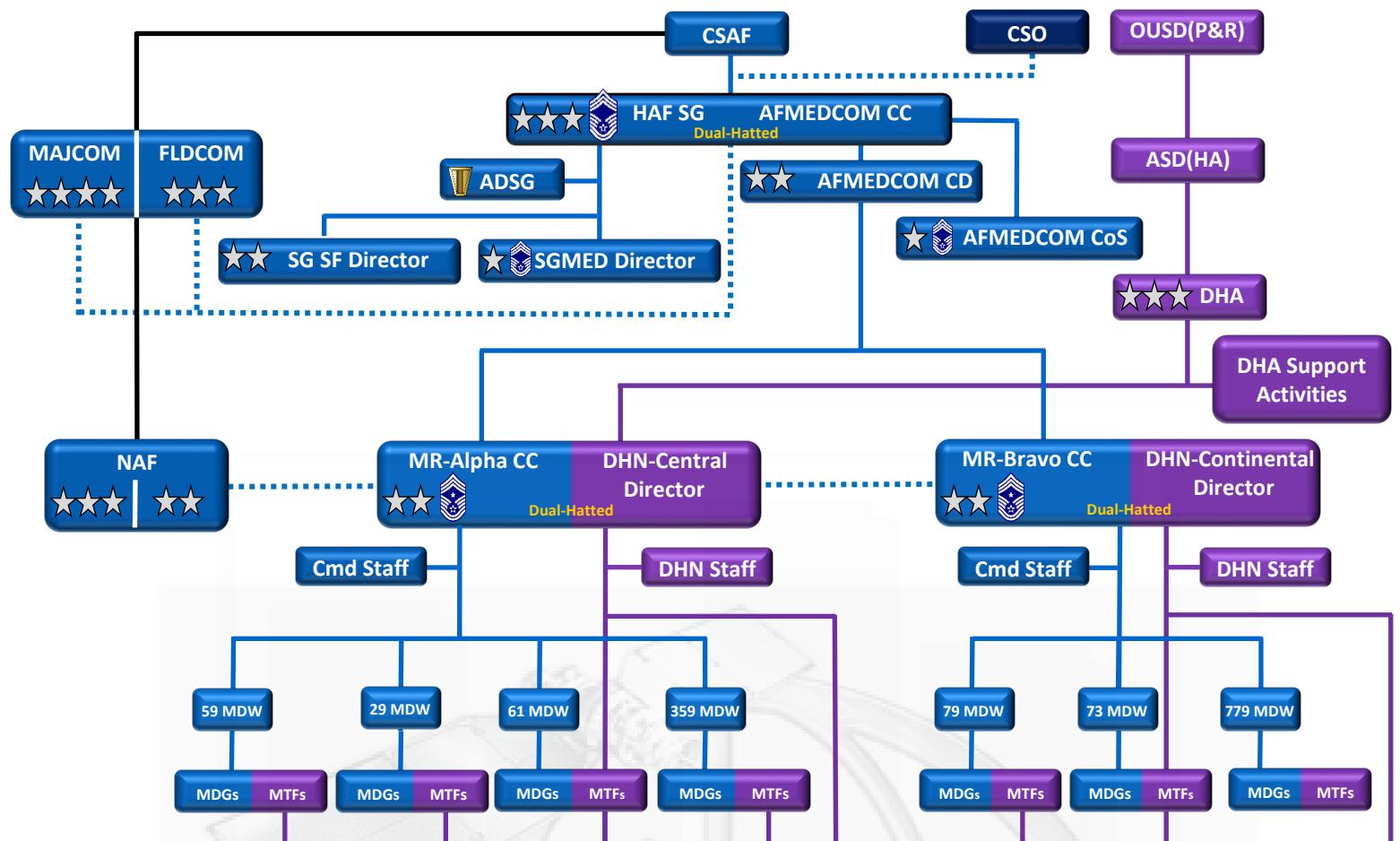


AFMEDCOM Quick Reference



No medics have transferred to AFMEDCOM – MAJCOMs retain C2.

59 MDW

JBSA

29 MDW

AETC
GOODFELLOW
LAUGHLIN
SHEPPARD
LUKE
HOLLOMAN
KEESLER
COLUMBUS
VANCE
MAXWELL
VANCE
ALTUS

AFGSC
BARKSDALE
MINOT
ELLSWORTH
WHITEMAN
KIRTLAND
DYESS
F E WARREN
MALMSTROM

61 MDW

AMC
TRAVIS
FAIRCHILD
MCCONNELL
LITTLE ROCK
JBLM MCCHORD
SCOTT
MACDILL
JB CHARLESTON
POPE
JBMDL MCGUIRE
DOVER

359 MDW

PACAF
JBER
EIELSON
JB HICKAM
ANDERSEN
KADENA
KUNSAN
MISAWA
OSAN
YOKOTA

79 MDW

ACC
NELLIS
CREECH
DAVIS-MONTHAN
BEALE
OFFUTT
MOUNTAIN HOME
GRAND FORKS
JB LANGLEY-EUSTIS
MOODY
SEYMORE JOHNSON
SHAW
TYNDALL

