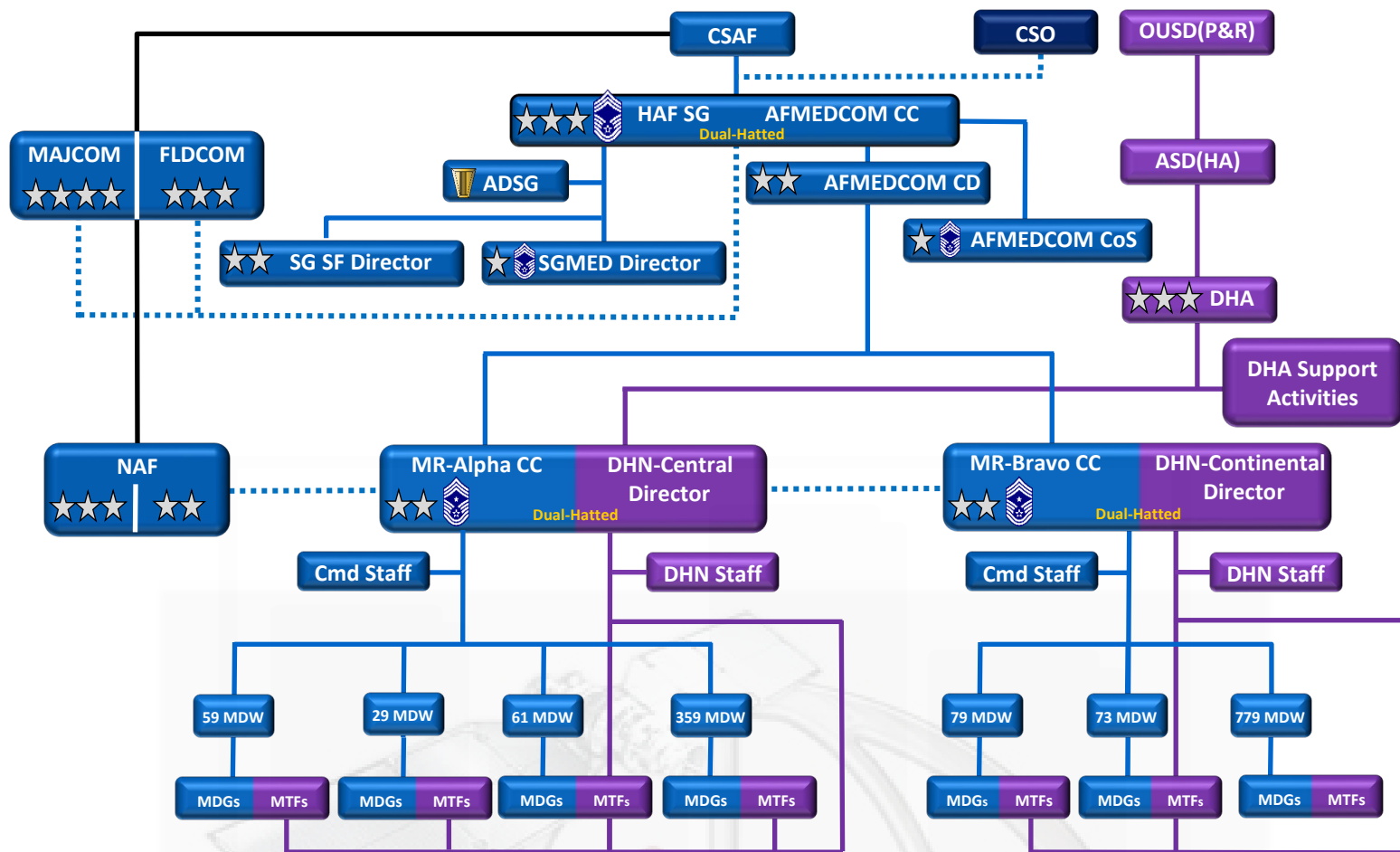


AFMEDCOM Quick Reference



No medics have transferred to AFMEDCOM – MAJCOMs retain C2.

59 MDW	29 MDW	61 MDW	359 MDW	79 MDW	73 MDW	779 MDW
JBSA	AETC	AMC	PACAF	ACC	USAFA & USSF	USAFE
	GOODFELLOW	TRAVIS	JBER	NELLIS	USAFA	RAF LAKENHEATH
	LAUGHLIN	FAIRCHILD	EIELSON	CREECH	BUCKLEY	- RAF ALCONBURY
	SHEPPARD	MCCONNELL	JB HICKAM	DAVIS-MONTHAN	CHEYENNE MTN	- RAF CROUGHTON
	LUKE	LITTLE ROCK	ANDERSEN	BEALE	LOS ANGELES	AVIANO
	HOLLOMAN	JBLM MCCHORD	KADENA	OFFUTT	PATRICK	RAMSTEIN
	KEESLER	SCOTT	KUNSAN	MOUNTAIN HOME	PETERSON	- LANDSTUHL
	COLUMBUS	MACDILL	MISAWA	GRAND FORKS	SCHRIEVER	SPANGDAHLEM
	VANCE	JB CHARLESTON	OSAN	JB LANGLEY-EUSTIS	VANDENBERG	- GEILENKIRCHEN
	MAXWELL	POPE	YOKOTA	MOODY	AFSOC	INCIRLIK
	VANCE	JBMDL MCGUIRE		SEYMOUR JOHNSON	HURLBURT FIELD	
	ALTUS	DOVER		SHAW	CANNON	
	AFGSC			TYNDALL	AFMC	
	BARKSDALE			AFDW	WRIGHT-PATTERSON	
	MINOT			JB ANDREWS	HANSCOM	
	ELLSWORTH			- JB ANACOSTIA-BOLLING	ROBINS	
	WHITEMAN				EGLIN	
	KIRTLAND				HILL	
	DYESS				TINKER	
	F E WARREN				EDWARDS	
	MALMSTROM					

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