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**THE AIR FORCE SURGEON GENERAL**

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**SUMMARY OF CHANGES**

This publication is updated to reflect new and cancelled Department of Defense Issuances with delegated authority to the Air Force Surgeon General's Office. The major changes includes the addition of a Standard Operating Procedures for the Assistant Secretary of the Air Force (Manpower and Reserve Affairs) and the Air Force Surgeon General; an updated Standard Operations Procedures (SOP) for the Assistant Secretary of the Air Force (Installations, Environment, & Logistics) and the Air Force Surgeon General; and includes the Air Force Surgeon General organizational changes.

**1. Mission.** The Air Force Surgeon General (AF/SG), pursuant to 10 USC § 8031-8038, and as documented by paragraph 4.3 of AFMD 1, *Headquarters Air Force*, and this Headquarters Air Force (HAF) Mission Directive, assists the Secretary of the Air Force, other Secretariat offices, and the Chief of Staff in carrying out the development of policies, plans, and programs, establishing requirements, and providing resources to the Air Force Medical Service (AFMS). The Secretary of the Air Force retains ultimate responsibility for all policies related to the Department of the Air Force. Within his/her areas of responsibility, the AF/SG prepares policies for Department of the Air Force approval and issues official guidance/procedures to ensure implementation of those policies. The AF/SG also assists the Chief of Staff of the Air Force in his/her role, pursuant to 10 U.S.C. § 151, as a member of the Joint Chiefs of Staff (JCS).

**2. Organizational Relationships.** The Secretary of the Air Force is responsible for, and has all legal authority necessary to conduct, the affairs of the Department of the Air Force. The Secretariat, the Chief of Staff of the Air Force, and Air Staff offices perform their Department of the Air Force functions subject to the authority, direction and control of the Secretary of the Air Force.

2.1. The AF/SG reports directly to the Chief of Staff of the Air Force, but provides support to the Secretary of the Air Force, the Under Secretary of the Air Force, other Secretariat offices, the Chief of Staff of the Air Force, and other Air Staff offices. The Secretary of the Air Force may re-delegate authority/responsibility to the AF/SG, but the Secretary of the Air Force, through the Chief of Staff of the Air Force and, as appropriate, Assistant Secretaries of the Air Force, retains ultimate responsibility for all matters affecting the development of policies, plans, and programs, establishing requirements, and providing resources to the AFMS.

2.2. The AF/SG is part of the Air Staff and as such works closely with other HAF offices to assist the Secretary of the Air Force and the Chief of Staff in carrying out their responsibilities. The AF/SG and the Office of the AF/SG work in cooperation with the Assistant Secretary of the Air Force for Installations, Environment, & Logistics (SAF/IE), the Assistant Secretary of the Air Force for Manpower and Reserve Affairs (SAF/MR), the other HAF two-letter/digit officials, and their respective offices, which are responsible, pursuant to Chapters 803 and 805 of Title 10 (10 USC §§ 8013-8023 and §§ 8031-8038), for assisting the Secretary of the Air Force and the Chief of Staff in carrying out his or her responsibilities.

2.2.1. Pursuant to Headquarters Operating Instruction (HOI) 90-1, *Headquarters Air Force Mission Directives – Delegations of Statutory Authority and Assignment of Responsibilities*, two or more HAF two-letter organizations, Field Operating Agencies, or Direct Reporting Units with responsibilities in the same functional area are encouraged to develop “standard operating procedures (SOPs)” that set forth procedures enabling covered organizations to fulfill and carry out their respective missions, roles, and responsibilities. Therefore, SOPs between AF/SG and SAF/IE, and between AF/SG and SAF/MR are included at Attachments 3 and 4 of this HAF Mission Directive.

2.3. Reporting to the AF/SG are two Field Operating Agencies: the Air Force Medical Operations Agency (AFMOA), and the Air Force Medical Support Agency (AFMSA), whose missions are documented in AFMD-35 and AFMD-36, respectively.

**3. Responsibilities.** The AF/SG is specifically responsible for:

3.1. Guidance, direction, and oversight for all matters pertaining to the formulation, review, and execution of plans, policies, programs, and budgets related to carrying out the mission of the AFMS;

3.2. Recommendations as the medical staff advisor to the Secretary of the Air Force and the Chief of Staff;

3.3. *Coordination with the Assistant Secretary of Defense for Health Affairs [ASD(HA)] on Air Force health and medical matters;*

3.4. Health matters of Air Force personnel as the Air Staff office of primary responsibility; and,

3.5. Guidance to MAJCOM Surgeons.

**4. Delegations of Authority/Assignment of Responsibility.** Attachment 1 lists delegated authorities and assigned responsibilities to the AF/SG. The authorities delegated/responsibilities assigned to the AF/SG by this HAF Mission Directive may generally be re-delegated to other Department of the Air Force officials unless re-delegation is expressly prohibited by the attached delegation or superseding law, regulation, or DoD issuance. While the authorities are delegated and responsibilities are assigned to the AF/SG, the exercise of the authorities/responsibilities remains subject to the oversight and control of the Secretary of the Air Force, any Assistant Secretary of the Air Force having oversight, and the Chief of Staff. Any re-delegations of authority/assignments of responsibility made shall not be effective unless it is in writing. Any person re-delegating authorities in accordance with this Directive may further restrict or condition the authority/responsibility being re-delegated/reassigned.

**5. Continuation of Prior Re-Delegations of Authority/Assignment of Responsibility.** Re-delegations of authority/assignment of responsibility made prior to the date of issuance of this HAF Mission Directive remain effective insofar as such re-delegations are not inconsistent with the terms of this HAF Mission Directive, unless superseded by new issuances.

