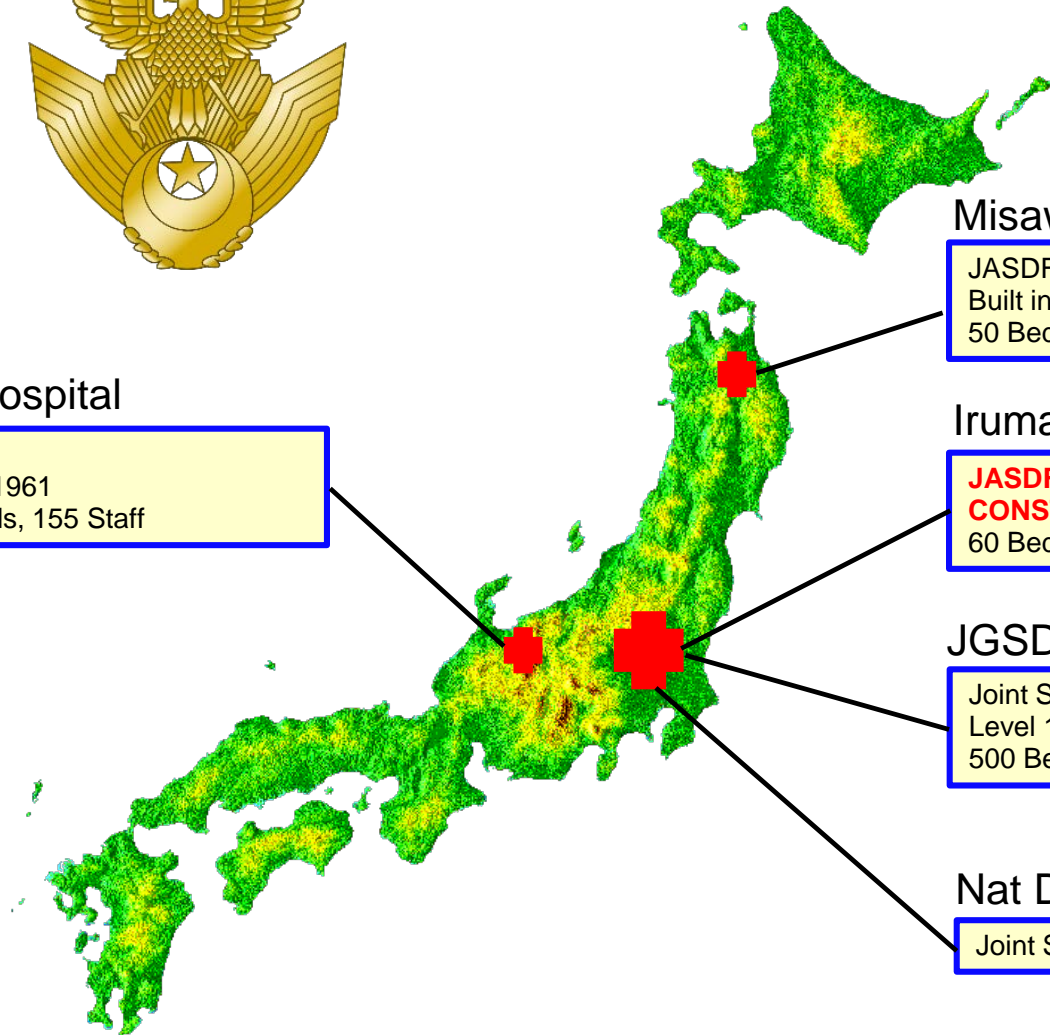


Naha Hospital

JASDF
 Built in 1979
 50 Beds, 75 Staff

Gifu Hospital

JASDF
 Built in 1961
 100 Beds, 155 Staff



Misawa Hospital

JASDF
 Built in 1999
 50 Beds, 75 Staff

Iruma Hospital

JASDF UNDER CONSTRUCTION (March 2022)*
 60 Beds, 265 Staff

JGSDF Central Hospital

Joint SDF Facility
 Level 1 Trauma
 500 Beds, ER, ICU Capability

Nat Def Med College

Joint SDF Facility



Initial Planning Steps

DOTMLPF Analysis Completed by PACAF/SG International Health Specialist Team on JASDF Medical Capabilities (1)

- Doctrine, Organization, Training, Materiel, Leadership, Personnel and Facilities
- Evaluated Aerospace Medicine, Aeromedical Evacuation, Expeditionary Medicine and Research Capabilities
- Found “Advanced” capability Aeromedical Research and Domestic HA/DR
- Found “Moderate” capability in Aerospace Medicine
- Found a need for improved capabilities in aspects of Aeromedical Evacuation and Expeditionary Medicine
 - These results were briefed and discussed with the JASDF/SG at the initial planning conference for the event

(1) Bragon, Jeremy. *PACAF DOTMLPF Analysis of JASDF Medical Capabilities, White Paper, 21 June 2018 (jeremy.s.bragdon.mil@mail.mil)*



Initial Planning Conference July 2018



USFJ/ Koku-Jieitai Aeromedical Interoperability Conference



OCTOBER 18-19 2018 AT YOKOTA AB, JAPAN

On behalf of Lieutenant General Jerry P. Martinez, USFJ/SAF Commander, Brigadier General Christopher J. Mahoney, USFJ/SAF Deputy Commander and Colonel Ingrid D. Ford, USFJ/SAF Command Surgeon, and 374th Medical Group Commander, invites you to attend the inaugural bilateral Aeromedical Interoperability Conference. We are honored to host Major General Shinya Bekku, the Surgeon General of the Koku Jieitai, and his Air Staff.