AFDW

JB ANDREWS
- JB ANACOSTIA-BOLLING

73 MDW

USAFA & USSF

USAFA
BUCKLEY
CHEYENNE MTN
LOS ANGELES
PATRICK
PETERSON
SCHRIEVER
VANDENBERG

AFSOC
HURLBURT FIELD
CANNON

AFMC

WRIGHT-PATTERSON
HANSCOM
ROBINS
EGLIN
HILL
TINKER
EDWARDS

779 MDW

USAFE
RAF LAKENHEATH
- RAF ALCONBURY
- RAF CROUGHTON
AVIANO
RAMSTEIN
- LANDSTUHL
SPANGDAHLEM
- GEILENKIRCHEN
INCIRLIK

PAD Signed

UMD Published

PPlan Signed

AFMAA Assessment

IOC & Initial ICT

Phased ICT

AFMEDCOM FOC

June 2024

October 2024

December 2024

January 2025

February 2025

Spring 2025

August 2027

AFMEDCOM will assume C2 of Airmen gained via Inter-Command Transfers (ICTs) phased by MAJCOM tranches.

ICTs will be dependent on AFMEDCOM capacity for C2-enabling functions.

EXSUM on Air Force Medical Command (AFMEDCOM)

PUNCHLINE

1. Congressionally-driven changes to the Military Health System are focused on increased efficiencies in healthcare delivery.
2. AFMEDCOM, a Direct Reporting Unit (DRU) to CSAF with dual-hatted intermediate commands, inserts operational focus into the Fourth Estate.
3. AFMEDCOM cannot reach IOC without command-enabling functions.

SYNOPSIS:

AFMEDCOM partners with Defense Health Agency (DHA) to ensure Airmen, Guardians, and their families receive timely and quality medical care. AFMEDCOM will improve AF medical readiness to support AFFORGEN, SPAFORGEN, and the Joint Force.

AFMEDCOM and DHA COMREL

- AFMEDCOM PAD signed: 12 Jun 24.
 - AFMEDCOM will be the largest DRU in the AF with ~27,000 medics.
 - IOC: zero sum in cost/manpower.
- AFMEDCOM establishment date: 15 Aug 24.
 - AF/SG will be dual-hatted as AFMEDCOM CC.
 - AFMEDCOM CC requires separate nomination, Senate confirmation (ECD: Dec 24).
 - Interim AFMEDCOM CC selected for command: 24 Sep 24
- AFMEDCOM Programming Plan (PPlan) signature NLT 9 Dec 24.
- DHA reorganized from a market structure into 9 FO/GO-led regional Defense Health Networks (DHNs). AF GOs are Directors of DHN Central and DHN Continental responsible for healthcare delivery at DHA Military Treatment Facilities.
- AF DHN Directors will be dual-hatted as intermediate CCs of AFMEDCOM of uniformed medical personnel at Medical Groups/Squadrons (MDG/MDS) to prioritize operational readiness.
- AFMEDCOM CCs will balance DAF and DHA authorities and prioritize DAF operational issues at all levels of command from intermediate commands to Medical Wings (MDWs) to MDGs and MDSs.

Air Force Medical Service (AFMS)

- AFMS has ~80% of AD medics serving in MTFs vs Army ~33% and USN ~55%.
- AF staffing model for MTFs is more efficient in peacetime but has higher risk in contingency. Increased civilian staffing into MTFs will mitigate this risk.
- AFMEDCOM does not infringe upon DHA authorities for health care delivery nor oversight of the MTFs.
- AFMEDCOM designed to improve prioritization of complex medical missions and operational support.
- AFMEDCOM will synchronize MILDEP issues with DHA.
- MTFs remain the foundation of AFMS readiness/currency platforms.

Current AFMEDCOM status

- AFMEDCOM will be organized into an A-staff structure. UMD in progress (ECD: Oct 24).
- AF Manpower Analysis Agency (AFMAA) initial assessment (ECD: Jan 25, full assessment ECD: Jul 25). Programming, resourcing actions to follow.
- IOC declaration (ECD: Feb 25).
- Initial inter-command transfer of MDG/MDS to AFMEDCOM with MOA support (ECD: Feb 25).
- Continuation of ICT in deliberate, phased approach in MAJCOM-aligned tranches; dependent on previous ICT outcome, command function support in-place (organic or via MOA).
- FOC 30-months post-IOC (ECD: Aug 27).

CAO: 27 Sep 24	Approved by: Maj Gen Sean Collins
OPR: AFMEDCOM CoS	POC: Brig Gen Eveline Yao