////SIGNED, 24 Mar 2015////

DEBORAH L. JAMES  
Secretary of the Air Force

Attachments:

1. Delegations of Authority/Assignment of Responsibility for AF/SG
2. Organizational Chart/Three-Digit Responsibilities
3. SOPs for AF/SG and SAF/IE
4. SOPs for AF/SG and SAF/MR

**ATTACHMENT 1****DELEGATIONS OF SECRETARY OF THE AIR FORCE  
AUTHORITY/ASSIGNMENTS OF RESPONSIBILITY  
TO THE  
AIR FORCE SURGEON GENERAL**

- A1.1. Authority relating to the implementation of policy for eliminating the fraudulent use of Identification Cards as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 1000.24, *Confiscation of Fraudulent Identification (ID) Cards at Military Treatment Facilities*.
- A1.2. Authority relating to drug abuse urinalysis programs for military personnel as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 1010.1, *Military Personnel Drug Abuse Testing Program (MPDATP)*.
- A1.3. Authority relating to enforcement of policies and implementation of programs established by the DoD Coordinator for Drug Enforcement Policy and/or the Assistant Secretary of Defense (Health Affairs) as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 1010.4, *Problematic Substance Use by DoD Personnel*.
- A1.4. Authority relating to the DoD Civilian Employee Drug Abuse Testing Program as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 1010.9, *DoD Civilian Employee Drug-Free Workplace Program*.
- A1.5. Authority relating to health promotion and disease and injury prevention as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 1010.10, *Health Promotion and Disease Prevention*.
- A1.6. Authority relating to ensuring testing programs meet requirements of Military Personnel Drug Abuse Testing Program and that all personnel involved in the testing process receive proper training as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 1010.16, *Technical Procedures for the Military Personnel Drug Abuse Testing Program (MPDATP)*.
- A1.7. Authority relating to authorizing special needs family members travel overseas at government expense as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 1315.19, *Authorizing Special Needs Family Members Travel Overseas at Government Expense*.
- A1.8. Authority relating to developing and sustaining comprehensive systems medical readiness training as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 1322.24, *Medical Readiness Training*.
- A1.9. Authority relating to providing medically-related services for eligible children with disabilities and monitoring the provision of medically-related services to handicapped children in DoD dependent schools as delegated to the Secretary of the Air Force pursuant to Department of

Defense Instruction 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents*.

A1.10. Authority relating to medical program support for detainee operations as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 2310.08E, *Medical Program Support for Detainee Operations*.

A1.11. Authority relating to using animals within Department of Defense laboratories as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 3216.01, *Use of Animals in DoD Programs*.

A1.12. Authority relating to the rights and welfare of human subjects involved in Department of Defense-supported or conducted research as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 3216.02, *Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research*.

A1.13. Authority relating to forwarding the Air Force approved combat feeding research and engineering requirements and engineering support to the Department of Defense Executive Agent, appointing a representative to the Combat Feeding Research and Engineering Board and the Department of Defense Nutrition Committee, and assigning a Joint Technical Staff Officer to Army Combat Feeding Research and Engineering Agencies or installations as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 3235.02E, *DoD Combat Feeding Research and Engineering Program, DoD Combat Feeding Research and Engineering Board, and DoD Nutrition Committee*.

A1.14. Authority relating to providing the force structure to operate Class VIII support for Air Force units as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 5101.9, *DoD Executive Agent for Medical Materiel*.

A1.15. Authority relating to assigning military personnel to the Armed Forces Radiobiology Research Institute as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 5105.33, *Armed Forces Radiobiology Research Institute (AFRRI)*.

A1.16. Authority relating to coordinating with the Assistant Secretary of Defense (Health Affairs) on all matters relating to the mission and programs of the Uniformed Services University of the Health Sciences as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 5105.45, *Uniformed Services University of the Health Sciences (USUHS)*.

A1.17. Authority relating to coordinating with the Assistant Secretary of Defense for Health Affairs as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 5136.01, *Assistant Secretary of Defense for Health Affairs (ASD/HA)*.

A1.18. Authority relating to coordinating with the Defense Health Agency and supporting the Military Health System (MHS) as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 5136.13, *Defense Health Agency (DHA)*.

A1.19. Authority relating to the Executive Agency responsibilities as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 5154.24, *Armed Forces Institute of Pathology (AFIP)*, and Department of Defense Instruction 5154.30, *Armed Forces Institute of Pathology Operations*.

A1.20. Authority relating to the Department of Defense Medical Examination Review Board as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 5154.25E, *DoD Medical Examination Review Board (MERB)*.

A1.21. Authority relating to programming, budgeting, and financing all pay, allowances and permanent change of station costs for assigned uniformed service members as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 5154.06, *Armed Services Medical Regulating*.

A1.22. Authority relating to Anti-Fraud Program at Military Treatment Facilities (MTFs) as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 5505.12, *Anti-Fraud Program at Military Treatment Facilities (MTFs)*.

A1.23. Authority relating to establishing Clinical Investigation Programs and ensuring compliance as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6000.08, *Defense Health Program Research and Clinical Investigation Programs*.

A1.24. Authority relating to providing the Armed Services Blood Program Office with accurate requirements data for forecasting and sourcing the types and quantities of blood products to be procured for the Military Services use for homeland defense; and during peacetime, wartime, and contingencies as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6000.12E, *Health Services Support*.

A1.25. Authority relating to ensuring compliance as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6000.14, *DoD Patient Bill of Rights and Responsibilities in Military Health System (MHS)*.

A1.26. Authority relating to administering the Military Health System policy as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6000.15, *Joint Medical Executive Skills Development Program*.

A1.27. Authority relating to developing Military Stability Operations (MSO) capabilities by organizing, equipping, and training medical personnel to effectively execute MSOs and developing measure of effectiveness that evaluate progress as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6000.16, *Military Health Support for Stability Operations*.

A1.28. Authority relating to operating military treatment facilities of the Department of Defense and making eligibility determinations as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6010.04, *Healthcare for Uniformed Services Members and Beneficiaries*.

A1.29. Authority relating to coordinating with the Assistant Secretary of Defense (Health Affairs) and the Under Secretary of Defense (Personnel and Readiness) the number of spaces in each Medical Officer Candidate class to be allocated to the Air Force as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6010.07, *Admission Policies for the Uniformed Services University of the Health Sciences (USUHS)*.

A1.30. Authority relating to selection of applicants to the F. Edward Hebert School of Medicine programs and the Graduate School of Nursing as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6010.20, *Admission Procedures for the Uniformed Services University of the Health Sciences (USUHS)*.