The conference will be focused on introducing U.S. medical leaders from around Japan to the Koku Jieitai Air Staff as well as highlighting specific programs and creating opportunities for collaboration. Leaders in the Japanese Self Defense Force will also be in attendance, making this the ideal platform to facilitate future bilateral activities with our regional security partners.

Schedule of Events

** Due to real world operations, topics and presenters may change at time of conference*

Time	Proposed Events for Day 1
0800	Welcome & Introductions / Roll Call
0830	Location Specific Briefs on Active Bilateral Programs, Initiatives and Requests for Support
1130	Lunch (D'Club Buffet)
1300	Aeromedical Evacuation Operations in the Pacific
1400	Medical Evacuation and Search & Rescue Operations
1500	ERPSS and PMI Facility Tour with Briefs
1630	End of Day (Social Event in Evening)

Time	Proposed Events for Day 2
0800	Program Specific Briefs (15 minutes each) Including: Reduced Oxygen Breathing Device, Medical Considerations for F-35 Operations, Joint Readiness Exercise, Humanitarian Operations Across INDO-PACOM, Night Vision Trainers Course, Aeromedical Operations in CBRN Environment, CBRNE Enhanced Response Force Package, Medical Evacuation and Search & Rescue Operations, Patient Movement and TRA2CES, Tactical First-Aid Training, Airfield Operations in Humanitarian & Disaster Relief Operations
1130	Lunch in the DFAC
1300	Open House and Exchange in TCR Each presenter above will stand next to their storyboard and have business cards. Will discuss opportunities to collaborate with SDF leadership when given opportunity to speak about program.
1500	Coin, Certificate Presentation
1530	Closing Remarks and End of Conference

RSVP by
1 September 2018

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Proposed Conference Agenda

- Face to face initial planning conference
 - Introduced 20 specific topics tailored to the DOTMLPF analysis and availability of experts
 - 10 topics selected by JASDF/SG
- Face to face initial planning conference
 - Introduced 20 specific topics tailored to the DOTMLPF analysis and availability of experts
 - 10 topics selected by JASDF/SG
- 3 month planning window
 - Team of 4 core planners with other competing priorities
 - All USFJ and selected Japanese SDF invited



Now What?



Lesson Number 1:

Avoid starting “dumpster fires”!

However if you must, pray you have a excellent “small” team and you have a plan on what to do with it.

Proposed Conference Dates: 18-19 October

Planning Window: 3 months

Goal of Aeromedical Conference

- 1) Introduce JASDF/SG to all medical commanders in Japan**
- 2) Brief each other on current capabilities and mission**
- 3) Brief the 10 selected topics to foster opportunities for interoperability**

Steps

- 1) Identify and secure 10 expert speakers**
- 2) Formally invite guests (Commanders, JASDF, Japanese Joint Staff)**
- 3) Secure lodging, conference room and transportation**
- 4) Send out invitations by August**
- 5) Create presentation boards/support expert speakers**



Initial Planning Conference

Challenges:

- First time this event has ever occurred, no prior lessons learned.
- Massive interest in attendance, only 50% of invitation list was able to be invited.
- Difficulty with coordinating guest lecturers leading to “back-up” plans with local subject matter experts (SME).
- Extensive coordination with JASDF/SG staff to generate the Japanese Self Defense Force guest list.
- Protocol difficulties and the nametag fiasco.



DAY 1: Bilateral Aeromedical Interoperability Conference

Yokota AB, 18 Oct 19



Day 1: Airman Development Center

- Commander Briefs

- Each medical group commander briefed on their mission and capabilities
- JASDF/SG briefed on mission and capes

- Aeromedical Evacuation Briefs

- CCATT, Dust Off and the 18th AES

- Tour of ERPSS and Medical Warehouse

- En-Route Patient Staging System
- Largest stock of PMI in the world (20K items)

- Social Dinner Event

- Wing commander in attendance
- Tables mixed to encourage interaction





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DAY 1: Bilateral Aeromedical Interoperability Conference Yokota AB, 18 Oct 19



Day 1 Tours:

Left: The "AMBUS", 1 of 5 at Yokota AB

Middle: The ERPSS, warehouse has dedicated power sources for each bed

Right: A portion of the patient movement items, bar coded for rapid tracking

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Day 1 Social Event: Officer's Club



Lesson Learned #2

“A well planned social event is a great way to end the first day of a conference.”

