



Health Services Wing

Motto: Compassion Skill Courage

The Health Services Wing forms part of the Combat Support Group, Air Command. Headquartered at RAAF Base Amberley in Queensland, the Wing is responsible for providing a range of agile and scalable aerospace health capabilities for the joint force. These capabilities include expeditionary medical treatment facilities ranging from NATO Role 1 to Role 2B, a global strategic Aeromedical Evacuation System and aerospace health support to enable air base operations. These capabilities are generated and delivered by the Wing's four squadrons: Nos 1 and 2 Expeditionary Health Squadrons, No 3 Aeromedical Evacuation Squadron and the Health Operational Conversion Unit. The Wing's motto is: *Compassion Skill Courage*.

Health Services Wing was formed within Combat Support Group on 21 December 2001 under the command of Group Captain Amanda Dines. Concurrently, Nos 1 and 2 Air Transportable Health Squadrons were formed as part of the Wing, No 3 Combat Support Hospital was transferred to the Wing from No 395 Expeditionary Combat Support Wing, and the Operational Health Support and Training Flight Units of the Ground Academy. Source: Department of Defence transferred to the

Wing from the Joint Health Support Agency. In addition, the Health Services Flight at Butterworth was redesignated Squadron Medical Element and was brought under command of the Wing. Concurrently, Air Transportable Health Flights were formed under the command of Health Services Wing at RAAF Bases Richmond, Darwin, Townsville and Tindal. There were also several other organisational changes and reallocation of resources.

The Wing's responsibilities included the development, management and prioritisation of the distribution of all deployable RAAF health elements to optimise operational capability. Furthermore, the Wing was made responsible for all health specialisation and mustering sponsorship and for providing advice on health personnel management and career development. The Wing was formed to streamline the command and management arrangements of the Air Force health services that had become fragmented following significant changes implemented as part of the Defence Reform Program. A further aim was to place a stronger focus on the support to ADF operations and preparedness.

These changes took place in the context of an increase in operational activity associated with:

Operation *Slipper*, the war against international terrorism; the ongoing contribution to the United Nations mission in East Timor; and peacekeeping in Bougainville and the Solomon Islands. In addition, there were increasing surveillance and regional operations associated with the deterrence of unauthorised boat arrivals, surveillance of the Indian Ocean and South China Sea as well as major national and international exercises, including under the Five Power Defence Arrangements. Health Services Wing elements were assigned to the Expeditionary Combat Support Wing units deploying on such operations and on exercises. For instance, in 2003 an element of the Wing deployed in support of Operation *Anode* as part of the Regional Assistance Mission to the Solomon Islands. In 2004 elements of the Wing were deployed with No 395 Expeditionary Combat Support Wing on Exercise *Northern Station*. The objective of the exercise which was held at High Range, Queensland, was to activate and operate an expeditionary airfield on a fictitious peacekeeping mission.

Health Services Wing supported many similar operations and exercises, including Operation *Pakistan Assist* in 2005 and Operation *Spire* in Timor Leste. In 2008, the Wing members carried out the first long-range strategic aeromedical evacuation of wounded in the newly-acquired Boeing C-17A aircraft. An eighteen-strong team led by Wing Commander Sandra P. Riley played a crucial role in bringing home five wounded ADF personnel from the Middle East Area of Operations. This brought to fruition the twelve months long collaboration of the Defence Materiel Organisation's Heavy Air Lift Project Office and Health Systems Project Office, the Wing and Air Lift Group in creating the C-17A's aeromedical evacuation capability. The Wing's aeromedical evacuation specialists deployed with the C-17A again in April 2009 to assist in the rescue of forty-four survivors from a sunken foreign vessel. Later in the year, Health Services Wing personnel were again to the fore as part of Joint Task Force 629 on Operation *Padang Assist* after earthquakes devastated that region of Indonesia.

On 1 April 2009 Air Force health assets were further consolidated under the management of the Health Services Wing. This consolidation followed a continuing demand for deployed health services delivery in support of ADF operations in the Middle East and elsewhere. The motivation behind the further changes was to deliver a more responsive flexible health service to meet Air Force operational requirements. The prevailing arrangements, whereby Air Force health services personnel were embedded within Joint Health Command, had delayed responsiveness and inhibited flexibility because negotiations across multiple agencies were required for the release of health services assets to meet Air Force operational needs.

Under the 2009 restructure, Nos 1 and 2 Air Transportable Health Squadrons and No 3 Combat Support Hospital were renamed Nos 1, 2 and 3 Expeditionary Health Squadrons, respectively. No 4 Expeditionary Health Squadron was also formed for consolidated command and control of Air Force health services personnel embedded within Joint Health Command. In addition, the Health Operational Conversion Unit was formed and health services flights were transferred to Health Services Wing from the Expeditionary Combat Support Squadrons within Combat Support Group.

On 1 January 2013 a further change was initiated comprising a phased rebalancing and rationalisation of Health Services Wing. The necessity for this further restructure resulted in part from a nineteen per cent reduction in the Air Force operational health workforce due to position transfers to the Joint Health Command which gained primary responsibility for fixed base health support. Health Services Wing was restructured once more by disbanding No 4 Expeditionary Health Squadron, renaming No 3 Expeditionary Health Squadron as Aeromedical Evacuation Squadron and consolidating the Aeromedical Evacuation System within its organisation. Nos 1 and 2 Expeditionary Health Squadrons received personnel redistributed from the other squadrons and were aligned with the very-short-notice-to-move elements of Combat Support Group.

UNITS OF THE ROYAL AUSTRALIAN AIR FORCE

Health Services Wing is responsible for the aerospace health component of Combat Support Group's mission. For a modestly sized wing, numbering 322 permanent and 258 reserve members, it has a disproportionately large impact in expeditionary operations providing health support to exercises, operations and aeromedical activities

both in Australia and overseas. Health Services Wing maintains aeromedical evacuation teams on twenty-four hours notice-to-move at all times, but often responds in much less time for urgent needs. Health Services Wing also ensures the training support systems for Air Force health personnel are suitable to achieve its mission.



Exercise *Regimen White* 2019, a force generation activity conducted by Health Services Wing. Source: Department of Defence