A1.31 Authority relating to ensuring that military treatment facility commanders develop and execute marketing programs for their respective facilities as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6010.21, *TRICARE Marketing Policy*.

A1.32. Authority relating to the National Disaster Medical System as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6010.22, *National Disaster Medical System (NDMS)*.

A1.33. Authority relating to Department of Defense and Department of Veterans Affairs Health Care Resource Sharing Program as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6010.23, *Department of Defense and Department of Veterans Affairs Health Care Resource Sharing Program*.

A1.34. Authority relating to compliance as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6015.17, *Military Health System (MHS) Facility Portfolio Management*.

A1.35. Authority relating to implementing policy, assigning responsibilities, and prescribing procedures on provisions of care in the delivery of health care at military treatment facilities and complying with international reciprocal healthcare agreements as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6015.23, *Delivery of Healthcare at Military Treatment Facilities: Foreign Service Care; Third-Party Collection; Beneficiary Counseling and Assistance Coordinators (BCACs)*.

A1.36. Authority relating to assigning responsibilities and prescribing procedures to close a Graduate Medical Education program when a determination is made that such a program is no longer needed as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6015.24, *Sizing of Graduate Medical Education (GME) and Program Closure Procedures*.

A1.37. Authority relating to the management of the personal service contracts program and establishing a methodology, including audit procedures, to ensure that all personal service contracts entered into are cost effective and/or neutral, when compared to other means of delivering needed healthcare as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6025.5, *Personal Services Contracts (PSCs) for Health Care Providers (HCPs)*.

A1.38. Authority relating to implementing procedures, including, but not limited to, standard-of-care determinations by the Surgeon General and the reporting of those determinations as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6025.13, *Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)*.

A1.39. Authority relating to ensuring compliance with subject Instruction and with the Department of Defense Health Information Privacy Regulation as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6025.18, *Privacy of Individually Identifiable Health Information in DoD Health Care Programs*.

A1.40. Authority relating to reporting Individual Medical Readiness metrics according to requirements established by the Assistant Secretary of Defense (Health Affairs) as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6025.19, *Individual Medical Readiness (IMR)*.

A1.41. Authority relating to establishing a comprehensive medical management program; implementing a system for ongoing evaluation within military treatment facilities; appointing a medical management chief/director to establish/oversee activities promoting targeted coordinated medical management plans to improve access, cost, quality and readiness; following established Direct Care System Review and Appeal Process for denial of care determinations; incorporating beneficiary complaints regarding benefit determinations within the military treatment facility's grievance process; ensuring medical management plans identify and select at least one clinical process each year for improvement via clinical practice guidelines; developing medical management measures and monitoring outcomes that support goal attainment outlined in the local business plans; and promoting coordinated medical management practice within the medical treatment facility and between the military treatment facility and Managed Care Support Contractors in accordance with regional policy to ensure uniform and integrated procedures and programs as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6025.20, *Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas*.

A1.42. Authority relating to forwarding approved blast injury medical R&E requirements to the Department of Defense Executive Agent for consideration and integration; appointing a medical general or flag officer representatives to the ASBREM Committee and appoint representatives to any other coordination, oversight, or assessment board established by DDR&E or the Department of Defense Executive Agent; and providing an appropriate system for identification, verification, prioritization, and headquarters/staff-level approval of blast injury R&E requirements before submission to the Department of Defense Executive Agency as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6025.21E, *Medical Research for Prevention, Mitigation, and Treatment of Blast Injuries*.

A1.43. Authority relating to ensuring compliance as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6040.40, *Military Health System Data Quality Management Control Procedures*.

A1.44. Authority relating to ensuring compliance; establishing policies and procedures for the control and retention of medical records; effectively meeting coding accuracy standards in military and civilian performance reports; establishing and maintaining a medical records control process; ensuring an outpatient and inpatient coding plan is available at each medical treatment facility; incorporating external auditors as part of their compliance plan; providing in-house auditors, trainers and coders and ensure they have appropriate resources; providing certified coders with substantial experience to serve as advisors and mentors to coding instructors and auditors as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6040.41, *Medical Records Retention and Coding at Military Treatment Facilities*.

A1.45. Authority relating to ensuring compliance as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6040.42, *Medical Encounter and Coding at Military Treatment Facilities*.

A1.46. Authority relating to ensuring compliance with, oversight and execution of the procedures related to custody and control of outpatient medical records as delegated to the Secretary of Air Force pursuant to Department of Defense Instruction 6040.43, *Custody and Control of Outpatient Medical Records*.

A1.47. Authority relating to establishing a service treatment record and/or non-service treatment record information management program and updating Service regulations as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6040.45, *Service Treatment Record (STR) and Non-Service Treatment Record (NSTR) Life Cycle Management*.

A1.48. Authority relating to establishing procedures for payment of the monthly normal cost contributions; providing current personnel end strength data, and conducting all fund transfers, accounting, reconciliation and other administration relating to the operation of the Fund as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6070.01, *Department of Defense Medicare Eligible Retiree Health Care Fund*.

A1.49. Authority relating to calculating the required normal cost contribution as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6070.2, *Department of Defense Medicare Eligible Retiree Health Care Fund Operations*.

A1.50. Authority relating to implementing policies, processes, and programs to provide adequate and appropriate nutrition to Service members in a cost-effective manner and providing military-specific education and training to Service members on the benefits of adequate and appropriate nutrition and the use of and potential harm from dietary supplements, and providing appropriate representation to the Department of Defense Nutrition Committee, its subcommittees, and any other subordinate organization as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6130.05, *DoD Nutrition Committee*.

A1.51. Authority relating to applying and uniformly implementing the medical standards; authorizing the waiver of the standards in individual cases ensuring uniform waiver determinations; authorizing changes in Service-specific visual standards and establish other standards for special programs; notifying Assistant Secretary of Defense (Health Affairs) of any proposed changes in standards; ensuring accurate ICD codes are assigned to all medical

conditions resulting in personnel action; eliminating inconsistencies and inequities based on race, sex, or examination location of these standards by the Air Force as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Services*.

A1.52. Authority relating to ensuring compliance and implementing instructions issued by the Assistant Secretary of Defense (Health Affairs) and requirements established by the Lead Component as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6200.02, *Application of Food and Drug Administration (FDA) Rules to Department of Defense Force Health Protection Programs*.