Or...

“It is going well if it ends in Karaoke.”



DAY 2: Bilateral Aeromedical Interoperability Conference

Yokota AB, 19 Oct 19



Day 2: Aeromedical Briefs and Workshop

- Aeromedical Briefs

- Reduced Oxygen Breathing Device: ROBD
- Night Vision Trainers Course
- AE Patient Movement in the Pacific
- Special Operations Medical Element (SOFME)
- Search and Rescue Operations
- TRA2CES (Patient Tracking System)
- TCCC (Tactical Combat Casualty Care)
- Medical Ops in CBRNE Environment (DTRA)
- CBRN Enhanced Response Force Package (CERF-P)
- Medical Operations on a CV-22 (CANCELLED)

- Open House Event

- Presenters and storyboards available for one on one discussions





DAY 2: Bilateral Aeromedical Interoperability Conference Yokota AB, 19 Oct 19



After Action Report: (Total of 100 attendees Day 1 and 76 attendees Day 2)

- **“My Common Operating Picture of USFJ Medical Capabilities Improved”**: 4.4/5
- **“I Have Improved My Understanding of How AE, CCATT and MEDEVAC Work Together in Contingency”**: 4.5/5
- **“During the SME Lectures, I Found a Potential Program to Start at My Unit”**: 4.3/5
- **“I Exchanged Contact Information with a US Military Counterpart (number of times this occurred through the event)”**: 4.6/5
- **“I Exchanged Contact Information with a Japanese Self Defense Force Counterpart (number of times this occurred through the event)”**: 4.3/5



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DAY 2: Bilateral Aeromedical Interoperability Conference Yokota AB, 19 Oct 19



Last Lesson Learned:

“Feedback is critical to the improvement of this process.” or...

“Try to only make new mistakes”

Best Constructive Criticism:

“I felt that I needed an interpreter”

Best Comment:

“Excellent conference, well planned and much needed. Able to make connections with US and USFJ counterparts that will enhance training for all of us. Appreciate all of the effort of the conference hosts of the USFJ. Please make this a regularly occurring event.”

朝 雲 (ASAGUMO) (毎週木曜日発行) 平成30年(2018年)11月1日

衛生分野の日米共同目指す

【空幕】米空軍横田基地で10月18、19の両日、米軍と自衛隊の衛生活動を相互に紹介・意見交換し、日米協力の一助とすることを目的とした「日米航空医学相互運用カンファレンス」が初めて開催された。

航空医 初会合に70人

50各生病じ衛催り群



別宮首席衛生官は冒頭のあいさつで「衛生活動の重要性が増しつつある中、日米両国は、大規模な患者空輸の輸送態勢などが伝えられた。自衛隊側は入間病院の整備状況などについて発表した。会議終了時には日米軍司令官のシェリー・マルチネス中将があいさつ。衛生職域要員の献身的活動に敬意を表し、衛生活動と日米相互運用の重要性を強調した。

別宮首席衛生官は終了後、「今後このようなカンファレンスを定例化し、衛生分野での日米共同をさらに進めていきたい」と意欲を示した。

初日の「日米航空医学相互運用カンファレンス」に出席した別宮空幕首席衛生官(中央)、フォード374医療群司令官(前列左から2人目)、田村信介首席衛生官付衛生官(その左)、生駒浩次航空総隊医務官(前列右から2人目)ら米空軍横田基地で

身体的なリスクの可能性、大規模な患者空輸の輸送態勢などが伝えられた。自衛隊側は入間病院の整備状況などについて発表した。

会議終了時には日米軍司令官のシェリー・マルチネス中将があいさつ。衛生職域要員の献身的活動に敬意を表し、衛生活動と日米相互運用の重要性を強調した。

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カンファレンスの様子

10月18日、米空軍横田基地で米空軍第374医療群司令官Ingrid Ford大佐主催の「日米航空医学相互運用カンファレンス」が開催された。自衛隊からは空幕首席衛生官・別所慎也空将補初め、空自16名陸自4名の計20名が参加した。これにより米空軍医療活動及び自衛隊衛生活動に、相互紹介及び意見交換を行ったことで将来の日米協力の一助となった。

議題は、在日米軍の衛生部隊、入間病院整備、患者搬送、CBRN、夜間視訓練装置、常圧低酸素呼吸

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Post Aeromedical Interoperability Conference Outcomes



- Second Flight Medicine Exchange Program Completed in February 2019
- Media coverage of event in Japan
- New Bilateral Pandemic Influenza Response Planning
- Recognition for the bilateral activities
- TCCC instruction for JASDF physicians
- JASDF ROBD acquired, training in progress on utilization
- Upcoming Night Vision Instructors Course in development
- JASDF will host next event!





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Any Questions?



Thank you for allowing us to share this experience!

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