A1.53. Authority relating to ensuring compliance, implementing instructions and reporting metrics in accordance with requirements established by the Assistant Secretary of Defense (Health Affairs); programming resources and developing doctrine, organization, training, material, leadership, education, personnel and facilities; implementing effective quality assurance and quality control systems; promoting healthy lifestyles, optimizing safety and health of working conditions, facilitating access to healthcare and conducting periodic health assessments; monitoring the physical, mental, and/or emotional health of personnel; providing appropriate medical support, training, equipment and supplies; informing personnel of health threats and countermeasures; and documenting and reporting workplace injuries, illnesses and incidents, and occupational and environmental hazards and exposures as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6200.04, *Force Health Protection (FHP)*.

A1.54. Authority relating to implementing effective force health protection/quality assurance systems to ensure compliance as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6200.05, *Force Health Protection (FHP) Quality Assurance (QA) Program*.

A1.55. Authority relating to developing and implementing general principles and specific procedures to be followed in the prophylactic immunization programs of the Armed Forces; using Air Force designated automated immunization tracking programs; implementing Department of Defense policies to identify, report, and evaluate vaccine-associated adverse events; providing an immunization healthcare capability to deliver medical specialty consultation, case management, and clinical investigation; and identifying requirements and resources necessary to execute assigned responsibilities and functions to be included as part of the Planning, Programming, Budgeting, and Execution process as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6205.02E, *Policy and Program for Immunizations to Protect the Health of Service Members and Military Beneficiaries*.

A1.56. Authority relating to implementing, monitoring, evaluating and documenting the Department of Defense Immunization Program for Biological Warfare Defense and establishing procedures for coordinating and reporting to the Executive Agent and transmitting instructions to Assistant Secretary of Defense (Health Affairs) as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6205.3, *DoD Immunization Program for Biological Warfare Defense*.

A1.57. Authority relating to implementing, monitoring, evaluating, and documenting biological weapons vaccine programs and establishing procedures for coordinating and reporting identification, and epidemiological evaluation of vaccine-associated adverse events and establishing and implementing the administration of immunization, provision of information and communication material, documentation requirements and immunization tracking as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6205.4, *Immunization of Other Than U.S. Forces (OTUSF) for Biological Warfare Defense*.

A1.58. Authority relating to establishing broad policies on the development and implementation of Family Advocacy programs; designating a family advocacy program manager; establishing standardized criteria for the selection and certification of healthcare and social service personnel; providing education and training to key personnel to alleviate problems associated with child and spouse abuse; and ensuring military families living in the civilian community and on military installations are included in the family advocacy program as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6400.1, *Family Advocacy Program (FAP)*.

A1.59. Authority relating to ensuring compliance, establishing procedures, designating nominees for the family advocacy command assistance team and encouraging timely and comprehensive reporting, assigning responsibilities, and using the Department of Defense Family Advocacy Command Assistance Team to assist in addressing extra familial child sexual abuse allegations as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6400.03, *Family Advocacy Command Assistance Team (FACAT)*.

A1.60. Authority relating to establishing procedures; ensuring adequate funding and staffing resourcing, developing strategies; issuing policies and procedures to increase awareness and prevent child abuse and domestic abuse and promoting resilient families and health parenting skills; and reporting metrics and achieving program outcomes as measured by the Under Secretary of Defense (Personnel & Readiness) performance measures as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6400.05, *New Parent Support Program (NPSP)*.

A1.61. Authority relating to establishing policies and programs and evaluation at all levels of military command; programming, budgeting and allocating funds and other resources; providing annual education and training; establishing regulations implementing a restricted reporting policy for victims for domestic abuse as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6400.06, *Domestic Abuse Involving DoD Military and Certain Affiliated Personnel*.

A1.62. Authority relating to providing the food inspection program at Air Force bases and developing locally approved lists of food suppliers from which food products are procured only for individual Air Force installations as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6400.04E, *DoD Veterinary Public and Animal Health Services*.

A1.63. Authority relating to planning and programming for medical intelligence resources in consonance with fiscal policy and guidance established by the Secretary of Defense and the Under Secretary of Defense and providing military personnel consistent with National Center for Medical Intelligence mission requirements as delegated to the Secretary of the Air Force

pursuant to Department of Defense Instruction 6420.01, *National Center for Medical Intelligence (NCMI)*.

A1.64. Authority relating to participation in collaborative DoD medical materiel acquisition, life cycle management, and standardization programs and the adoption of standardized medical items and logistics management processes to support Service requirements to promote uniformity, efficiency, and joint interoperability as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6430.02, *Defense Medical Materiel Program*.

A1.65. Authority relating to enacting Department of Defense Clinical Laboratory Improvement program policy and Clinical Laboratory Improvement Amendments comparable to regulations within the Air Force active and reserve components to include oversight, inspection, proficiency testing, personnel standards, and training in clinical laboratories as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6440.02, *Clinical Laboratory Improvement Program (CLIP)*.

A1.66. Authority relating to establishing uniform laboratory procedures for the detection of Hemoglobin S and Erythrocyte Glucose-6-Phosphate Dehydrogenase deficiency; developing uniform procedures for counseling, programming resources, and conducting annual reviews of the testing program as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6465.1, *Hemoglobin S and Erythrocyte Glucose-6-Phosphate Dehydrogenase Deficiency Testing Program*.

A1.67. Authority relating to ensuring compliance with the Joint Commission on Accreditation of Health Organizations guidelines on the procurement and donation of organs and other tissues, as published in the Comprehensive Accreditation Manual for Hospitals; establishing organ/tissue donation procedures as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6465.3, *Organ and Tissue Donation*.

A1.68. Authority relating to establishing and maintaining a blood program that provides blood and blood products to the maximum extent possible, to component military treatment facilities in peacetime and wartime; serve as the Department of Defense Executive Agent for the Armed Services Whole Blood Processing Laboratories and the blood transshipment centers and/or transportable blood transshipment centers as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6480.4, *Armed Services Blood Program (ASBP) Operational Procedures*.

A1.69. Authority relating to establishing Air Force policies, procedures and standards for identification, surveillance, education and administration of personnel infected with Human Immunodeficiency Virus-1; supporting the recommendations of the Department of Defense-wide Sexually Transmitted Disease Prevention Committee; reporting Human Immunodeficiency Virus-1 test results to the Defense Medical Surveillance System; ensuring personnel providing medical care follow the Centers for Disease Control recommendations for preventing Human Immunodeficiency Virus-1 transmission in health care settings as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6485.01, *Human Immunodeficiency Virus-1 (HIV) in Military Service Members*.

A1.70. Authority relating to participating in global Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) prevention support to foreign militaries as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6485.02E, *DoD Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) Prevention Program (DHAPP) to Support Foreign Militaries*.

A1.71. Authority relating to applying and uniformly implementing the standards by ensuring all deploying personnel have a medical assessment to evaluate their medical status before contingency deployments ensuring a high state of pre-deployment health and medical readiness as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*.

A1.72. Authority relating to ensuring Air Force compliance and establishing procedures for reporting to the Inspector General, Department of Defense, any assessments that a mental health evaluation was used in violation of this directive as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6490.04, *Mental Health Evaluations of Members of the Military Services*.

A1.73. Authority relating to implementing programs and procedures to ensure compliance; evaluate and recommend changes or improvements to the overall health surveillance program; assembling and archiving garrison occupational and environmental health surveillance data and reports and supporting the Department of Defense Executive Agent by jointly resourcing the AFHSC as delegated to the Secretary of the Air Force pursuant to Department of Defense Directive 6490.02E, *Comprehensive Health Surveillance*.

A1.74. Authority relating to coordinating with other Military Departments and ensuring compliance with implementation and application of joint medical surveillance for deployments and evaluating and recommending changes or improvements to the overall medical surveillance program; training, equipping, and providing staffing support to conduct OEH site assessments; program and budgeting for necessary resources; and supporting OEH and medical surveillance activities and follow-up medical care as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6490.03, *Deployment Health*.

A1.75. Authority relating to implementing requirements for mental health evaluations of Armed Forces members which provides for the rights and protection of service members as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6490.04, *Mental Health Evaluations of Members of the Military Services*.

A1.76. Authority relating to ensuring compliance and developing a comprehensive Combat Stress Control Program consistent with the Joint Service Combat Stress Control Program for Air Force specific operations from garrison to battlefield as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6490.05, *Maintenance of Psychological Health in Military Operations*.

A1.77. Authority relating to assisting the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness) and the Joint Staff Surgeon to institutionalize a transparent,

comprehensive process for developing common, analytically rigorous methodologies used to develop current and future joint operational medical force requirements as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 8260.04, *Military Health System (MHS) Support to DoD Strategic Analysis*.

A1.78. Authority relating to establishing Air Force clinical case management policies and processes and providing the Assistant Secretary of Defense (Health Affairs) the implementation plans and timeliness for completion as delegated to the Secretary of the Air Force pursuant to Directive-Type Memorandum 08-033, *Interim Guidance for Clinical Case Management for the Wounded, Ill, and Injured Service Member in the Military Health System*.

A1.79. Authority relating to promulgating Air Force policies and providing guidance for the management of concussion and mild traumatic brain injuries in the deployed setting to include programming and budgeting resources and developing reporting guidelines for potential concussive events as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6490.11, *Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting*.

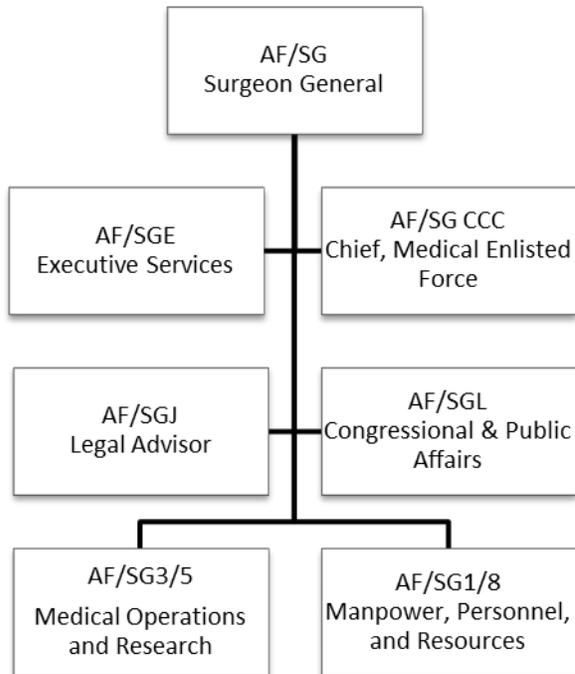
A1.80. Authority relating to Department of Defense laboratories, programs, and activities with analytic or response capabilities as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6440.03, *DoD Laboratory Network (DLN)*.

A1.81. Authority relating to ensuring compliance with DoD policy to foster a culture of support in the provision of mental health care and voluntarily sought substance abuse education to military personnel in order to dispel the stigma of seeking mental health care and/or substance misuse education services, by implementing the guidance for healthcare provider notifications to command and the protection of private information as delegated to the Secretary of the Air Force pursuant to Department of Defense Instruction 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*.

A1.82. Authority relating to ensuring compliance and implementing instructions issued by the Assistant Secretary of Defense (Health Affairs) to meet mission assurance and readiness by protecting installations, facilities, personnel, and other assets in managing the impact of public health emergencies caused by all-hazards incidents as delegated to the Secretary of the Air Force, pursuant to Department of Defense Instruction 6200.03, *Public Health Emergency Management Within the Department of Defense*.

## ATTACHMENT 2

## AIR FORCE SURGEON GENERAL



A2.1. The Air Force Surgeon General (AF/SG) serves as advisor to the Secretary of the Air Force, Chief of Staff, and the Assistant Secretary of Defense for Health Affairs on Air Force health and medical matters. The AF/SG is responsible for the overall supervision of all matters pertaining to Air Force formulation, review, and execution of plans, policies, programs, and budgets relative to carrying out the mission of the Air Force Medical Service (AFMS) to provide seamless health service support to United States Air Force and combatant commanders. The AFMS assists in sustaining the performance, health and fitness of every Airman. It promotes and advocates for optimizing human performance (sustainment and enhancement) for warfighters, including the optimal integration of human capabilities with systems. The AFMS operates and manages a worldwide healthcare system capable of responding to a full spectrum of anticipated health requirements and provides an integrated healthcare system from forward deployed locations through definitive care with an emphasis on continuity of care and the prevention of illness and injury. It arranges for healthcare capabilities that it does not possess organically. It directly supports United States Air Force operations and theater aeromedical evacuation of joint and combined forces.

A2.2. Three-digit subordinate offices include:

A2.2.1. Executive Services (AF/SGE). Manages and directs executive and administrative support functions for the AF/SG Office. Mentors staff officers on tactics,

techniques, and procedures on how to operate and succeed in fast paced complex environment. Aligns directors and staff to respond to requests for information from other Services and Interagency taskings.

A2.2.2. Chief, Medical Enlisted Force (AF/SG CCC). Principal enlisted advisor, and member of the AFMS Corporate Structure, to the Air Force Surgeon General for policy supporting Air Force expeditionary capabilities, national security strategy, business practices and enlisted force development. Serves as the AFMS Enlisted Corps director, providing guidance on all issues regarding the welfare, readiness, morale, and proper utilization and progression for more than 32,000 in the Total Force medical enlisted community. Serves as the focal point for inquiries on medical policy and procedures to the Chief Master Sergeant of the Air Force. Defines, shapes, coordinates and executes health care policy in support of 45,000 personnel, and 75 medical treatment facilities while leading a network of 225 Chief Master Sergeants.

A2.2.3. Congressional and Public Affairs (AF/SGL). Serves as spokesperson and communicator for AFMS policies, programs, personnel, beneficiaries, successes, and requirements; integrating Congressional liaison and public affairs functions for comprehensive public outreach.

A2.2.4. Legal Advisor for SG (AF/SGJ). Provides legal counsel and support to the Air Force Surgeon General on matters of policy, operations, medical ethics, patient safety, and standards of practice. Coordinates activities of legal support at all facilities managed by the Surgeon General, and acts as liaison to Air Force Judge Advocate, Secretary of the Air Force General Counsel and the Department of Defense General Counsel.

### A2.3. Directorates:

A2.3.1. Directorate for Medical Operations and Research (AF/SG3/5). Develops and executes Air Force Surgeon General policies and programs while providing consultative leadership for the AFMS related to dental, medical, psychological health and aerospace clinical capabilities, standards, and methodologies; integration of air reserve components, medical support and all aspects of medical readiness to include: Doctrine, Homeland Medical Plans, International Health Specialists, Expeditionary Plans and Operations, and Operational Support and Training.

A2.3.1.1. Develops policy and drives AFMS peak clinical performance. Ensures system meets the highest clinical standards and is relevant to AFMS customers. Utilizes new and smarter care delivery methods and innovative use of technology and information. Reduces some of the complexities of health care and delivers full life-cycle care to the patient for the first time.

A2.3.1.2. Develops dental policy and oversees dental operational activities. Acts as Chairman of the Dental Operations Panel, and executes dental policy. Provides advice to the AFMS corporate structure and MAJCOMs on dental personnel resources (over 4,000 military/civilian personnel) using the Team Dentistry model and all technology initiatives.

A2.3.1.3. Develops policy to optimize the health, safety, and performance for the Air Force, including physical standards, force health protection, environmental safety, bioenvironmental engineering, public health, and occupational, operational and flight medicine programs. Leads several North Atlantic Treaty Organization (NATO) activities and oversees outreach programs worldwide. Serves as a critical interface between the Line of the Air Force and the AFMS.

A2.3.1.4. Develops policy and leads the execution of comprehensive, integrated support and ancillary programs for the AFMS. Delivers essential pharmaceuticals, laboratory, dietetics, and administrative support of 75 MTFs worldwide for both peacetime and contingency operations. Provides consultation and essential support for VA-DoD health care programs across the AFMS. Ensures a quality and cost-effective healthcare continuum for 2.6 million beneficiaries worldwide.

A2.3.1.5. Provides oversight, strategic direction, and policy and operational support for Air Force ground and air expeditionary medical capabilities used in agile combat support, homeland security, and humanitarian aid/disaster response operations. Directs and coordinates deliberate planning activities to include guidance for Medical Unit Type Code (UTC) and medical Chemical, Biological, Radiological, and Nuclear (CBRN) program development, implementation and management for current and future requirements. Develops guidance, planning and programming requirements and tracking for War Reserve Materiel (WRM) and manpower submissions into the Program Objective Memoranda (POM) process. Provides medical readiness training and exercise oversight for expeditionary operational requirements.

A2.3.1.6. Serves as the Air Force Medical focal point for research, development, and acquisitions of medical modernization initiatives. Provides oversight, strategic direction, and policy for defining, validating, and managing the Air Force Medical Research and Development portfolios including Force Health Protection, Expeditionary Medicine, Enroute Care, Operational Medicine, and Human Performance.

A2.3.2. Directorate for Manpower, Personnel, and Resources (AF/SG1/8). Develops strategic policy, plans, programs, budgets, and executes assigned resources for the conduct of comprehensive medical operations for the AFMS and within the Military Health System with its Sister Services and ASD(HA). Formulates and evaluates policies and programs related to the recruitment, retention, development, and utilization of the AFMS work force. Addresses full spectrum of medical force management, force sustainment, senior leader management, and education and training related activities.

A2.3.2.1. Responsible for Total Force planning, particularly as it applies to personnel initiatives affecting recruiting, retention, education, and training. Ensures appropriate numbers of medical personnel are trained and developed to fulfill AFMS requirements, worldwide.

A2.3.2.2 Responsible for formulating policy relating to the recruitment, retention, education, training, development and integration of civilian medical personnel.

A2.3.2.3 Evaluates a \$6.2 billion annual portfolio to program resources into operational capabilities in terms of financial, manpower, and facility requirements.

A2.3.2.4 Evaluates and analyzes the AFMS Future Years Defense Program (FYDP) and long-range plans and doctrine to support national security objectives and military strategy. Integrates, analyzes, and defends the Defense Health Program (DHP) and medical elements of the Air Force funding for the Program Objective Memorandum, Program Budget Decision, and Program Decision Memorandum.

A2.3.2.5 Works closely with AF/A8 and Air Force Corporate Structure to ensure the AFMS is well integrated in all aspects of Air Force planned and programmed capabilities. In addition, AF/SG1/8 manages the AFMS Corporate Structure working closely with all other AF/SG Directorates (three-letters) in integrating and formulating a consistent policy and FYDP for AFMS global care capabilities for the AF/SG.

A2.3.2.6 Responsible for budgeting and executing assigned resources in accordance with existing laws and policies, maintaining internal controls over financial operations, and preparing financial statements for assigned resources.

A2.3.2.7 Serves as the principal contact for all joint basing and base realignment and closure activities working closely with MAJCOMs, the HAF, other Services, Joint Staff, and the Office of the Secretary of Defense.

**ATTACHMENT 3**

**STANDARD OPERATING PROCEDURES  
FOR THE  
ASSISTANT SECRETARY OF THE AIR FORCE  
(INSTALLATIONS, ENVIRONMENT, & LOGISTICS)  
AND THE  
AIR FORCE SURGEON GENERAL**

These standard operating procedures (SOPs) apply to individuals assigned to Assistant Secretary of the Air Force for Installations, Environment, & Logistics (SAF/IE) and the Air Force Surgeon General (AF/SG) who are responsible for developing policy, managing programs, and preparing guidance on approved policies and plans for the field in the general area of occupational health. These procedures are intended to facilitate routine staff actions and functions and reduce duplication of effort between SAF/IE and AF/SG staff roles while increasing operating effectiveness and efficiency.

A3.1. SAF/IE retains authority and responsibility for occupational health programs delegated through public law, executive order and Department of Defense Directive and Instruction. These include programs outlined in:

A3.1.1. DoD Directive 4715.1E, *Environment, Safety and Occupational Health (ESOH)*.

A3.1.2. DoD Instruction 6050.05, *DoD Hazard Communication (HAZCOM) Program*.

A3.1.3. DoD Instruction 6055.05, *Occupational and Environmental Health (OEH)*.

A3.1.4. DoD Instruction 6055.08, *Occupational Ionizing Radiation Protection Program*.

A3.1.5. DoD Instruction 6055.11, *Protecting Personnel From Electromagnetic Fields*.

A3.1.6. DoD Instruction 6055.12, *Hearing Conservation Program (HCP)*.

A3.1.7. DoD Instruction 6055.15, *DoD Laser Protection Program*.

A3.2. Subject to the standard operating procedures that follow, a general description of the flow of work between SAF/IE and AF/SG for the specific programs described in A3.1. is:

A3.2.1. AF/SG submits policies requiring Secretary of the Air Force approval to SAF/IE for coordination and concurrence prior to publication.

A3.2.2. AF/SG executes approved policies and guidance, AF instructions, and strategic plans, providing additional guidance to the field as necessary.

A3.2.3. SAF/IEE (Deputy Assistant Secretary, Energy, Environment, Safety and Occupational Health) coordinates policies that impact execution of the Air Force Occupational Health Program with AF/SG prior to publication.

**A3.3. Conditions for AF/SG to Exercise Delegated Secretarial Authorities.** AF/SG is authorized to act on the SECAF or IE's behalf for programs outlined in A3.1. when such action:

A3.3.1. Provides data, analyses, information papers, etc., to OSD or congressional staff in support of established policies, programs, or other initiatives that have been vetted through the Air Force corporate structure, or other appropriate decision process; e.g., senior leader forum or fully coordinated staff package.

A3.3.2. Implements an order or revised policy direction from the Secretary of the Air Force.

A3.3.3. Satisfies routine reporting requirements and requests for status reports on Air Force programs/initiatives from OSD and Congress.

**A3.4. Conditions Requiring SAF/IE Action.** SAF/IE review and concurrence are required prior to implementing any policy, plan, and program when one or more of the following situations or conditions apply for programs outlined in A3.1.:

A3.4.1. Involves a controversial issue that will cause, or is likely to cause, significant reactions among senior Administration officials, Members of Congress or key staff, the public, or the press.

A3.4.2. Involves the breach of a performance parameter established in policy directives and/or Air Force instructions.

A3.4.3. Informs SAF/IE of annual DHP occupational health programs and budget requirements and any impacts to OH program execution.

**A3.5. Conditions Requiring SAF/IE Approval of AF/SG Actions.** SAF/IE approval is required prior to implementing any policy, plan, program, practice or activity for programs outlined in A3.1. when one or more of the following situations or conditions apply:

A3.5.1. Involves a Statute, Executive Order, or DoD policy that requires Secretary of the Air Force review, coordination, and/or implementation. DoD policy requires SD Forms 106, DoD Issuances Program Coordination Record, be signed by SAF/IE (a Senate confirmed position).

A3.5.2. Involves new policies or initiatives proposed by OSD officials, congressional staff, or Air Force that would result in significant changes to Air Force programs that are the corollary to DoD programs in A3.1.

**A3.6. Conditions Requiring AF/SG Review of SAF/IEE Actions.** AF/SG review is required prior to implementing any policy, plan, program, practice or activity for programs outlined in A3.1., which may cause a resource impact as a result of execution.

**A3.7. Revisions to Standard Operating Procedures.** These operating procedures may be reviewed and revised as deemed necessary by the Secretary of the Air Force. SAF/IE or AF/SG may also initiate a revision in consultation with AF/SG or SAF/IE, respectively. OPRs must follow revision procedures as mandated in HOI 90-1, *Headquarters Air Force Mission Directives – Delegations of Statutory Authority and Assignment of Responsibilities*.

////SIGNED, 4 Dec 2014////  
KATHLEEN I. FERGUSON  
Acting Assistant Secretary of the Air Force  
(Installations, Environment & Logistics)

///SIGNED, 12 Jan 2015////  
THOMAS W. TRAVIS  
Lieutenant General, USAF, MC, CFS  
Surgeon General

**ATTACHMENT 4****STANDARD OPERATING PROCEDURES  
FOR THE  
ASSISTANT SECRETARY OF THE AIR FORCE  
(MANPOWER AND RESERVE AFFAIRS) (SAF/MR)  
AND THE  
AIR FORCE SURGEON GENERAL (AF/SG)**

These standard operating procedures (SOPs) apply to individuals assigned to SAF/MR and AF/SG who are responsible for developing policy, managing programs, and preparing guidance on approved policies and plans. These procedures are intended to facilitate routine staff actions and functions between SAF/MR and AF/SG while increasing operating effectiveness and efficiency.

A4.1. Subject to the SOPs that follow, a general description of the flow of work between SAF/MR and AF/SG is:

A4.1.1. AF/SG submits policies requiring Secretary of the Air Force approval to SAF/MR for coordination and concurrence;

A4.1.2. AF/SG develops AF instructions and submits them to SAF/MR for coordination and concurrence prior to AF/SG publication;

A4.1.3. AF/SG develops strategic plans and submits them to SAF/MR for coordination and concurrence prior to SG implementation; and,

A4.1.4. AF/SG executes approved policies and guidance, AF instructions, and strategic plans, providing additional guidance to the field as necessary.

Additionally, AF/SG and SAF/MR will jointly establish performance measurements so that AF/SG will notify SAF/MR when required. This will be when conditions and measurement parameters signal an issue or initiative requires the involvement of SAF/MR to fulfill inherent policy oversight responsibility.

**A4.2. AF/SG Support of the Chief of Staff in his Role as a Member of the Joint Chiefs:**

AF/SG will act independently of SAF/MR when AF/SG is providing support to the Air Force Chief of Staff or Vice Chief of Staff in their roles as members of the Joint Chiefs of Staff, including the Joint Requirements Oversight Council. To the extent not inconsistent with the direction of the Chief of Staff or the Vice Chief of Staff, AF/SG will keep SAF/MR informed of significant matters in these areas.

A4.3. SAF/MR Responsibility to the Secretary of the Air Force: SAF/MR retains Secretarial oversight responsibility for all aspects of the Air Force Active Duty, Reserve and Auxiliary Component Affairs concerning health program benefits and entitlements, and medical readiness to include authorities delegated directly to AF/SG in HAF Mission Directive 1-48.

**A4.4. Conditions for AF/SG to Exercise Delegated Secretarial Authorities.** AF/SG is authorized to act on the Secretary of the Air Force or SAF/MR's behalf when such action:

A4.4.1. Implements and supports the POM, Budget Estimate Submission (BES), or President's Budget;

A4.4.2. Implements an order or revised policy direction from the Secretary of the Air Force;

A4.4.3. Provides a clear, unambiguous, quantitative link to and/or aligns program resources with goals and objectives;

A4.4.4. Excluding formal reports, provides data, analyses, information papers, etc., to the Office of the Secretary of Defense (OSD) or congressional staff in support of established policies, programs, or other initiatives that have been vetted through the Air Force Corporate Structure or other appropriate decision process: e.g., senior leader form or fully coordinated staff package. SAF/GC will provide SAF/MR a copy of all material submitted to OSD or congressional staffs.

**A4.5. Conditions Requiring SAF/MR Involvement.** SAF/MR review and concurrence is required prior to implementing any policy, plan, and program when one or more of the following situations or conditions apply:

A4.5.1 Involves a disagreement among the components of the Air Force Total Force on a policy over which SAF/MR has authority;

A4.5.2. Drives unprogrammed or budgeted resource demands (\$50M or more across the FYDP) to the federal government, or that requires Air Force Corporate Structure consideration and/or an annual reprogramming action;

A4.5.3. Involves a controversial issue that will cause, or is likely to cause, significant reactions among senior Administration officials, Members of Congress or key staff, the public, or the press.

A4.5.5. Drives broad cultural changes crossing many Air Force functions that will take concerted coordinated action over several years to achieve;

A4.5.6. Involves an assessment of a program, falling with the portfolio of SAF/MR, that suggests a significant problem or failure in the program, or an out of tolerance condition in a performance measurements established in policy directives and/or Air Force instructions requiring Secretary of the Air Force, OSD or Congressional attention.

**A4.6. Conditions Requiring SAF/MR Approval of AF/SG Actions.** SAF/MR approval is required prior to implementing any policy, plan, program, practice or activity when one or more of the following situations or conditions apply:

A4.6.1. Is an official report being submitted to OSD or Congress;

A4.6.2. Involves a change or perceived erosion of Air Force support for a key Secretary of the Air Force or Administration agenda item about which the Principal speaks; likewise for a senior Member of Congress or a member of a congressional committee with significant focus on national defense-related issues (such as Armed Services, Appropriations, Ways and Means, or Veterans Affairs);

A4.6.3. Involves process changes affecting the oversight roles or abilities of the Air Force Secretariat, Office of the Secretary of Defense, other (non-Air Force) Administration officials, or the Congress;

A4.6.4. Involves a Statute, Executive Order, or DoD policy that requires Secretary of the Air Force review, coordination, and/or implementation. DoD policy requires all SD Forms 106 must be signed by SAF/MR (a Senate confirmed position);

A4.6.5. Involves new policies or initiatives proposed by OSD officials, congressional staff, or Air Force that would result in significant changes to Air Force personnel management practices or programs and their outcomes.

A4.6.6. Involves decisions relating to SAF/MR operations, to include personnel assignments, TDY and supply resource, and contract or research support.

**A4.7. Revisions to Standard Operating Procedures.** These operating procedures may be reviewed and revised as deemed necessary by the Secretary of the Air Force. SAF/MR or AF/SG may also initiate a revision in consultation with AF/SG or SAF/MR, respectively. OPRs must follow revision procedures as mandated in HOI 90-1, *Headquarters Air Force Mission Directives – Delegations of Statutory Authority and Assignment of Responsibilities*

////SIGNED, 8 Dec 2014////

DANIEL R. SITTERLY

Assistant Secretary of the Air Force  
(Manpower and Reserve Affairs)

////SIGNED, 12 Jan 2015////

THOMAS W. TRAVIS

Lieutenant General, USAF, MC, CFS  
Surgeon General